

**BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST**

**TRUST BOARD MEETING**

(conducted electronically via Microsoft Teams)

**10:00am on Tuesday 11 July 2023**

**AGENDA**

<b>No</b>	<b>Item</b>	<b>Presenter</b>	<b>Enc.</b>
<b>OPENING BUSINESS</b>			
1.	Chairman's Welcome and Public Questions	Martin Earwicker, Chair	Verbal
2.	Appointment of a New Vice Chair, Mark Day	Martin Earwicker, Chair	Verbal
3.	Apologies	Martin Earwicker, Chair	Verbal
4.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
5.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
6.1	Minutes of Meeting held on 09 May 2023	Martin Earwicker, Chair	Enc.
6.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
<b>QUALITY</b>			
6.0	Patient Story – Individual Placement and Support Employment Service	Debbie Fulton, Director of Nursing and Therapies/ Maggie Gibbons, Team Lead, Individual Placement and Support Employment Service	Verbal
6.1	Freedom to Speak Up Guardian Report	Mike Craissati, Freedom to Speak Up Guardian	Enc.
6.2	a) Freedom to Speak Up Self-Assessment Report b) Freedom to Speak Up Guardian Strategy 2023-2026	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.3	Annual Complaints Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.4	Medical Appraisal and Revalidation: Annual Board Report	Dr Minoo Irani, Medical Director	Enc.
6.5	Quality Assurance Committee a) Minutes of the meeting held on 30 May 2023 b) Learning from Deaths Quarterly Report c) Guardians of Safe Working Report	Sally Glen, Chair, Quality Assurance Committee	

No	Item	Presenter	Enc.
<b>EXECUTIVE UPDATE</b>			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
7.1	Disability Pay Gap Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
<b>PERFORMANCE</b>			
8.0	Month 02 2023/24 Finance Report	Paul Gray, Chief Financial Officer	Enc.
8.1	Month 02 2023/24 Performance Report	Paul Gray, Chief Financial Officer	Enc.
<b>STRATEGY</b>			
9.0	People Strategy and Equality, Diversity and Inclusion Strategy Update Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
9.1	Anti-Racism Strategy Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
9.2	a) Digital Strategy Update Report b) Digital Maturity Assessment Report	Alex Gild, Deputy Chief Executive/Mark Davison, Chief Information Officer	Enc.
<b>CORPORATE GOVERNANCE</b>			
10.0	Audit Committee Meeting on 23 June 2023	Rajiv Gatha, Chair, Audit Committee	Enc.
10.1	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
10.2	External Well-Led Report and Action Plan	Julie Hill, Company Secretary	Enc.
10.3	Trust Seal Report	Paul Gray, Chief Financial Officer	Enc.
<b>Closing Business</b>			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 12 September 2023	Martin Earwicker, Chair	Verbal
13.	<b>CONFIDENTIAL ISSUES:</b> To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	Verbal



**Unconfirmed minutes**

**BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST**

**Minutes of a Board Meeting held in Public on Tuesday, 09 May 2023**

*(Conducted via Microsoft Teams)*

<b>Present:</b>	Martin Earwicker	Trust Chair
	Naomi Coxwell	Non-Executive Director
	Mark Day	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Rajiv Gatha	Non-Executive Director
	Sally Glen	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Chief Financial Officer
	Debbie Fulton	Director of Nursing and Therapies
	Paul Gray	Chief Financial Officer
	Dr Minoo Irani	Medical Director
	Tehmeena Ajmal	Chief Operating Officer
<b>In attendance:</b>	Julie Hill	Company Secretary
	Jane Nicholson	Director of People ( <i>present for agenda items 7.1 and 7.2</i> )
<b>Patient Story:</b>	Marie Duffield	Service Manager, CAMHS Rapid Response Service
	Nadine daCal	Clinical Psychologist, CAMHS Rapid Response Service

<b>23/073</b>	<b>Welcome and Public Questions</b> (agenda item 1)
	The Chair welcomed everyone to the meeting.
<b>23/074</b>	<b>Apologies</b> (agenda item 2)
	Apologies were received from: Mehmuda Mian, Non-Executive Director.

<b>23/075</b>	<b>Declaration of Any Other Business</b> (agenda item 3)
	There was no other business.
<b>23/076</b>	<b>Declarations of Interest</b> (agenda item 4)
	i. <b>Amendments to Register</b> – none
	ii. <b>Agenda Items</b> – none
<b>23/077</b>	<b>Minutes of the previous meeting – 11 April 2023</b> (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday, 11 April 2023 were approved as a correct record.
<b>23/078</b>	<b>Action Log and Matters Arising</b> (agenda item 5.2)
	<p>The schedule of actions had been circulated.</p> <p>The Chair referred to the action (minute 22/150, page 36 of the agenda pack) and asked about the timescale for the Trust Board to discuss the options for increasing mental health bed capacity.</p> <p style="text-align: right;"><b>Action: Company Secretary</b></p> <p><b>The Trust Board:</b> noted the action log.</p>
<b>23/079</b>	<b>Board Story – CAMHS Rapid Response Service</b> (agenda item 6.0)
	<p>The Chair welcomed Marie Duffield, Service Manager, CAMHS Rapid Response Service and Nadine daCal, Clinical Psychologist, CAMHS Rapid Response Service</p> <p>Marie Duffield gave a presentation and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The CAMHS Rapid Response Team was a Berkshire wide crisis service for young people consisting of two teams: <ul style="list-style-type: none"> <li>○ <b>Rapid Response Team</b> – to undertake crisis/urgent comprehensive mental health assessments, multi-agency liaison/consultation (if required) and medication (if required) etc</li> <li>○ <b>Rapid Response Team Intensive Treatment Team</b> – to provide short term intensive intervention for up to eight weeks with the aim of avoiding/reducing presentations to Accident and Emergency services, Tier 4 in-patient admissions and delayed discharges. The service worked very closely with and supported families and carers</li> </ul> </li> <li>• The Trust was piloting a 24/7 service in West Berkshire where the team were assessing young people in the Royal Berkshire Hospital and responding to crisis calls across Berkshire. The aim of the pilot was to reduce the time young people spent at the Royal Berkshire Hospital by assessing, supporting and discharging sooner than being admitted to a ward out of hours and having to wait to be seen the following day.</li> <li>• There were approximately 35 staff in the team which dealt with 1,150 referrals in 2022. 78% of referrals had presented at the Royal Berkshire Hospital or Wexham</li> </ul>

Park Hospital. The most common referral reason was suicidal ideation and self-harm behaviour (mostly overdoses). Many Accident and Emergency Department presentations occurred due to systemic factors (family/peer relational issues and/or school issues. Around 60% of referrals required medical intervention leaving 40% who did not require Accident and Emergency attendance and could access crisis support via other channels

- In responding to a young person's crisis and/or self-harm, the service aimed to identify what the underlying reasons were for causing the crisis (unmet needs). Often a young person's self-harm/risk behaviour was a response to the current environment (family system, school, peers etc).
- Around a third of young people seen by the service experienced crisis due to school issues and around a quarter experienced crisis due to family issues. Therefore, addressing the young person's needs often required other agencies and not solely CAMHS services

Nadine daCal presented Laura's Story (not her real name). Laura was assessed by the Rapid Response Assessment Team in October 2022 following an admission to the Royal Berkshire Hospital due to an impulsive overdose with the intention of ending her life which was triggered by being placed in detention due to conflict in her school.

Laura was referred to the CAMHS Rapid Response Intensive Treatment Team for short term intensive treatment on emotional regulation and was accepted for 1:1 Dialectical Behavioural Therapy (DBT) informed work. Laura was assessed as possibly having the following conditions: Autism Spectrum Disorder, Emotional Dysregulation with self-harm and suicide attempts, Attention Deficit Hyperactivity Disorder, harmful eating behaviours, language and communication difficulties, Dyspraxia and Dyslexia. Referrals for made for Laura to have the relevant assessments.

It was noted that Intense therapeutic interventions over five months did not result in improvements in emotional challenges or functioning and therefore there needed to be more intense multi-agency work. The service worked closely with the school, social care and with the family. This included regular multi-agency meetings with the school and social care to sure social and educational factors were being addressed, regular transition meetings with the Specialist CAMHS team to share clinical formulation and to create a longer-term plan etc.

(further information about Laura's Story is set out in the presentations slides attached to the minutes).

Aileen Feeney, Non-Executive Director commented that Laura had a range of complex health and educational needs and asked whether her case was typical of the young people referred to the CAMHS Rapid Response Team.

Marie Duffield said that Laura was not unusual and commented that around 50% of the young people referred to the service presented with only a mental health disorder.

Ms Feeney asked after the eight weeks of intensive therapy whether patients then went on a waiting list for their ongoing treatment.

Nadine daCal explained that decisions about further treatment were done on a case by case basis. It was noted that the CAMHS Rapid Response Team contacted the relevant team at around the midpoint of the patient's intensive treatment to discuss risks and to establish whether or not the young person was safe to be placed on the waiting list.

Ms Feeney asked whether more could be done to publicise the service so parents knew to contact the CAMHs Rapid Response Team rather than to take a young person in crisis to the Accident and Emergency Department.

Marie Duffield said that the service had done a lot of awareness raising work with schools.

The Chief Operating Officer asked whether there was more the Trust could do to help the service with the internal communication between teams and services to ensure a more joined up approach so that young people and their families did not have to navigate the complexity of services. The Chief Operating Officer also asked whether there was more the Trust could do to help the service to work more effectively with social care, education and with the wider community.

Marie Duffield thanked the Chief Operating Officer for her offer of help and said that taking a whole system approach was what was required in order to achieve a more integrated response and approach.

Nadine daCal added that a lot of time tended to be spent around determining the degree to which a young person's issues were social rather than mental health related rather than focusing on how to work together to address the young person's unmet needs as quickly as possible.

The Chief Executive noted that a third of the primary drivers of a young person being in crisis were school related. Marie Duffield said that the Trust had Mental Health Support staff in some schools but not in every school and said that it would be interesting to see if there was a reduction in the number of young people presenting with school related issues in those schools where there was additional mental health support.

Sally Glen, Non-Executive Director commented that Laura had to reach crisis point before she received any support. Nadine daCal said that Social Services had briefly been involved with the family in 2016 when Laura had first started to self-harm at six years old.

Rajiv Gatha, Non-Executive Director asked whether the data had identified any age, gender and ethnicity factors in terms of the demographics of the young people referred to the service.

Marie Duffield that said the average age of referral was 15 years old. Ms Duffield said that there was a higher proportion of young women referred to the service, but pointed out that young women in crisis were more likely to self-harm whilst young men in crisis were more likely to commit offences and participate in anti-social behaviour. It was noted that there were no discernable differences in terms of the ethnicity of young people referred to the service.

Naomi Coxwell, Non-Executive Director asked how Laura was doing.

Nadine daCal said that she was still struggling with school and added that Social Services were more actively involved in supporting her. It was noted that once Laura had a formal ASD/ADHD diagnosis, this would make it easier to start sourcing educational placements for someone who was neurodiverse.

The Chair commented that the presentation was very thought provoking and said that he was pleased that the service focused on addressing the underlying causes of a young person's difficulties. The Chair also strongly endorsed the need to break down barriers between different services and agencies and focus on the young person and their needs.

	<p>The Chair thanked Marie Duffield, Service Manager, CAMHS Rapid Response Service and Nadine daCal, Clinical Psychologist, CAMHS Rapid Response Service for their presentation.</p> <p><b>The Trust Board:</b> noted the presentation.</p>
<b>23/080</b>	<b>Patient Experience Report – Quarter 4</b> (agenda item 6.1)
	<p>The Director of Nursing and Therapies presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• There were no new themes or trends identified from the patient experience data during the quarter</li> <li>• The Trust had been using the ‘I want Great Care’ patient experience tool since December 2021 at its primary patient survey programme. As services started to embed the use of the tool, the Trust was continuing to see an increase in the numbers of responses received.</li> <li>• The increased feedback supported areas for improvement as well as providing the opportunity to “hear the patient voice”, both where the experience was positive and where improvements could be made. Services were using the information to make improvements and displaying/promoting where they had done this.</li> <li>• Work was being undertaken to increase the response rates from Children and Young People’s services and Prospect Park Hospital</li> </ul> <p>The Chair asked whether more informal approaches were needed to getting feedback from Prospect Park Hospital patients.</p> <p>The Director of Nursing and Therapies said that there was further work to be done to capture informal patient feedback.</p> <p>The Director of Nursing and Therapies commented that the Patient Experience Report was lengthy and asked whether the Board would prefer a more succinct report.</p> <p>Mark Day, Non-Executive Director commented that he found the information in the report about the actions being taken by services in response to the patient feedback useful and hoped that this would continue to be included in future reports.</p> <p>Sally Glen, Non-Executive Director added that she found the detail contained in the report informative and helped her to triangulate this data with other sources of information, for example, visits to frontline services.</p> <p>The Chief Executive suggested that over the course of the next few months, Board members should consider the regular reports with an eye to whether the format of these reports needed to be changed.</p> <p style="text-align: right;"><b>Action: All</b></p> <p><b>The Trust Board:</b> noted the report.</p>
<b>12/081</b>	<b>Safe Staffing Six Monthly Report</b> (agenda item 6.2)
	<p>The Director of Nursing and Therapies presented the paper and said that the report was lengthy but explained that the format of the report was prescribed by the National Quality Board.</p>

	<p>The Director of Nursing and Therapies reported that the number of unfilled shifts across all wards had reduced in the last six months to 11% compared to 26% this time last year and 14% in the previous six months.</p> <p>The Director of Nursing and Therapies referred to the Safe Staffing Declaration by the Director of Nursing and Therapies and the Medical Director (page 91 of the agenda pack) which stated that over the last six months the wards had been considered to have been safe with no significant patient safety incidents occurring because of staffing levels; supernumerary staff and managers, allied health professionals and temporary staffing had been used to achieve safe staffing. It was however, recognised that during the period there were, due to inability to fill all rota gaps as a result of vacancy, absence and temporary staffing availability, shifts when staffing was sub-optimal and as a consequence there was limited assurance that care was always of a high quality, and it was possible that patient experience was compromised.</p> <p>Sally Glen, Non-Executive Director commented that she thought that the Trust's the sickness absence rate at 8% was high compared with other similar trusts.</p> <p>The Director of Nursing and Therapies explained that sickness absence rates amongst ward based staff were always higher than for other staff groups, partly because ward based staff were unable to work at home if they were feeling unwell.</p> <p>It was noted that the 8% figure was a mix of long and short term sickness. The Director of People agreed to provide a breakdown of the top reasons for long term sickness absence. <b>Action: Director of People</b></p> <p>The Director of Nursing and Therapies said that she thought the Trust's ward staff sickness absence rate was in line with other similar trusts but agreed to review the national NHS Mental Health Trusts Benchmarking data on sickness absence and report back to the Board. <b>Action: Director of Nursing and Therapies</b></p> <ul style="list-style-type: none"> <li>a) Noted the report</li> <li>b) Noted the safe staffing declaration by the Director of Nursing and Therapies and the Medical Director</li> <li>c) Requested more information about how the Trust's ward based sickness absence rate compared with other similar trusts.</li> </ul>
12/082	<b>Quality Accounts Report 2022-23</b> (agenda item 6.3)
	<p>The Quality Accounts 2022-23 had been circulated. It was noted that the Quality Assurance Committee had reviewed the draft Quality Accounts during quarters 1, 2 and 3 and that the quarter 4 version had been shared electronically with the Quality Assurance Committee at the end of April 2023 for comment.</p> <p>It was noted that the feedback from the Stakeholders together with the Trust's comments on the feedback needed to be added to the Quality Accounts.</p> <p>The Medical Director said that some sections of the Quality Accounts were nationally mandated but invited members of the Board to suggest any improvements to the format of the Quality Accounts for future reports.</p>



	<p>Tehmeena Ajmal, Chief Operating Officer commented that as someone relatively new to the Trust, she found the Quality Accounts to be an easy read.</p> <p>The Medical Director reported that the final Quality Accounts Report would be published on the Trust’s website by the nationally prescribed deadline of 30 June 2023.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>a) Considered the Statement of Directors’ Responsibilities in Respect of the Quality Account 2022-23 and ensured that they were satisfied with the Quality Account in relation to the requirements detailed in the statement.</li> <li>b) Confirmed to the best of their knowledge and belief that they had complied with the requirements detailed in the statement in preparing the Quality Report.</li> <li>c) Authorised the Chair and Chief Executive to sign the Statement of Responsibilities</li> </ul>
<b>23/083</b>	<b>Executive Report (agenda item 7.0)</b>
	<p>The Executive Report had been circulated. The following items were discussed further:</p> <p><b>a) Berkshire Local Councils - Changes in Political Control</b></p> <p>The Chief Executive reported that following the local council elections on 4 May 2023 there had been some changes in political control as follows:</p> <ul style="list-style-type: none"> <li>• <b>West Berkshire Council</b> – Liberal Democrat controlled (the Council used to be Conservative controlled)</li> <li>• <b>Slough Borough Council</b> – No Overall Control (the Council used to be Labour controlled)</li> <li>• <b>Reading Borough Council</b> – no change in control</li> <li>• <b>Wokingham Borough Council</b> – No Overall Control (the Council had been Conservative controlled)</li> <li>• <b>Royal Borough of Windsor and Maidenhead</b> – Liberal Democrat controlled (the Council had been Conservative controlled)</li> <li>• <b>Bracknell Borough Council</b> – Labour controlled (the Council had been Conservative controlled)</li> </ul> <p>The Chief Executive commented that in changes in political control would inevitably lead to changes in the priorities in those Councils which would take time to filter through.</p> <p>The Chair added that changes in political control would also mean that Councils would be nominating new partnership elected members to the Council of Governors.</p> <p><b>b) Social Care Workforce Funding Reduced</b></p> <p>Sally Glen, Non-Executive Director asked whether the reduction in Social Care Workforce funding would impact the Trust.</p> <p>The Chief Executive said that the reduction was unlikely to have an immediate effect but added that it was likely to have a long term impact.</p> <p><b>The Trust Board:</b> noted the report</p>

23/084	<b>Health and Wellbeing Update Report</b> (agenda item 7.1)
	<p>The Chair welcomed the Director of People to the meeting.</p> <p>The Deputy Chief Executive reminded the meeting that the Trust has scored highly for taking positive action on health and wellbeing, staff engagement and recommending the Trust as a place to work in the national NHS Staff Survey.</p> <p>The Deputy Chief Executive said that staff health and wellbeing was an important strategic issue for the Trust.</p> <p>It was noted that Wellbeing Matters have had their NHS England funding removed. The Trust had presented a business case to the Integrated Care Boards but this had not been successful. The Deputy Chief Executive reported that the Trust had developed an internal business case to set up its own Staff Psychological Support Service and this had been approved by the Trust Business Group.</p> <p>It was noted that the Trust had agreed recurrent funding for the Peppy Menopause and Men's Health app.</p> <p>The Director of People presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• Staff health and wellbeing was important for many reasons, including a firm evidence base which showed that there was a strong correlation between an engaged workforce and better patient outcomes.</li> <li>• The Trust had a number of initiatives designed to promote staff health and wellbeing and had secured charitable funding for a Wellbeing Activities Facilitator to deliver virtual and face to face exercise sessions for staff</li> <li>• The Trust had improved staff rest room facilities</li> <li>• Following feedback from the All Staff Briefings, the Trust had introduced a Milestone Recognition Programme which included staff receiving a letter, pin badge and gift voucher at key milestones in their career with the Trust</li> </ul> <p>The Chair commented that staff health and wellbeing was vitally important to the Trust and said that he was pleased by the range of initiatives on offer.</p> <p>Mark Day, Non-Executive Director Lead for Staff Health and Wellbeing said that he was delighted that the Trust had approved the business case to set up an internal staff Psychological Support Service.</p> <p>Sally Glen, Non-Executive Director asked whether there was more the Trust could do to support staff during the cost of living crisis.</p> <p>The Director of People said that the Trust had developed a range of initiatives to support staff with the cost of living. The Director of People reported that the two local Integrated Care Boards had commissioned research into the impact of living in a high cost area on the local health workforce. It was noted that the Finance, Investment and Performance Committee had received a presentation at its April 2023 meeting on the results of the economic analysis. It was noted that the next stage of the work would be a report which set out options at the local, system and national level to mitigate the impact of living in a high cost area.</p>

	<p>Naomi Coxwell, Non-Executive Director asked given the diverse and geographically dispersed nature of the Trust’s services, how confident was the Trust that staff knew about what support was on offer and how they could access it.</p> <p>The Director of People said that the Trust had run a programme of road shows in different locations to showcase the health and wellbeing support available to staff and said that another programme of road shows was planned during the year.</p> <p>Mark Day, Non-Executive Director reported that he had discussed the issue with the Trust’s Health, Wellbeing and Engagement Manager and confirmed that he had been assured that the Trust was using a plethora of communication methods to promote the Health and Wellbeing services, including targeting “harder to reach” staff.</p> <p>The Medical Director commented that the Trust may need to be more proactive around targeting staff with protected characteristics, for example, black and minority ethnic staff who may feel that health and wellbeing support was not for them and was something that they managed themselves.</p> <p>The Chair thanked the Director of People and her team for the work being done to support staff health and being.</p> <p><b>The Trust Board:</b> noted the report</p>
23/085	<b>Ethnicity Pay Gap Report</b> (agenda item 7.2)
	<p>The Deputy Chief Executive reported that unlike the Gender Pay Gap, the Trust was not required to publish the Ethnicity Pay Gap Report but the Trust had decided to do so. It was noted that the Trust would also publish a Disability Pay Gap Report later this summer.</p> <p>The Deputy Chief Executive referred to page 214 of the agenda pack and said that in the first paragraph, the number of black and minority ethnic staff represented 28.4% of the workforce and not 16.75% of the workforce as stated in the report. The error would be corrected before the report was published on the Trust’s website.</p> <p style="text-align: right;"><b>Action: Deputy Chief Executive</b></p> <p>The Director of People presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The Ethnicity Pay Gap was not the same as unequal pay. The Ethnicity Pay Gap was the difference between the average pay of black and minority ethnic staff and white employees in an organisation.</li> <li>• The Trust’s median ethnicity pay gap in 2022-23 was 3.59%. This meant that on average, white staff earned 65p more than staff who identified as being from a Black, Asian or other ethnic minority group.</li> <li>• 2.76% (137) of the workforce had ‘Not Stated’ their ethnicity which needed more exploration to understand how this could influence the pay gap further</li> <li>• There was a contrast between a higher number of black and minority staff and lower number of white staff particularly more evident in the lower middle quartile. The black and minority ethnic staff population decreased through the higher agenda for change pay quartiles bands 8a-8d</li> <li>• There was a higher proportion of black and minority ethnic staff amongst the medical workforce and this reflected the relatively high proportion of black and minority ethnic candidates and applicants going into medicine</li> </ul>

	<p>The Chair commented that he was pleased that the Trust had undertaken Ethnicity Pay Gap exercise.</p> <p>Rajiv Gatha, Non-Executive Director asked whether the ethnicity data could separate out Black and Asian staff to identify any differences in terms of the pay gap.</p> <p>The Director of People agreed that future report would show the data for Black and Asian staff separately.</p> <p style="text-align: right;"><b>Action: Director of People</b></p> <p>Aileen Feeney, Non-Executive Director noted that 2.76% of the workforce had not stated their ethnicity and asked whether more could be done to explain to staff how the Trust used workforce ethnicity data, for example, in the ethnicity pay gap work, in the hope that this would encourage more staff to declare their ethnicity</p> <p>The Director of People said that the Trust was working with the staff networks to promote the importance of staff declaring not just their ethnicity, but other protected characteristics as well.</p> <p>The Director of Nursing and Therapies commented that many staff were not part of the staff networks and therefore any work to promote the importance of declaring their protected characteristics needed to be Trustwide.</p> <p>Rajiv Gatha, Non-Executive Director noted that 2.7% of board members had not declared their ethnicity.</p> <p>The Director of People said that she would be happy to help Board members update their Electronic Staff Record.</p> <p style="text-align: right;"><b>Action: Director of People</b></p> <p>The Chief Executive said that it was important to identify one or two things to work on that could make a difference over time, otherwise, there was a danger that future reports would simply map the current picture each year.</p> <p>The Chair supported the Chief Executive’s suggestion around focusing on one or two areas which would make the most impact.</p> <p>The Director of People agreed and said that the big focus this year was on extending the Talent Management Programme to staff at agenda for change bands 8A and 8B.</p> <p style="text-align: right;"><b>Action: Director of People</b></p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>a) Noted the report</li> <li>b) Agreed that the ethnicity data in future reports would separate out Black and Asian staff</li> <li>c) Requested that the Trust focus on one of two actions which would make the most impact in terms of addressing the ethnicity pay gap.</li> </ul>
<b>23/086</b>	<b>Month 12 2122-23 Finance Report</b> (agenda item 8.0)
	<p>The Chief Financial Officer presented the report and highlighted the following points:</p>

	<ul style="list-style-type: none"> <li>• Despite the financial challenges during the year, the Trust was reporting a £2.2m adjusted surplus at year end which was £0.3m better than the revised in year forecast which the Trust Board had agreed in December 2022</li> <li>• In March 2023, the Trust’s reported position was a deficit of £0.1m which included £2.2m of impairments following the revaluation of the Trust’s assets. The impairments were excluded when calculating the adjusted surplus.</li> <li>• The Trust’s accounts for 2022-23 were subject to external audit</li> <li>• Income and expenditure variances in month related to the centrally funded pension costs of £9.8m and the non-consolidated pay offer £9.7m (£9.3m funded)</li> <li>• Pay costs in month were £21.4m which was higher than plan due to an increase in bank staff costs. The centrally funded pension costs and the funded elements of the non-consolidated pay offer had been excluded to aid comparison with previous years and the plan</li> <li>• The Trust was reporting £9.6m capital expenditure against a year to date plan of £11m. Although the Trust had exceeded its capital expenditure limit, this was agreed with the Integrated Care Service and was being covered by underspends elsewhere in the system.</li> </ul> <p>The Chair referred to the staffing detail section of the report (page 223 of the agenda pack) and commented that the gap between nursing staffing plan and contracted hours was widening.</p> <p>The Chief Financial Officer explained that this was in part due to the impact of the planned investment funding and the challenges around recruiting additional staff which had resulted in a significant amount of internal recruitment within teams leaving staffing shortfalls in other areas.</p> <p>The Chair referred to the support to clinical staff chart (page 223 of the agenda pack) and noted that their worked hours was significantly higher than contracted hours.</p> <p>The Chief Financial Officer explained that the chart referred to Healthcare Assistants, many of whom did additional shifts on the staff bank.</p> <p><b>The Trust Board:</b> noted the report.</p>
23/087	<p><b>Month 12 2122-23 “True North” Performance Scorecard Report</b> (agenda item 8.1)</p>
	<p>The Chief Financial Officer presented the paper and reported that two driver metrics (falls and physical health checks for people with severe mental illness) were being retired due to sustained improvement in performance. The Chief Financial Officer explained that even though performance in respect of the physical health checks for people with severe mental illness was RAG rated Red, there had been a significant step change in performance from around 30% to around 80%. It was noted that the two metrics would be retired but work would continue to sustain the performance as part of the Trust’s “business as usual” work.</p> <p>The Chief Financial Officer reported that the incidence of self-harm had reduced from 145 incidents in February 2023 to 28 incidents in March 2023.</p> <p>It was noted that the pressure on beds had resulted in the Trust breaching the Inappropriate Out of Area Placements target for the quarter.</p> <p>The Chief Financial Officer reported that work was underway to understand why the use of prone restraint and self-harm incidents in the community had increased.</p>

	<p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>a) noted the report</li> <li>b) agreed that the falls and physical health checks for people with severe mental illness driver metrics would be retired to reflect the sustained improvements in performance</li> </ul>
<b>23/088</b>	<b>Finance, Investment and Performance Committee Meeting 27 April 2023</b> (agenda item 8.2)
	<p>Naomi Coxwell, Chair, Finance, Investment and Performance Committee reported that the Buckinghamshire, Oxfordshire and Berkshire West and Frimley Integrated Care Systems had commissioned the Universities of Sheffield Hallam and Huddersfield supported by Price Waterhouse Cooper (PwC) to undertake a piece of work to understand the true impact of living costs and how these related to the local health sector labour market across the Thames Valley area.</p> <p>Ms Coxwell reported that the Committee had received a presentation from the Director of People and PwC on the economic analysis which had particularly focussed on the costs of housing and transportation compared with less expensive areas to live.</p> <p>Ms Coxwell reported that the research stage of the work was due to be completed by June 2023 and that the next stage of the work would be to develop a range of strategic and tactical options at the local, system and national level.</p> <p><b>The Trust Board:</b> noted the update from the Chair of the Finance, Investment and Performance Committee.</p>
<b>23/089</b>	<b>Audit Committee Meeting Held on 27 April 2023</b> (agenda item 9.0)
	<p>Rajiv Gatha, Chair of the Audit Committee reported that the Ernst and Young, the Trust's External Auditors had informed that meeting that the external audit was progressing well and that the External Auditors were on track to complete the audit on time.</p> <p>Mr Gatha reported that the Trust had retained its level 2 rating in terms of the draft Head of Internal Audit Opinion. Mr Gatha pointed out that the Internal Auditors had not awarded any level 1 opinions amongst their clients this year.</p> <p><b>The Trust Board:</b> noted the minutes of the Audit Committee meeting held on 27 April 2023.</p>
<b>23/090</b>	<b>Annual Report 2022-23</b> (agenda item 9.1)
	<p>It was noted that the draft Annual Report 2022-23 was not included with the published meeting paper pack and was circulated to members of the Board only because legislation required that the Annual Report could not be published until the final version was laid before Parliament.</p>

	<p>It was also noted that the Trust's External Auditors had still to undertake their audit of the draft Annual Report. The Company Secretary would inform members of the Trust the Board of any changes between the draft circulated and the final document.</p> <p style="text-align: right;"><b>Action: Company Secretary</b></p> <p>An extraordinary meeting of the Audit Committee had been convened on 23 June 2023 to approve the Annual Accounts 2022-23 on behalf of the Trust Board. When approved, the Annual Accounts would be added to the Annual Report.</p> <p><b>The Trust Board:</b></p> <ul style="list-style-type: none"> <li>a) Approved the Annual Report 2022-23 for submission to NHS England subject to any final necessary additions and amendments</li> <li>b) Delegated authority to the Chair and Chief Executive to give Board approval to the final document in light of the timetable for submission to NHS England</li> <li>c) Delegated authority to approve the Annual Accounts 2022-23 on behalf of the Trust Board to the Audit Committee at its extraordinary meeting on 23 June 2023.</li> </ul>
<b>23/091</b>	<b>Council of Governors Update</b> (agenda item 10.0)
	The Chair reported that the Council of Governors' Appointments and Remuneration Committee was currently in the process of recruiting a new Non-Executive Director to replace Mehmuda Mian whose term of office ended on 30 June 2023.
<b>23/092</b>	<b>Any Other Business</b> (agenda item 11)
	<p><b>Farewell to Mehmuda Mian, Non-Executive Director</b></p> <p>The Chair reported that Mehmuda Mian, Non-Executive Director would be stepping down from the Board as a Non-Executive Director after serving eight years the Trust Board. The Chair paid tribute to Ms Mian for her contribution to the work of the Trust and for her insights and compassion both as a Mental Health Act Manager and as a Non-Executive Director.</p> <p>On behalf of the Trust Board, the Chair thanked Ms Mian and wished her well for the future.</p>
<b>23/093</b>	<b>Date of Next Public Meeting</b> (agenda item 12)
	The next Public Trust Board meeting would take place on 11 July 2023.
<b>23/094</b>	<b>CONFIDENTIAL ISSUES:</b> (agenda item 13)
	The Board resolved to meet In Committee for the remainder of the business on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 09 May 2023.

Signed..... Date 11 July 2023

(Martin Earwicker, Chair)



# CAMHS Rapid Response

## Berkshire Healthcare NHS Foundation Trust

Marie Duffield (Service Manager)

Nadine daCal (Highly Specialist Clinical Psychologist)



# About CAMHS Rapid Response

**CAMHS Rapid Response (RRT) is a Berkshire wide crisis service for young people, consisting of two teams:**

## **RRT Assessment team**

- Crisis/Urgent comprehensive mental health assessments
- Provide follow up appointment after the first assessment – to review risk and gather more information/formulation.
- Multi-agency liaison/consultation (where required)
- Medication (where required)
- Generally no more than 3 patient contacts (if more is required then a referral to the Intensive treatment team is required)

## **RRT Intensive Treatment Team**

- Short term Intensive intervention for up to 8 weeks
- Group and individual work with young people and their families
- Work with those young people where they require support/intervention ‘urgently’ in order to maximise safety and prevent imminent significant deterioration.
- Aim to reduce presentation to A&Es, Tier 4 admissions and delayed discharges.
- Work effectively across and with agencies to initiate interventions that address unmet needs.
- Majority of referrals come from RRT Assessing Team. Some from other internal CAMHS Teams.

# About CAMHS Rapid Response

## Hours of operation – RRT Assessing Team

Core Hours for Rapid Response Assessing Team:  
Mon- Fri 0800 -2200 and Sat and Sun 0900-1700

**24/7 Pilot** – The NHS Long Term plan sets out a commitment to achieve 100% coverage of 24/7 crisis provision for CYP. We have therefore commenced a 24/7 pilot where through the night we are Assessing young people in Royal Berkshire Hospital and responding to crisis calls (Berkshire wide).

- This pilot will reduce the time that young people spend in RBH as they will be assessed, supported and discharged sooner (rather than being admitted to a ward for us to see the following day). This improves acute hospital bed capacity and prevents unnecessary time that the young person and family spend in the acute hospital.

## Hours of operation – RRT Intensive Treatment Team

Mon- Fri 0900 -1700  
Sat and Sun 0900-13:15

# CAMHS Rapid Response Staffing



Berkshire Healthcare  
Children, Young People and  
Families services

## **Staff that work across both teams:**

- 1 x Service Manager
- 2 x Team Lead
- 3 x Consultant Psychiatrists (2.1WTE)
- 1 x Clinical Psychologist (Band 8a)
- 1 x Business Support Manager (Band 5)
- 2 x Team Lead Administrators (Band 4)
- 3 x Administrators (Band 3)

## **RRT Assessing Team:**

- 10 x Advanced Mental Health Practitioners (Band 7)

## **RRT Intensive Treatment Team**

- 2 x Advanced Mental Health Practitioners (Band 7)
- 2 x Senior Mental Health Practitioners (Band 6)
- 6 x Band 5 Child and Family Mental Health Practitioners
- 2 x Assistant Psychologists

(Approx 35 staff in total)

# Rapid Response Referral Information



Berkshire Healthcare  
Children, Young People and  
Families services

- 1150 referrals received in 2022 (just under 100 per month on average)
- Approx 78% of referrals have presented to Royal Berkshire hospital or Wexham Park Hospital
- Most common referral reason is suicidal ideation and self-harm behaviour (mostly overdoses).
- Many A&E presentations occur due to systemic factors (family/peer relational issues and/or school issues)
- Approximately 60% require medical intervention. Therefore 40% do not require A&E attendance, and could access crisis support via other channels.

# How do we think about crisis/self-harm?

- We aim to identify what is the underlying reason/s causing the crisis (unmet needs).
- Often the young persons self-harm/risk behaviours are a response to the current environment (family system, school, peers).
- By addressing the underlying reason why the young person is in crisis, will address/reduce self-harm and risk.
- Around a third of young people we see, experience crisis due to school issues, and around a quarter experience crisis due to family issues.
- Therefore addressing the young persons needs, often requires other agencies and not solely CAMHS.
- It is futile to work on self-harm when the underlying causes are not addressed

# Patient journey – Laura



Berkshire Healthcare  
Children, Young People and  
Families services

- Laura was assessed by the Rapid Response Assessment Team(RRT) in October 2022, following an admission to Royal Berkshire Hospital following an impulsive overdose with the intention to end her life, which was triggered by being placed in detention due to conflict in school.
- RRT then referred to CAMHS Rapid Response Intensive Treatment Team (ITT) for short-term intensive treatment on emotional regulation and was accepted for 1:1 Dialectical Behavioural Therapy (DBT) informed work.
- Parent group offered and attended.
- 8 x 1:1 sessions conducted - focused on DBT Skills and some Positive Behavioural Support informed work for her to cope with anger.1 session around safer self-harm.
- Further shared appointments between CAMHS ITT and psychiatry with the young person and their mother to understand the clinical formulation and share this to the family and the multi-agency network.
- During the process of formulation the following was identified in summary; ASD, emotional dysregulation with self- harm and suicide attempts, possible ADHD, Harmful eating behaviours, Language and communication difficulties, possible dyspraxia and dyslexia, Childhood adversity.
- In young people like Laura, phenomenon described above appears to suggest a mental illness however that is not the case, as this presentation is linked with the stress produced from unmet developmental and educational needs.
- Intense therapeutic interventions over the last five months have not resulted in improvements in emotional challenges or functioning. Thus, there was a need for intense multi-agency work.

# Patient journey - Laura

- **The role of multi-agency work:**
- Letter shared with school to recommend reasonable adjustments and liaison with school requesting increase in support, Speech and Language assessment and Educational Psychology assessment for Dyslexia and Dyspraxia.
- Regular multiagency meetings with school and social care to ensure social and educational factors are being addressed.
- Multiagency Safeguarding Hub form submitted for safeguarding issues. Attendance of Child in Need meetings. The case has now been escalated to Child Protection and attendance of strategy meetings for shared safety planning.
- Regular transition meetings with Specialist CAMHS to share clinical formulation and create the longer-term plan.
- Local Area Emergency Protocol meeting arranged to avoid tier 4 admission.
- Referral to Key working service to reduce likelihood of Tier 4 Hospital admission and navigate Laura through services.
- Liaison with the Attention Deficit Hyperactivity Disorder pathway to complete an ADHD assessment in-house.
- Liaison with the Autism Assessment Team to have their Autism assessment expedited.
- Suggestion to Social Care for a Youth Worker and Family Worker to promote routine and activities.
- Joint home visit conducted between psychiatry, social care and school to put a return to school plan in place after school refusal.
- Recommendation of an Educational Health Care Plan.
- Referral to Occupational Therapy to understand their sensory profile and coordination ability.



# Thank you

# questions...

**BOARD OF DIRECTORS MEETING 13.07.23**

**Board Meeting Matters Arising Log – 2023 – Public Meetings**

**Key:**

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

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
13.09.22	22/150	Performance Report	The Performance Report to re-introduce the information about the number of individuals who made up the self-harm incidents.	September 2023	<b>PG</b>	New file process have been embedded, but the new fields need to be validated before being included in the report.	
13.09.22	22/150	Performance Report	The Finance, Investment and	July 2023	<b>TA</b>	On the agenda for the	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			Performance Committee to receive an update on the project on reducing the average length of stay for mental health patients			July 2023 meeting of the Finance, Investment and Performance Committee meeting.	
13.12.22	22/218	Freedom to Speak Up Guardian Report	The Freedom to Speak Up Guardian to include some anonymised examples of instances where staff have used the Speak Up function and positive changes had been made as a result in the next report.	July 2023	<b>MC</b>	Anonymised case studies are included in the Freedom to Speak Up Guardian Report which is on the agenda for the meeting.	
13.12.22	22/224	People and EDI Strategies Update Report	A paper on which options were most success in terms of addressing the Trust's workforce challenges to be presented to a future FIP Committee meeting.	July 2023	<b>JN</b>	On the agenda for the July 2023 Finance, Investment and Performance Committee meeting.	
13.12.22	22/228	Trust's Constitutional Changes	The changes to the Trust's Constitution to be ratified at the next Annual Members' Meeting in September.	September 2023	<b>JH</b>	The changes relating to members/governors will be presented to the AGM for ratification.	
11/04/23	23/047	Gender Pay Gap	The Disability Pay Gap Report to be presented to a future meeting of the	July 2023	<b>JN</b>	On the agenda for the	

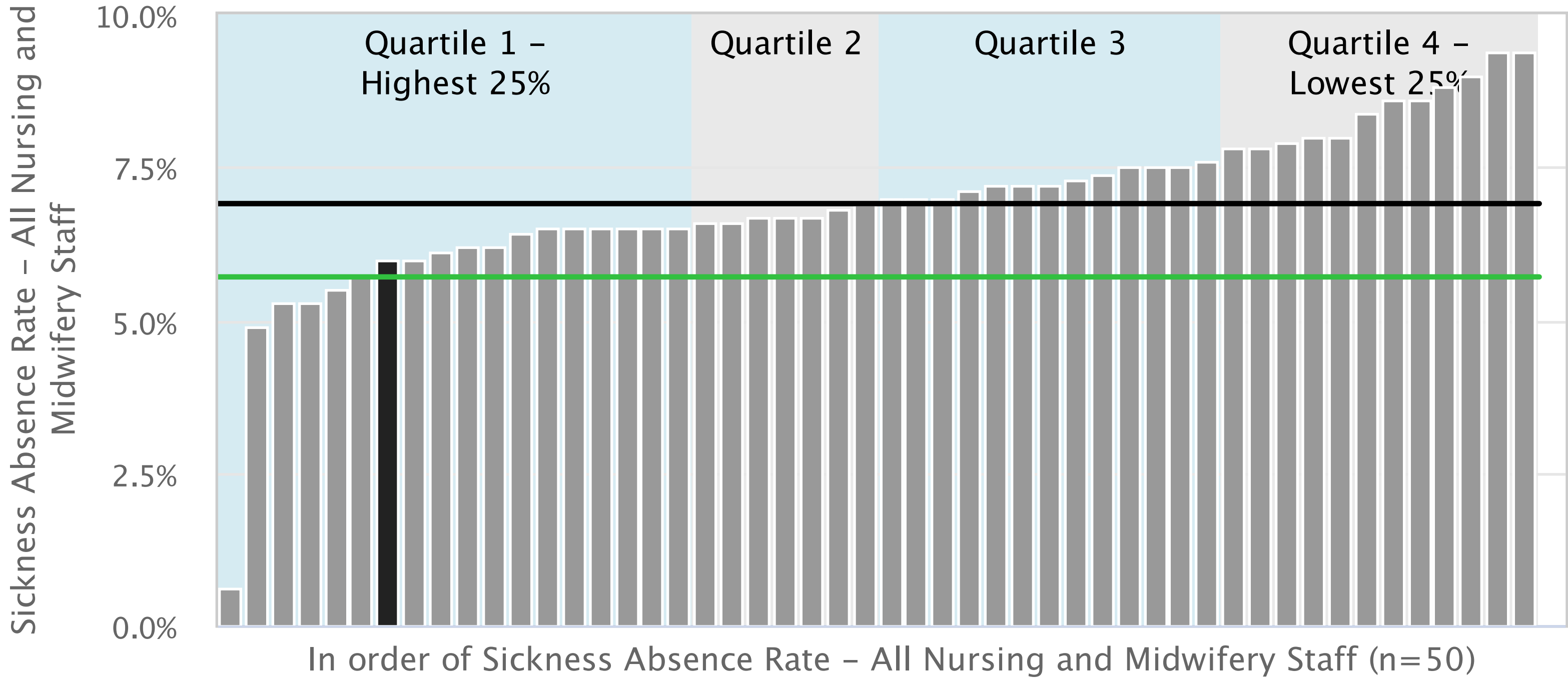
Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
		Report	Trust Board			meeting.	
11/04/23	23/052	Trust's Green Plan	The new Sustainability Manager to be invited to attend a future Trust Board meeting to share their perspectives and to help the Board to understand which actions were likely to deliver the most benefit in terms of the Green Agenda.	TBC	<b>PG</b>	The Sustainability Manager has only just started with the Trust.	
09.05.23	23/080	Patient Experience Report	Board members to review the regular reports with an eye to identifying those where the length and format could be changed	July 2023	<b>All</b>	There will be a discussion about the format of Board Reports and whether there needs to be any changes at the Trust Board In Committee meeting which meets after the public Trust Board meeting.	
09.05.23	23/081	Safe Staffing Report	The Director of People to provide a breakdown of the top reasons for long term sickness.	July 2023	<b>JN</b>	Attached at appendix 1	
09.05.23	23/081	Safe Staffing Report	The Director of Nursing and Therapies to provide benchmarking data to compare the Trust's sickness absence rate in relation to ward	July 2023	<b>DF</b>	The latest national data in the Model Hospital dataset is for February 2023 The	

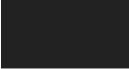




Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			based staff with other comparable trusts.			<p>data is not broken down to ward level but it does allow us to compare our sickness absence rate with that of our peer organisations nationally. The relevant charts are attached at appendix 2.</p> <p>It can be seen from charts that even if we were to compare 8% as is average across wards this is the median organisational scores for support workers in our peer group with many organisations higher so data would not appear to show us as an outlier</p>	
09.05.23	23/085	Ethnicity Pay gap Report	The number of black and minority ethnic staff to be corrected to read	July 2023	<b>AG</b>	The report has been corrected and is	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			28.4% of the workforce and not 16.75% of the workforce as stated in the report.			published on the Trust's website.	
09.05.23	23/085	Ethnicity Pay gap Report	Future reports to separate out Black and Asian staff.	May 2023	<b>JN</b>	Future reports will separate out Black and Asian staff	
09.05.23	23/085	Ethnicity Pay gap Report	The Director of People to help Non-Executive Directors to update their Electronic Record Service entry to declare their ethnicity.	July 2203	<b>JN</b>	Completed	
09.05.23	23/090	Annual Report	The Company Secretary to circulate any changes to the draft Annual Report to members of the Board.	June 2023	<b>JH</b>	Completed	

Sickness Reason	% of total LT Sick Days Lost		
S10 Anxiety/stress/depression/other psychiatric illness	40.66%		
S12 Other musculoskeletal problems	10.34%		
S15 Chest & respiratory problems ( Covid-19)	9.62%		
S28 Injury, fracture	8.84%		
S17 Benign and malignant tumours, cancers	5.34%		
S25 Gastrointestinal problems	4.82%		
S11 Back Problems	3.59%		
S26 Genitourinary & gynaecological disorders	3.16%		
S30 Pregnancy related disorders	2.46%		
S13 Cold, Cough, Flu - Influenza	1.98%		
<b><i>Sickness Period Apr22 to Mar23</i></b>			

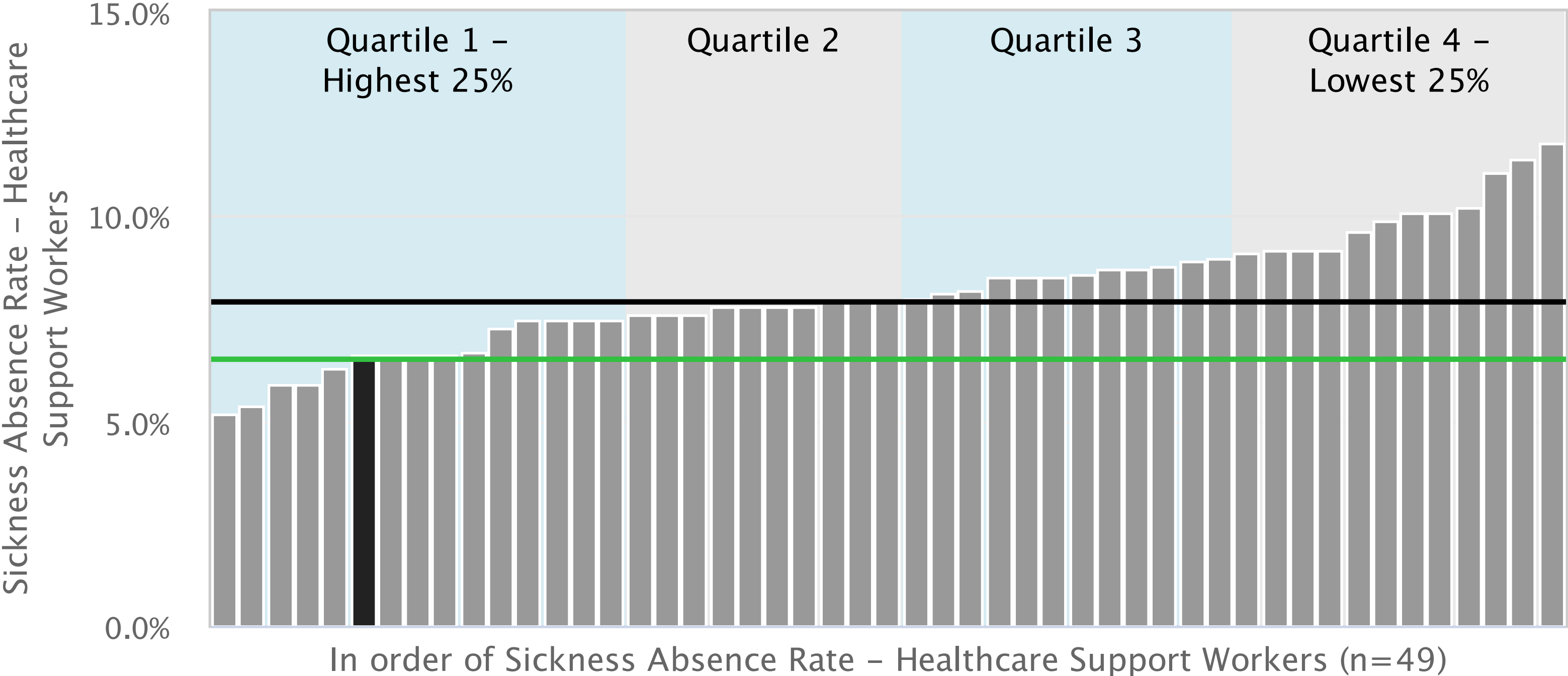
# Sickness Absence Rate – All Nursing and Midwifery Staff, National Distribution








-  My Provider
-  My Peers
-  Peers (My Sector) Median (6.9%)
-  Top/Best Decile (5.7%)
-  Provider Median (6.9%)

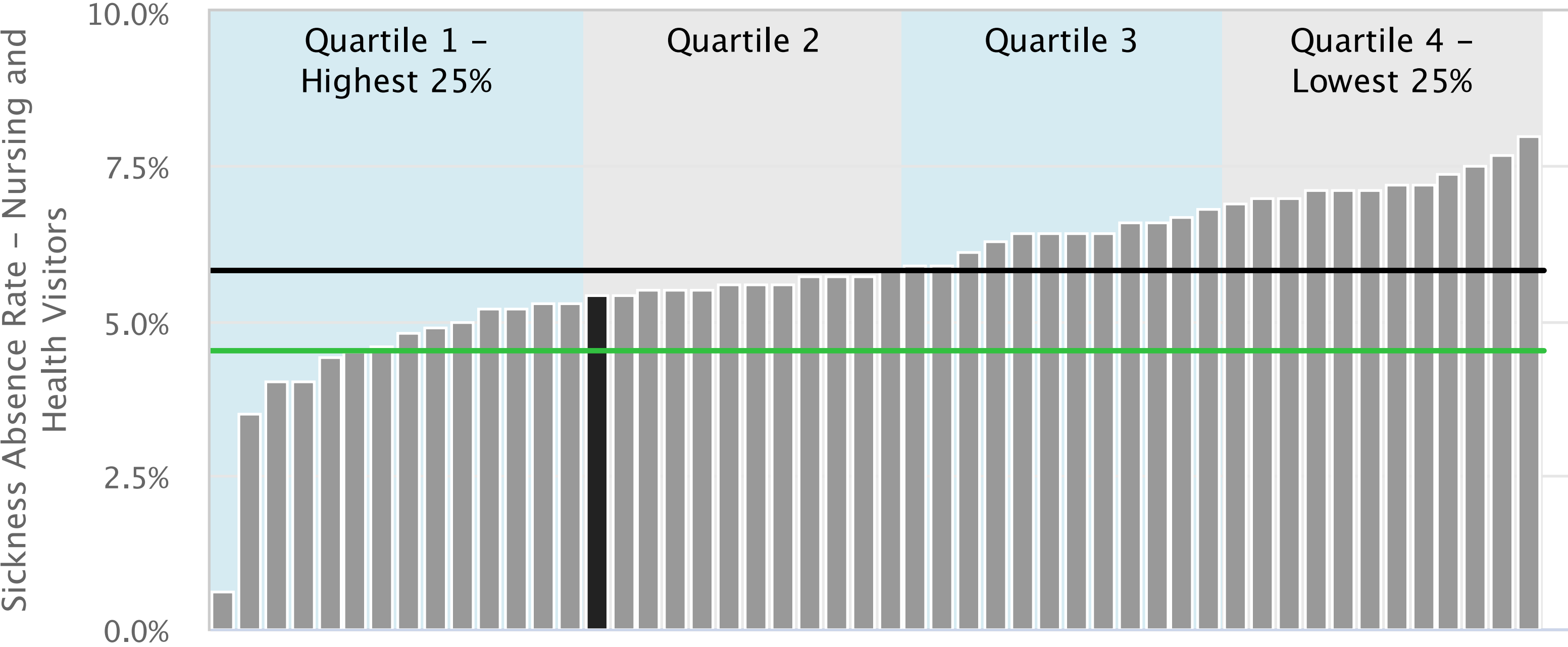


# Sickness Absence Rate – Healthcare Support Workers, National Distribution








-  My Provider
-  My Peers
-  Peers (My Sector) Median (7.9%)
-  Top/Best Decile (6.5%)
-  Provider Median (7.9%)

# Sickness Absence Rate – Nursing and Health Visitors, National Distribution



In order of Sickness Absence Rate – Nursing and Health Visitors (n=50)

-  My Provider
-  My Peers
-  Peers (My Sector) Median (5.8%)
-  Top/Best Decile (4.5%)
-  Provider Median (5.8%)

### Trust Board Paper

<b>Board Meeting Date</b>	Tuesday 11 <sup>th</sup> July 2023
<b>Title</b>	<b>Freedom to Speak Up Report</b>
<b>Purpose</b>	To update the Trust Board on the work of the Freedom to Speak Up Guardian over the last 6 months.
<b>Business Area</b>	Corporate
<b>Author</b>	Freedom to Speak Up Guardian – Mike Craissati
<b>Relevant Strategic Objectives</b>	To strengthen our highly skilled and engaged workforce and provide a safe working environment
<b>CQC Registration/Patient Care Impacts</b>	The Care Quality Commission assesses Trust’s Speaking Up Culture as part of its Well-Led Inspection
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	All UK NHS Provider organisations are required to appoint a Freedom to Speak Up Guardian
<b>Equality and Diversity Implications</b>	Good links with the 3 Staff Networks have been maintained during the period, the Freedom to Speak Up Guardian has promoted the concept of Freedom to Speak Up and has supported network members for any concerns they may have had around EDI issues. The Guardian has forged close ties with EDI Leads & Network Chairs and contributes to various EDI Groups or Committees. Following a recent recruitment process approx. 35% of FTSU Champions are declared staff network members. A disproportionately high number of International Nurses have approached the Guardian.
<b>SUMMARY</b>	<p>This is a 6 monthly report for Trust Board covering January 2023 – July 2023 and contains data for Q3 22/23 – Q1 23/24 (to date)</p> <p><b>For brevity, key points for the Board to note are contained within the Executive Summary.</b></p> <p>The paper includes:</p> <ul style="list-style-type: none"> <li>• a summary of communication activity being undertaken by the FTSUG</li> <li>• data from the most recent reports to the National Guardians Office</li> <li>• key points about improving FTSU culture</li> <li>• recommendations from the Freedom to Speak Up Guardian</li> </ul>
<b>Impact of Covid – 19</b>	<ul style="list-style-type: none"> <li>• N/A – Business as usual</li> </ul>
<b>ACTION REQUIRED</b>	<p>The Trust Board is asked:</p> <ul style="list-style-type: none"> <li>• to note the contents of this report by the Freedom to Speak Up Guardian; and</li> <li>• to provide support for the Guardian’s recommendations detailed in this report</li> </ul>

**Report to the Meeting of the  
Berkshire Healthcare NHS Foundation Trust  
Board of Directors**

**Freedom to Speak up Report for January 2023 – July 2023**

**Executive Summary**

- **Case Studies** – Following a request from the Board, the following anonymised case studies are examples where Race Equality Network members have used the Speak Up process with positive outcomes and learning for the Organisation.
  - **Staff member A** attended an external all staff event “Brighter Together”. The staff member noted (whilst in discussion with the Guardian) that whilst they enjoyed the diversity of topics on the agenda, they saw no one on the stage that they could relate to as reflecting their ethnicity, that all presenters were white. Several of the staff member’s colleagues agreed with this comment. In the ensuing discussion the Guardian was asked to raise this as a concern to the Exec Sponsor of the event. Having done so the expectation was that he would provide some comment or feedback at a later date. Instead, he approached the staff members concerned, discussed their observation and stated that this would be a consideration when deciding on speakers for future events. The staff members also engaged with the Trust Chair in a similar fashion. This scenario has been raised by the staff member concerned at several REN networking events as an example of the FTSU process working in practice and the positive engagement of Trust Execs.
  - **Staff member B** approached the Guardian on the advice of the REN Chair. The member of staff raised concerns about how they were being treated by their line manager and another senior member of the Team. The concerns were around allegations of bullying, micro aggressive behaviour, non-engagement and racial discrimination and the impact was such that the staff member had a referral to Occupational Health & was advised to take some weeks off work. The allegations raised, resulted in a formal HR process against the line manager. The staff member is back at work, now works with a new line manager and is enjoying their role. They are also a FTSU Champion and have referred several other REN members to the Guardian for support and advice.

- **Staff member C** again approached the Guardian on the advice of the REN Chair. The staff member had applied for (and got) a secondment outside of their service with the full support of their line manager, however a more senior manager reversed that decision which greatly disappointed the staff member and somewhat undermined the authority of the line manager. The Guardian raised this with the Divisional Director who supported the staff member and their line manager, they were encouraged to take up the secondment and greatly enjoyed their role. This secondment is now a full time post for the long standing member of staff. They are also now a FTSU Champion and active member of the REN Network.

- **Staff member D** approached the Guardian on the advice of the previous REN Chair. The concerns they raised were various, in their words,

*“ I feel I am being victimised and treated differently. I am not treated with dignity and respect at work. I have been undermined both clinically and managerially. My views and requests are ignored or dismissed. I feel that I am being pushed out of my job. My line manager was the initiator however as time has gone on, my team have learnt/ followed on with their behaviours thereby creating a culture in the team/service where it is considered acceptable to undermine, ignore and disrespect their team lead.”*

The staff member had applied for several more senior roles, feedback from the 5 interviews they were invited to attend acknowledged this staff member's expertise, however none of these resulted in any appointment. The staff member also has noted in correspondence,

*“All of the successful candidates were from non- BAME background appointed by a non-BAME interview panel. It is also interesting to note that of all the interviews I have attended, there has not been a BAME representative on any of the interview panels. Less than a year in my current role, I had 3 informal complaints against me from non- BAME staff of which one complaint went into formal process. This complaint process took 22 weeks (5.5 months) to conclude with sporadic contacts from HR (primarily when they needed something from me). Whilst I understand that this is a stressful time for all parties involved and everyone is busy, however communication could have been better. I feel de-moralised and de-valued by the Trust that serves the BAME population and boasts of valuing their staff regardless of their skin colour. I feel exploited because I am a highly experienced clinician and carrying out responsibilities expected of more senior roles. I feel I have been treated harshly and unfairly through formal investigation without considering an informal resolution.”*

Over a period of several months the Guardian supported the staff member in their conversations with HR, helped them with talking to and getting constructive feedback/coaching from a Divisional Director. The staff member was successful in getting a secondment out of their original service and they

now work fulltime in another service. The staff member is active in supporting the FTSU process and has referred REN members to the Guardian.

- **Detriment** – A key element within the FTSU process is that workers wishing to raise a concern should be able to do so without fear of detriment (being harmed, threatened, singled out or a feeling of having to change role or employer). For the majority of concerns that revolve around patient safety issues, processes or other such concerns such as environmental issues etc this is not a problem. The issue arises for those cases that come under the “behavioural” banner, where the main concern is how staff are being treated and how they treat others. Generally, this type of behaviour is within a Team or Service, and it is very difficult for someone to feel empowered to speak up without being singled out, especially if their concern revolves around how they themselves are being treated. Data shows that a significant proportion of cases raised contain an element of bullying & harassment, this, coupled with a fear of detriment or what is the outcome of speaking out about this type of behaviour makes it a very difficult decision for staff.
- **Burden of Proof for Subjective Experiences** – If a member of staff alleges being the victim of bullying, microaggressions or other behaviours against any protected characteristic, they often feel pressure to prove such an experience (which are by their very nature, subjective & personal). Coupled with the timescales to review such cases, including any formal investigation, this is a barrier to staff Speaking Up. There are instances where a staff member will still have to report to a line manager, have supervision or 1:1’s where the line manager in question may be the alleged source of the poor behaviour. This has a very negative impact on the member of staff raising the concern.
- **International Nurses** – Since the start of the recruitment drive to encourage Nursing staff from overseas to join Berkshire Healthcare, the Guardian has been approached by 5 such nurses to discuss issues they are facing and/or to raise concerns they have. Themes are predominantly around their “Staff Experience”. This is believed to be approx. 20% of the cohort and is a significant proportion of the total number. This has been raised to the Divisional Directors to review, however the Board should be aware.

**Recommendations are on the final page of this report.**

## **Background**

A Freedom to Speak up Guardian (FTSUG) within every Trust was a key recommendation made by Sir Robert Francis QC in the Freedom to Speak Up review 2015. FTSU has also become part of the CQC Well Led inspection component since October 2016.

A standard integrated FTSU policy for the NHS issued in April 2016 is the basis of the Trust's Raising Concerns policy. This national policy has been reviewed with an update published in Q2 22/23.

In line with the above and as part of our regular policy review process, the FTSU policy is being reviewed by the FTSUG pending consideration by Human Resources colleagues and out Joint Staff Consultative Committee.

The National Guardian's office (NGO) was established in October 2016 at the same time as it became a contractual obligation for every NHS Provider Organisation to have appointed a FTSU Guardian.

## The Role of the Freedom to Speak Up Guardian

*"The Freedom to Speak Up Guardian will work alongside Trust leadership teams to support the organisation in becoming a more open and transparent place to work, where all are actively encouraged and enabled to speak up safely." (NGO 2018)*

The FTSUG is independent and impartial. The Guardian reports directly to the Chief Executive and has access to anyone in the organisation. There are two main elements to the role.

- To give independent, confidential advice and support to members of staff who wish to speak up that have an impact on patient and staff safety or issues around malpractice, wrongdoing and fraud. This is not exclusive to permanent members of staff but extends to temporary or agency staff, trainees or students, volunteers and trust governors.
- To promote a culture where members of staff feel safe to raise concerns and do not fear adverse repercussions or detriment as a consequence of doing so.

Debbie Fulton, Director Nursing and Therapies is Executive Lead for Freedom to Speak Up and Mark Day, Non-Executive Director, is nominated Non-Executive Director for Freedom to Speak Up.

## Communication

It is crucial that the FTSU role is visible and accessible to all staff. The communications plan outlines how this is achieved.

The plan includes the following (Showing progress on plans and relevant target dates):

- Raising Concerns presence on Nexus
- Presentations and attendance at management/team meetings (ongoing)
- Production and dissemination of posters, leaflets and cards etc (ongoing)
- Virtual F2F presence at Corporate Induction, Junior Doctor's Induction & Student's Induction via MS Teams
- Supporting all EDI/Staff Networks as an Ally.
- Membership of the Safety Culture Steering Group, Strategic People Group, Diversity Steering Group, Anti-Racism Taskforce amongst others

- Following a recent recruitment process the Guardian has 19 FTSU Champions in post. The role of the Champions is to support the Guardian by raising awareness of the FTSU process locally and to signpost to the Guardian should any staff member wish to raise a concern. The Champions cover a wide range of pay bands with representation within all Directorates or divisions. 35% of Champions are declared staff network members and 35% have also raised concerns to the Guardian prior to becoming a Champion. It is hoped that the cohort fairly represent the diversity of the Organisation.
- The FTSU Strategy has been updated to cover 2023 – 2026 and is presented at this Board.

## **Contribution to the Regional and National Agenda**

The Guardian is Chair of the Southeast Regional FTSU Guardian Network consisting of all NHS Trusts and private providers (including Primary Care) this numbers some 193 Guardians representing 125 Organisations and provides input to quarterly meetings between the NGO & regional Chairs.

The Guardian is a member of a Berkshire West, Oxfordshire & Buckinghamshire (BOB) Guardian ICB Network, members include Guardians from all Provider Trusts within the system & SCAS.

The Guardian also supports the newly appointed Frimley Health & Care ICB Guardian, contributes to regular meetings between Provider Trust Guardians and to the FTSU Guardian's report to the ICB Board.

The Guardian supports a pan-sector networking group which includes Whistleblowing & Speak Up Leads from non-healthcare Organisations such as John Lewis Partnership, NatWest Group, ACAS, Compass Group & the Nuclear Decommissioning Authority. This group allows for shared learning outside of the Healthcare model of Speaking Up.

## **Quarterly submissions to the National Guardian's Office (NGO)**

The NGO requests and publishes quarterly speaking up data.

Contacts are described as "enquiries from colleagues that do not require any further support from the FTSUG".

Cases are described as "those concerns raised which require action from the FTSUG".

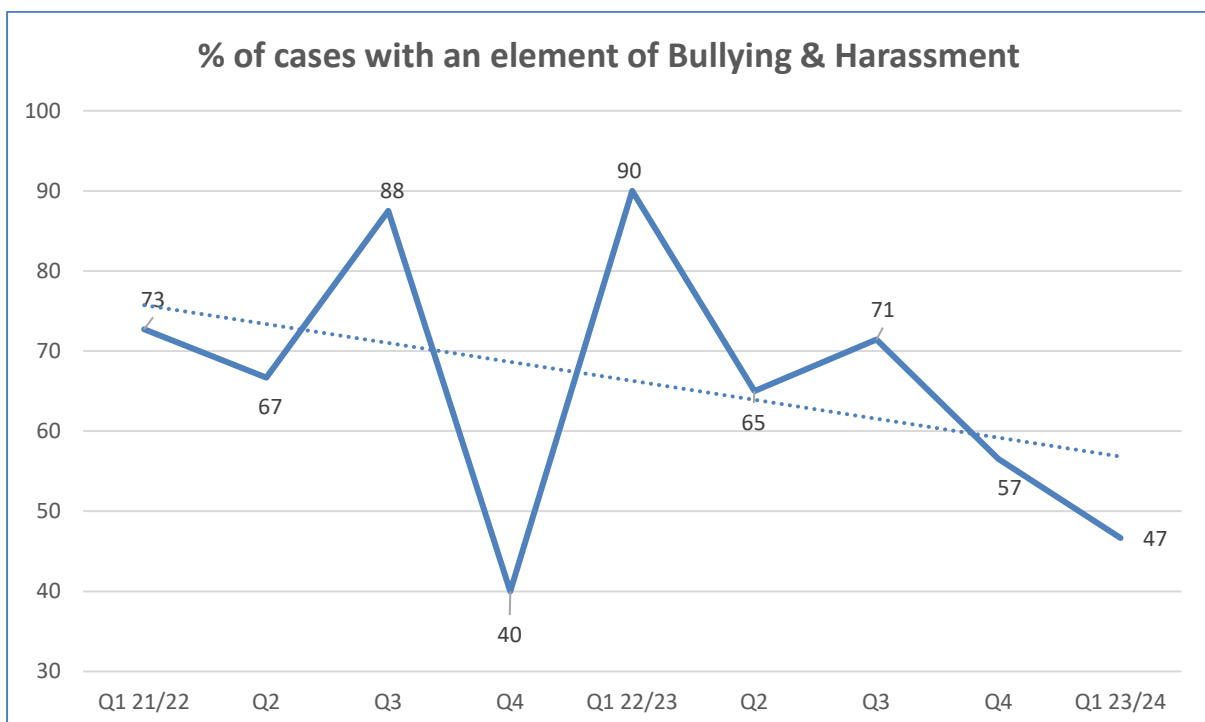
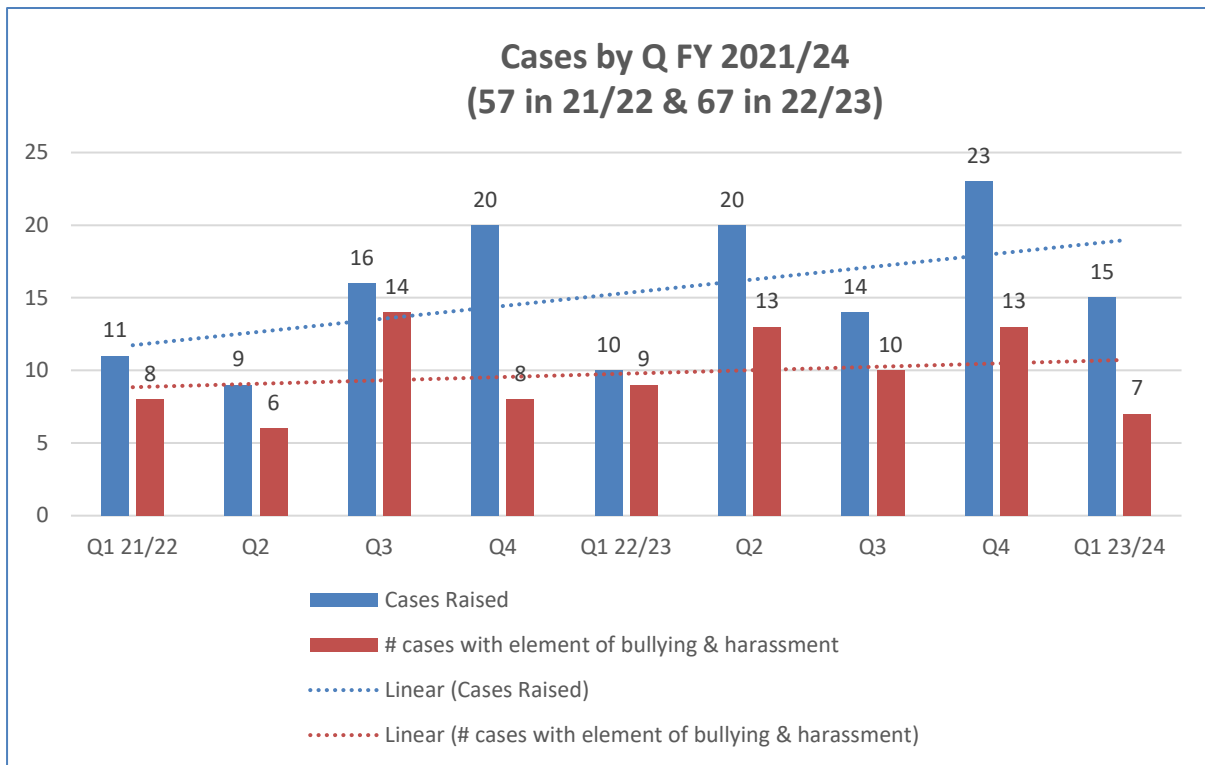
Outlined below are Berkshire Healthcare's submissions to the NGO for Q1 FY 2021/22 to date (Q1 FY 2023/24).

It's difficult to make comparisons with other similar organisations as the data does not provide a narrative regarding how many guardians or champions there are, how many days a week they work and if they have recorded both cases and contacts. All cases and contacts at Berkshire Healthcare are reported.

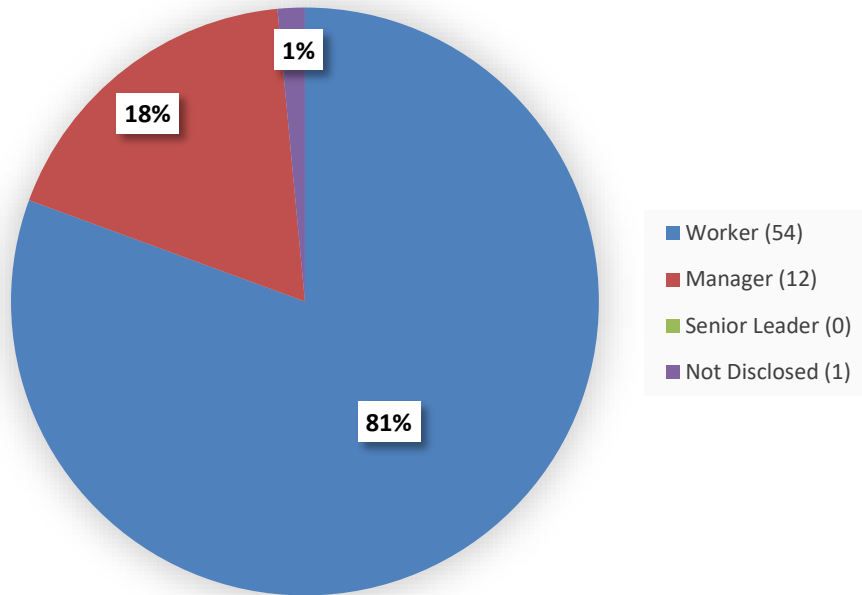


**NB.** Future Board reports will reflect the recent restructuring of Operational Services.

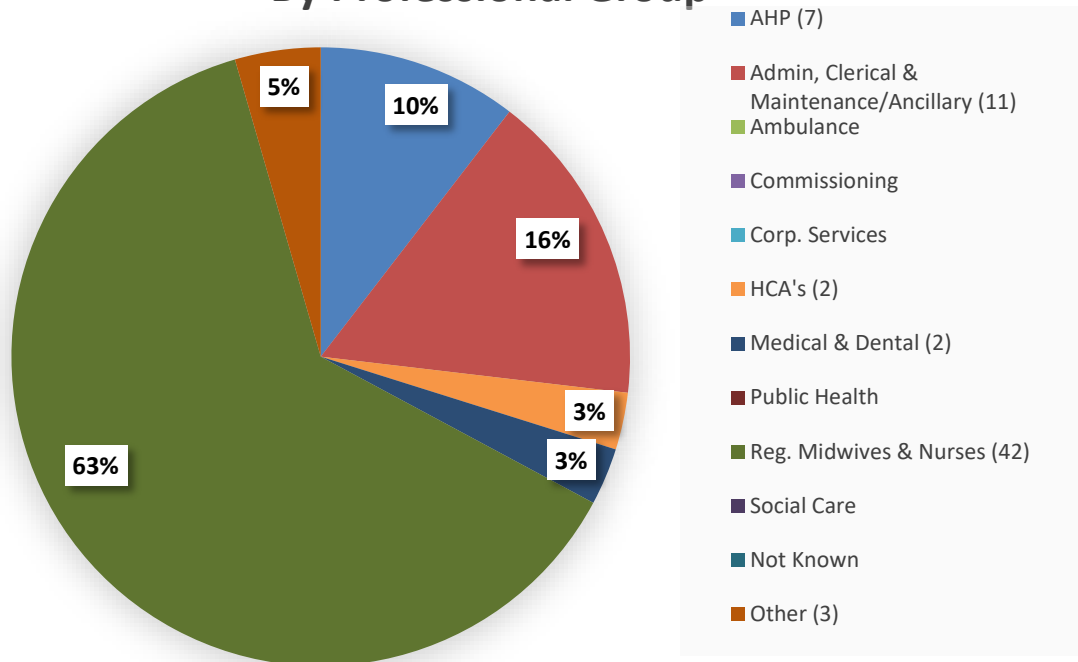
**The total number of cases raised for FY 2021/22 FY 2022/23 & Q1 2023/24= 138**



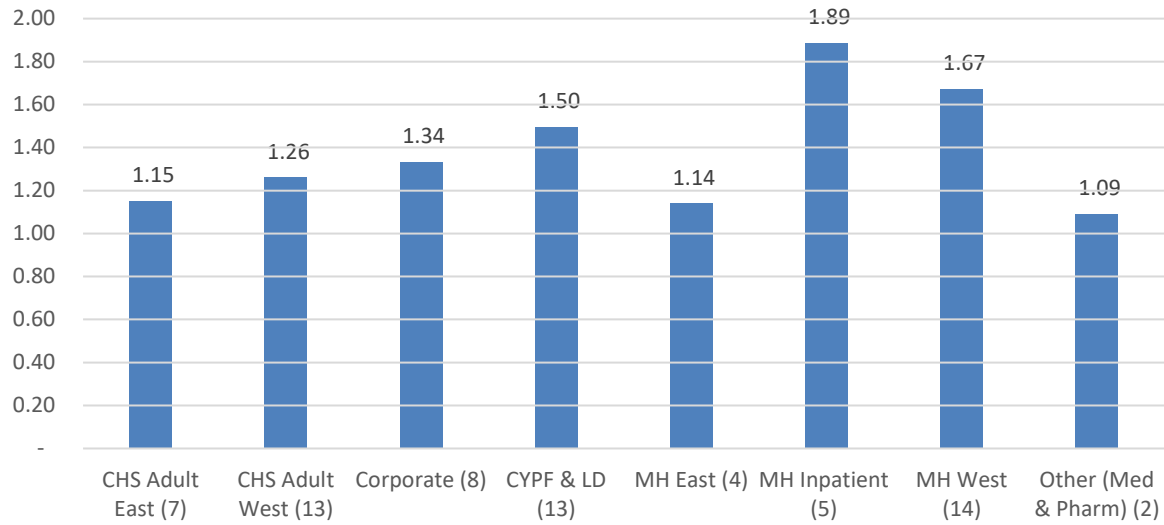
### By Professional Level



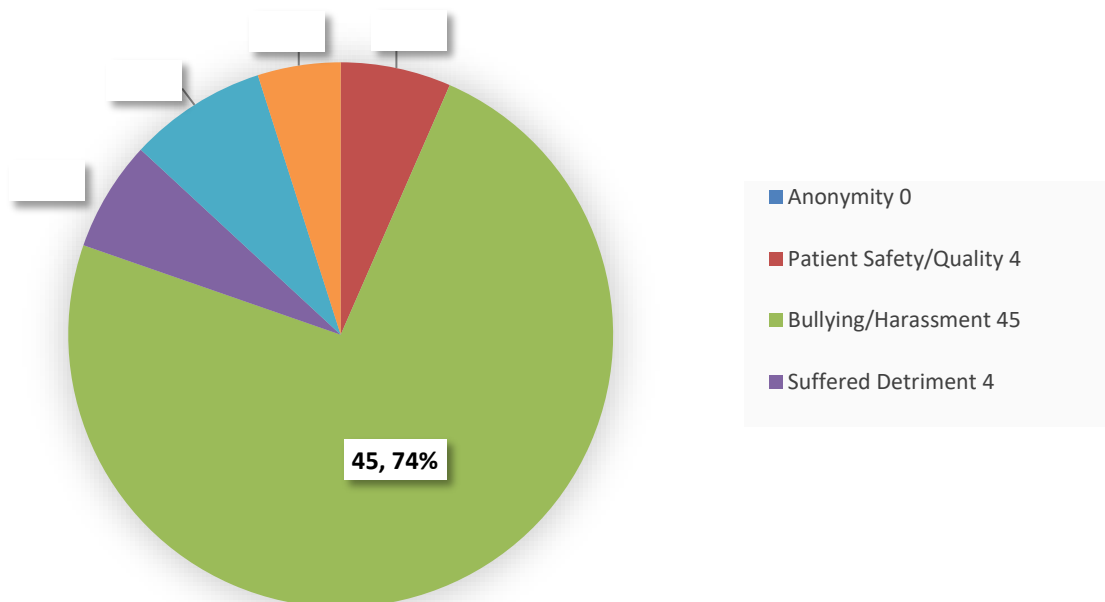
### By Professional Group

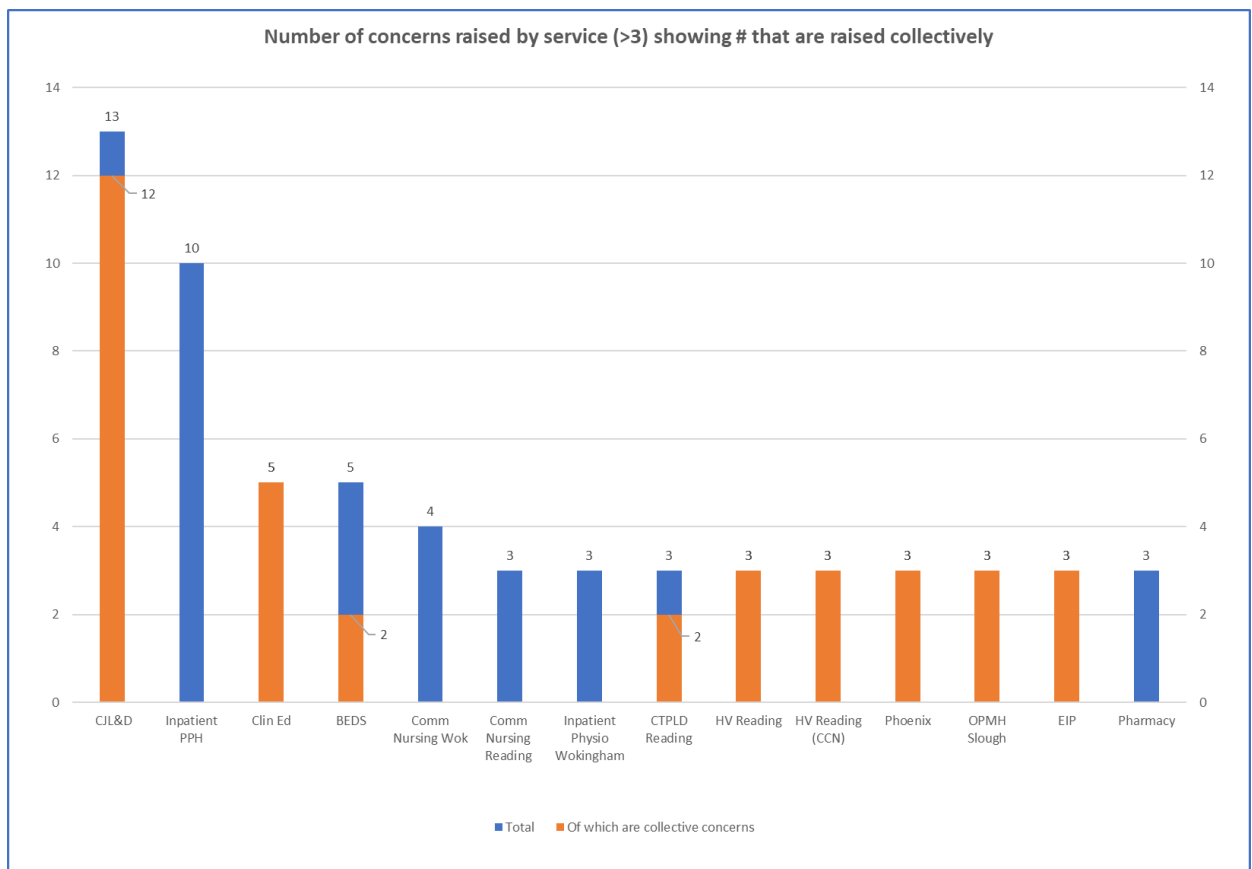
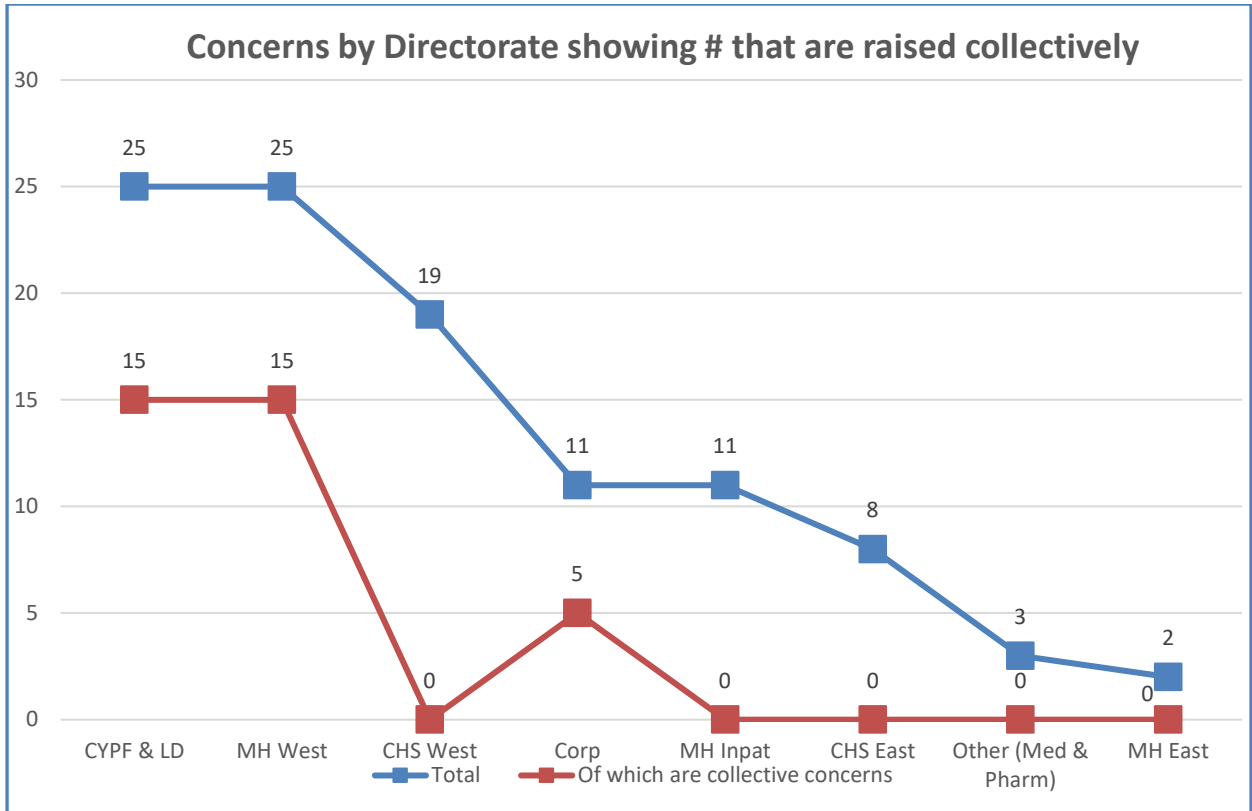


### FTSU Cases by Directorate as % of their headcount at April 2022



### Of which there is an element of...





## Assessment of Issues

- The number and type of cases raised fit into the general pattern of cases from previous periods and could be considered the norm.
- Returns show 4 cases were raised via FTSU which contain an element of patient safety, the Board can be assured that any other patient safety issues are raised via other routes, handovers etc.
- A high proportion of cases raised are done so where the person raising the concern wishes some form of anonymity or confidentiality having spoken to the Guardian.
- During the period the Guardian received 2 anonymous concerns.
- A significantly high proportion of cases are around the “staff experience” and specifically from staff who are stating the cause is bullying & harassment (B&H) from fellow staff members (no cases have been received where B&H has been reported as coming from patients of the public at large – this would normally be highlighted via Datix).

## Improving FTSU Culture

Creating a culture where all staff feel able to speak up and feel valued for doing so is dependent on the organisation showing it is listening and taking their concerns seriously. Giving feedback is one important way the Trust can demonstrate it values staff that speak up. The importance of this stage of the process is not always recognised by managers. Staff who speak up to the FTSUG fear suffering detriment as a result and this can present a barrier.

From personal observations and feedback from those who have spoken up, the following is highlighted:

- To achieve an open culture around speaking up, all elements of good, effective communication need to be included in the process. Speaking Up is only part of this and is relatively easy to address.
- An effective process is only achievable if the other elements are addressed, namely improving the Listening Up Culture, and removing barriers to communication.
- Part of the Listening Up process should include improved feedback to those who raise concerns, including timescales, expectations around outcomes.

## Learning and Improvement

The FTSU Status Exchange between the FTSUG, Chief Executive, Director of Nursing and Therapies and Deputy Director of People continues to provide a good forum for a structured information exchange, triangulation of information, and ensuring action is completed regarding concerns raised. A regular meeting between the FTSUG and the Deputy Director

of People & Senior HR Managers continues as a standard piece of to enable direct communication about case work in a confidential manner.

The Guardian now also meets on a six-monthly basis with the nominated Non-Executive Director lead.

The Guardian ensures that any learning from cases raised is communicated to the Organisation through this status exchange, through regular 1:1's with the Executive lead for Freedom to Speak Up. All cases are audited on a quarterly basis to ensure any learning is taken into account and actioned.

Those who raise concerns are offered continual feedback on any investigation work undertaken as a result of speaking up and are supported throughout the whole process, the Guardian also obtains feedback from those who raise concerns on their views of the process and this learning is reviewed and considered by the Guardian.

On occasions where reports of case reviews undertaken by the National Guardian's Office are published, the Guardian will review these reports and communicate recommendations to the Organisation.

The National Guardian's Office have released a series of E-Learning packages, there are 3 packages aimed at various levels within the Organisation.

All three modules are available for staff on the Trust Nexus e-learning platform, Totara.

- **Speak Up** – Core training for all workers, volunteers, students and trainees, aimed at giving all staff an understanding what speaking up is, how to do so and what to expect when they do so.
- **Listen Up** – Aimed at all line managers, raising awareness of the barriers that can exist when staff wish to speak up and how to minimise them.
- **Follow Up** – For Senior Management groups and Trust Executives, ensuring the Organisation acts on concerns raised, learns from them and uses feedback to help create an open & just culture where all workers are actively encouraged to use their voices to suggest improvements or raise concerns.

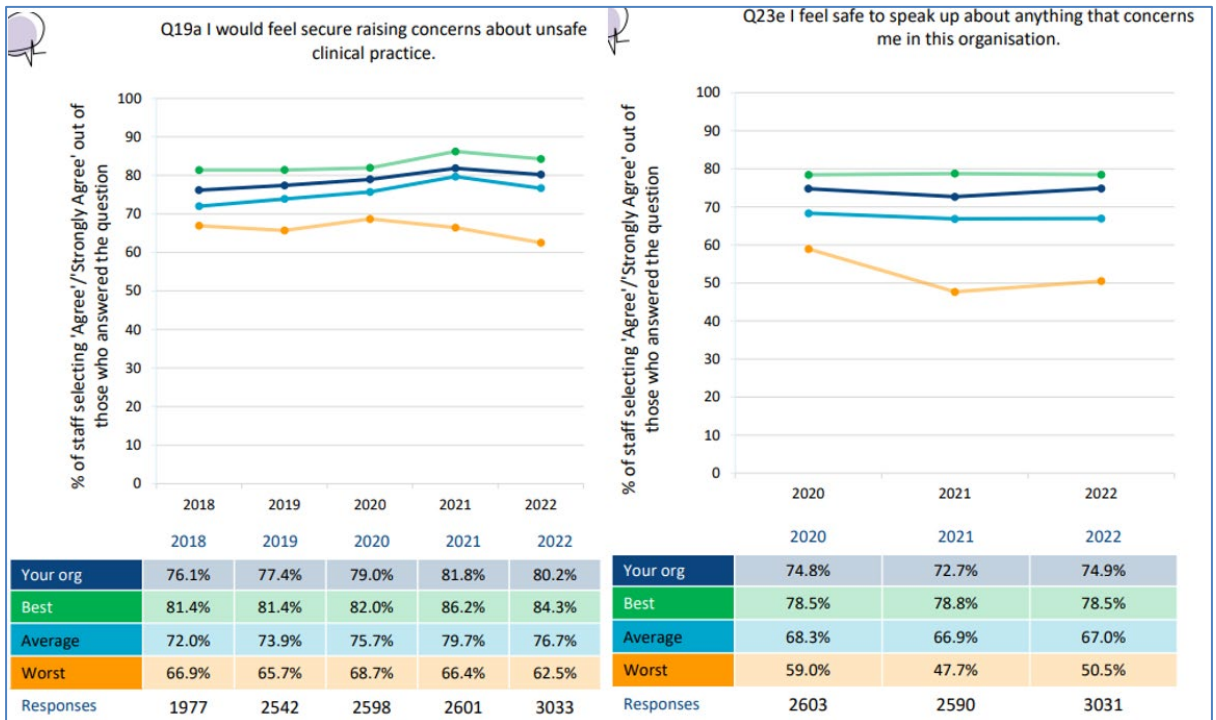
The Guardian and all Champions are in the process of promoting the E-Learning packages as well as a link for staff to request Speak Up Awareness sessions for their Teams or Service via their email signatures. This will also be available on the Raising Concerns pages on Nexus.

## National Guardian's Office

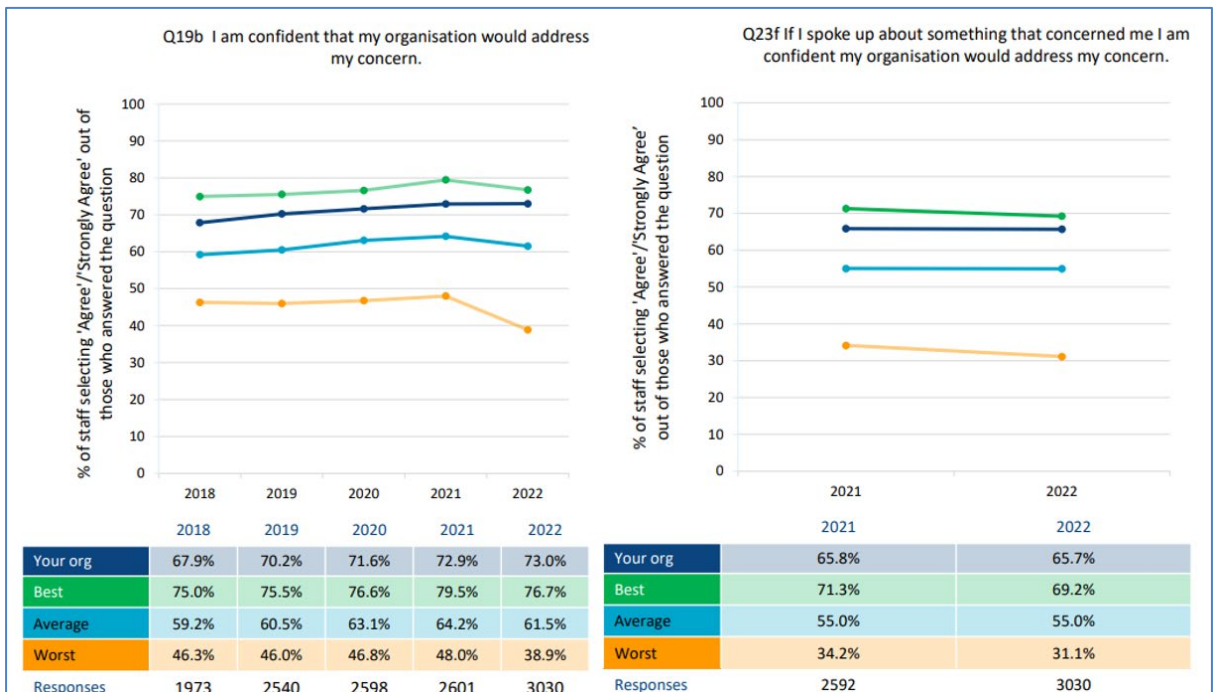
- The National FTSU Policy has been revised. The Berkshire Healthcare Raising Concerns policy is being reviewed and updated to reflect changes in the national policy.
- NHS England and the National Guardian's Office have [published guidance](#) for Integrated Care Boards to ensure speaking up routes are available for their own staff and their primary care workers across the ICS.
- The NGO have recently published an analysis of Questions relating to Speaking Up in the 2022 NHS Staff Survey. The full report can be downloaded [here](#), the key findings from the report are as follows:
  - The Freedom to Speak Up sub-score declined from 6.5 in 2021 to 6.4 in this year's NHS Staff Survey. This fall equates to a 1.5% change. Given the size of the survey (over 600,000 workers) this equates to a declining perception of over 9,000 workers.
  - There was a marked fall for raising concerns relating to clinical practice (following 2021 when there was a marked improvement).
  - For the first time, bank staff completed a bank staff survey. The results were in line with the core survey results for all four speak up questions.
  - By sector, ambulance trusts continue to score least well (and are continuing to worsen) whereas community trusts continue to perform best.
  - The gap between community and ambulance/acute trust results is widening, potentially indicating the impact of pressures on frontline services.
  - The Freedom to Speak Up sub-score positively correlates with Care Quality Commission ratings.
  - There is a marked disparity between the highest and lowest scoring organisations and this has increased for three out of the four Freedom to Speak Up questions since the 2021 survey. The Northeast and Yorkshire, North West and South East regions scored the highest. East of England scored least well for all four Freedom to Speak Up questions. In particular, the results for both questions about workers feeling that their organisations will address concerns were markedly low.

Local response rates to the 4 main questions relating to Speaking Up are as follows:

## Speaking Up

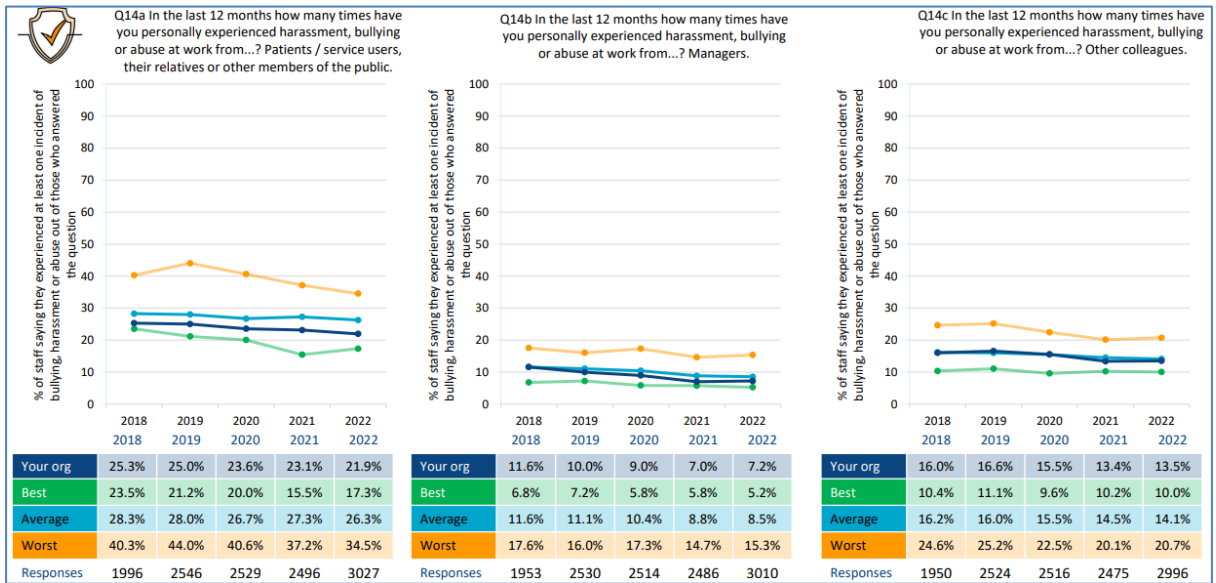
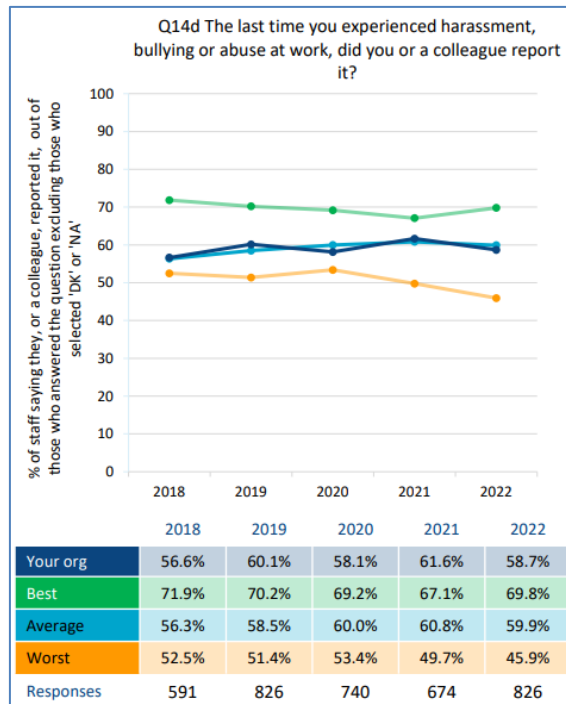


## Taking Action





# Bullying & Harassment



Benchmarking against national, Trust Type, Region & Local ICS sub-scores for both 2021 & 2022 is as follows.

It can be shown that Berkshire Healthcare has maintained or improved it's ranking across the board despite no change in sub-score. The top scoring Organisation Nationally has dropped from 7.5 in 2021 to 7.4 in 2022.

	BHFT Ranking against Provider Organisations				
	Nationally (225 Orgs. / Best Sub-Score)	Trust Type - MH,LD & CHS (51 Orgs. / Best Sub-Score)	South East Region (32 Orgs. / Best Sub-Score)	Local ICS's (10 Orgs. / Best Sub-Score)*	BHFT Sub-Score
<b>2021</b>	16 (7.5)	6 (7.5)	4 (7.5)	1 (7.2)	7.2
<b>2022</b>	12 (7.4)	3 (7.4)	3 (7.4)	1 (7.2)	7.2

\*Frimley ICB, Buckinghamshire, Oxfordshire & Berkshire West ICB and Surrey Heartlands ICB (to include Surrey & Borders Partnership), excludes SCAS.

## Learning – Some follow up actions from cases raised.

- All cases are audited on a quarterly basis to ensure any learning is actioned.
- Where appropriate Services now have the support of an MDT/Organisational Development team. This includes representatives from HR, OD, Psychological Services, FTSU, Patient Safety, EDI leads. Concerns raised from staff within these services have helped to highlight some dysfunctionality or friction within the service. The aim of the MDT is to assist Heads of Service with improving morale, behaviours and efficiency of the service.
- In several cases where the standard of management may be in question, support will be given on a more individual basis to improve management techniques.
- It has been highlighted that with larger more complex cases where there may have been a collective concern or group of concerns that, due to the time taken to investigate these concerns, that staff concerned should get better and more frequent feedback. This is being addressed with HR colleagues to align the FTSU process with HR processes.

## Examples of non-implementation of learning from concerns raised:

During the period there were no examples where learning from concerns raised (from cases that have been closed) had not been fully implemented.

## **Recommendations from the FTSU Guardian**

The Trust Board is asked to support the following:

- Support and encourage initiatives to address subjective “Staff Experience” concerns, specifically those that include an element of bullying & harassment and/or micro aggressions.
- Support and encourage initiatives to minimise the risk of detriment.
- Support and encourage initiatives to improve a Listening Up culture, so that all staff will feel more able to challenge in a positive way, to encourage positive suggestions that may improve ways of working, the patient experience or efficiencies. In turn this will make raising more traditional FTSU concerns easier and more a part of the culture.
- Assist in minimising those barriers to communication that may prevent those wishing to speak up (in any way) from doing so.

**Author and Title:**

**Mike Craissati - Freedom to Speak Up Guardian**

**July 2023**



**Trust Board Paper**

<b>Meeting Date</b>	11 July 2023
<b>Title</b>	Freedom to Speak Up review tool for NHS Trusts and Foundation Trusts
	<b>ITEM FOR APPROVAL</b>
<b>Purpose</b>	The completed self-assessment tool highlights the Board’s reflection and assessment on its current position and any identified improvements and actions to ensure a culture of openness and transparency in relation to speaking up across the organisation.
<b>Business Area</b>	Corporate Governance
<b>Author</b>	Debbie Fulton, Director Nursing and Therapies (Executive FTSU lead) Mark Day, Non- Executive Director (Non -Executive FTSU Board lead)
<b>Relevant Strategic Objectives</b>	True North goals of Harm Free Care, Supporting our Staff and Good Patient Experience
<b>CQC Registration/Patient Care Impacts</b>	Supports maintenance of CQC registration and supports maintaining good patient experience
<b>Resource Impacts</b>	N/A
<b>Legal Implications</b>	N/A
<b>Equality, Diversity and Inclusion Implications</b>	N/A
<b>SUMMARY</b>	<p>The Freedom to Speak Up Tool (attached) is designed to assist Boards in undertaking a self- assessment of the Trust Freedom to Speak Up processes and to ensure that these are in line with NHS England and the National Guardian’s Office requirements as detailed in: “Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts”</p> <p>Good practice is for this self -assessment to be undertaken on a regular basis and as a collaborative process involving all Board members. A review using this tool was last undertaken in 2021.</p> <p>The tool was completed in draft by the Executive (Debbie Fulton) and Non-Executive (Mark Day), before being reviewed and finalised by all Board members in May 2023 and is presented at the July 2023 Public Board in the spirit of transparency.</p> <p>Assurance can be taken from the latest staff survey results with regard to our organisational FTSU culture; all four raising concern (freedom to speak up) sub-scores achieved higher than the average national score with the 2 scores for feeling secure to raise concerns around unsafe clinical practice and confidence that this will be acted on demonstrating tangible improvement since 2018, whilst the scores around feeling safe to speak</p>

	<p>about any concerns and confidence that these will be addressed has remaining stable since the introduction of these in 2020 2021.</p> <p>This does not mean that we are complacent, we recognise that behind these scores there are pockets where the experience is not so positive and we continue to work alongside staff and our staff networks to improve the experience for all of our staff.</p> <p>Progress was achieved against all actions identified in the 2021 self-assessment which included:</p> <ul style="list-style-type: none"> <li>• Inviting the NGO to a discursive or Board development session: <i>This took place during 2022/23</i></li> <li>• A refresh of our FTSU strategy: <i>This is at Board today.</i></li> <li>• A Review of our current champions network: <i>A reinvigorated network of 16 champions, from diverse backgrounds with a programme of support and explicit recognition of the role by their line managers and Directors is in place.</i></li> <li>• Adding to staff voice at the board through anonymised vignettes of concerns: <i>this is being included within the 6 monthly board report and further work undertaken to explore how we continue to provide anonymised case studies for learning both at board and in wider programmes of work being undertaken across the organisation.</i></li> <li>• Review of policy: <i>following release of the revised policy from the national guardians office review and updating of our local policy is being undertaken.</i></li> </ul> <p>There were no significant gaps identified as part of this self-assessment process however opportunities for further improvement and learning will continue, this includes learning from other organisations as well as internal experiences of our staff to ensure that the organisational culture is one that enables staff to speak up, be heard and their concerns to be appropriately addressed.</p>
<b>ACTION REQUIRED</b>	<p>Board is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the self-assessment</li> </ul>

# Freedom to Speak Up review tool for NHS trusts and foundation trusts

July 2019

# How to use this tool

This is a tool for the boards of NHS trusts and foundation trusts to accompany the [Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts](#) (cross referred with page numbers in the tool) and the [Supplementary information on Freedom to Speak Up in NHS trusts and NHS foundation trusts](#) (cross referred with section numbers).

We expect the executive lead for Freedom to Speak Up (FTSU) to use the guidance and this tool to help the board reflect on its current position and the improvement needed to meet the expectations of NHS England and NHS Improvement and the National Guardian's Office.

We hope boards will use this tool thoughtfully and not just as a tick box exercise. We also hope that it is done collaboratively among the board and also with key staff groups – why not ask people you know have spoken up in your organisation to share their thoughts on your assessment? Or your support staff who move around the trust most but can often be overlooked?

Ideally, the board should repeat this self-reflection exercise at regular intervals and in the spirit of transparency the review and any accompanying action plan should be discussed in the public part of the board meeting. The executive lead should take updates to the board at least every six months.

It is not appropriate for the FTSU Guardian to lead this work as the focus is on the behaviour of executives and the board as a whole. But getting the FTSU Guardian's views would be a useful way of testing the board's perception of itself. The board may also want to share the review and its accompanying action plan with wider interested stakeholders like its FTSU focus group (if it has one) or its various staff network groups.

We would love to see examples of FTSU strategies, communication plans, executive engagement plans, leadership programme content, innovative publicity ideas, board papers to add them to our Improvement Hub so that others can learn from them. Please send anything you would specifically like to flag to [nhsi.ftsulearning@nhs.net](mailto:nhsi.ftsulearning@nhs.net)

Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
Behave in a way that encourages workers to speak up					
<p>Individual executive and Non-Executive directors can evidence that they behave in a way that encourages workers to speak up. Evidence should demonstrate that they:</p> <ul style="list-style-type: none"> <li>• understand the impact their behaviour can have on a trust's culture</li> <li>• know what behaviours encourage and inhibit workers from speaking up</li> <li>• test their beliefs about their behaviours using a wide range of feedback</li> <li>• reflect on the feedback and make changes as necessary</li> <li>• constructively and compassionately challenge each other when appropriate behaviour is not displayed</li> </ul>	Section 1  p5	<p><b>April 2021</b></p> <p><b>Reviewed and updated March 2023</b></p>		<p>Staff survey results</p> <p>There are 4 questions within staff survey that make up the freedom to speak up (raising concerns sub score)</p> <p>19a - I would feel secure raising concerns about unsafe clinical practice. (increased from 76.1% in 2018 to 80.2% in 2022, national average 2022, 76.7%)</p> <p>19b – I am confident that the organisation would address my clinical practice concern.( increased year on year from 67.9% in 2018 to 73% in 2022 (average 2022, 61.5%)</p> <p>23e - I feel safe to speak up about anything that concerns me in this organisation. (74.9% in 2022</p>	<p>Rated as compliant - actions below opportunity for further improvement / learning:</p> <p>Service feedback from non-exec board visits to be sought, this provides opportunity for reflection.</p> <p>Complete review of local policy against revised national template</p> <p>Continue to support work that drives staff feeling safe to raise concerns and confident that we will address these.</p>



Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
				<p>compared with 74.8% in 2020, national average for 2022 67% )</p> <p>23f – if I spoke up about something that concerns me, I am confident that the organisation would address my concerns ( 65.7% in 2022 compared with 65.7% in 2021 national average 2022 55%)</p> <p>FTSU Board reports</p> <p>Executive lead/FTSU guardian one to one meetings and status exchange with CEO / Exec lead / FTSU and Head of Operational HR include Regular discussions on plans for FTSU in the organisation.</p> <p>FTSU Guardian has direct access to the Wider Executive Team and Board</p> <p>Values and behaviours form part of appraisal process for executive directors</p>	

Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
				<p>Gemba visits undertaken by executive teams with purpose of listening up / providing opportunity to speak up</p> <p>Board visits to teams and services undertaken by Non-Executive with purpose of listening up/ providing opportunity for staff to speak up</p> <p>All staff events that occur fortnightly provide opportunity for staff to pose any questions/ concerns / positive comments to the executive with Q&amp;A session as part of the event enabling the executive to respond to these, responses to pithy challenging issues are not shied away from. Non-Exec Board members have access to attend</p> <p>Governor meetings are a listening up opportunity for Non-Executive.</p> <p>NGO attended Board discursive session to support Board discussions and thinking regarding current FTSU culture and practice April 2022</p> <p>Local policy being updated to reflect national template.</p>	

Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
Demonstrate commitment to FTSU					
<p>The board can evidence their commitment to creating an open and honest culture by demonstrating:</p> <ul style="list-style-type: none"> <li>• there are a named executive and Non-Executive leads responsible for speaking up</li> <li>• speaking up and other cultural issues are included in the board development programme</li> <li>• they welcome workers to speak about their experiences in person at board meetings</li> <li>• the trust has a sustained and ongoing focus on the reduction of bullying, harassment, and incivility</li> <li>• there is a plan to monitor possible detriment to those who have spoken up and a robust process to review claims of detriment if they are made</li> <li>• the trust continually invests in leadership development</li> <li>• the trust regularly evaluates how effective its FTSU Guardian and champion model is</li> <li>• the trust invests in a sustained, creative, and engaging communication strategy to tell positive stories about speaking up.</li> </ul>	<p>p6 Section 1 Section 2 Section 3</p>	<p>April 2021</p> <p>Reviewed and updated March 2023</p>		<p>Executive and Non-Executive leads for FTSU (Debbie Fulton -Director Nursing and Therapies and Mark Day) are named in FTSU policy</p> <p>All staff events that occur fortnightly provide opportunity for staff to pose any questions/ concerns / positive comments to the executive with Q&amp;A session as part of the event enabling the executive to respond to these, responses to pithy challenging issues are not shied away from. Non-Exec Board members have access to attend</p> <p>Bullying and Harassment key focus of work as part of EDI and People strategy</p> <p>Annual plan on a page includes goal in supporting our staff - <i>We will have a zero tolerance to bullying and harassment, and racism, taking action wherever we see or hear poor experience for our people</i></p> <p>Safety culture workstream as part of the national patient safety strategy has focus on civility. Trust events on civility/ kindness / compassion and psychological safety held each year. FTSU guardian is part of the core membership of the group</p>	<p>Rated as compliant - actions below opportunity for further improvement / learning:</p> <p>Bringing staff voice to Board in a meaningful way – we have had preceptees there and staff presenting patient stories.</p> <p>Positive stories about speaking up to be considered into 6 monthly FTSU Board report.</p>

Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
				<p>Leadership development programmes in place *</p> <p>Feedback from staff involved in speaking up process is sought , this is reflected in 6 monthly Board report</p> <p>National staff Survey results indicate positive safety culture</p> <p>Regular messages via teambrief, on Nexus for staff</p> <p>Dedicated space on Nexus</p> <p>Feedback is obtained from staff involved in process and included in 6 monthly report.</p> <p>Executive and Non-Executive Board members participate in reverse mentorship</p> <p>NGO attended Board discursive session to support Board discussions and thinking regarding current FTSU culture and practice April 2022</p> <p>Anti-racist task force developed; Board sessions in relation to anti-racism and plan to develop an action statement in place. Specific focused work on micro-</p>	

Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
				<p>aggressions/ bullying and harassment at Prospect Park Hospital with FTSUG involvement</p> <p>Anonymised vignettes/ case studies of concerns raised through FTSU to be shared with Board through board report</p> <p>Champion structure reviewed and refreshed with 16 champions identified all who have support of relevant Divisional Director and agreement for release of time to enact the role/ attend training and sessions relevant to the champion role. Applications by end Feb. This has been advertised on Nexus/ in Circulation and Team Brief. Letter to supporting managers signed by Exec Lead for FTSU training and workshops in place.</p>	
Have a strategy to improve your FTSU culture					
<p>The board can evidence it has a comprehensive and up-to-date strategy to improve its FTSU culture. Evidence should demonstrate:</p> <ul style="list-style-type: none"> <li>as a minimum – the draft strategy was shared with key stakeholders</li> </ul>	P7 Section 4	April 2021  Reviewed and updated		<p>Strategy was presented to Board and endorsed in November 2019</p> <p>Trust wide focus on safety culture with Workplan and actions in place (FTSUG is</p>	

Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
<ul style="list-style-type: none"> <li>the strategy has been discussed and agreed by the board</li> <li>the strategy is linked to or embedded within other relevant strategies</li> <li>the board is regularly updated by the executive lead on the progress against the strategy as a whole</li> <li>the executive lead oversees the regular evaluation of what the strategy has achieved using a range of qualitative and quantitative measures.</li> </ul>		March 2023		<p>a member of the steering group).This is embedded in trust 3-year strategy</p> <p>Board receives 6 monthly reports from the Guardian</p> <p>Executive lead/FTSU guardian one to one meetings include regular discussions on plans for FTSU in the organisation</p> <p>Trust 3-year Strategy 2021-2024 (refreshed Q4 2022/23) includes: - <i>Improving patient safety</i> <i>The national patient safety strategy aligns with excellent work of the trust over the last few years.</i> <i>We are focusing on fostering a psychologically safe culture enabling learning from incidents and near misses, supporting improvement in safety to reduce risk of future harm.</i></p> <p>Annual plan on a page includes a goal in Harm free care - <i>We will strengthen our safety culture to empower our people and patients to raise safety concerns without fear, and to facilitate learning from incidents</i></p>	

Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
				FTSU strategy updated and presented to in public board July 2023	
Support your FTSU Guardian					
<p>The executive team can evidence they actively support their FTSU Guardian. Evidence should demonstrate:</p> <ul style="list-style-type: none"> <li>they have carefully evaluated whether their Guardian/champions have enough ringfenced time to carry out all aspects of their role effectively</li> <li>the Guardian has been given time and resource to complete training and development</li> <li>there is support available to enable the Guardian to reflect on the emotional aspects of their role</li> <li>there are regular meetings between the Guardian and key executives as well as the Non-Executive lead.</li> <li>individual executives have enabled the Guardian to escalate patient safety matters and to ensure that speaking up cases are progressed in a timely manner</li> </ul>	<p>p7 Section 1 Section 2 Section 5</p>	<p>April 2021</p> <p><b>Reviewed and updated March 2023</b></p>		<p>Time is ringfenced at 0.4 WTE to allow for reactive FTSUG work , 0.6 role as OD Leadership associate focusing on proactive FTSUG work supporting open and safe cultures</p> <p>Guardian has access to CIC &amp; NGO support services</p> <p>FTSU guardian supported to attend National Guardian Office (NGO) training, workshops and regional and local FTSU networks.</p> <p>Regular meetings between non-exec lead and guardian commenced</p> <p>Monthly meeting between CEO/ FTSU Guardian/ Exec lead (DoN) and Head of Operational HR</p> <p>Training needs analysis for FTSU guardian reviewed at appraisal</p>	

Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
<ul style="list-style-type: none"> <li>they have enabled the Guardian to have access to anonymised patient safety and employee relations data for triangulation purposes</li> <li>the Guardian is enabled to develop external relationships and attend National Guardian related events</li> </ul>				<p>Meetings set up to meet between Guardian and Deputy Director Nursing patient safety and quality on a bi-monthly basis, but any patient safety issues are automatically raised to Director Nursing.</p> <p>Patient safety data and HR data available on request and through meetings with HR (monthly) &amp; Patient safety lead – dashboard to monitor safety culture in place</p> <p>Guardian is Chair of regional Guardian network and engages with NGO on a regular basis</p> <p>FTSU guardian discusses cases with Service Directors, if required.</p>	
Be assured your FTSU culture is healthy and effective					
<p>Evidence that you have a speaking up policy that reflects the minimum standards set out by NHS Improvement. Evidence should demonstrate:</p> <ul style="list-style-type: none"> <li>that the policy is up to date and has been reviewed at least every two years</li> </ul>	P8 Section 8 National policy	April 2021  Reviewed and updated March 2023		National policy used to frame local policy. Policy to include guidance on what to expect if you raise a concern as an appendix that can easily provided to anyone raising a concern.	Local Policy being finalised



Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
<ul style="list-style-type: none"> <li>reviews have been informed by feedback from workers who have spoken up, audits, quality assurance findings and gap analysis against recommendations from the National Guardian.</li> </ul>				<p>Internal Audit undertaken in 2019/20 used to inform current policy</p> <p>Process in place for receiving feedback from those who have used FTSU process, feedback form includes ability to provide feedback directly to Executive/ Non-Executive FTSU leads as an alternative to providing feedback to the Guardian. Feedback will be used to inform next policy update.</p>	
<p>Evidence that you receive assurance to demonstrate that the speaking up culture is healthy and effective. Evidence should demonstrate:</p> <ul style="list-style-type: none"> <li>you receive a variety of assurance</li> <li>assurance in relation to FTSU is appropriately triangulated with assurance in relation to patient experience/safety and worker experience.</li> <li>you map and assess your assurance to ensure there are no gaps and you flex the amount of assurance you require to suit your current circumstances.</li> <li>you have gathered further assurance during times of change or when there</li> </ul>	P8 Section 6	April 2021  Reviewed and updated March 2023		<p>FTSU index -overall index score for combined Mental Health / Learning Disability and Community Trusts for 2019 was 80.2% - BHFT score was 83.2% placing it in top 20 organisations</p> <p>CQC report published March 2020</p> <p><i>We were impressed with the further work the trust had achieved with Freedom to Speak Up (FTSU) since our last inspection. The trust fostered a positive culture of speaking up and ensured that issues raised were seen as opportunity to learn and make improvement. Staff told us they felt able to raise concerns and that senior leadership took action.</i></p> <p><i>The trust Freedom to Speak Up Guardian (FTSUG) was very active in their role, visible to staff and approachable. Events</i></p>	

Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
<p>has been a negative outcome of an investigation or inspection</p> <ul style="list-style-type: none"> <li>you evaluate gaps in assurance and manage any risks identified, adding them to the trust's risk register where appropriate.</li> </ul>				<p>were publicised well and had good attendance by staff. There were eleven Freedom to speak up champions. They supported the FTSUG in marketing and promoting the service. The FTSUG met with the champions three times per year, to go through training cascaded from national guardian's office, look at national and local data, and review learning from events.</p> <p>Annual staff survey results</p> <p>FTSU Board reports to include triangulation of themes</p> <p>Triangulation of themes used in trust wide work to support just culture approaches and improvements in experience from and inclusion and diversity perspective.</p> <p>Triangulation meetings between HR lead, Director of Nursing and FTSUG</p> <p>FTSU Champion structure refreshed during 22/23 and champions in post FTSU Champion induction and training March '23 following refreshed champion structure ,with regular learning events following this</p>	
The board can evidence the Guardian attends board meetings, at least every six months, and presents a comprehensive report.	P8 Section 7	April 2021 Reviewed and		Trust Board paper written and presented to Board every 6 months by FTSU in person	

Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
		updated March 2023			
The board can evidence the FTSU Guardian role has been implemented using a fair recruitment process in accordance with the example job description (JD) and other guidance published by the National Guardian.	Section 1 NGO JD	Reviewed and updated March 2023		FTSU job description matched to national FTSU Job description.  Fair recruitment process followed	
The board can evidence they receive gap analysis in relation to guidance and reports from the National Guardian.	Section 7	April 2021  Reviewed and updated March 2023		6-monthly board report  Reports and reviews from the NGO are presented by FTSUG to CEO, Director Nursing & Therapies and Head of HR at monthly meetings  6-monthly report includes reference to guidance and reports and any gaps in recommendations/ plans to address these	
<b>Be open and transparent</b>					
The trust can evidence how it has been open and transparent in relation to concerns raised by its workers. Evidence should demonstrate: <ul style="list-style-type: none"> <li>discussion with relevant oversight organisation</li> <li>discussion within relevant peer networks</li> <li>content in the trust's annual report</li> </ul>	P9	April 2021  Reviewed and updated March 2023		FTSU Guardian is a member of the Diversity and Safety Culture Groups  6 monthly FTSU report presented at public Board  Guardian is Chair of regional Guardian network and engages with NGO on a regular basis	Gain feedback from FTSU guardian that the board are receptive to and engaged with subject and supported of areas of concern to be addressed

Summary of the expectation	Reference for complete detail  Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		Insert review date	Insert review date		
<ul style="list-style-type: none"> <li>• content on the trust's website</li> <li>• discussion at the public board</li> <li>• welcoming engagement with the National Guardian and her staff</li> </ul>				<p>Access to FTSUG on Trust website</p> <p>NGO attended Board discursive session to support Board discussions and thinking regarding current FTSU culture and practice April 2022</p>	
Individual responsibilities					
The chair, chief executive, executive lead for FTSU, Non-Executive lead for FTSU, HR/OD director, medical director and director of nursing should evidence that they have considered how they meet the various responsibilities associated with their role as part of their appraisal.	Section 1	April 2021  <b>Reviewed and updated March 2023</b>		Evidence in all sections above indicates the organisations commitment to FTSU	



# Berkshire Healthcare

NHS Foundation Trust

## Trust Board Paper

<b>Meeting Date</b>	11 July 2023
<b>Title</b>	Freedom to Speak Up Strategy 2023-2026
	<b>Item for Noting</b>
<b>Purpose</b>	The freedom to speak up strategy sets out the Trust ambition and actions to support a culture and environment where all staff are able to speak up, feel heard and that concerns are followed up appropriately
<b>Business Area</b>	Board
<b>Author</b>	Debbie Fulton, Director Nursing and Therapies (Executive FTSU lead)
<b>Relevant Strategic Objectives</b>	True North goals of Harm Free Care, Supporting our people and Good Patient Experience
<b>CQC Registration/Patient Care Impacts</b>	Supports maintenance of CQC registration
<b>Resource Impacts</b>	N/A
<b>Legal Implications</b>	N/A
<b>Equality, Diversity and Inclusion Implications</b>	The Freedom to Speak Up Strategy is aligned to the Trust's Equality, Diversity and Inclusion Strategy
<b>SUMMARY</b>	<p>The attached strategy is a refresh of our 2019-2023 strategy and has been developed in collaboration with staff including staff networks across the organisation.</p> <p>The aim of the strategy is to support our ongoing improvement journey in achieving an environment where staff feel safe and encouraged to speak up and which also embeds a culture of listening up and following up by leaders and managers to the concerns raised.</p> <p>The strategy is aligned to the Trust 3 year strategic plan as well as Our People and Equality, Diversity and Inclusion Strategies.</p>
<b>ACTION REQUIRED</b>	Board is asked to: <ul style="list-style-type: none"><li>• Note the Strategy</li></ul>

A large, hand-drawn style speech bubble with a green outline, containing the main title text.

# Freedom to speak up

**Vision and Strategy**  
2023 - 2026

**Information for staff**

**BH422c FTSUp Strategy v1.0 (Jun23)**

This booklet has been created by staff from the Freedom to Speak Up team. It is for use by Berkshire Healthcare staff only.

All information in this booklet has been checked and was correct at the time it was sent for printing.

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## Context

The concept of Freedom to Speak Up originated from a review by Sir Robert Francis, in February 2015. The review's aim was to assess the processes, mechanisms, and cultures in place around speaking up across the NHS, following the inquiry into failings at Mid-Staffordshire NHS Foundation Trust. The review recommended the need for the creation of a National Guardian as well as the requirement for Freedom to Speak Up Guardians within every NHS Trust in England as a **“vital step towards developing the right culture and environment for speaking up”**.

Tragically, since the Francis review there have been several more reviews and investigations following similar concerns to those that lead to the Francis Review. All share a common theme of closed and poor cultures where staff didn't feel able to speak up and raise their concerns, and families and loved ones didn't feel heard.

The aim of Freedom to Speak Up is to bring to light and act on anything that gets in the way of providing good care. We know that effective speaking up arrangements help to protect patients and improve the experience of workers.

Irrespective of the jobs we do, we all have a part to play in fostering a culture of kindness, compassion, and civility; where everyone feels able to speak up and be confident that they will be listened to, and that action will follow for learning and improvement.

People may be reluctant to speak up if they fear they might be victimised or because they don't believe anything will change. Freedom to Speak Up seeks to ensure a consistent approach across the NHS and that staff are encouraged and supported to raise concerns free from detriment.

Having the right organisational culture is crucial to improving safety. In a strong safety culture, risks aren't overlooked, ignored, or hidden. Workers can report concerns openly and honestly, confident that they won't be blamed or ignored. The Freedom to Speak Up Guardian plays a critical role in creating a culture of civility and respect, where learning can flourish to ensure that patient and staff safety is paramount.

This document sets out our Freedom to Speak Up vision and strategy, demonstrates our commitment to making it safe for everyone to raise concerns and to always keep patients and service users at the centre of everything we do. It should be read alongside our Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy. We've adopted the NHS England revised standard integrated policy, and our policy will be reviewed as required to continue to meet national guidance and best practice.

## Roles and Responsibilities

The roles and responsibilities related to Freedom to Speak Up are incorporated into the role and processes documents for the following posts:

- Freedom to Speak Up Guardian
- Freedom to Speak Up Champions
- Chief Executive
- Non-Executive lead for Whistleblowing
- Executive lead for Freedom to Speak Up (Director of Nursing and Therapies)
- Director of People



Our Freedom to Speak Up Guardian and champions have a key role in:

- Raising the profile of speaking up and raising concerns within the organisation
- Providing confidential advice and support to staff in relation to concerns they may have around patient safety
- Providing confidential advice and support to staff in relation to concerns they may have about bullying, harassment and discriminatory practices
- Providing confidential advice and support to staff in relation to the way their concern has been handled.

We will take the following actions, using the four pillars of our **Safety Culture Charter**: Psychological safety, Diversity, Leadership, and Learning.



## Our current position

### National Staff Survey 2022 Relevant questions and organisation scores

	2018 score	2022 score	Movement	Distance from average scoring 2022
<b>We each have a voice that counts</b>				
I would feel secure raising concerns about unsafe clinical practice	76.1%	80.2%	+4.1%	+3.5%
I am confident that my organisation would address my concern	67.9%	73%	+5.1%	+11.5%
I feel safe to speak up about anything that concerns me in this organisation	74.8% (2020 first time asked)	74.9%	+0.1%	+7.9%
If I spoke up about something that concerned me I am confident my organisation would address my concern	65.8% (2020 first time asked)	65.7%	-0.1%	+10.7%
<b>We are compassionate and inclusive</b>				
The people I work with are understanding and kind to one another	79.8% (2021 first time asked)	79.6%	-0.2%	+1.2%
The people I work with are polite and treat each other with respect	80.2% (2021 first time asked)	82.3%	2.1%	2.6%
<b>Relevant questions not linked to People promise theme</b>				
My organisation treats staff who are involved in an error, near miss or incident fairly		68.9%	No previous data	9%
My organisation encourages us to report errors, near misses or incidents.		92%	No previous data	3.7%

- We've had a guardian in post since January 2017.
- We have 15 local Freedom to Speak Up champions with 20% of this group currently with a declared protected characteristic. Staff with any protected characteristic, as defined by the Equality Act (2010) are encouraged to become champions to support diversity amongst our champions and ensure greater representation of the workforce.
- Our related employment policies have been updated (April 2021) and are aligned with 'just culture' approaches at every step of the processes.
- Our guardian is a member of our Trust Safety Culture Steering Group, Strategic People Group, Diversity Steering group, Leadership Development Steering Group and our Anti-racism Taskforce. This ensures that Freedom to Speak Up is seen very much as part of the fabric of safety culture.
- The trust board provides leadership to this role; modelling behaviours to promote a positive culture in the organisation as well as having oversight to ensure the policy and procedures are being effectively implemented.
- The non-executive lead for Whistleblowing is an alternative source of advice and support for our Guardian and provides leadership and challenge to the executive lead, chief executive officer and board to reflect on whether more can be done to create a healthy and effective speaking up culture.
- The executive lead is the Director of Nursing and Therapies and is responsible for role-modelling high standards of conduct around Freedom to Speak Up, ensuring learning is operationalised and providing the board with assurance of the effectiveness of our strategy and policy.
- The Trust is fully engaged with the National Guardians Office and the network of Freedom to Speak Up guardians to learn and share best practice.
- A safety culture charter has been developed and a Safety Culture Steering Group provides oversight of ongoing work to promote an open and safe culture that has kindness, civility, and compassion at its heart.

## Our Values and Vision

The ethos of Freedom to Speak Up is central to our True North goals and is directly linked to our core values of:

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

The Trust has a strategic vision to be **'a great place to get care, a great place to give care'**.

We recognise we cannot deliver and improve our services without the active participation of our staff, patients and their families or carers.

The FTSU Guardian regularly engages with staff and managers about inclusive and compassionate leadership and uses this information to improve our processes to help support a workplace that:

- Supports an **inclusive, diverse**, and **fair workplace** for all
- Supports staff retention by providing an impartial and independent person for people to share concerns with, when they haven't felt able or confident to speak up using other routes
- Provides further opportunity for two-way engagement with our teams
- Provides feedback from learning and data to the Organisational Development (OD) team to influence the content of leadership development and wider OD/EDI interventions and initiatives.

### Our core values



**Committed** to providing good quality, safe services

**Working together** to develop innovative solutions

## Our Strategy

Whilst we're proud of our progress, there continues to be a need for a clear ongoing commitment to staff that we will learn from their experiences and take appropriate steps to make improvements and embed change. The Freedom to Speak Up Guardian works closely with HR, Marketing and Communications team and Quality and Safety team and staff networks to achieve this.

We will deliver our strategy by:

- Ensuring that staff are aware of the Freedom to Speak Up and their responsibility to speak up.
- Continuing to provide a variety of routes for everyone to raise their concerns. This includes (but not exclusively) existing line management and clinical leadership, human resources, staff side representatives, senior management as well as the Freedom to Speak Up Guardian and champions.
- Promoting Freedom to Speak Up e-learning for all staff and listen up/ follow up training for leaders.
- Ensuring managers and leaders are clear about their roles and responsibilities when handling concerns and are supported to do so effectively.
- Sharing lessons learnt across the Trust to enhance the development of an open culture whilst respecting confidentiality.
- Ensuring that assurance processes are in place that oversee that the concerns raised are consistently and thoroughly investigated through the appropriate Trust processes.
- Receiving and acting on feedback from staff on Freedom to Speak Up to support improvement and learning.
- Regularly monitoring and reviewing Freedom to Speak Up policies.
- Working in collaboration with our staff networks to ensure we build psychological safety in the Freedom to Speak Up process, enabling people to speak up but to help eliminate the poorer or differential experiences, that our underrepresented colleagues may have.



## Psychological safety

To work at our best, we need to feel supported within a compassionate and inclusive environment. Everyone should feel confident to raise concerns, knowing they'll be treated fairly and compassionately if something goes wrong, or if they speak up to stop problems occurring. To help build psychological safety:

- We'll ensure that staff are aware of the Freedom to Speak Up guardian and champion roles and their responsibility to speak up. This will commence with induction and be embedded in through preceptorships, training programmes, proactive and reactive engagement with Guardian and Trust wide webinars and briefings.
- We'll use Freedom to Speak Up month to promote Freedom to Speak Up each year.
- We'll ensure that we promote and embed a 'Just culture' where we put equal emphasis on accountability and learning by reviewing the impact of our revised policies and HR processes. We will use this learning to further improve and adapt in anticipation that:
  - Staff will report less blame, less criticism and less shame or humiliation.
  - Suspensions and dismissals will reduce
  - Reporting of adverse events and near misses will increase.
  - The number of staff that feel encouraged to seek support will increase.
  - Absence due to work related stress will reduce
  - Improved staff retention
  - The gap in experience for colleagues from underrepresented groups will reduce
  - Our Trust safety score will improve.
- We'll use opportunities in the National Patient Safety Strategy to further develop our learning culture in relation to patient safety incidents and their investigations.
- We'll support teams and services to ensure that kindness, compassion and civility is at the core of everything we do. We will achieve this through:
  - promotion of Freedom to Speak Up, 'Just culture' and patient safety initiatives
  - webinars with subject matter experts
  - providing bespoke support to teams and services where issues surface,
  - embedding of kindness and compassion within leadership programmes
  - individual training.

# Diversity

- We'll identify and address barriers to any staff groups that may be less able to speak up, including:
  - Staff whose first language isn't English
  - Those who may not have access to the intranet or laptops
  - Those who work occasional shifts or shifts outside of normal daytime working hours
  - Members of existing Race Equality, Pride, Purple, and Courage Staff Networks
  - Those who are neurodivergent.
- We will ensure everyone who may be considered as being vulnerable or susceptible to various forms of bullying, harassment or discriminatory behaviour is aware of and knows how to access Freedom to Speak Up and the Freedom to Speak Up Guardian. Part of this will be through regular contact with our staff networks and union representatives as well as visibility on Trust sites, in services and events.
- We'll ensure that our Freedom to Speak Up Guardian and where possible champions are involved in the Trust Anti-racism actions, Diversity Steering group, Safety Culture Steering group and any other relevant groups that emerge.
- We'll ensure that our champion network is representative of the diversity of our workforce.





## Leadership

- All leaders and managers will be supported through training and learning programmes, appraisal and supervision to model behaviour that promotes a 'safe and just culture' within our organisation, consistent with compassionate, humble, and inclusive leadership.
- Board members will undertake regular service visits that reinforce their interest in, and commitment to, a positive experience for both patients and staff.
- Freedom to Speak Up will be embedded within our overall strategy and related implementation planning.
- Resources required to deliver an effective Freedom to Speak Up function will be provided.
- Leaders will have oversight of Freedom to Speak Up policy and procedures to ensure they are being effectively implemented and appropriate actions undertaken where they aren't.
- We will make effective use of guidance for boards (NHSE/I guidance and self-review tool both published July 2019) as part of the continuous development of the board.
- Managers will be aware of champions within their services and have agreed time for them to undertake the role.

## Learning

- We'll continue to be fully engaged with the National Guardian's Office and with the local network of Freedom to Speak Up Guardians within our region to learn and share best practice.
- All staff will have access to Freedom to Speak up training.
- Our internal leadership development programmes will ensure that kindness, compassion, listen up / follow up culture are embedded with attendees.
- All speaking up cases are currently reported on a local database. We plan for this to transition to Datix in 2023/24.
- This will be in addition to the main Datix system (accessible to the Freedom to Speak Up Guardian and Exec Lead only). Number of reports, services, and themes from cases will be reported live onto a dedicated Tableau Dashboard, reported quarterly to the safety culture group, twice a year to the Board. to ensure opportunities for learning are maximised.
- We'll use a broad range of communications tactics such as, anonymised case studies to help raise awareness of Freedom to Speak Up.

## Outcomes and Measures

We will measure our progress with the following:

- 1.** The NHS National Staff Survey – we will review responses to all questions from the annual national staff survey that are relevant to Freedom to Speak Up and will benchmark this year on year to assess improvement at organisational, as well as Team/service level. For 2022 results, this will include:
  - a.** Q8b, The people I work with are understanding and kind to one another
  - b.** Q8c, The people I work with are polite and treat each other with respect
  - c.** Q9h, Immediate manager cares about my concerns
  - d.** Q18a, Staff involved in an error/near miss/incident treated fairly.
  - e.** Q18b, Encouraged to report errors/near misses/incidents
  - f.** Q19a, Would feel secure raising concerns about unsafe clinical practice
  - g.** Q19b, Would feel confident that Organisation would address concerns about unsafe clinical practice
  - h.** Q23e, Feel safe to speak up about anything that concerns me in this Organisation
  - i.** Q23f, Feel Organisation would address any concerns I raised.
- 2.** Review of concerns raised with other functions involved in the process such as human resources, EDI, staff networks and the Local Counter Fraud Specialist.
- 3.** The number and use of channels available for staff to raise concerns including Freedom to Speak Up champions and other internal and external routes such as staff side representatives.
- 4.** Review of investigation processes to ensure they are evidence based and led by someone suitably independent within the organisation, producing reports which focus on learning lessons and improving care.
- 5.** Review of the high-level findings provided to the board, the implementation of our policy and Freedom to Speak Up strategy.



We have  
the...

Freedom to  
speak up

Let's  
talk

# Reporting a concern...


**1**  **Verbally**

To your <b>line manager</b>	To the <b>Freedom to Speak Up Guardian</b>	To any <b>Clinical or Divisional Director</b>	To our <b>Director of Nursing or Medical Director</b>	To a <b>Non executive Director</b> or our <b>CEO</b>
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**2**  **By phone**

To our **Freedom to Speak Up Guardian: 07920 503352**

To a **relevant manager or director**

**3**  **Online**

Find out more on **Nexus** under **'My Space - Report a concern'**, or search the word **'Freedom'**

Direct to **relevant manager or director**, or use the **'Speak up for safety'** button on **Nexus**, under **'My Tools'**

**4**  **By email**

**Freedom to Speak Up Guardian: [speakup@berkshire.nhs.uk](mailto:speakup@berkshire.nhs.uk)**



## Trust Board Paper

<b>Meeting Date</b>	11 <sup>th</sup> July 2023
<b>Title</b>	Berkshire Healthcare NHS Foundation Trust Annual Complaints Report. April 2022 - March 2023
	<b>This item is for Noting</b>
<b>Purpose</b>	The purpose of this report is to provide the Board with Annual complaint information in line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
<b>Business Area</b>	Nursing & Governance
<b>Author</b>	Elizabeth Chapman – Head of Service Engagement and Experience
<b>Relevant Strategic Objectives</b>	True North goal of Good patient Experience
<b>CQC Registration/Patient Care Impacts</b>	Supports maintenance of CQC
<b>Resource Impacts</b>	N/A
<b>Legal Implications</b>	N/A
<b>Equality, Diversity and Inclusion Implications</b>	N/A
<b>SUMMARY</b>	<p>The report looks at the application of the formal complaints process in the Trust as mandated in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009</p> <p>The information contained within this annual complaint report has been presented as part of the quarterly patient experience reports throughout the year where more detailed analysis of patient experience data is provided.</p> <p>During 2022/23, there were 240 formal complaints received, this is more than the 231 received in 2021/22; however, there were more patient contacts over the year meaning that the percentage of complaints per recorded contact was slightly lower at 0.043% compared with 0.049% in 2021/22.</p>
<b>ACTION REQUIRED</b>	The Board is asked to note the report



**Berkshire Healthcare**  
NHS Foundation Trust

## **Berkshire Healthcare NHS Foundation Trust Annual Complaints Report**

**April 2022 to March 2023**

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## 1. Introduction and executive Summary

This report contains the annual complaint information for Berkshire Healthcare NHS Foundation Trust (referred to in this document as The Trust), as mandated in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Trust formally reports patient experience through our Quality Executive and Trust Board on a quarterly basis, alongside other measures including compliments, the Friends and Family Test, PALS and our internal patient survey programme, which is operated through the iWGC feedback solution.

This report looks at the application of the Complaints Process within the Trust from 1 April 2022 to 31 March 2023 and uses data captured from the Datix incident reporting system.

Factors (and best practice) which affect the numbers of formal complaints that Trusts receive include:

- Ensuring processes are in place to resolve potential and verbal complaints before they escalate to formal complaints. These include developing systems and training to support staff with local resolution.
- An awareness of other services such as the Patient Advice and Liaison Service (PALS – internal to the Trust) and external services including Healthwatch and advocacy organisations which ensure that the NHS listens to patients and those who care for them, offering both signposting and support.
- Highlighting the complaints process as well as alternative feedback mechanisms in a variety of ways including leaflets, poster adverts and through direct discussions with patients, such as PALS clinics in clinical sites.

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

The number of formal complaints received in 2022-23 about the Trust has increased to 240, compared to 231 in 2021-22 and 213 in 2020-21.

The Trust actively promotes feedback as part of 'Learning from Experience', which within the Complaints Office includes activity such as enquiries, services resolving concerns informally, working with other Trusts on joint complaints, and responding to the office of Members of Parliament who raise concerns on behalf of their constituents. With the exception of one case in May 2022, the Trust achieved a 100% response rate with responding to complainants within an agreed timescale.

There were 550,654 contacts within the Trust in 2022/23 across inpatient and community for both physical and mental health services, this was an increase from 468,368 reported contacts the previous year. This gave a complaint rate of 0.043% compared to 0.049% in 2021/22 and 0.038% in 2020/21.

The Trust actively promotes feedback as part of 'Learning from Experience', which within the Complaints Office includes activity such as enquiries, services resolving concerns informally, working with other Trusts on joint complaints, and responding to the office for Members of Parliament who raise concerns on behalf of their constituents. There were 88 MP concerns raised, up from 67 in 2021/22 and 34 in 2020/21. CAMHS continues to be the main service MPs contact the Trust about, with 66% of contacts in 2022/23 and 55% in 2021/22. The concerns are predominantly around waiting times. There were 19 concerns about community based mental health services (the same as last year) and 7 were about physical health services.

Our complaints process works alongside our Serious Incidents processes and Mortality Review Group having a direct link to ensure that any complaint involving a patient death is reviewed. Weekly and monthly meetings with the Patient Safety Team take place to ensure that we are working effectively and identifying any themes or emerging patterns.

## 2. Complaints received – activity

### 2.1 Overview

During 2022/23, 240 formal complaints were received into the organisation. Table 1 shows the number of formal complaints by service and compares them to the previous financial year. The information in this report excludes complaints which are led by an alternative organisation, unless specified.

**Table 1: Formal complaints received**

Service	2021-22						2022-23						Comparison to last FY
	Q1	Q2	Q3	Q4	Total for year	% of Total complaints	Q1	Q2	Q3	Q4	Total for year	% of Total complaints	
CMHT/Care Pathways	5	8	10	9	32	13.85	11	10	18	14	53	22.00%	↑
CAMHS - Child and Adolescent Mental Health Services	5	10	6	10	31	13.42	4	6	13	10	33	14.00%	↑



	2021-22						2022-23						
Service	Q1	Q2	Q3	Q4	Total for year	% of Total complaints	Q1	Q2	Q3	Q4	Total for year	% of Total complaints	Comparison to last FY
Crisis Resolution & Home Treatment Team (CRHTT)	5	4	2	4	15	6.49	3	9	6	4	22	9.00%	↑
Acute Inpatient Admissions – Prospect Park Hospital	11	8	7	6	30	12.99	13	7	9	6	35	15.00%	↑
Community Nursing	4	5	2	1	12	5.19	3	0	4	5	12	5.00%	=
Community Hospital Inpatient	6	8	6	5	25	10.82	4	3	2	1	10	4.00%	↓
Common Point of Entry	0	1	1	0	2	0.87	0	1	3	1	5	2.00%	↑
Out of Hours GP Services	1	1	5	2	9	3.9	1	0	1	2	4	1.50%	↓
PICU - Psychiatric Intensive Care Unit	3	1	2	1	7	3.03	1	2	0	4	7	3.00%	=
Urgent Treatment Centre	1	1	0	0	2	0.87	1	0	0	0	1	0.50%	↓
Older Adults Community Mental Health Team	0	0	0	2	2	0.87	1	1	0	0	2	1.00%	=
Other services during quarter	18	14	14	16	64	27.71	19	11	15	11	56	23.00%	↓
<b>Grand Total</b>	59	61	55	56	231	100	61	50	71	58	240	100.00%	↑

Of the 240 formal complaints that were received, 13 were secondary complaints (an increase from 12 the previous year).

Whilst recognising the overall increase are small (particularly when taking into account the increase in patient contacts that the Trust has had), there was an increase in complaints received in relation to the CMHT/Care Pathways, CAMHS - Child and Adolescent Mental Health Services, Crisis Resolution and Home Treatment Team (CRHTT), Acute Inpatient Admissions – Prospect Park Hospital Common Point of Entry and the Older Adults Community Mental Health Team.

CMHT saw the biggest increase in formal complaints from 32 to 53, having previously been 34 in 2020/21 and 32 in 2019/20. It is worth noting that a high number of the formal complaints received for CMHTs this year have been from a small number of habitual complainants and that they were separating out issues rather than submitting one complaint.

Table 2 below details the main themes of complaints and the percentage breakdown of these.

**Table 2: Themes of Complaints received**

Main subject of complaint	Number of complaints	% of total complaints
Alleged Abuse, Bullying, Physical, Sexual, Verbal	18	7.50
Access to Services	7	2.92
Attitude of Staff	26	10.83
Care and Treatment	104	43.33
Communication	38	15.83
Communication with Other Organisations	1	0.42
Confidentiality	6	2.50
Discharge Arrangements	4	1.67
Discrimination, Cultural Issues	2	0.83
Healthcare Professional	1	0.42
Information to Patients	1	0.42
Medical Records	4	1.67
Medication	9	3.75
Waiting Times for Treatment	13	5.42
Inaccurate Records	1	0.42
Environment, Hotel Services, Cleanliness	1	0.42
Other	2	0.83
Financial Issues/Policy	1	0.42
Patients Property and Valuables	1	0.42
Grand Total	240	100.00

**Table 2: Themes of Complaints received**

The main theme of complaints received during 2022-23 was care and treatment with 43.33% followed by communication with 15.83% and attitude of staff with 10.83%. This is compared to care and treatment with 47.62%, communication with 10.82% and attitude of staff with 14.29% last year. These have remained consistently the top 3 themes for formal complaints year on year.

Complaints received in relation to care and treatment are wide ranging and focus very much on individual circumstances and therefore it has not been possible to pick up themes or areas for specific action by services in relation to these.

The following tables show a breakdown for 2022/23 of the formal complaints that have been received and where the service is based.

## 2.2 Mental Health service complaints

Table 3 below details the mental health service complaints received, this shows that the main services where formal complaints are attributed to are CMHT and Adult acute Admissions wards. 47% of the complaints were about care and treatment, which is around the same as in 2021/22 and 2020/21.

**Table 3: Mental Health Service complaints**

Service	Number of complaints
Adult Acute Admissions - Bluebell Ward	6
Adult Acute Admissions - Daisy Ward	11
Adult Acute Admissions - Rose Ward	7
Adult Acute Admissions - Snowdrop Ward	11
CMHT/Care Pathways	53
CMHTOA/COAMHS - Older Adults Community Mental Health Team	2
Common Point of Entry	5
Crisis Resolution and Home Treatment Team (CRHTT)	22
Learning Disability Service Inpatients - Champion Unit - Ward	3
Mental Health Act Department	1
Neuropsychology	5
Older Adults Inpatient Service - Orchid ward	1
Older Adults Inpatient Service - Rowan Ward	1
Perinatal Mental Health	1
PICU - Psychiatric Intensive Care - Sorrel Ward	7
Psychological Medicine Service	2
Talking Therapies - Admin/Ops Team	1
Talking Therapies - PWP Team	3
SUN	3
<b>Grand Total</b>	<b>145</b>

### 2.2.1 Mental Health Complaints by service

The adult mental health services receiving higher numbers of formal complaints in 2022/23 are detailed further below.

#### Community Mental Health teams (CMHT)

As detailed in the table below, within CMHT services the highest number of complaints were received regarding the services in Bracknell (34%), Slough (21%) and Wokingham (17%). 13 of the

total CMHT complaints were secondary complaints (an increase from 5% last year). Reading has seen a sustained decrease to 13% from 16% last year and 18% in 2020/21.

**Table 4: CMHT complaints**

Main subject of complaint	Geographical Locality					Grand Total
	Bracknell	Reading	Slough	West Berks	Wokingham	
Alleged Abuse, Bullying, Physical, Sexual, Verbal					1	1
Access to Services	1					1
Attitude of Staff	2					2
Care and Treatment	6	5	6	8	6	31
Communication	6		3			9
Confidentiality	1				1	2
Discharge Arrangements			1			1
Discrimination, Cultural Issues	1					1
Information to Patients			1			1
Medical Records	1	1				2
Medication		1				1
Financial Issues/Policy					1	1
<b>Grand Total</b>	<b>18</b>	<b>7</b>	<b>11</b>	<b>8</b>	<b>9</b>	<b>53</b>

#### Adult mental health inpatients

As detailed in table 5, 40% of complaints received by the acute adult admission wards were about clinical care/ care and treatment compared to 48% last year, 36% in 2021/22 and 57% in 2020/21; these were individual to specific patient circumstances.

This includes seven complaints received in relation to Sorrel ward, the same number as last year and compared with four in 2020/21.

**Table 5: Adult mental health inpatient ward complaints**

Main subject of complaint	Ward								Grand Total
	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	Mental Health Act Department	Orchid ward	Rowan Ward	PICU - Sorrel Ward	
Alleged Abuse, Bullying, Physical, Sexual, Verbal	1	2	2	2			1	3	11
Attitude of Staff	1	5	1	2				1	10
Care and Treatment	3	4	3	6				2	18
Communication			1			1			2
Healthcare Professional				1					1
Medication	1							1	2
Inaccurate Records					1				1

Main subject of complaint	Ward								Grand Total
	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	Mental Health Act Department	Orchid ward	Rowan Ward	PICU - Sorrel Ward	
Grand Total	6	11	7	11	1	1	1	7	45

Daisy Ward and Snowdrop Ward received the highest number of formal complaints, however there were no specific themes for these.

### CRHTT

Table 6 below demonstrates that there were 22 complaints received about CRHTT in 2022/23; an increase from 15 in 2021/22 and compared with 13 in 2020/21.

As with previous years, a higher percentage were in relation to services received in the West of the county and predominantly Reading where the main hub for the west is located.

**Table: 6 CRHTT complaints**

Main subject of complaint	Geographical Locality					Grand Total
	Bracknell	Reading	Slough	Windsor, Ascot, and Maidenhead	Wokingham	
Alleged Abuse, Bullying, Physical, Sexual, Verbal	2					2
Access to Services		2				2
Attitude of Staff	1	1		1	2	5
Care and Treatment		3	3	2		8
Communication			1	1		2
Medical Records				1		1
Medication		2				2
<b>Grand Total</b>	<b>3</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>22</b>

### 2.3 Community Health Service Complaints

Community Health Service complaints accounted for 16% of formal complaints received into the organisation in 2022/23 a significant decrease compared to 29% last year and 24% in 2020/21. There was a decrease from 25 complaints to 10 about our community inpatient wards.

The table below details the community health service complaints received, this shows that the main services where formal complaints are attributed to are Community Inpatient services at 26%, Community Nursing at 32% and WestCall out of hours services at 11%.

When breaking down the top theme of the complaint, 47% of those received was about care and treatment in community health services, these were all about the clinical care received.

There were no themes with complaints raised around specifics of care delivery and patient's individual circumstances.

**Table 7: Community Health Service Complaints**

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
Assessment and Rehabilitation Centre (ARC)			2				2
Community Hospital Inpatient Service - Donnington Ward				1			1
Community Hospital Inpatient Service - Jubilee Ward			1		1		2
Community Hospital Inpatient Service - Oakwood Ward		3					3
Community Hospital Inpatient Service - Windsor Ward						4	4
District Nursing	2		1	1	4	4	12
Hearing and Balance Services			1				1
Integrated Pain and Spinal Service - IPASS						1	1
Musculoskeletal Community Specialist Service		1					1
Out of Hours GP Services		2		1		1	4
Phlebotomy				1			1
Podiatry		2				2	4
Sexual Health			1				1

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
Urgent Treatment Centre				1			1
<b>Grand Total</b>	<b>2</b>	<b>8</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>12</b>	<b>38</b>

### 2.3.1 Community Health Complaints by service

The top 3 community services receiving formal complaints in 2022/23 are detailed further below.

#### Community Nursing

As detailed in Table 8; 18 of the 38 complaints were regarding care and treatment, a review of these has not identified any themes.

**Table 8: Community Nursing Service complaints**

Main subject of complaint	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
Alleged Abuse, Bullying, Physical, Sexual, Verbal				1	1		2
Access to Services		1		1		1	3
Attitude of Staff			1			4	5
Care and Treatment	2	3	2	2	4	5	18
Communication			2			1	3
Discharge Arrangements		2	1				3
Waiting Times for Treatment		2		1			3
Patients Property and Valuables						1	1
<b>Grand Total</b>	<b>2</b>	<b>8</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>12</b>	<b>38</b>

#### Community Health Inpatient Wards

**Table 9: Community Health Inpatient Ward Complaints**

Main subject of complaint	Ward				Grand Total
	Donnington Ward	Jubilee Ward	Oakwood Ward	Windsor Ward	
Alleged Abuse, Bullying, Physical, Sexual, Verbal		1			1
Care and Treatment	1		2	3	6
Discharge Arrangements		1	1		2
Patients Property and Valuables				1	1
<b>Grand Total</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>10</b>

The number of formal complaints for Community Inpatient Wards has decreased significantly by 15 down to 10. There has been targeted work to reduce complaints on the wards, particularly on Oakwood Ward which has previously had a higher number of complaints.

### WestCall Out of Hours GP Service

As shown in the table below, WestCall received 4 formal complaints during 2022/23 compared with 9 in 2021/22 and 8 in 2020/21. The majority of the complaints for the out of hours GP service were found to be waiting times.

**Table 10: WestCall Out of Hours GP Service complaints**

Main subject of complaint	Geographical Locality			Grand Total
	Reading	West Berks	Wokingham	
Access to Services			1	1
Waiting Times for Treatment	2	1		3
<b>Grand Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>4</b>

## 2.4 Children, Young People and Families

Table 11 below details the children, young people and families' complaints received, with 21% of all complaints received attributable to these services (compared with 20% last year and consistently to 21% the year before). The main services where formal complaints are attributed to are the CAMHS ADHD service and CAMHS Specialist Community Team.

**Table 11: Children, Young People and Family Service Complaints**

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
CAMHS - AAT		1	1				2
CAMHS - ADHD	1	11			1	1	14
CAMHS - Anxiety and Depression Pathway	1	1				1	3
CAMHS - Common Point of Entry (Children)	1	1					2
CAMHS - Rapid Response		1				1	2
CAMHS - Specialist Community Teams	1	3		1	4	1	10
Children's Occupational Therapy - CYPIT					1		1
Children's Speech and Language Therapy - CYPIT		4					4
Eating Disorders Service	1						1
Health Visiting	1	2				1	4
Immunisation	1	2	1	1			5



Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
Learning Disability Service Inpatients - Champion Unit - Ward		3					3
<b>Grand Total</b>	<b>7</b>	<b>29</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>5</b>	<b>51</b>

### CAMHS

Child and Adolescent Mental Health Services received 33 complaints in 2022/23 compared to 31 in 2021/22 and 14 in 2020/21. Access to CAMHS and waiting lists were the main themes, there were 11 complaints compared with 5 complaints last year and 1 in 2021/22.

There were 2 formal complaints about the attitude of staff in compared to 5 last year, and these were both about the Rapid Response Service.

## 3 Complaints closed – activity

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

**Table 12: Outcome of closed formal complaints**

Outcome	2020-2021						2021-2022						2022-23					
	Q1	Q2	Q3	Q4	Total	% Of 20/21	Q1	Q2	Q3	Q4	Total	% Of 21/22	Q1	Q2	Q3	Q4	Total for year	% of 22/23
Not Upheld	9	25	19	18	71	36%	27	36	34	21	118	51%	23	22	23	38	106	43%
Partially Upheld	13	34	20	28	95	48%	19	18	22	22	81	35%	21	30	26	25	102	41%
Upheld	12	6	0	7	25	13%	9	11	6	6	32	14%	12	9	7	8	36	15%
SI	0	0	0	0	0	0%	0	0	0	0	0	0%	1	0	1	1	3	1%
<b>Grand Total</b>	<b>34</b>	<b>65</b>	<b>39</b>	<b>53</b>	<b>191</b>		<b>55</b>	<b>65</b>	<b>62</b>	<b>49</b>	<b>231</b>		<b>57</b>	<b>61</b>	<b>57</b>	<b>72</b>	<b>247</b>	

Complaints can cover several services and issues which are investigated as individual points which contributes towards higher partially upheld outcomes. The table shows increases in complaints that were found to be both upheld and not upheld with a decrease in those partially upheld.

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 13 – Response rate within timescale negotiated with complainant**

2020-21				2021-22				2022-23			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
100	99	100	100	100	100	100	100	95	100	100	100

#### 4 Complaints as a mechanism for change – learning

The Divisions monitor the outcomes and learning from complaints within their Patient Safety and Quality Meetings. A Patient Safety, Experience and Learning Group takes place on a weekly basis, and further learning is shared and disseminated in a Trust wide newsletter called Circulation.

As part of the Trustwide work on Just Culture, the Head of Service Engagement and Experience led a project to understand the impact that being an Investigating Officer (IOs) has and to see how best both the Complaints Office and the Divisions can offer support. This was a helpful in terms of highlighting the pressures on IO’s with the Senior Divisional Leadership Teams, such as time constraints, concerns about contacting complainants, and support for people who have been involved in or named in complaints.

#### 5 Parliamentary and Health Service Ombudsman

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

**Table 14: PHSO activity**

Month Received	Service	Month closed
May-22	Crisis Resolution and Home Treatment Team (CRHTT)	May-22
Jun-22	CMHT/Care Pathways	Jul-22
Aug-22	CMHT/Care Pathways	Sep-22
Aug-22	Community Hospital Inpatient Service - Donnington Ward	Sep-22
Nov-22	CAMHS - AAT	Mar-23
Nov-22	Children's Occupational Therapy - CYPIT	Nov-22
Jan-23	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Feb-23

#### 6 Multi-agency working

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

There were 14 multi-agency complaints responded to in 2022/23, which is a significant decrease from 27 in 2021/22. These mainly involved our physical health services (n13).

**Table 15: Formal complaints led by other organisations**

Lead organisation	2021-22	2022-23
Berk West CCG	1	1
CCG - Frimley	1	0
CCG East	1	0
EBPCC OOH	1	0
Frimley health	2	0
GP	1	0
Local Authority	1	1
NHSE	4	1
RBH	3	3
SCAS	10	8
Wexham Park	2	0
Grand Total	27	14

## 7 Complaints training

Our complaint handling and response writing training which is available to staff continues to be delivered online over MS Teams and continues to take place on a regular basis (with a waiting list) across the different localities, in addition to bespoke, tailored training for specific teams which has taken place to staff groups and teams.

## 8 Mortality Review Group

The Trust Mortality Review Group (TMRG) meets monthly and the Complaints Office provides information into this group. There were 22 formal complaints forwarded to the MRG during 2022/23 compared with 14 in 2021/22 and 18 in 2020/21.

The Medical Director is also sent a copy of complaint responses involving a death before they are signed by the Chief Executive.

**Table 16: Complaints forwarded to TMRG**

Service	Number of complaints
Adult Acute Admissions - Rose Ward	1
CMHT/Care Pathways	2
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1
Common Point of Entry	2
Community Hospital Inpatient Service - Oakwood Ward	1
Community Hospital Inpatient Service - Windsor Ward	2
Crisis Resolution and Home Treatment Team (CRHTT)	1
District Nursing	9
Intermediate Care	1

Service	Number of complaints
Out of Hours GP Services	2
Grand Total	22



**Trust Board Meeting Paper**

<b>Meeting Date</b>	11 July 2023
<b>Title</b>	Medical Appraisal and Revalidation: Annual Board Report and Statement of Compliance for 2022/23
	<b>ITEM FOR NOTING</b>
<b>Purpose</b>	To assure the Trust Board that the medical appraisal and revalidation process is compliant with the regulations and is operating effectively within the trust.
<b>Business Area</b>	Medical Director
<b>Author</b>	Dr Minoo Irani, Medical Director & Responsible Officer
<b>Relevant Strategic Objectives</b>	To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
<b>CQC Registration/Patient Care Impacts</b>	Supports CQC 'well led' inspection and safe patient care
<b>Resource Impacts</b>	Currently 0.5 wte Band 4 administrator and 1 Additional Programmed Activity for Appraisal Lead.
<b>Equality, Diversity and Inclusion Implications</b>	N/A
<b>SUMMARY</b>	<p>The annual board report for revalidation (2022/23) is presented in the standard format prescribed by NHSE. Appraisers and doctors have followed the Principles of 'Appraisal 2020' (and now Medical Appraisal Guide 2022) for appraisals in the trust. There are no outstanding actions from 2021/22 and no risks or issues identified.</p> <p>130 completed appraisals were confirmed for 2022/23, for 135 doctors with connection to the trust. 1 Consultant appraisal and 1 Specialty Doctor appraisal were approved as delayed while they were on maternity leave and requested appraisal dates in April and May 2023. Appraisals for 3 staff grade doctors were approved as delayed, 2 for long term sick leave and 1 for workload pressures. There was 1 complaint related to the appraisal process, feedback from doctors remains positive, medical recruitment process is compliant with good practice and the e-appraisal platform introduced since April 2022 has been very successful.</p>

<b>ACTION REQUIRED</b>	<p>Trust Board to note assurance provided by the RO that medical appraisal and revalidation process is compliant with the regulations and is operating effectively within the trust.</p> <p>Trust Chair is requested to sign the Statement of Compliance on page 15 of the report following receipt of this assurance.</p>
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# A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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## Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

# Berkshire Healthcare Annual Board Report 2022/23

## Section 1 – General:

The board of Berkshire Healthcare NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: none

Comments: Dr Minoo Irani is Responsible Officer (RO) for Berkshire Healthcare and started in this role on 2 November 2015.

Dr Irani has completed the required RO training, regularly attends the NHSE (South) RO & Appraisal Leads Network meetings and is member of the GMC RO Reference Group. There are no additional training needs currently identified for Dr Irani in his annual medical & Trust appraisals related to his RO role.

Action for next year: none

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Action from last year: 1. Improvement action identified in 2021/22 relating to strengthening the long-term capacity of the appraisal administrator.

2. Supporting doctors with the use of the L2P Appraisal System which was introduced in April 2022.

Comments: 1. Introduction of the L2P e-appraisal system should reduce the administrative burden for the appraisal administrator. In addition, this role sits within medical staffing since April 2023, allowing greater flexibility for other team members to share the work.

2. Doctors in the trust are supported with any queries about using the L2P appraisal system, which has been very well accepted by all doctors.

Action for next year: none

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: none

Comments: The appraisal administrator maintains an up-to-date record of all doctors with a prescribed connection to the trust—the medical staffing department informs the appraisal administrator when a new doctor starts in

(or a doctor leaves) the trust. The RO receives notification from the General Medical Council when any doctor connects or disconnects from the trust (as designated body) and the RO shares this information with the Medical Staffing Officer and Appraisal Administrator.

The RO and Appraisal administrator have access to GMC connect and this is reviewed at the monthly Decision Making Group meetings attended by the Medical Workforce Manager, Appraisal administrator, Medical Appraisal Lead, Associate Medical Director and Medical Director.

Action for next year: none

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: Appraisal Policy to be reviewed/updated in 2023

Comments: The Appraisal Policy for Medical Staff was reviewed in April 2023 and some sections were re-written to reflect the change in process with the introduction of the L2P appraisal system. The revised Policy has been approved by the Trust Local Negotiating Committee, Non-Clinical Risk Management forum and has been discussed with trust doctors at the Appraiser Forum in June 2023.

Re-skilling, Rehabilitation, Remediation and Targeted Support for Medical Staff Policy was reviewed and re-issued in April 2022.

Action for next year: none

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year: none

Comments: Quality Assurance in 2015 (Revalidation Team from NHSE South, all actions implemented in 2016) and internal audit in 2016 with further assurance of process and quality.

Action for next year: none

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: none

Comments: All NHS locum or short-term placement doctors appointed to the trust under trust employment contracts are provided with the full range of support with governance data, CPD, appraisal and revalidation like any other substantive doctor in the trust.

For the very small number of doctors employed through locum agencies from time to time (who do not have prescribed connection to the trust), appraisal is not offered through the trust panel of approved appraisers. Their appraisal and revalidation requirements are met through the locum agencies. Agency locum doctors are managed through the same governance processes as all other doctors in the trust and can obtain advice for appraisal and revalidation from the appraisal lead. If a training need is identified which would support the locum agency doctor to provide better quality and safer care, the trust would support this. Agency locum doctors attend the weekly academic meetings in the trust for their CPD.

Action for next year: none

## Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.<sup>1</sup>

<sup>1</sup> For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for

Action from last year: none

Comments: Whole practice appraisals on annual basis are the norm in Berkshire Healthcare and doctors and appraisers have regular updates about this during internal training (appraisal forum). As part of Quality Assurance of appraisals, the appraisal lead assesses the quality of a sample of completed appraisals using a standardised tool (PROGRESS) and presents a summary of the quality reviews to the appraiser forum to facilitate improvement in practice and standardisation of the appraisal content and output. This process also confirms that whole practice appraisals are the standard in the trust.

The Appraisal administrator provides the appraiser and doctor with information about incidents, complaints and compliments recorded on Datix and specific to the doctor, approximately 2 months in advance of the allocated appraisal date. This information supports the appraisal discussion where complaints and SIs have been logged for the doctor.

Appraisers and doctors have used the principles of 'Appraisal 2020' model in their appraisal preparation and discussions in the last couple of years. The Medical Appraisal Guide 2022 has been discussed at the Appraiser Forum in June 2023 and now forms the basis of annual medical appraisals in the trust.

Action for next year: none

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: none

Comments: Appraisals in the trust are based upon the latest national guidance and are internally quality assured.

Action for next year: none

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Appraisal Policy to be reviewed/updated in 2023

Comments: The Appraisal Policy for Medical Staff was reviewed in April 2023 and some sections were re-written to reflect the change in process with the introduction of the L2P appraisal system. The revised Policy has been approved by the Trust Local Negotiating Committee, NCRM and has been discussed with trust doctors at the Appraiser Forum in June 2023.

preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

Action for next year: none

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: to encourage doctors to apply to be trust appraisers.

Comments: Through 2022/23 the trust had 23 trained appraisers for 135 connected doctors. Additionally, some doctors have responded to communication from the RO and expressed interest in becoming medical appraisers. This should allow adequate number of trained appraisers to be available to replace those who retire/ leave this role.

Action for next year: Job planning process to be explicit that each appraisal attracts 0.05 SPA time.

10. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>2</sup> or equivalent).

Action from last year:

Comments: The appraisal forum meeting (chaired by the RO/ appraisal lead) occurs three times a year to provide peer support and updates to appraisers with respect to revalidation and appraisal requirements. The RO provides updates from NHSE RO & Appraisal Leads forum which he attends. The appraisal lead presents data (appropriately anonymised) from appraisals in the previous quarter with respect to content of the appraiser narrative and judgements, Quality assurance. This is in the context of training for improving the quality of documentation and discussion at appraisal meetings.

All appraisers are encouraged to attend regional appraiser refresher training events.

Action for next year: none

<sup>2</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

11. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: none

Comments: A random sample of appraisals is subject to Quality Assurance by the appraisal lead using the PROGRESS tool and the RO receives this information. Approximately 5-10% of appraisals are Quality Assured by the appraisal lead every year; In 2022/23, 10 PROGRESS reports were submitted to the RO for appraisals completed in 2022/23. PROGRESS reports are available to the Board at request.

The Responsible Officer reviews MAG/L2P appraisal documentation before making revalidation recommendations to the GMC.

Feedback forms are sent to doctors after appraisal and responses are analysed. 116 feedback responses were received following 130 completed appraisals. The vast majority of responses were scored as 'strongly agree', the rest as 'agree' with 2-3% responses as 'neutral' and a single response expressing overall dissatisfaction with the process. The free-text responses were also overwhelmingly positive. Given this was the first year of implementation of the L2P appraisal system in the trust and 2<sup>nd</sup> year since the Appraisal 2020 principles were implemented in the trust appraisal process, this feedback is particularly valuable.

The Responsible Officer is sighted on any complaints related to the appraisal process. There has been one complaint related to medical appraisals in 2022/23, the RO discussed this with the doctor concerned and the appraisal has been signed off by the appraiser.

Action for next year: none

## Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

<b>Name of organisation:</b>	
<b>Total number of doctors with a prescribed connection as at 31 March 2023</b>	<b>135</b>
<b>Total number of appraisals undertaken between 1 April 2022 and 31 March 2023</b>	<b>130</b>

Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023

5

Total number of agreed exceptions

5

## Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: none

Comments: All revalidation recommendations to the GMC have been timely and in line with GMC requirements. There have been no delayed recommendations made by the RO to the GMC.

Action for next year: none

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: none

Comments: When the RO makes a recommendation to the GMC for revalidation, the appraisal administrator is notified, and the doctor receives a message from the GMC confirming this. There have been no non-engagement referrals to the GMC.

The RO or appraisal lead will always discuss any deferral recommendations with the doctor, in advance of the recommendation being submitted to the GMC.

Action for next year: none



## Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: none

Comments: Berkshire Healthcare has an effective clinical governance system for all clinical staff including doctors and this has been reviewed by the CQC through their well-led inspections of the trust. Doctors are supported through governance processes within services—service governance leads, medical leads, Clinical Directors. The Clinical Effectiveness and audit department also support doctors through implementation of NICE Guidelines and participation in national and local clinical audits.

Action for next year: none

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: none

Comments: Any concern about the conduct/ performance of doctors is initially managed through an established process at service level, involving the service manager, Associate Medical Director/medical leads, Lead Clinical Director/ clinical director. The RO has regular meetings with the medical leads and discussions at the Decision Making Group to review concerns.

The performance of doctors is monitored through a system of governance at service/ division level, coupled with professional accountability to the Medical Director. The quality governance systems for the Trust, including incidents and complaints, support the monitoring of doctors' performance. PDP groups and peer groups also provide feedback to the psychiatrists on their performance and professional expectations. Doctors engage with clinical audit activities, including national audits to assess their/ team performance in comparison with others. Audit findings are regularly discussed in academic, clinical effectiveness and other forums. Appraisal requirements include reflection on patient and colleague feedback and improvement plans where required.

The Appraisal administrator provides the appraiser and doctor with information about incidents, complaints and compliments recorded on the trust Datix system and specific to the doctor, approximately 2 months in advance of the allocated appraisal date. Reflection/ discussion of

governance issues raised is monitored through the Quality Assurance of appraisal forms by appraisal lead.

Action for next year: none

3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: none

Comments: Trust Policy on Disciplinary Procedure for Medical and Dental Staff is up to date (revised May 2023) and is based upon the Maintaining High Professional Standards national policy. This revised policy has been approved by the Local Negotiating Committee.

Action for next year: none

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.<sup>3</sup>

Action from last year: none

Comments: Trust Chairman and CEO are kept informed if any doctor is subject to the Trust Policy on Disciplinary Procedure for Medical and Dental Staff.

WRES Data (2022/23) about complaints, investigation/ GMC referral of doctors does not raise any concern about unfairness.

The trust disciplinary policy for medical and dental staff includes an initial fact-find process to ensure that impartiality/ fairness is considered at an early stage before an investigation commences.

Action for next year: none

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other

<sup>3</sup> This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.<sup>4</sup>

Action from last year: none

Comments: The standard Medical Practice Information Transfer form is used to request information about new connections to the trust. The RO also promptly responds to MPIT information request from other trusts.

GPs who work in the out of hours service are either employed by Berkshire Healthcare or work on a sessional basis for the trust, they do not have a prescribed connection to the trust and do not get appraised within the Trust. The Medical Lead of Westcall (the GP Out of Hours service) provides assurance to the RO that the GPs employed by the trust have completed their annual medical appraisals and forwards the appraisal output of the GPs to the RO. Additionally, since 2016, the revalidation administrator provides Westcall GPs who have an employment contract with the trust, with a Datix summary of their governance data for use in their appraisal documentation and discussion.

There are also doctors employed by the acute Trust who work within the services delivered by Berkshire Healthcare (Geriatricians employed and connected to the Royal Berkshire Hospital who work on elderly care wards in Berkshire West); an established RO to RO communication process is used if there were any concerns about this very small group of doctors.

Action for next year: none

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: none

Comments: Clinical Governance arrangements for doctors including processes for responding to concerns about a doctor's practice are transparent and information about how decisions are made are communicated to doctors in a timely manner. All relevant trust policies have mechanisms to enable doctors to appeal a decision. The medical director will invite doctors subject to concern or investigation for a meeting to explain the process and obtain assurance about the doctor's feedback and reflection.

Action for next year: none

<sup>4</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

## Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: none

Comments: All medical staff recruited by the Trust are done so by following NHS Employers six safer recruitment standards. Before making an unconditional offer of employment medical staffing check:

1. Identity
2. Employment history & reference checks
3. Work health assessment
4. Professional registration & qualifications
5. Right to work
6. Criminal records check

Candidates must satisfy these pre-employment checks prior to employment.

As part of the medical appointments interview process, we have introduced a duty on the chair of the interview panel to obtain the panel's consensus that they are satisfied with the language competency of the doctor being offered the post. This assessment is based upon the interview panel noting the doctor's spoken language and written application skills as part of the interview.

Locums are sourced from framework agencies that follow the 6 checks above; Medical Staffing also double check professional registration and the Alerts Register.

Action for next year: none

## Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of actions since last Board report**
- **Actions still outstanding**
- **Current Issues**
- **New Actions**

**Overall conclusion:** The Board is asked to receive and approve the annual revalidation report for 2022/23. There are no actions outstanding or any risks or issues identified. This report will be made available to the Higher Level Responsible Officer from NHS England South. The Board can be assured that the medical appraisal and revalidation process is compliant with the regulations and is operating effectively within the trust.

## Section 7 – Statement of Compliance:

The Board of Berkshire Healthcare NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body by: Chairman

Official name of designated body: Berkshire Healthcare NHS Foundation Trust

Name: Mr Martin Earwicker

Signed: \_\_\_\_\_

Role: \_ Chair\_ \_\_\_\_\_

Date: \_\_\_\_\_

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**Trust Board Paper**

<b>Board Meeting Date</b>	11 July 2023
<b>Title</b>	<b>Quality Assurance Committee – 30 May 2023</b>
	<b>ITEM FOR NOTING</b>
<b>Purpose</b>	To receive the unconfirmed minutes of the meeting of the Quality Assurance Committee of 30 May 2023
<b>Business Area</b>	Corporate
<b>Author</b>	Julie Hill, Company Secretary for Sally Glen, Committee Chair
<b>Relevant Strategic Objectives</b>	To provide good outcomes from treatment and care.
<b>CQC Registration/Patient Care Impacts</b>	Supports ongoing registration
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	Meeting requirements of terms of reference.
<b>Equalities and Diversity Implications</b>	N/A
<b>SUMMARY</b>	<p>The unconfirmed minutes of the Quality Assurance Committee meeting held on 30 May 2023 are provided for information.</p> <p>Attached to the minutes are the following reports which were discussed at the Quality Assurance Committee meeting and are presented to the Trust Board for information:</p> <ul style="list-style-type: none"> <li>• Learning from Deaths Quarterly Report</li> <li>• Guardians of Safe Working Hours Quarterly Report</li> </ul>
<b>ACTION REQUIRED</b>	<p>The Trust Board is requested to:</p> <ol style="list-style-type: none"> <li>a) receive the minutes and the quarterly Guardians of Safe Working Hours and Learning from Deaths Reports and to seek any clarification on issues covered.</li> </ol>





**Minutes of the Quality Assurance Committee Meeting held on  
Tuesday, 30 May 2023**

*(the meeting was conducted via MS Teams)*

Present: Sally Glen, Non-Executive Director (Chair)  
Mehmuda Mian, Non-Executive Director  
Julian Emms, Chief Executive  
Minoo Irani, Medical Director  
Debbie Fulton, Director of Nursing and Therapies  
Tehmeena Ajmal, Chief Operating Officer

In attendance: Julie Hill, Company Secretary  
Daniel Badman, Deputy Director of Nursing

## **Opening Business**

### **1 Apologies for absence and welcome**

Apologies were received from: Aileen Feeney, Non-Executive Director, Guy Northover, Lead Clinical Director and Amanda Mollett, Head of Clinical Effectiveness and Audit.

The Chair welcomed everyone to the meeting.

### **2. Declaration of Any Other Business**

There was no other business declared.

### **3. Declarations of Interest**

There were no declarations of interest.

#### **4.1 Minutes of the Meeting held on 28 February 2023**

The minutes of the meeting held on 28 February 2023 were confirmed as an accurate record of the proceedings.

#### **4.2 Matters Arising**

The Matters Arising Log had been circulated.

The action log was noted.

## **Patient Safety and Experience**

### **5.1 Quality Concerns Register Status Report**

The Director of Nursing and Therapies presented the paper and highlighted the following points:

- Two new concerns had been identified at the Quality and Performance Executive Group meeting in May 2023 and these would feature in future iterations of the Register. The two new concerns were:
  - **Environment at Prospect Park** specifically in relation to ligature management, both in terms of ensuring fixtures and fittings conformed to latest standards and also in relation to contract management oversight.
  - **Health visiting**, reflecting the really high caseloads (2.5 times caseload sizes recommended by the National Institute of Health Visiting) and demands on the service resulting in potential for harm/safeguarding concerns for vulnerable children to be missed. Known high-risk families and children on “Child in Need” and “Child Protection Plans were prioritised.

The Chair asked which committee/group had oversight of estates, in particular ensuring that the environment at Prospect Park Hospital complied with good practice in relation to fixtures and fittings etc.

The Director of Nursing and Therapies explained that the Quality and Performance Executive Group received regular updates on progress in relation to the estates and facilities projects and also received the Annual Ligature Audit Reports. It was noted that in addition, there were liaison meetings between the Trust and the Prospect Park Hospital Landlords.

The Chair asked whether the Quality and Performance Executive also had oversight of non-medical devices.

The Director of Nursing and Therapies confirmed that the Non-Clinical Risk Committee had oversight of issues relating to non-medical devices.

Mehmuda Mian, Non-Executive Director acknowledged that learning from senior incidents was disseminated across the Trust but asked whether the learning was also shared externally.

The Director of Nursing and Therapies reported that serious incident learning was shared with mental health colleagues via a national forum and was also shared with the Care Quality Commission and with the Integrated Care Boards.

The Chair asked for more information about the new Health Visiting concern.

The Director of Nursing and Therapies explained that the concern was around the large caseloads for Health Visitors which increased the risk that vulnerable children may be missed.

The Chief Operating Officer commented that there were a number of different agencies and opportunities for professionals to work with families. It was noted that the Trust’s Health Visiting Service was commissioned by local authorities and said that the Director of Children, Family and All Age Services was working with the

different Health Visiting teams to ensure that there was a more joined up approach across the four teams.

The Chair commented that the Trust was reviewing the Community Nursing model and asked when the Committee or the Trust Board would receive a presentation on the outcome of the work.

The Director of Nursing and Therapies said that the Trust Chair was keen for services to be invited to present to the Trust Board at their Discursive meetings. The Director of Nursing and Therapies confirmed that Community Nursing would be the first service to present to the Board.

**Action: Director of Nursing and Therapies**

The Chair said that she welcomed an opportunity to hear from the Community Nursing team and pointed out that initiatives such as the development of the Virtual Wards relied heavily on the Community Nursing team.

The Chief Operating Officer reminded the meeting that the Operational Structure had changed from six localities to three divisions and therefore the Quality Concerns Register may need to be updated to reflect the new operational structure.

**Action: Director of Nursing and Therapies**

The Committee noted the report.

## **5.2 Investigation into a Never Event at Prospect Park Hospital**

The Director of Nursing and Therapies presented the paper and highlighted the following points:

- The never event concerned shower rail gliders at Prospect Park Hospital which were found not to release as expected from the shower rail. This was considered as a never event even when it was a “near miss”
- An investigation was undertaken with the subsequent report summary and recommendations presented to the Committee
- An action plan will be developed which will be monitored monthly at the Incident Review Group with oversight from the Quality and Performance Executive Group. A quarterly report will be provided to the Quality Assurance Committee

**Action: Director of Nursing and Therapies**

The Chair commented that it was clear from the investigation report that from a clinical perspective that the incident was handled well and praised the staff who were first on the scene.

Mehmuda Mian, Non-Executive Director asked whether the same shower rail/hooks were used elsewhere across the Trust.

The Director of Nursing and Therapies confirmed that the requirements around collapsible shower rails only applied to mental health wards. It was noted that replacement track for shower rails on the mental health wards at Prospect Park Hospital was being expedited.

The Chair asked whether there was any learning from the incident.

The Director of Nursing and Therapies reported that immediate actions were taken to mitigate the risk of further and/or similar events occurring. It was noted that the

investigation into the never event had made a number of recommendations and an action plan had been developed.

The Director of Nursing and Therapies confirmed that the Near Miss Risk on the Risk Register had been updated (later on the agenda) to reflect the importance of staff escalating actions in relation to near miss incidents.

The Chief Executive reminded the meeting that Prospect Park Hospital was a PFI hospital and responsibility for the estate and facilities rested with an external company.

The Chief Executive said that the external investigations into the incident had made a number of recommendations to ensure that the environment at Prospect Park Hospital met the additional requirements for mental health and learning disability wards. This included more focus on monitoring the PFI contract to ensure compliance with the contract requirements.. The Chief Executive also highlighted the importance of ensuring that the Trust had sufficient expertise in relation to PFI contract arrangements.

**Action: Chief Financial Officer**

The Committee noted the report.

### **5.3 Serious Incidents Report**

The Director of Nursing and Therapies presented the paper and highlighted the following points:

- During quarter 4, there were a total of 14 serious incidents reported. There were also 14 incidents investigated through the internal learning review process.
- The Trust had been involved in 19 inquests during the quarter. There were no Preventing Future Death reports issued to the Trust following the inquests

The Director of Nursing and Therapies reported that for mental health services there was a significant programme in place to develop the new operating model called the “One Team” which included operational, structural and process improvements. The One Team will deliver services in a way that would address some of the issues that have been identified in previous investigations and reviews. This included when patients needed help from different mental health service but this had not been easy to achieve with patients on long waiting lists for treatment, patients being bounced between different services that were not quite right for their needs or not ever receiving the right treatment for them.

The Director of Nursing and Therapies reported that the Trust had commissioned three webinars from Making Families Count – an organisation which aimed to improve outcomes for families affected by serious harm and traumatic bereavements in health and social care services. The webinars focussed on positive engagement with families.

The Chair referred to page 38 of the agenda pack and asked for more information about why West Berkshire accounted for 78% of the total Community Health Serious Incidents.

The Director of Nursing explained that a number of Community Health Serious Incidents related to the WestCall service and in addition, there was treble the number of community health beds in West Berkshire compared with East Berkshire.

The Chair commented that there was a lot of work being undertaken nationally on mental capacity and in particular, mental capacity in relation to suicide and suicide ideation and asked whether mental capacity was a theme which had been identified for further learning in relation to the Trust's serious incidents.

The Deputy Director of Nursing confirmed that mental capacity in relation to suicide and suicide ideation had not been directly linked as a significant factor in the Trust's serious incidents. The Deputy Director of Nursing reported that the Trust had provided training to staff around assessing mental capacity.

The Chair noted that the Trust was doing a lot more work around engaging with patients and families. The Chair asked whether the training was targeted at a few lead people in each service or whether it was available more widely.

The Deputy Director of Nursing explained that all relevant staff received training around the Duty of Candour and that for each serious incident, a lead person (this tended to be a service manager level) would be allocated as the person to communicate with the family.

Mehmuda Mian, Non-Executive Director said that she was pleased to read that the falls technology had been rolled out across the Trust and that the number of falls on inpatient wards had reduced.

The Committee noted the report.

#### **5.4 Learning from Deaths Quarterly Report**

The Medical Director presented the paper and highlighted the following points:

- During quarter 4, 126 deaths had met the criteria to be reviewed by the Executive Mortality Review Group and the outcomes were as follows:
  - 61 were closed with no further action
  - 65 required "second stage" reviews (using an initial finding review/structured judgement review methodology)
- Of the 65 deaths requiring further review, 10 were classified as Serious Incidents requiring investigation
- During Quarter 4, the Trust Mortality Review Group had received the findings of 32 second stage review reports of which 9 related to patients with a learning disability
- All death in physical health services subjected to a second stage review were scored using the avoidability scale. Of the reviews concluded, none were a governance "cause for concern" (avoidability score of 1, 2 or 3).

The Chair noted that the report highlighted work around promoting access to the COVID-19 vaccination/booster programme for people with learning disabilities and commented that people with learning disabilities were also at greater risk of some cancers and therefore it was important to promote access to cancer screening programmes.

The Medical Director said that he would raise the issue of access to cancer screening services for people with learning disabilities with the Learning Disabilities Head of Service.

**Action: Medical Director**

Mehmuda Mian, Non-Executive Director asked how the Medical Examiner role was operating.

The Medical Director said that the Medical Examiner role had run smoothly over the last two years from the Trust's perspective. It was noted that subject to the parliamentary process, the Medical Examiner role would become a statutory requirement in April 2024.

The Medical Director added that the Medical Examiner role provided an additional safeguard and provided an opportunity for someone independent of the service to speak to families before the death certificate was issued.

The Committee noted the report.

### **5.5 National Patient Safety Strategy Implementation Report**

The Deputy Director of Nursing presented the report and highlighted the following points:

- The implementation of the national Learning from Patient Safety Events (LFPSE) incident reporting system which would replace the National Reporting and Learning System (NRLS) remained a concern because of its impact on the increased length of time for Clinicians to complete, review and ensure compliance around reporting incidents. However, there was now some evidence that the impact would be at least partly mitigated by further LFPSE changes
- Patient Safety Partner roles were now well established locally and regionally. More work was needed to embed the roles as part of the Trust's Patient Safety work but the initial target of a Patient Safety Partner involved in an investigation each month had been met.
- The Trust's compliance with the Patient Safety Syllabus Level 1 training was now over 90% (the training was for both clinical and non-clinical staff).
- The Trust was on target to develop its Patient Safety Incident Response Framework Plan which included reviewing the Trust's governance mechanisms in relation to patient safety incidents and ensuring that there was alignment with the Learning from Deaths work.

The Chair commented that her impression was that the Trust was more advanced in its work around the implementation of the National Patient Safety Strategy than many other trusts.

The Deputy Director of Nursing confirmed that he shared the Chair's assessment and paid tribute to the work of the National Patient Safety Specialists and the Governance Leads in each division for the work they had done to implement the National Patient Safety Strategy.

The Chair asked for more information about the challenges around the "team approach" to full investigations.

The Deputy Director of Nursing explained whilst the Governance and Patient Safety Team responsible for pulling the report together would be trained in the Whole System Approach, those appointed to conduct individual parts of an investigation and terms of references would not be. It was impractical and costly to train many individuals in the Whole System Approach and a strategy would have to be considered in the next few months to overcome this challenge.

It was noted that the current approach to investigations that the Trust used was part of the accreditation with the Royal College of Psychiatrists and worked well.

The Chair suggested inviting the Patient Safety Partners to attend a future meeting so the Committee could find out more about their work with the Trust.

**Action: Director of Nursing and Therapies**

The Committee noted the report.

## **5.6 Reducing Restrictive Practices Report**

The Deputy Director of Nursing presented the report and highlighted the following points:

- The National Patient Safety Strategy identified delivery of the Mental Health Safety Improvement Programme as one of its key improvement aims. Reducing Restrictive Practice was a key workstream within the programme.
- There had been no significant changes to blanket restrictions across services
- “Safety huddles” and “Who’s Caring for Me” boards had been instigated across all Mental Health wards

The Chair asked whether the Restrictive Practices Group could review issues around observations for patients who had received rapid tranquilisation. The Chair also asked whether the issues around long term seclusion could also be reviewed.

The Medical Director suggested conducting a local audit around the management of rapid tranquilisation and seclusion at Prospect Park Hospital.

**Action: Medical Director**

The Committee noted the report.

## **5.7 Annual Infection Prevention and Control Report**

The Annual Infection Prevention and Control Report had been circulated.

The Director of Nursing and Therapies reported that it had been another busy year for the Infection Prevention and Control team. It was noted that the national Infection Prevention and Control Board Assurance Framework had been updated and presented to both the Quality and Performance Executive Group and the Trust Board.

The Director of Nursing and Therapies reported that work to reduce Gram negative blood stream infections had continued both locally and nationally.

On behalf of the Committee, the Chair thanked the Infection Prevention and Control team for their hard work during 2022-23. The Chief Operating Officer added her personal thanks to the Infection Prevention and Control team.

Mehmuda Mian, Non-Executive Director asked whether the Trust had plans to increase the take up of the staff COVID-19 and Flu vaccinations this year.

The Director of Nursing and Therapies pointed out that the Trust’s staff take up of COVID-19 and Flu vaccinations was better than for many NHS provider organisations but said that the Trust would continue to promote the staff vaccination programme with the aim of increasing the number of staff vaccinated.

The Committee noted the report.

## **5.8 Near Miss Corporate Risk**

The Director of Nursing and Therapies reported that the “Lack of Awareness Around Recognising a Near Miss” Risk on the Corporate Risk Register had been updated to reflect that further work was needed to ensure that staff understood the escalation processes when near misses occurred out of hours following the learning from two recent near miss serious incidents.

The Committee noted the report.

## **Clinical Effectiveness and Outcomes**

### **6.0 Clinical Audit Report**

The Medical Director reported that two national clinical audit reports had been received and presented to the Clinical Effectiveness Group since the last meeting:

- ‘Drawing Breath’ National Report – National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) February 2023
- POMH Topic 1h & 3e: Prescribing of antipsychotic medication in adult mental health services, including high dose, combined, and Pro Re Nata (PRN)

#### **‘Drawing Breath’ National Report**

The Medical Director reported that in February 2021, the first national audit of COPD was published. The most significant area for the Trust requiring improvement was the number of patients seen within 90 and 30 days of referral. It was noted that the service had developed an action plan which aimed to recruit two whole time equivalent posts and additional venue hire to achieve the required improvement.

It was noted that progress on the implementation of the action plan had been reported at the Clinical Effectiveness Group and escalated to the Quality and Performance Executive Group and subsequently raised as a quality concern due to increasing waiting lists and the challenges in recruitment.

The Medical Director reported that the second national report was published in February 2023 and showed that only 5.4% of patients were seen in 90 days compared to the national average of 40% of patients and no patients were seen in 30 days compared with the national average of 20.1%.

The Medical Director reported that the Trust had undertaken a harm review between February and July 2022 and it had concluded that no harm was caused by being on the waiting time. It was noted that the service had identified further actions to try and reduce waiting times.

The Chair referred to the measures to reduce the waiting time section of the paper (page 116 of the agenda pack) and noted that one of the actions was around writing to all patients who had been waiting for six months to ask them if they would like to remain on the waiting list. Patients were given three weeks to respond to the letter and if there was no response, the referral was discharged.

The Chair expressed concern around the equality impact around removing patients from the waiting list if they did not respond to the letter as the patient population would be elderly and unwell with a chronic condition.

The Medical Director reported that he had raised concerns around this approach at the Clinical Effectiveness Group meeting and agreed to raise the issue with the relevant Clinical Director.

**Action: Medical Director**



The Chair referred to the harm review which had concluded that no harm was caused to patients on the waiting list and asked for more information around the definition of harm used for the review and approach/method that was used to conclude that no patient came to harm.

The Medical Director agreed to find out and inform the Committee.

**Action: Medical Director**

### **Prescribing Anti-Psychotic Medication in Adult Mental Health Services**

The Medical Director reported that the audit had benchmarked the prescribing behaviour of antipsychotic medication on the acute mental health adult inpatient wards in Berkshire Healthcare in relation to national standards. Five standards were identified as areas for improvement, of these three were directly linked to the Trust's local policy having a different requirement. An action plan was in place and the Trust policy was being updated in line with best practice.

The Chair commented that it was pleasing that there had been a marked improvement in the Trust's performance.

The Committee noted the report.

### **7.0 Guardian of Safe Working Hours Quarterly Report**

The Medical Director presented the paper and reported that during the reporting period (1 February 2023 to 30 April 2023), there had been four 'hours and rest' exception report and no 'education' reports.

The 'hours and rest' report totalled a four extra hours worked over and above the trainees' work schedules. Two of the extra hours related to patient related work delaying the doctor. Thirty minutes of the extra time related to a doctor starting their shift early in order to sit on an interview panel. The remaining one and a half hours related to junior doctors' induction and involved an early start as well as extra training.

It was noted that the Guardian of Safe Working Hours had provided assurance to the Trust Board that no unsafe working hours had been identified and there were no other patient safety issues requiring escalation.

The Committee noted the report.

### **7.1 Minutes of the Mental Health Act Governance Board**

The minutes of the Mental Health Act Governance Board meeting held on 22 February 2023 had been circulated.

The Medical Director reported that the Mental Health Act Governance Board in February 2023 had received an update on the Health Inequalities project which had an initial focus on the detention of black individuals based on the most recent National Census data.

The Medical Director reported that a literature review had been completed and work was underway to develop a theoretical framework and hypothesis. The Trust had commissioned MIND to conduct case reviews and interviews with patients Section 2 detentions.

The Medical Director reported that the meeting had also discussed the draft Mental Health Act Bill (2022) and the Joint Parliamentary Committee's response. The Medical Director reminded the meeting that he was given an update on the Mental Health Act Reforms at the March 2023 Trust Board Discursive meeting.

The Committee noted the minutes.

## **7.2 Quality and Performance Executive Group Minutes – February 2023, March 2023 and April 2023**

The minutes of the Quality and Performance Executive Group minutes for February 2023, March 2023 and April 2023 had been circulated.

Mehmuda Mian, Non-Executive Director referred to the burst water pipe and lack of water at Wokingham Community Hospital and asked about the procedures that were put place in the event of the failure of an essential service.

The Chief Operating Officer explained that the Trust's Emergency Preparedness, Resilience and Response (EPRR) team worked with each service to develop business continuity plans which included managing the loss of essential services. It was noted that after every incident, the EPRR would identify any areas of learning and would share these both internally and externally with stakeholders.

The Chief Executive added that the Trust's business continuity plans were also backed up by key pieces of infrastructure, for example, there was a generator at Prospect Park Hospital which could provide power for 30 days. For the PFI hospitals (Prospect Park Hospital and West Berkshire Community Hospital), it was the responsibility of the PFI Contractors to maintain equipment such as generators. The Chief Executive said that he would find out from the Chief Financial Officer whether the PFI Contractors were regularly checking and maintaining the generators and other pieces of equipment in the event of essential service failures.

**Action: Chief Executive**

The Chair noted that there had been an increase in the number of sexual assaults, including sexual assaults on staff and asked whether the Trust had policies on sexual safety.

The Director of Nursing and Therapies confirmed that the Trust did have sexual safety polices and standard operating procedures and commented that the Trust was not alone in experiencing an increase in the number of sexual assaults.

The Director of Nursing and Therapies reminded the meeting that the Committee received a six monthly sexual safety report.

The Chair commented that it was pleasing to see an increase in the number of physical health checks for people with severe mental illness in the Slough area.

Mehmuda Mian, Non-Executive Director asked whether the closure of Taplow Manor in-patient CAMHS beds had impacted the Trust.

The Chief Operating Officer said that the closure of the CAMHS beds was a concern because it further reduced the provision of CAMHS in-patient beds

The Committee noted the minutes.

## **7.3 Council of Governors Quality Assurance Group – Visits to Services**

Copies of the Governor Visit Service Reports to the Community Geriatrics, Ascot Ward, Wokingham Community Hospital, Community Geriatrics, Oakwood Ward, Prospect Park Hospital and West Berkshire Community Hospital had been circulated.

On behalf of the Committee, the Chair thanked the Governors for their informative reports and said that the Governor service visit reports helped the Committee in its work around triangulating data for different sources.

The Committee noted the Governors' service visit reports.

## **Closing Business**

### **8.0 Quality Assurance Committee Horizon Scanning**

There were no additional items identified for future agendas.

#### **8.1. Any Other Business**

Farewell to Mehmuda Mian, Non-Executive Director

The Chair reported that Mehmuda Mian, Non-Executive Director would be leaving the Trust on 30 June 2023 having served for eight years. On behalf of the Committee, the Chair thanked Ms Mian for her contribution to the work of the Trust and wished her well for the future.

Mehmuda Mian thanked the Chair for her warm words and said that it had been a privilege to be part of the Trust and to serve on the Committee. Ms Mian said that she had first-hand experience of the Trust's services and commented that she was proud of the high quality services provided by the Trust. Ms Mian also thanked the Executive Directors for answering her questions over the years.

#### **8.2. Date of the Next Meeting**

The next meeting is scheduled to take place on 29 August 2023 at 10am.

These minutes are an accurate record of the Quality Assurance Committee meeting held on 30 May 2023.

**Signed:-** \_\_\_\_\_

**Date: - 29 August 2023** \_\_\_\_\_

<b>QPEG / QAC/ Trust Board</b>	May 2023
<b>Title</b>	<b>Learning from Deaths Quarter 4 Report 2022/23</b>
<b>Purpose</b>	To provide assurance to the Trust Board that the Trust is appropriately reviewing and learning from deaths
<b>Business Area</b>	Clinical Trust Wide
<b>Authors</b>	Head of Clinical Effectiveness and Audit
<b>Relevant Strategic Objectives</b>	Aligns with the Trust's True North Goals of Harm Free Care and Good Patient Experience
<b>Equality Diversity Implications</b>	A national requirement is that deaths of patients with a learning disability & Autism are reviewed to promote accessibility to equitable care. This report provides positive assurance of learning from these deaths.
<b>Summary</b>	<p>126 deaths met criteria, were reviewed by the Executive Mortality Review Group (EMRG) and the outcomes were as follows:</p> <ul style="list-style-type: none"> <li>• 61 were closed with no further action required</li> <li>• 65 required 'second stage' review (using an initial finding review (IFR)/ Structured Judgement Review (SJR) methodology)</li> <li>• Of the 65 deaths requiring further review, 10 were classed as Serious Incident Requiring Investigation (SI)</li> </ul> <p>During Q4, the trust mortality review group (TMRG) received the findings of 32 2<sup>nd</sup> stage review reports, of which 9 related to patients with a learning disability.</p> <p><b>Avoidability Scale/ Score</b> All deaths in physical health services subject to a 2<sup>nd</sup> stage review were scored using an avoidability scale, of the reviews concluded none were a governance 'cause for concern' (avoidability score of 1, 2 or 3). .</p> <p><b>COVID 19 Inpatient Deaths.</b> Nine patients tested positive for Covid 19 (positive 28 days before death) or had Covid 19 stated on their MCCD, all were closed at first stage review, the patients were admitted for end-of-life care and were positive for Covid 19 on or prior to admission.</p> <p>Thematic learning from mortality and patient safety reviews of deaths is summarised for 2022/23. This learning will also be shared with all staff via the trust clinical Circulation brief.</p>
<b>ACTION REQUIRED</b>	The committee is asked to receive and note the Q4 learning from deaths.

**Figure 1. Summary of Deaths and Reviews completed in 2022/23.**

Figure 1	20/21 total	21/22 total	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Total 22/23
Total deaths screened (Datix) 1 <sup>st</sup> stage review	510	467	119	98	113	126	456
Total number of 2 <sup>nd</sup> stage reviews requested (SJR/IFR/RCA)	269	209	48	37	42	65	192
Total number of deaths reported as serious incidents	48	35	9	4	8	10	31
Total number of deaths judged > 50% likely to be due to problems with care (Avoidability score of 1, 2 or 3))	1	4	0	0	0	0	0
Number of Hospital Inpatient deaths reported (Including patients at the end of life and unexpected deaths following transfer)	185	156	43	39	32	43	157
Total number of deaths of patients with a Learning Disability (1 <sup>st</sup> stage reviews)	53	51	7	6	6	17	36
Total number of deaths of patients with LD judged > 50% likely to be due to problems with care	0	0	0	0	0	0	0

Note: The date is recorded by the month we receive the form which is not always the month the patient died

### 1.1 Total Deaths Screened (1<sup>st</sup> stage review)

126 deaths were submitted by services through the trust Datix reporting system for a first stage review by the EMRG. Of these 126 deaths reviewed, EMRG advised closing 61 cases, 65 were referred for a second stage review of which 10 were referred for SI investigation.

### 1.2. 2<sup>nd</sup> Stage Reviews Completed

The Trust-wide mortality review group (TMRG) meets monthly and is chaired by the Medical Director; 32 second stage reviews have been received and considered by the group in Q4. Figure 2 details the service where the review was conducted.

**Figure 2: 2<sup>nd</sup> Stage Reviews Completed in Q4**

<b>January 2023</b>	5 SJR 2 IFR <b>7 Total</b>	Learning Disabilities: 1 SJR West Mental Health: 2 IFR West Physical Health: 2 SJR East Physical Health: 2 SJR
<b>February 2023</b>	7 SJR 4 IFR <b>11 Total</b>	Learning Disabilities: 1 SJR West Mental Health: 2 SJR, 3 IFR West Physical Health: 3 SJR East Physical Health: 1 SJR, 1 IFR
<b>March 2023</b>	12 SJR 2 IFR <b>14 Total</b>	Learning Disabilities: 7 SJR West Mental Health: 1 SJR, 1 IFR East Mental Health: 1 IFR West Physical Health: 1 SJR East Physical Health: 3 SJR

## 2. Concerns or Complaints

In Q4, 7 complaints were received from families following the death of a relative, 2<sup>nd</sup> stage reviews were requested for all and one is being progressed as an SI.

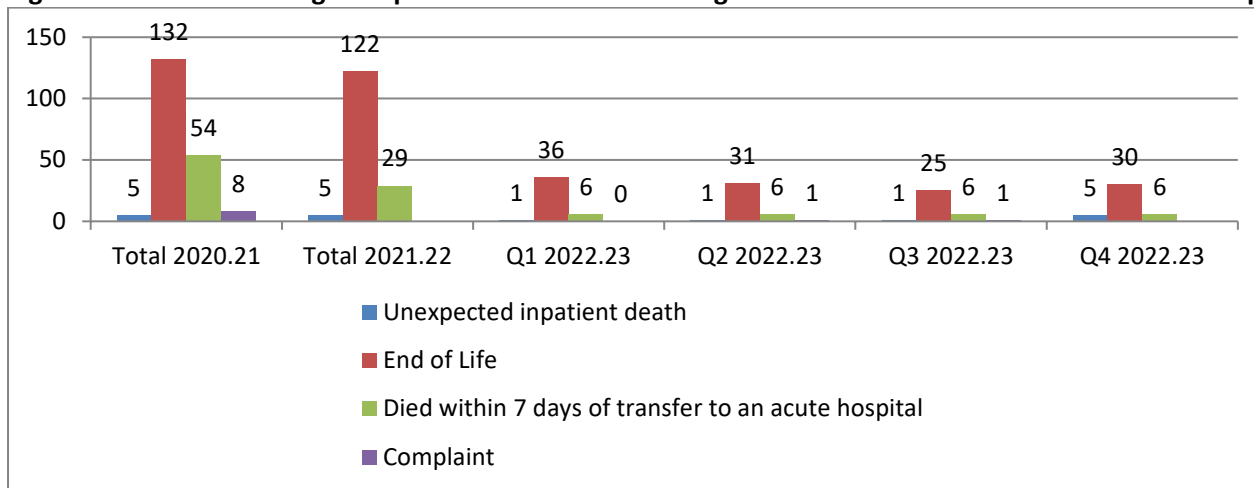
- Communication and Clinical Care x2 (Physical Health Inpatients)
- Staff Behaviour (Community Therapy)
- Clinical Care / Wound Management (District Nursing)
- Clinical Care (District Nursing) x2
- Clinical Care (Community Mental Health)

None of the complaint related SJR reviews at TMRG raised concern that the quality of care provided had contributed to the patient’s death.

### 3.1 Deaths of patients (including palliative care) on Inpatient Wards

For inpatients we require all deaths to be reported on the Datix system including patients who are expected to die and receiving palliative care. Figure 3 details these.

**Figure 3: Deaths occurring on inpatients wards or following deterioration and transfer to an acute hospital.**



In Q4 there were 40 deaths reported by community inpatient wards, and 1 death reported by mental health inpatients, of which:

- 30 were expected deaths and related to patients who were receiving end of life care (EOLC). All were closed at 1<sup>st</sup> stage review.
- 5 unexpected deaths due to ill health deterioration where they were transferred to an acute hospital and died within 7 days
- 5 unexpected deaths on the ward
- 1 transfer due to physical health deterioration from a mental health ward

Of the 11 unexpected inpatient deaths, 3 were closed at 1<sup>st</sup> stage review, a 2<sup>nd</sup> stage review was requested for 8..

### 3.2 Covid-19 Inpatient deaths.

From the deaths noted above, 3 patients who died had tested positive for Covid 19 within the 28 days prior to their death, of these:

- 2 were closed at first stage review, the patients were admitted for end-of-life care and were positive for covid 19 on or prior to admission, Covid 19 was stated on medical certificate of cause of death (MCCD) for 1 of these patients.
- 1 patient admitted for rehabilitation care had Covid 19 stated on the MCCD and were post 28 days positive, an infection control review is being conducted.

### 3.3 Medical Examiner

RBFT provide this service for the Trust and all BHFT inpatient deaths are scrutinised through the RBFT Medical Examiner’s Office. Subject to parliamentary process this will become a statutory requirement in April 2024.

All 35 inpatient deaths have been independently scrutinised by a Medical Examiner. In 33 cases, the medical certificate of cause of death (MCCD) was agreed and processed. 2 cases were referred by the ME to the coroner, of these 1 required a post mortem and a natural cause of death was confirmed and one is under investigation due to care received prior to a transfer to BHFT for EOL care.

The ME process allows for the Medical Examiner to also recommend cases for structured judgement review and notify us of any family concerns, one (Community Nursing) case was identified by the ME as requiring a SJR to review care prior to the inpatient admission.

#### 4. Deaths of Children and Young People

In Q4, 4 deaths were submitted as a Datix for 1<sup>st</sup> stage review. All cases were closed at EMRG following 1<sup>st</sup> stage review. Cause of death was either extreme prematurity or complex disability in most cases. All deaths of children and young people are reviewed by the Berkshire Child Death Overview Panel (CDOP).

#### 5. Deaths of adults with a learning disability

In Q4 the Trust Mortality Review Group (TMRG) reviewed a total of 9 deaths of adults with learning disabilities who had received services from Berkshire Healthcare in the 12 months prior to their death. The Structured Judgement Review methodology was used for all reported deaths with these reviews appraised by the LD Clinical Review Group (CRG) prior to review and sign off by the TMRG.

Of these 9 deaths there were none which raised governance cause for concern on review.

*The deaths were attributed to the following causes:*

Immediate cause of death	Number
Diseases of the respiratory system	5
Cancer	2
Diseases of the respiratory system & heart and circulatory system	1
Other - Alzheimer's Disease	1

There were no COVID related deaths.

#### Demographics:

*Gender:*

Female	7
Male	2

The age at time of death ranged from 20 to 78 years of age (median age: 61 yrs.)

*Severity of Learning Disability:*

Mild	4
Severe	3
Profound	1
Not Known	1

*Ethnicity:*

White British	7
Asian or Asian British - Bangladeshi	1
Asian or Asian British - Indian	1

#### Engagement and feedback with family members

The Learning Disability Service makes contact with the family and/or staff team following the reported death of a person with a learning disability. There have been no responses received to date from those contacted in this quarter.

#### 6. Deaths categorised as Serious Incidents

In Q4, 10 deaths were reported as serious incidents (See SI Q4 report for details).

## 7. Avoidability of deaths scale/ score

Judging the level of the avoidability of a death is a complex assessment, for all deaths in physical health services where a second stage review is conducted, the second-stage reviewer supports the score choice with an explicit judgement comment justifying why the score decision was made, this score is confirmed at TMRG.

Score 1 Definitely avoidable

Score 2 Strong evidence of avoidability

Score 3 Probably avoidable (more than 50:50)

Score 4 Possibly avoidable, but not very likely (less than 50:50)

Score 5 Slight evidence of avoidability

Score 6 Definitely not avoidable

A score of 3,2, or 1 would indicate a governance cause for concern. All deaths reviewed in Q4 were assessed as scoring a 4,5, or 6 and did not raise a governance concern, although this does not prevent learning from being identified when care could have been better.

## 8. Learning from Deaths

Immediate learning from all deaths is shared by Clinical Directors and Governance Leads through locality governance and quality meetings. Where the need for more focussed learning is identified following 2<sup>nd</sup> stage review, an Internal Learning Review is facilitated by the Patient Safety Team.

Thematic learning from mortality and patient safety reviews of deaths is summarised below for 2022/23. This learning will also be shared with all staff via the trust clinical Circulation brief.

For our mental health services, the following actions have been taken as a result of mortality and patient safety reviews:

- Multidisciplinary Teams (MDTs) at Prospect Park Hospital and Community Mental Health Teams have improved their communication processes to ensure that clear responsibilities and actions are assigned and followed up.
- Training tools have been developed to support staff with understanding and managing mental capacity and positive risk for patients presenting with suicidal ideation.
- The safety planning process has been improved, ensuring a real emphasis on making safety plans bespoke for our service users, families and carers.
- Progress has been made with the Co-Occurring Mental Health, Alcohol and Drug Disorders (COMHAD) Improvement Project.
- Awareness and management of Clozapine-Induced Gastrointestinal Hypomotility (CIGH)
- The risks of aspiration pneumonia and choking risks associated with antipsychotic medication
- Training programmes and skills based workshops across mental health services continue to be developed and delivered, based on learning identified from our reviews, this has included:
  - Domestic Abuse
  - Family Involvement in Safety Planning including breaking confidentiality
  - Transitions between services
  - High suicide risk and withheld intent

The following training workstreams are in development:

- Summarising, Clarification and Agenda Setting (Safety Planning will be addressed within this context)
- Capacity and Suicide (to inform safety planning)
- Co-Occurring Mental Health, Drugs and Alcohol (Dual Diagnosis) Three Day Workshop – part of this will be devoted to Safety planning with this group.

Raising awareness, understanding and improving skills with assessing capacity and making appropriate documentation is a theme across both our mental health and physical health services. Findings from our serious incidents and internal learning reviews, have informed some of the changes and workstreams that have been led by the Mental Capacity Act Lead Professional, this has led to:



- Offering Mental Capacity Act (MCA) Training via MS Teams. 122 staff have completed this training since the beginning of September; feedback has been positive and staff have indicated that they now feel more confident in applying the MCA to practice.
- Information leaflets have been produced for patients subject to Deprivation of liberty (DoLS) and put into immediate use. A staff DoLS FAQ leaflet has also been produced.
- Datix reporting on delays in making DoLS applications, applications being authorised, providing the person with their rights, and concerns about a person's lasting power of attorney (LPOA ) is being set up.
- Updating MCA recording on RiO. This includes, a new mental capacity assessment form, best interest assessment form, necessary and proportionate assessment form, recording of DoLS authorisation status and decision maker contact details.
- The information on NEXUS in relation to MCA and DoLS has been updated

For our physical health services, the following learning was identified and actions are being taken to improve:

- Recognising and acting on the symptoms of melena
- Recognising Wound Infections and Sepsis
- Recognising patients as palliative or End of Life
- Communication with families
- Holistic care of patients in the community

#### Learning disabilities and Autism

Research has shown that on average, people with a learning disability and autistic people die earlier than the general public, and do not receive the same quality of care as people without a learning disability or who are not autistic.

LeDeR is a national service improvement programme for people with a learning disability and autistic people. For all deaths where a person has received care from BHFT in the year before they die and has an identified learning disability or autism diagnosis, we complete a structured Judgement review, and submit our review of care to LeDeR.

The Learning Disability Service supports the local LeDeR programme, and Berkshire wide learning is shared by the Integrated Care Board (ICB), the learning disability service reviews emerging themes and trends alongside the wider national work and actively supported with people open to the service to reduce the risks from Covid-19 and promoted access to the Covid-19 vaccination / booster programme.

## 9. Conclusion

During Q4, the trust mortality review group (TMRG) received the findings of 32 2<sup>nd</sup> stage review reports. All hospital inpatient deaths were reviewed by a medical examiner.

All deaths of a physical health cause subject to a 2<sup>nd</sup> stage review were reviewed using an avoidability scale, and these reviews did not raise a governance cause for concern..

Three patients who died had tested positive for Covid 19 within 28 days prior to death or had Covid 19 stated on their MCCD, 2 were closed at first stage review and 1 infection control review was undertaken.

Learning from review of deaths for 2022/23 is detailed and is further shared with services by the Clinical Directors through their patient safety and quality groups, the Trust clinical 'Circulation' brief and the ICS mortality review group for system learning.



## Berkshire Healthcare

NHS Foundation Trust

### Quality Assurance Committee Paper

<b>Meeting Date</b>	May 2023
<b>Title</b>	Guardian of Safe Working Hours Quarterly Report (February to April 2023)
<b>Purpose</b>	To assure the Trust Board of safe working hours for junior doctors in BHFT
<b>Business Area</b>	Medical Director
<b>Author</b>	Ian Stephenson & Dr Malar Babu Sandilyan
<b>Relevant Strategic Objectives</b>	1 – To provide accessible, safe, and clinically effective services that improve patient experience and outcomes of care
<b>CQC Registration/Patient Care Impacts</b>	Supports maintenance of CQC registration and safe patient care
<b>Resource Impacts</b>	Currently 1 PA medical time
<b>Legal Implications</b>	Statutory role
<b>Equalities and Diversity Implications</b>	N/A
<b>SUMMARY</b>	<p>This is the latest quarterly Guardian of Safe Working report for consideration by Trust Board.</p> <p>This report focusses on the period 1<sup>st</sup> February to 30<sup>th</sup> April 2023. Since the last report to the Trust Board, we have received four exception reports.</p> <p>We do not foresee any problems with the exception reporting policy or process; neither do we see a significant likelihood of BHFT being in frequent breach of safe working hours in the next quarter.</p>
<b>ACTION REQUIRED</b>	<p>The QAC/Trust Board is requested to:</p> <p>Note the assurance provided by the Head of Medical Staffing &amp; Medical Education and the GOSW.</p>

## QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

This report covers the period 1<sup>st</sup> February to 30<sup>th</sup> April 2023

### Executive summary

This is the latest quarterly Guardian of Safe Working report for consideration by the Trust Board.

This report focusses on the period the period 1<sup>st</sup> February to 30<sup>th</sup> April 2023. Since the last report to the Trust Board, we have received four 'hours & rest' exception reports and no 'education' reports.

We do not foresee any problems with the exception reporting policy or process; neither do I see a significant likelihood of BHFT being in frequent breach of safe working hours in the next quarter.

### Introduction

The current reporting period covers the first half of a six-month CT and GPVTS rotation.

### High level data

Number of doctors in training (total):	44 (FY1 – ST6)
Included in the above figure are 2 MTI (Medical Training Initiative) trainees.	
Number of doctors in training on 2016 TCS (total):	44
Amount of time available in job plan for guardian to do the role:	1PA
Admin support provided to the guardian (if any):	Medical Staffing
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

### a) Exception reports (with regard to 'hours & rest' and education)

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Psychiatry	0	4	4	0
Sexual Health	0	0	0	0
Total	0	4	4	0

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY	0	3	3	0
CT	0	1	1	0
ST	0	0	0	0
Total	0	4	4	0

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Psychiatry	0	4	4	0

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
FY	2	0	1	0
CT1-3	0	1	0	0
ST4-6	0	0	0	0
Total	2	1	1	0

In this period, we have received four *'hours and rest'* exception reports where the trainee worked hours in excess of their work schedule. This totaled an extra four hours worked over and above the trainee's work schedule. The report was not related to work on the out-of-hours rota. Two hours related to patient related work delaying the doctor. Thirty minutes were for a doctor starting early in order to sit on the GOSW interview panel. These two and a half hours do not form a pattern and raise no concerns. The remaining one and a half hours relate to junior doctors' induction and involve an early start as well as extra training. These are being looked into in order to ensure that this does not occur again at induction.

Exception reporting is a neutral action and is encouraged by the Guardians and DME. We continue to promote the use of exception reporting by trainees, and make sure that they are aware that we will support them in putting in these reports.

It is the opinion of Medical Staffing and the Guardian of Safe Working that "time off in lieu" (TOIL) is the most appropriate action following an exception report to minimize the effects of excessive work.

There have been no systemic concerns about working hours, within the definitions of the 2016 TCS.

We remain mindful of the possibility of under-reporting by our trainees, whilst having no evidence of this. Trainees are strongly encouraged to make reports by the Guardian at induction and at every Junior Doctor Forum.

## **b) Work schedule reviews**

There have been no work schedule reviews in this period. The Medical Staffing department has created Generic Work Schedules. The DME, working with tutors, the School of Psychiatry and Clinical Supervisors, has developed Specific Work Schedules. These are both required by the contract.

Work schedule reviews by grade	
CT1-3	0
ST4-6	0

Work schedule reviews by department	
Psychiatry	0
Dentistry	0
Sexual Health	0

c) **Gaps**

(All data provided below for bookings (bank/agency/trainees) covers the period 1<sup>st</sup> February to 30<sup>th</sup> April 2023)

Psychiatry	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
	81	76	53	23	0	796	756	550.5	205.5	0

Reason	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
<b>Gap</b>	34	33	19	14	0	354	348.5	213.5	135	0
<b>Sickness</b>	47	43	34	9	0	442	407.5	337	70.5	0
<b>Maternity</b>	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	81	76	53	23	0	796	756	550.5	205.5	0

d) **Fines**

Fines levied by the Guardians of Safe Working should be applied to individual departments, as is the intent of the contract. No fines have been levied in this quarter.

Fines by department		
Department	Number of fines levied	Value of fines levied
None	None	None
Total	0	0

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
£0	£0	£0	£0

## **Qualitative information**

The OOH rota is currently operating at 1:13 and our system for cover continues to work as normal, with gaps generally being quickly filled. Our bank doctors continue to be an asset, and we continue to increase this pool. We have had five unfilled gaps in this period. For three of these unfilled gaps patient safety was not an issue and we always had one junior doctor on duty out of hours. However, for one evening shift, a total of five hours there were no junior doctors covering the OOH rota. This was a result of last-minute sickness and the bank doctor covering the other shift not realizing that they were on. This is the first time in eight years that this has happened, and we have reviewed and strengthened our processes to ensure that this does not re-occur.

A new Guardian of Safe Working, Dr Malar Babu Sandilyan, has been appointed and is now in post.

## **Issues arising**

Exception reporting remains at a level consistent with previous GOSW Board reports. The current level of exception reporting suggests that Junior Doctors are not working unsafe hours, and this is confirmed by the qualitative information from the Junior Doctors Forum. However, it is possible that there may be under-reporting of small excess hours worked.

## **Actions taken to resolve issues**

Next report to be submitted August 2023.

## **Summary**

All work schedules are currently compliant with the Contract Terms and Conditions of Service. No trainee has breached the key mandated working limits of the new contract.

The Medical Workforce Manager gives assurance to the Trust Board that no unsafe working hours have been identified, and no other patient safety issues requiring escalation have been identified.

We remain mindful of the possibility of under-reporting by our trainees, whilst having no evidence of this. Trainees are strongly encouraged to make reports by the Guardian at induction and at every Junior Doctor Forum. Junior Doctors are assured that it is a neutral act and asked to complete exceptions so that the Guardian of Safe Working can understand working patterns in the Trust.

## **Questions for consideration**

The Medical Workforce Manager asks the Board to note the report and the assurances given above.

The Medical Workforce Manager makes no recommendations to the Board for escalation/further actions.

*Report compiled by Ian Stephenson, Head of Medical Workforce & Medical Education and Dr Malar Babu Sandilyan, GOSW.*

## **Appendix A:** Glossary of frequently used terms and abbreviations

**Guardian of Safe working hours:** A new role created by the Junior Doctors Contract that came into effect for the majority of trainees in BHFT in February 2017. The Guardian has a duty to advocate for safe working hours for junior doctors and to hold the board to account for ensuring this.

**FY – Foundation Years –** Doctors who are practicing usually in the first two years after completing their medical degrees.

**CT – Core Trainee –** The period usually following FY where a junior doctor is specializing in a particular area of medicine (in BHFT this is primarily for Psychiatry or General Practice). Typically, 3 years for psychiatry trainees.

**ST- Speciality Trainee –** The period following Core training where a junior doctor sub-specializes in an area of medicine, for example Older Adult Psychiatry. Typically, 3 years for psychiatry trainees.

**Work Schedule –** A work schedule is a new concept for junior doctors that is similar to a Job Plan for Consultants. A work schedule sets out the expectations of the clinical and educational work that a Junior Doctor will be expected to do and have access to. Before entering each post, the Junior Doctor will have a “Generic Work Schedule” that the Clinical Supervisor and Medical Staffing feels sums up the expectations and opportunities for the that post. At the initial meeting between Clinical Supervisor and trainee this will be personalized to a “Specific Work Schedule” giving the expectations of that trainee in that post. If exception reporting or other information indicates a need to change the work schedule this is called a work schedule review. The new policy indicates the procedures for this process and appeal if it is not considered satisfactory.

**Junior doctors’ forum –** A formalized meeting of Junior Doctors that is mandated in the Junior Doctors Contract. The Junior Doctors under the supervision of the Guardians are amalgamating other pre-existing fora under this meeting so it will be the single forum for Junior Doctors to discuss and formally share any concerns relating to their working patterns, education or patient safety. The Junior Doctor Forum includes representation from the Guardians, Director of Medical Education and others as required to ensure these concerns can be dealt with appropriately.

**Fines –** If doctors work over the hours in their Specific Work Schedule they are entitled to pay or to time back in lieu for that time. In this trust we are looking for trainees to have time back as the preference. However if the doctor works so many hours as to further breach certain key mandated working limits the trust will be fined with the fine going into a separate fund managed by the Guardians to be used for educational purposes for the trainees.

## Factsheet: Safety limits and rest

The below table highlights the changes to the safety limits and rest provisions between the 2016 terms and conditions and the 2018 contract refresh. For full details please refer to schedule 3 of the [terms and conditions of service](#) (TCS).

2016 terms and conditions	2018 contract refresh
Maximum of 72 hours work in any 7 consecutive day period.	Maximum of 72 hours work in any 168-hour consecutive period.
46-hours rest required after 3-4 consecutive night shifts.	46-hours rest required after any number of rostered nights.
Doctors paid at nodal point 2 are exempt from the requirements that no doctor shall be rostered for work at the weekends greater than 1 week in 2 for one placement during their foundation year.	No doctor shall be rostered for work at the weekend at a frequency of more than 1 week in 2.
No doctor shall be rostered for work at the weekend at a frequency of greater than 1 week in 2.	All reasonable steps should be taken to avoid rostering trainees at a frequency of greater than 1 in 3 weekends.
Where 8 shifts of any length are rostered or worked on 8 consecutive days, there must be a minimum 48-hours rest rostered immediately following the conclusion of the eighth and final shift.	Maximum of 7 shifts of any length can be rostered or worked on 7 consecutive days. Where a shift contains hours of work across more than one day, the work on each day will be counted independently toward the total number of consecutive days*.
No more than 5 long shifts shall be rostered or worked on consecutive days. Where 5 long shifts are rostered on consecutive days, there must be a minimum 48-hour rest period rostered immediately following the conclusion of the fifth long shift.	No more than 4 long shifts shall be rostered or worked on consecutive days. There must be a minimum 48-hour rest period rostered immediately following the conclusion of the final long shift*.
<p>A doctor must receive:</p> <ul style="list-style-type: none"> <li>at least one 30 minute paid break for a shift rostered to last more than 5 hours, and</li> <li>a second 30 minute paid break for a shift rostered to last more than 9 hours.</li> </ul>	<p>A doctor must receive:</p> <ul style="list-style-type: none"> <li>at least one 30 minute paid break for a shift rostered to last more than 5 hours</li> <li>a second 30 minute paid break for a shift rostered to last more than 9 hours</li> <li>A third 30-minute paid break for a night shift as described in paragraph 15 of Schedule 2, rostered to last 12 hours or more.</li> </ul>

\*As soon as reasonably practicable from August 2019, and in any event as soon as possible before 5 August 2020, the employer will consult with doctors and agree to alter existing rotas.





**Trust Board Paper**

<b>Board Meeting Date</b>	11 July 2023
<b>Title</b>	<b>Executive Report</b>
	<b>Item for Noting</b>
<b>Purpose</b>	This Executive Report updates the Board of Directors on significant events since it last met.
<b>Business Area</b>	Corporate
<b>Author</b>	Chief Executive
<b>Relevant Strategic Objectives</b>	N/A
<b>CQC Registration/Patient Care Impacts</b>	N/A
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	None
<b>Equality and Diversity Implications</b>	N/A
<b>SUMMARY</b>	This Executive Report updates the Board of Directors on significant events since it last met.
<b>ACTION REQUIRED</b>	The Trust Board is requested to:  a) To note the report and seek any clarification.

**Trust Board Meeting – 11 July 2023**  
**EXECUTIVE REPORT – Public**

### **1. Never Events**

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

**Executive Lead:** Debbie Fulton, Director of Nursing and Therapies

### **2. NHS Equality Diversity and Inclusion (EDI) Improvement Plan**

The NHS EDI improvement plan (attached at appendix 1) published at the beginning of June 2023 sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

The Board is asked to note the six high impact actions NHS provider trusts are required to implement.

An initial review of the high impact actions indicates good alignment with our inclusion and diversity ambition and work plans.

The Board will be provided with an update in September 2023 on our plans to address the high impact actions, including identifying any gaps and/or risks to delivering key milestones outlined in the NHS EDI improvement plan.

**Executive Lead:** Alex Gild, Deputy Chief Executive

### **3. NHS Long Term Workforce Plan**

On 30 June 2023, the NHS published the first ever fully costed Workforce Plan. The [NHS Long Term Workforce Plan 2023](#) covers a 15-year assessment of the workforce that will be needed for the future and provides a costed plan of how we develop the current NHS workforce to meet the future challenges.

Commissioned and accepted by the government, it provides a costed plan for how the NHS will develop to meet existing and future demand and challenges and support the health and wellbeing of the population. Over £2.4 billion has been committed to fund additional education and training places over the next five years, on top of existing funding commitments.

The plan sets out the strategic direction for the long term as well as short- to medium-term actions to be undertaken locally, regionally and nationally

Key elements of the Workforce Plan include:

- Doubling medical and adult nurse training places and increasing GP training places by 50 per cent
- Increasing apprenticeships, especially in areas where it is harder to recruit. One in 6 of all training for clinical staff will be offered through apprenticeships by 2028 – vital to attracting more staff, including those from diverse backgrounds
- Targets for more staff in mental health, community and primary care roles
- Investment in technology
- Expansion of training places for clinical psychologists and child and adolescent psychotherapy by a quarter
- Expansion of personalised care roles such as social prescribers and peer support workers
- Train more NHS staff domestically. In 15 years, expect around 9-10.5 per cent of workforce to be recruited from overseas compared to nearly a quarter now

The publication of the plan is an extremely welcome development and one that NHS leaders have been calling for some time. However, it is a concern that the government has not committed to developing a comparative plan for the social care workforce. The plan is predicated on achieving ambitious productivity increases. Even to achieve the lower end of the range will require major extra investment in technology, innovation and capital. A summary of the plan produced by NHS Providers is included in the appendix.

**Executive Lead:** Julian Emms, Chief Executive

#### 4. Sexual Safety of NHS Staff and Patients

On 23 June 2023, Steve Russell, Chief Delivery Officer in NHS England wrote to all NHS Trusts following recent reports of sexual assault, harassment and abuse in the NHS. This letter rightly reinforces that the NHS should be a safe place for staff and patients in which sexual misconduct, violence, harassment or abuse will not be tolerated and that a systematic zero-tolerance approach to tackle this issue is required to ensure safety for both staff and patients in every part of the NHS.

In July 2022, NHS England established a Domestic Abuse and Sexual Violence programme to build on safeguarding processes for protecting patients, improve victim support and focus on early intervention and prevention; this programme is now being expanded to support and enhance the NHS's response to domestic abuse and sexual violence associated with NHS services and/or premises whether experienced by patients, staff or visitors.

The Domestic Abuse and Sexual Violence Programmes has three priority areas for focus:

1. **Supporting staff** - to include review of staff policies, support and training on domestic abuse and sexual violence alongside sharing of best practice across the system.

2. **National leadership** - a roundtable will be hosted by NHS England to bring together senior leaders to discuss how sexual assault and harassment of staff in NHS can be collectively tackled.

### 3. Improving data collection

The letter has a number of asks for NHS provider organisations and Integrated Care Boards:

1. **Designate an Executive lead to support work internally and to link with colleagues in ICBs.**

Debbie Fulton Director Nursing and Therapies has been designated as lead; alongside this our Designated Lead for Domestic Violence (staff and patients) within the Safeguarding Team, the Nurse Consultant role at Prospect Park Hospital who leads on Sexual Safety on our Mental Health Inpatient wards, our Patient Safety Team and our People Directorate all have key roles to help support and operationalise the ongoing work and a zero tolerance approach.

2. **Review of policies to support as well as data collection, reporting and analysis.**

3. **Sign up to the relevant futureNHS collaboration Platform for useful resources**

There is also an additional ask of the Integrated Care Boards to set out within their Joint Forward Plans how the needs of victims of abuse are being addressed.

The above asks will form part of our ongoing work in relation to improving sexual safety and reducing bullying and harassment for staff and patients.

**Executive Lead:** Debbie Fulton, Director of Nursing and Therapies

## 5. National Investigation into the Safety of Mental Health Inpatient Services

At the end of June 2023, the Health Secretary announced that his department had asked the Healthcare Safety Investigation Branch to launch a national investigation into Mental Health Inpatient Services, to commence in October 2023 when the organisation would acquire new powers under the Health and Care Act.

It will investigate how providers learn from deaths, how young people are cared for in mental health inpatient settings, how out of area placements are handled, and how safe staffing models are developed. Further details are expected in the coming weeks.

**Executive Lead:** Julian Emms, Chief Executive

## 6. NHS Staff Sickness

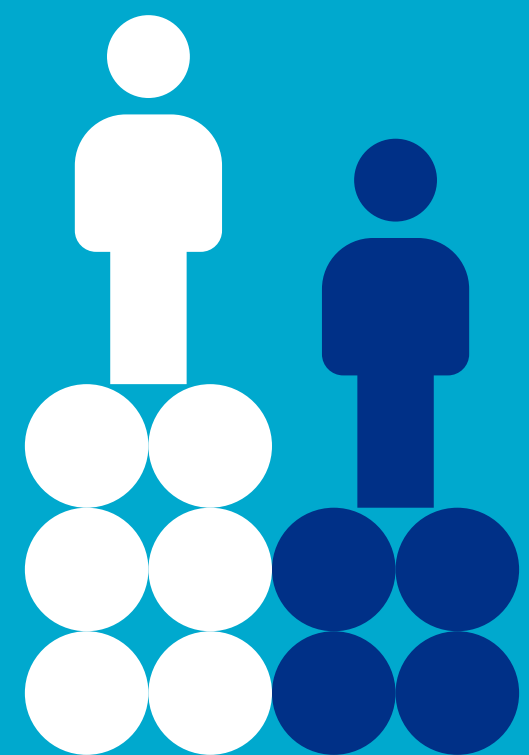
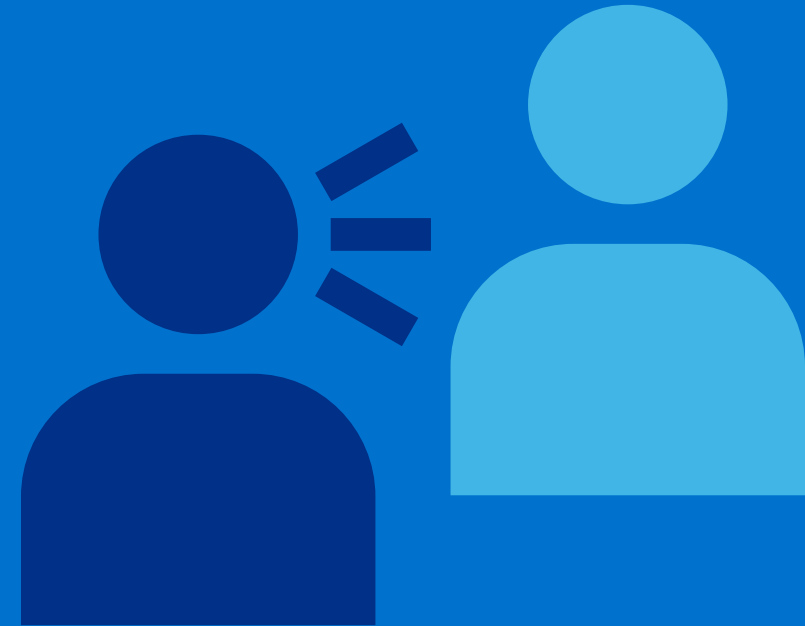
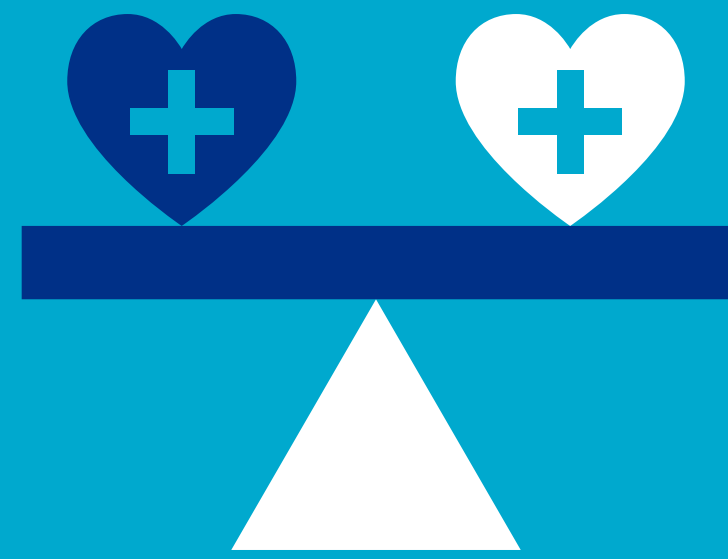
Staff sickness in the NHS in England has reached record levels. Figures for 2022 show an absence rate - the proportion of days lost - of 5.6%, meaning the NHS lost the equivalent of nearly 75,000 staff to illness.

This is higher than during the peak pandemic years of 2020 and 2021 - and a 29% rise on the 2019 rate. The NHS sickness rate, the highest since records began, in 2010, is above the public sector average of 3.6%.

Mental health problems were the most common cause, responsible for nearly a quarter of absences, the Nuffield Trust analysis of official NHS data shows. Big rises were also seen in cold, coughs, infections and respiratory problems, likely to be linked to the continued circulation of COVID-19 as well as the return of flu last year. There were three categories covering these types of illnesses. If combined, they would be responsible for more sickness than mental health.

**Executive Lead:** Julian Emms, Chief Executive

**Presented by:** Julian Emms  
Chief Executive  
11 July 2023



# NHS equality, diversity, and inclusion improvement plan

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# A note on language

**In the pursuit of equality, diversity and inclusion, language is powerful and can help to shift attitudes and behaviours.**

**This plan acknowledges that some definitions and terminology in legislation do not always reflect the identities or lived experience of individuals.**

Achieving equality of health outcomes requires identification of barriers and biases, and targeted action to overcome specific inequalities, discrimination and marginalisation experienced by certain groups and individuals. This includes, but is not limited to, those with protected characteristics under the Equality Act 2010<sup>1</sup>.

The aim of this plan is to improve equality, diversity and inclusion, and to enhance the sense of belonging for NHS staff to improve their experience. Therefore, while we refer to the protected characteristics as defined in the Equality Act 2010, the actions set out here are intended to positively impact groups and individuals beyond these terms and definitions.

We have developed the high impact actions in this plan to be intersectional. This recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation<sup>2</sup>.

## Some specific points on language

When referring to ethnicity, we use the term Black and minority ethnic (BME) to be consistent with *NHS Workforce Race Equality Standard terminology*.

We use the term 'disability' as it is defined in the Equality Act 2010 recognising that the Act's intention is both positive and protective for disabled people. However, we recognise that 'disability' is a dynamic term, within which terms such as 'neurodivergence' and 'neurodiversity' are emerging and changing, including the relationship between neurodivergence and definitions of disability.

We use the acronym LGBT+ is used in this document, where the 'plus' includes all those identities and sexual orientations not specifically referenced. To promote the use of inclusive language, this document uses the terms 'trans and non-binary', 'gender identity' and 'sexual orientation'.



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# Foreword

“The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms”

NHS People Plan 2020



**Amanda Pritchard,**  
Chief Executive,  
NHS England

**It is our privilege to introduce the NHS’s first equality, diversity and inclusion (EDI) improvement plan. The NHS workforce is more diverse today than at any point in its 75-year history, and that brings benefits for patients and taxpayers alike.**

Our NHS is built on the values of everyone counts, dignity and respect, compassion, improving lives, working together for patients, and commitment to quality. These values underpin how healthcare is provided, but must also extend to our NHS workforce.

Staff are at the heart of everything the NHS does, and always will be. To support the recovery of services following the COVID-19 pandemic, we need to increase capacity by growing our workforce and find new ways of working to enhance productivity.

To build for the future, we must inspire new staff to join and encourage existing staff to stay.

Ensuring our staff work in an environment where they feel they belong, can safely raise concerns, ask questions and admit mistakes is essential for staff morale - which, in turn, leads to improved patient care and outcomes<sup>3</sup>.

This can only be done by treating people equitably and without discrimination.

**An inclusive culture improves retention, supporting us to grow our workforce, deliver the improvements to services set out in our Long Term Plan, and reduce the costs of filling staffing gaps.**

Delivering that kind of working environment in an organisation of any size takes deliberate focus, listening and action.

The [NHS People Plan](#), sets out the priorities for supporting the 1.3 million people who work in the NHS in England<sup>4</sup>, with specific actions for improving their sense of ‘belonging’ in the NHS. This *plan* builds on the [People Promise](#) and the People Plan, using the latest data and evidence to identify [six high impact actions](#) organisations across the NHS can take to considerably improve equality, diversity and inclusion.

It is also right that NHS England holds itself to account to the same standards as the NHS as a whole, so we will be implementing this plan in our organisation.

We would like to acknowledge the contributions, expertise and lived experience shared with us by staff, staff networks, managers and system leaders in the development of this plan, which have provided us with invaluable insights on improving the experience of staff across the NHS.

We would also like to acknowledge the inputs from our strategic partners, including the Health and Care Women

Leaders Network, the Race and Health Observatory, NHS Employers, NHS Providers, NHS Confederation, and many more.

On behalf of the whole NHS leadership team, we want to thank you for working with compassion, putting our patients and people at the helm and rising to the challenges we face.

We hope this plan provides the framework for making the NHS the best place to work whoever you are, where all staff feel they belong, can thrive, and – ultimately - deliver the best possible service for our patients.



**Dr Navina Evans**  
Chief Workforce,  
Education and  
Training Officer,  
NHS England

# Introduction

## NHS equality, diversity, and inclusion improvement plan

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**This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.**

It has been co-produced through engagement with staff networks and senior leaders.

The plan:

- Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS
- Explains the actions required to make the changes that NHS staff and patients expect and deserve, and who is accountable and responsible for their delivery
- Describes how NHS England will support implementation
- Provides a framework for integrated care boards to produce their own local plans.

The findings and recommendations of the [Messenger Review- Leadership for a collaborative and inclusive future](#) (July 2022) reaffirmed the need for this plan's actions, which forms part of our response to recommendation two of the review. Future iterations of this plan will address how we tackle EDI challenges within social care, and will be developed in collaboration with integrated care boards (ICBs) and other key stakeholders including the Department of Health and Social Care (DHSC).

The NHS Long Term Workforce Plan defines the size, shape, mix and number of staff needed to deliver high quality patient care, now and into the future. This EDI improvement plan supports the Long term workforce plan by improving

the culture of our workplaces and the experiences of our workforce, to boost staff retention and attract diverse new talent to the NHS. The plan also supports the achievement of strategic EDI outcomes, which are to:

- **Address discrimination**, enabling staff to use the full range of their skills and experience to deliver the best possible patient care
- **Increase accountability of all leaders** to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the [NHS Constitution](#), the [Equality Act 2010](#), the [Messenger Review](#)
- **Support the levelling up agenda** by improving EDI within the NHS workforce, enhancing the NHS's reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce
- **Make opportunities for progression equitable**, facilitating social mobility in the communities we serve.

These actions should be implemented in partnership with trade unions / staffside colleagues and forums, and in collaboration with staff networks. In line with our [operating framework](#), NHS England will provide guidance to assist trusts and ICBs in adopting an improvement approach to the implementation of this plan, supported by a repository of good practice and a dashboard to enable the measurement of progress. We will also implement this plan internally to ensure consistency with the NHS as a whole.

# The case for change

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**Where diversity – across the whole workforce – is underpinned by inclusion, staff engagement, retention, innovation and productivity improve. Inclusive environments create psychological safety and release the benefits of diversity – for individuals and teams, and in turn efficient, productive and safe patient care.**

Staff survey and workforce data reflecting the lived experience of NHS staff demonstrates that we have more to do before we can say inclusive workplace environments are the norm across the NHS<sup>5</sup>. For example, women make up 77% of the NHS workforce but are under-represented at senior level<sup>6</sup>. Just over 24% of the workforce are from black and minority ethnic (BME) backgrounds but face discrimination across many aspects of their working lives. The 2022 Workforce Race Equality Standard (WRES) data showed that 27.6% of Black and minority ethnic (BME) staff experienced bullying, harassment or abuse from other staff in the preceding year; The NHS Staff Survey along with the Workforce Disability Equality Standard (WDES) shows that disabled staff in the NHS are under-represented when compared to the general population. The NHS staff survey data shows that 25% of disabled staff have experienced bullying from their colleagues, compared to 16.6% of non-disabled staff. Similarly, 23.5% of our LGBT+ colleagues face bullying and harassment at work compared to 17.9% of heterosexual staff.

Organisational efficiency correlates with staff and patient experience:

- Staff who are bullied are less likely and less willing to raise concerns and admit mistakes<sup>7</sup>.
- Increased leadership diversity correlates with better financial performance<sup>8</sup>.
- In hospital settings, managing staff with respect and compassion correlates with improved patient satisfaction, infection control, Care Quality Commission (CQC) ratings and financial performance<sup>9</sup>.

- High work pressure, staff perceptions of unequal treatment, and discrimination against staff all correlate adversely with patient satisfaction<sup>10</sup>.
- A workforce that is compassionate and inclusive for all has higher levels of engagement, motivation and wellbeing, which results in better care and reduced staff turnover<sup>11</sup>.
- Fair treatment of every individual in the workforce helps reduce movement of substantive staff into bank and agency roles to avoid discrimination at work
- A diverse workforce that is representative of the communities it serves is critical to addressing the population health inequalities in those communities<sup>12</sup>.
- Organisations with more diverse leadership teams are likely to outperform their less diverse peers<sup>13</sup>.
- Psychologically safe work environments, where people feel they are treated with dignity and respect, achieve more effective, safer patient care<sup>14</sup>.

Simply put, a diverse workforce in an inclusive environment will likely improve staff engagement, lower turnover and enhance innovation

Elective recovery is a top priority for the NHS<sup>15</sup>. Key to our success is boosting capacity, by filling vacancies, reducing turnover and improving morale<sup>16</sup>. To achieve this stability and to lay the foundations from which to grow the workforce of the future, as described in the Long-Term Workforce Plan, the NHS must improve staff experience across all protected characteristics if we are to sustainably reduce staff turnover, increase recruitment, reduce absenteeism and create more inclusive and productive teams.

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# High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

**Measurable objectives on EDI for Chairs Chief Executives and Board members.**

**Success metric**

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).



**Overhaul recruitment processes and embed talent management processes.**

**Success metric**

- 2a. Relative likelihood of staff being appointed from shortlisting across all posts
- 2b. NSS Q on access to career progression and training and development opportunities
- 2c. Improvement in race and disability representation leading to parity
- 2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity
- 2e. Diversity in shortlisted candidates
- 2f. NETS Combined Indicator Score metric on quality of training



**Eliminate total pay gaps with respect to race, disability and gender.**

**Success metric**

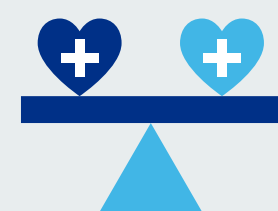
3a. Improvement in gender, race, and disability pay gap



**Address Health Inequalities within their workforce.**

**Success metric**

- 4a. NSS Q on organisation action on health and wellbeing concerns
- 4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training
- 4c. To be developed in Year 2



**Comprehensive Induction and onboarding programme for International recruited staff.**

**Success metric**

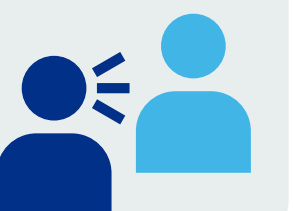
- 5a. NSS Q on belonging for IR staff
- 5b. NSS Q on bullying, harassment from team/line manager for IR staff
- 5c. NETS Combined Indicator Score metric on quality of training IR staff



**Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.**

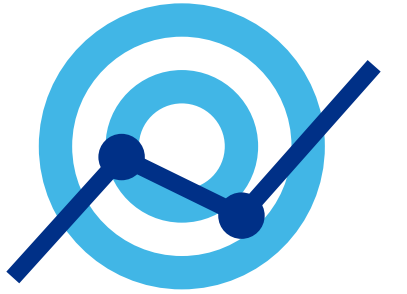
**Success metric**

- 6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)
- 6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)
- 6c. NETS Bullying & Harassment score metric (NHS professional groups)



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# High Impact Action 1



Chief executives, chairs and board members must have **specific and measurable EDI objectives** to which they will be individually and collectively accountable.

Leaders set the tone and culture of their NHS organisation.

Leaders who demonstrate compassion and inclusion, and focus on improvements, are key to creating cultures that value and sustain a diverse workforce. Staff will in turn feel more empowered to deliver great care and patient experience<sup>17</sup>.

As highlighted in the [Messenger Review](#), principles of EDI should be embedded as the personal responsibility of every leader and every member of staff. It is in this context that all Chief executives, chairs and board members should have distinct objectives on improving inclusion in their organization and have a personal commitment to mainstream EDI as the responsibility of all, such that the provision of an inclusive and fair culture should become a key metric by which leadership at all levels is judged.

## NHS organisations and ICBs must complete the following actions:

- Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024).
- Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).
- NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).

Success metric for high impact action 1	
Annual chair and chief executive appraisals on EDI objectives.	Board Assurance Framework

Further information and case studies can be found in the [EDI repository](#).

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# High Impact Action 2



## Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

We know diverse boards make better collective decisions for the communities they serve<sup>18</sup>. There has been progress in improving diversity of senior management teams; the total number of BME staff at very senior manager level has increased by 69.7% since 2018 from 201 to 341<sup>19</sup> and the percentage of board members declaring a disability has increased from 2% in 2019 to 4.6% in 2022. However, in relation to the three protected characteristics for which reliable data exists (race, disability and gender); senior teams across the NHS are less representative of their organisation’s workforce. For example, WRES data (31 March 2022) shows that BME people make up 24.2% of the NHS workforce<sup>19</sup> but only 13.2% of board members; 85% of people with a disability do not believe that their trust provides equal opportunities for promotion;<sup>20</sup> and women represent 77% of the NHS workforce but only 37% of very senior managers<sup>21</sup>.

Talent management strategies must recognise the importance of equitable recruitment and career progression for all staff. If they do not, the NHS risks losing talent because everyone does not see themselves as having the same opportunity, leading to a direct impact on patient care.

The national *Inclusive Recruitment and Promotion Practices framework*<sup>22</sup> highlights the principles for an evidence-driven approach. It supports boards in achieving the aspirations of the Long-Term Workforce Plan by addressing workforce vacancies.

### NHS organisations and ICBs are to complete the following actions:

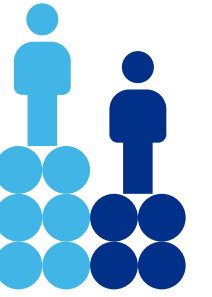
- Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025)
- Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint.

Success metric for high impact action 2	
Relative likelihood of staff being appointed from shortlisting across all posts	WRES and WDES
Access to career progression, training and development opportunities	NHS Staff Survey
Year-on-year improvement in race and disability representation leading to parity over the life of the plan	WRES and WDES
Year-on- year improvement in representation of senior leadership (Band 8C and above) over the life of the plan	WRES and WDES
Diversity in shortlisted candidates	To be developed in year two
Combined Indicator Score metric on quality of training	NETS

Further information and case studies can be found in the [EDI repository](#).

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# High Impact Action 3



## Develop and implement an improvement plan to eliminate pay gaps

As an inclusive employer, the NHS should take steps to address gender, ethnicity and disability pay gaps.

The gender pay gap in the UK has been declining slowly over time; over the last decade it has fallen by approximately a quarter among full time employees<sup>23</sup>. The pay gap is relatively small for the 88% of NHS staff employed on [Agenda for Change \(AfC\)](#) terms and conditions. However, it is 47% for the 12% of NHS staff who are not, essentially doctors and senior leaders.

The independent review [Mend the gap \(2020\)](#) describes the actions that the NHS should take to address the gender pay gaps in medicine, such as promoting flexible working for all. Many of its recommendations can also be applied to non-medical senior leaders. For example, for every 80 pence earned by Black female doctors their White counterparts earn £1<sup>24</sup>. In younger age groups, the pay gap favours female doctors, reflecting the large numbers of women joining the NHS, but this reverses between the ages of 30 and 34 and then widens with age<sup>25</sup>.

Data on organisational ethnicity and disability pay gaps will become available in the coming years.

### NHS organisations are to complete the following actions:

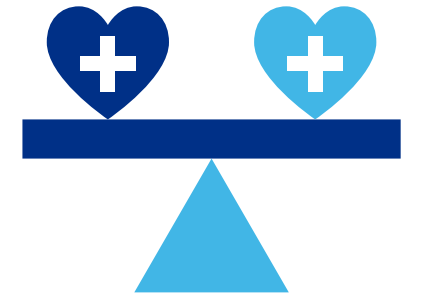
- Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce (by March 2024).
- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.
- Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. (March 2024)

Success metric for high impact action 3	
Year-on-year reductions in the gender, race and disability pay gaps	Pay gap reporting

Further information and case studies can be found in the [EDI repository](#).

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# High Impact Action 4



Develop and implement an improvement plan to address health inequalities within the workforce.

In England, 1 in 19 working age adults is employed by the NHS, making NHS<sup>26</sup> organisations one of the largest employers within local communities.

This creates an opportunity to positively impact population health by addressing health inequalities in the workforce<sup>27</sup>. A proactive approach to reducing health inequalities in the workplace<sup>28</sup> can make a significant contribution to the levelling up agenda<sup>29</sup> within local communities, supporting targets set by CORE20PLUS5<sup>30</sup>.

NHS organisations should start by delivering action in two specific areas.

Firstly, reducing bullying, increasing civility, and having a robust approach to all abuse and harassment. This will address some common causes of ill health, absenteeism and turnover within the workforce which disproportionately impact on those with some protected characteristics, and will improve inclusive team working, staff health and wellbeing.

Secondly, as anchor institutions in local communities, NHS organisations can make a positive impact by offering routes into employment, good work<sup>31</sup> and career development.

**Organisations are to complete the following actions:**

- Line managers and supervisors should have regular effective wellbeing conversations with their teams, utilising resources such as the national NHS health and wellbeing framework. (by October 2023).
- Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm’s length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare (by April 2025).

Key Performance Indicators	
National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training	NETS
<i>During 2024/25, NHS England will work with ICBs and other key stakeholders to establish a mechanism for measuring improvements in workforce health inequalities.</i>	

Further information and case studies can be found in the [EDI repository](#).



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# High Impact Action 5



## Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

Since its inception in 1948, the NHS has benefitted from the expertise, compassion and commitment of internationally recruited healthcare professionals. A warm welcome and comprehensive induction and pastoral support package will make them feel valued from the start and help retain this staff group.

### NHS organisations should complete the following actions:

- Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment ; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options (by March 2024).
- Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback (by March 2024).

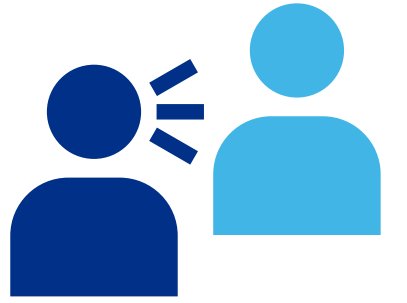
- Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety (by March 2024).
- Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression (by March 2024).

Success metric for high impact action 5	
Sense of belonging for internationally recruited staff	NHS Staff Survey
Reduction in instances of bullying and harassment from team/line manager experienced by (Internationally recruited staff).	NHS Staff Survey

Further information and case studies can be found in the [EDI repository](#).

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# High Impact Action 6



Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Bullying and harassment at work results in increased sickness absence and employee turnover, diminished productivity, sickness presenteeism, governance and employee relations costs. Workplace bullying therefore adversely impacts patient safety.

In the 2022 [NHS Staff Survey](#) 18.7% of NHS staff reported they had experienced bullying by colleagues, 11.1% by line managers and 27.8% by patients or their relatives. These statistics are consistently higher for people with some protected characteristics, and particularly those with a disability or and in the LGBT+ community.<sup>32</sup>

Staff who are bullied in the workplace are less likely to speak up and to admit mistakes, and therefore are less likely to contribute to effective team working. Bullying affects bystanders and witnesses too<sup>33</sup>, eroding psychological safety within the workplace culture<sup>34</sup>.

Relying on local policies to prevent bullying or discrimination is not enough. A proactive, preventative approach that seeks early informal intervention wherever possible is more likely to be effective, with escalation only where that fails.

### NHS organisations are to complete the following actions:

- Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year.

- Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this (by March 2024).
- Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it. (By June 2024)
- Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (by March 2024).
- Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024).
- Have mechanisms to ensure staff who raise concerns are protected by their organisation.

Success metric for high impact action 6	
Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)	NHS Staff Survey
Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)	NHS Staff Survey
Bullying & Harassment score metric (NHS professional groups)	NETS

Further information and case studies can be found in the [EDI repository](#).

# Make change happen

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**As England’s largest employer, the NHS must lead the way in establishing equitable and inclusive workplace environments.**

The key change management principle guiding this work is that EDI is everyone’s business – our leaders set the tone and culture, but we all have a role to play. Progressing the EDI agenda requires not only a change in systems and processes, but also cultures and behaviours.

**NHS leaders**, specifically chairs and chief executives, must lead by example and demonstrate that they are committed to creating an EDI environment for their workforce. Board members should collectively and individually decide what support and development they require to confidently lead this complex and challenging agenda.

We expect **NHS employing organisations** to implement the six high impact actions. They should be confident in explaining to their workforce – especially leaders, HR professionals and line managers – the rationale for this work and what is expected of individuals and teams. Using the repository of good practice, organisations should identify suitable interventions for local implementation, based on local context and conditions. NHS England will support this by collating and disseminating best practice.

**Accountability** is important for setting clear expectations, coupled with a focus on learning and improvement. NHS England, ICB and provider accountabilities and responsibilities for delivery of the NHS EDI improvement plan follow the principles set out in the NHS Operating Framework and are outlined in the table below. NHS England will provide regulatory accountability and oversight through existing mechanisms, such as the NHS Oversight Framework, and the CQC through the well-led domain of the single assessment framework, which is being refreshed to include a review and assessment of EDI in organisations.

**Measurement of progress** is critical to guide targeted action. Progress should be measured at organisation and system level to inform delivery, and will be monitored by NHS England to inform the support we provide.

# Accountability framework

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<ul style="list-style-type: none"> <li>✓ Delivery of high impact actions and interventions by protected characteristic at trust level.</li> <li>✓ Measure progress against success metrics consistently within the organisation.</li> <li>✓ Engagement with staff and system partners to ensure that actions are embedded within the organisation.</li> <li>✓ Effective system working and delivery to ICS strategies and plans</li> <li>✓ Compliance with provider licence, Care Quality Commissions standards and professional regulator standards.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Effective system leadership overseeing NHS delivery of EDI improvement plan, ensuring progress toward achievement of high impact actions and Long-Term Plan priorities.</li> <li>✓ Ensuring delivery of ICB statutory functions of arranging health services for its populations and compliance with statutory duties.</li> <li>✓ Measure progress against success metrics consistently and coordinate a system view.</li> <li>✓ Compliance with Care Quality Commissions assessment frameworks.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Primary interaction between national and systems</li> <li>✓ Translate national policy to fit local circumstances, ensuring local health and workforce inequalities are addressed</li> <li>✓ Agree 'local strategic priorities' with individual ICSs and provide oversight and support.</li> <li>✓ Measure progress against success metrics consistently and coordinate a regional view.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Set expectations for equality and inclusion through the NHS EDI improvement plan</li> <li>✓ With regions, facilitate supportive interventions to implement the high impact actions, improve EDI performance and outcomes</li> <li>✓ Measure progress against success metrics consistently and coordinate a national view.</li> </ul>
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# Support from NHS England

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### We will work alongside systems and organisations to support the delivery of the NHS EDI improvement plan.

#### A national EDI repository

We will create a repository of good practice on the [Future NHS platform](#) to share examples of what is working in the NHS and in other public and private sector organisations. This will help prevent duplication of effort and promote learning. The repository will be continually updated and include:

- case studies from organisations
- practical toolkits and resources
- the latest research and evidence.

#### A national EDI dashboard

A national dashboard of key EDI metrics is being developed and will be available in the coming weeks by region, within ICBs and within similarly benchmarked trusts. This will enable local organisations and NHS England to monitor progress, identify challenges and assist peer-to-peer learning alongside the EDI repository. It will incorporate relevant education and training metrics, created by Health Education England.

#### Data

Reliable, consistent and timely data is crucial to effective progress. There are significant differences in the range and quality of data held for the protected characteristics. This is reflected in the sections for each protected characteristic. In 2023/24, NHS England will seek to improve the range and quality of data, working with DHSC and other partners. So, for example, with the addition of a question to the NHS Staff Survey, data is now available on whether staff are internationally trained. In addition, NHS England will seek to develop a new mandated workforce standard on gender identity (gender/sex) and sexual orientation.

#### Review and Evaluation

Sustained improvement is central to this NHS EDI improvement plan. Trusts and ICBs will want to adopt implementation approaches that include learning. NHS England will evaluate progress, particularly on the high impact actions, in years 2 and 5 of the plan, to understand the plan's impact in transforming culture to engender a sense of belonging in the NHS across the workforce, and what does and does not work to inform changes to our approach.

There is currently a range of EDI information datasets and we intend the dashboard to provide one source of information that both organisations and regulators, such as the CQC, can use to track the impact and outcomes of the NHS EDI improvement plan.

In developing the dashboard, we are conscious that there are limitations on the availability of datasets for certain protected characteristics, such as for transgender colleagues. Furthermore, the declaration rates on the Electronic Staff Record (ESR) for certain characteristics are not a true reflection because the available options, for example, do not reflect that Judaism is a religion and Jewish an ethnic identity. We will continue to work with DHSC and other external stakeholders to harmonise and expand the quality and extent of datasets as we engage with DHSC's Unified Information Standard on Protected Characteristics (UISPC) programme.

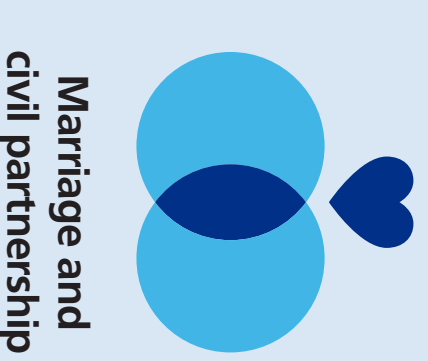
We are committed to updating the dashboard with new and refreshed datasets as they become available.

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# Intervention by protected characteristic

The interventions in the table below address the negative experiences of staff with individual protected characteristics, as defined in the [Equality Act 2010](#). They supplement the intersectional high impact actions and suggest how organisations can go further in specific areas. To inform implementation and prioritisation of their actions, organisations should use robust datasets for each protected characteristic. It is important to note that no person is only one protected characteristic, and so organisations should consider the impact of intersectionality, when implementing these interventions.

The nine protected characteristics as defined in the [Equality Act 2010](#) are:



Engagement with staff networks informed the decision to combine some protected characteristics who face similar challenges in the workforce. To this end, gender reassignment and sexual orientation are covered together. Similarly, pregnancy and maternity are incorporated into the sex protected characteristic. The following section does not include specific interventions on the protected characteristic of marriage and civil partnership because the available evidence does not currently suggest that there is a need for a national focus on this protected characteristic from a workforce perspective, however this will be kept under review.

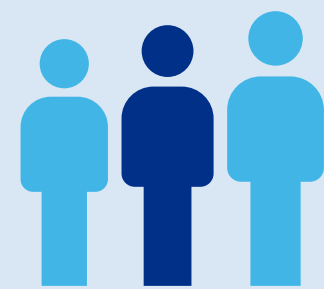
# Case for change

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### Age

As the largest employer in the country, all NHS organisations should create an age inclusive culture which addresses the needs of staff from pre-employment to post-retirement. Discrimination against both younger and older workers has been identified in the application and selection processes<sup>35</sup>. The NHS has an ageing workforce across all professions with over 41% of NHS staff now aged 45 years and over<sup>36</sup>. We must proactively seek to retain the skills, experience and knowledge of NHS staff close to retirement.



### Disability

Successive reports of the [Workforce Disability Equality Standard](#) (WDES) and NHS Staff Survey show that more must be done to achieve parity of experience and outcomes for staff with a disability, in areas such as bullying and harassment and formal capability processes.



### Race

The 2022 WRES data report for NHS trusts provides evidence that race discrimination continues to impact every aspect of the working lives of BME staff. This discrimination has an impact on the long term physical<sup>17</sup> and mental health<sup>18</sup> of our workforce contributing to structural health inequalities<sup>19</sup>.



### Religion or belief

Religious identity is an often overlooked area in the NHS<sup>37</sup>. Approximately two-thirds of our 1.3 million people working in the NHS declare a religion or belief. NHS Staff Survey data shows that staff from all faiths experience discrimination based on their religion or belief, and this is highest against Muslim and Jewish colleagues<sup>38</sup>. Recent data highlights increasing levels of antisemitism in wider society, as well as discrimination against Sikhs and other faiths, and this is likely to be reflected among NHS staff<sup>39</sup>.

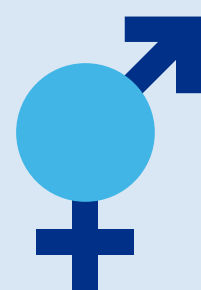


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### Sex

77% of the NHS workforce are women, so addressing sex discrimination must be a key focus for organisations. The discrimination is multifaceted – bias in recruitment and career progression and contributing to the gender pay gap, under-representation within senior leadership teams, sexual harassment and inflexible working practices – and may deter potential recruits or force talented women to leave the NHS<sup>40</sup>.

Elimination of the gender pay gap would bring social economic benefits as would likely lower poverty rates among women and reduce the gender gap in old age pensions. Government’s Women’s Health Strategy for England reports a strong correlation between the lack of support for, and understanding of, how women’s health affects their experience in the workplace including progression, retention and productivity levels.

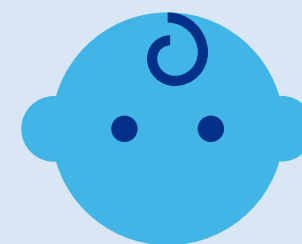


### Pregnancy and maternity

There is a growing evidence that the protected characteristic of pregnancy and maternity is associated with poor employment outcomes and health inequalities, and health-related outcomes may be poorer as a result of pregnancy and maternity. Additionally, in a survey of over 6,000 women and employers, over three-quarters of mothers reported negative or possibly discriminatory practices during pregnancy, maternity and/or on their return to work<sup>41</sup>. Women also experience specific inequalities in relation to the menopause.

It is important to acknowledge that trans, non-binary and intersex staff may also experience inequalities in relation to pregnancy and menopause and may require specific support during these times. The CQC’s Maternity Survey reported that trans respondents experienced inequalities, including in to how they were communicated with during labour and birth, their length of hospital stay after giving birth and the information and care they received after leaving hospital<sup>42 43</sup>.

The recommended interventions to address this inequity are similar for colleagues of one or both protected characteristics and have been reflected as such in this document.



### Gender reassignment and sexual orientation

LGBT+ staff are more likely to face discrimination from their colleagues and patients,<sup>44</sup> and this can have a detrimental impact on their health<sup>45</sup>.

The ‘plus’ within the term LGBT+ acts to include those identities and sexual orientations not specifically referenced. However, we recognise that this group is diverse and their lived experience is varied.

A significant barrier in understanding the experiences of LGBT+ staff is the absence of complete and accurate data. The DHSC Unified Information Standard for Protected Characteristics (UISPC) programme is considering the current data limitation within the ESR with respect to LGBT+ staff declarations. NHS England is working with DHSC and other key stakeholders to expand the workforce data currently available on ESR to make it accurate and representative.





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Intervention by protected characteristic		
	Review recruitment practices to ensure they are fully inclusive of all ages, removing bias and improving accessibility for people wishing to join the NHS for the first time.	
	Line managers should have meaningful conversations with their teams, to align personal aspirations with job roles and requirements. This should include the option of phasing retirement and exploring alternative work patterns.	
	Organisations should encourage flexible working as part of local attraction, recruitment, retention and return plans. The plan should embed the NHS Pension Scheme and highlight its value across the career journey, with special focus on flexible retirement for staff in late stage careers.	
	NHS organisations should work in partnership with local educational institutions and voluntary sector partners to support social mobility by improving recruitment from local communities, and by considering alternative entry routes to the NHS, such as apprenticeships and volunteering.	
	Demonstrate year-on-year improvement in disability declaration rates so that ESR data is accurate about people with a disability, as measured by the WDES.	
	Promote the visibility of leaders with a disability through effective campaigns alongside providing leadership and career development opportunities tailored to disabled staff, such as the Calibre Leadership programme <sup>46</sup> or Disability Rights UK <sup>47</sup> development programmes. Progress can be measured by tracking the number of disabled staff in leadership roles.	
	Implement recommendations from the inclusive recruitment and promotion practices programme, and ensure each stage of the recruitment pathway is accessible, does not discriminate and encourages people with disabilities to apply for roles in the NHS. This can be tracked via the WDES, using Trac data.	
	Commissioners and providers of talent management and career development programmes must ensure that these are fully accessible and inclusive. Progress can be measured by tracking the number of Disabled people in leadership roles.	
	NHS organisations should take steps to address the disproportionate levels of bullying and harassment experienced by disabled staff. Progress can be measured from NHS Staff Survey results.	
	NHS organisations should ensure that their reasonable adjustments policy is effectively and efficiently implemented and achieves year-on-year improvement in NHS Staff Survey metrics relating to reasonable adjustments at work.	2,4

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	Boards should be able to demonstrate their understanding of and progress towards race equality, an essential criterion in job descriptions for board members and all very senior manager (VSM) grades. Appraisals of senior executives will include a focus on EDI, as recommended by the Messenger Review.	
	Board will use the EDI dashboard to establish internal data driven accountability and scrutinise progress at an organisational, divisional, departmental, occupation, and site level to address under-representation and pay gaps.	
	To tackle race discrimination effectively, Boards must give due consideration to national policies and recommendations from other Arms Lengths Bodies such as the <a href="#">Equality and Human Rights Commission inquiry</a> <sup>48</sup> and <a href="#">General Medical Council</a> <sup>49</sup> In addition, boards must proactively raise awareness of their commitment with patients and public.	
	Boards should ensure concerns raised about race discrimination are dealt with in a proactive, preventative, thorough and timely manner, including encouraging diversity in Freedom to Speak Up Guardians <sup>50</sup> .	
	ESR and qualitative data should be tracked to highlight the experience of people with different faiths or no faith through all stages of the employment journey. For example, NHS organisations can track turnover data by religion to identify and address trends.	
	NHS organisations should review their policies and processes to ensure they are supportive of religious expression in the workplace. This includes access to facilities for prayer, understanding of cultural differences, including religious clothing, and flexibility around religious observances such as the Sabbath and Ramadan.	ALL
	Boards should ensure concerns raised about religious discrimination are dealt with in a proactive, preventative, thorough and timely manner, including by encouraging diversity in Freedom to Speak Up guardians <sup>51</sup> .	

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	NHS organisations to focus on closing the gender pay gap and improving the experiences of the lowest paid people, extending the Mend the gap review recommendations for medical workforce to the wider workforce.	
	NHS organisations should ensure that their flexible working policy is easily accessible and suitable for all their staff; supporting their work–life balance, management of caring responsibilities, health and wellbeing, and enabling continued professional development.	
	NHS organisations are encouraged to adapt NHS England’s policy on menopause awareness as applicable to their local workforce. They should also adopt and implement the Supporting our NHS people through menopause: guidance for line managers and colleagues. This will ensure they fully support colleagues experiencing menopause, maximising their wellbeing and allowing them to work for as long as they wish to contribute.	
	Where colleagues feel comfortable, actively encourage LGBT+ staff to self-declare their sexual orientation on ESR and TRAC, emphasising how this can improve the experiences of LGBT+ staff. We recognise that national changes to ESR must be made before trans and non-binary staff are able to do so.	
	Review organisational data for LGBT+ staff across multiple sources such as ESR, TRAC, NHS Staff Survey and local qualitative and quantitative data from LGBT+ staff networks and communities. This will inform the key areas of concern that need to be addressed.	
	Executive teams within the organisations should actively talk about the benefits of allyship as well as champion and sponsor LGBT+ staff networks. They should also build the concept of allyship into existing and new development programmes .	
	Organisations to ensure that LGBT+ staff are closely involved in the development and delivery of its LGBT+ training and educational interventions and its health & wellbeing programmes so that these are fully inclusive.	ALL

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# Conclusion

Our organisations must be more inclusive and our leadership more diverse. We have an obligation to improve the experience of staff so that they feel like they belong. This plan articulates meaningful action to transform the lived experience of our staff and realise the benefits that we know come from greater equality, diversity and inclusion.

There is a wealth of evidence that shows having a diverse workforce and making sure everyone feels part of a team delivers the best care for patients.

It is the job of NHS leaders to ensure we deliver, taking an active role in ending all forms of discrimination, role-modelling inclusive behaviours and creating an environment in which our workforce feel safe and empowered. But everybody has a role to play supporting, encouraging and promoting inclusion.

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## NHS England's Long Term Workforce Plan

On Friday 30 June 2023, NHS England (NHSE) published the long-awaited **NHS Long Term Workforce Plan (LTWP)**. NHS Providers has been calling for a plan to place the NHS workforce on a sustainable footing for some time, often in coalition with other key stakeholders. The publication of the LTWP and its focus on training, retention and reform, is therefore a significant and welcome step.

This briefing outlines the key components of the plan and our initial response. We will continue to analyse the information published today, and we look forward to working with members as implementation progresses. If you have questions or comments, please contact Sarah White, workforce policy advisor ([sarah.white@nhsproviders.org](mailto:sarah.white@nhsproviders.org)).

### Rationale and modelling

#### The case for change

The challenges facing the NHS and its workforce are well-known and form the basis of the case for change outlined in this plan. If current challenges were to persist without intervention, the modelling that underpins the LTWP suggests the service would be facing a workforce shortage of 260,000 – 360,000 staff by 2036/7. These challenges include significant staff vacancies, the need to provide responsive care to an ageing population, and the need for a shift to a model of care centred on prevention. NHSE is clear that organisational culture and experience at work also play a key role in recruitment and retention.

The scale of growth in the workforce required is significant, with the longer term assessment outlining that:

- Domestic education and training needs to expand by 50-65% over the next 15 years.
- The leaver rate needs to be reduced by 55,000 to 128,000 full-time equivalent (FTE) over the same time period.

By implementing the LTWP, NHSE expects:

- Staff shortfalls to fall significantly by 2028.



- A workforce growth rate of between 2.6% and 2.9% a year resulting in a permanent NHS workforce of up to 2.3 million in 2036/7 compared to 1.4 million in 2021/22.
- Between 9% and 10.5% of staff to be recruited internationally in 15 years' time, compared to almost 25% at present.
- The leaver rate to average 15% with retention rates improved on pre-pandemic levels.

The LTWP document is helpfully clear that there are multiple interdependencies that will influence its success, including:

- Infrastructure: with an acknowledgement of the need for sufficient physical capacity for training expansion and the need for sustained capital investment in estates and digital.
- Education funding
- Investment in social care. (While the LTWP acknowledges a need for social care capacity to increase, the modelling assumes access to social care services remains broadly in line with current levels or improves).

This section also commits to iterative updates to the LTPW every two years, or in alignment with a fiscal event.

## Modelling

The demand drivers that underpin the modelling assumptions include:

- Population demographics and burden of disease.
- Service ambitions to deliver more care out of hospitals and in the community.
- Improvements in access to care and performance.

The LTWP is importantly based on assumptions about anticipated growth in labour productivity of 1.5%-2% which factor in stepping down care to least costly setting and alternative delivery models (like virtual wards) as well as a productivity recovery factor to account for the impact of Covid-19 on productivity.

Annex B of the document outlines the definitions for the modelling that underpins the LTWP. Future counterfactual supply is based on historical data from the last three to five years, as well as existing training pipeline, transition to the NHS, retention and international recruitment data. All modelling is based on data from 2021/22 with assumptions planned up to 2036/37. 52 professions were mapped to eight staff groups as part of this, largely across medical and clinical roles. Support to clinical staff and infrastructure support formed two of the eight staff groups.

## Train – Growing the workforce

This section focuses on the changes to training needed across specific staff groups, as well as agency staff and volunteers. It also considers the role of trusts as anchor institutions.

Outlining the medium to long term goals for these interventions, the LTWP notes that changes in this arena will largely be incremental and that, even with targeted interventions, the service is likely to see shortfalls in the medium term that will require support by agency staff (particularly mental health nursing, learning disability nursing and podiatry) and international recruitment (including adulting nursing and doctors).

The LTWP is clear that international recruitment will always play a part in NHS recruitment, noting the benefits of wider and diverse talent, but that the interventions outlined are to make this more sustainable in the future. However, NHSE expects a decrease in international recruitment rates to between 9.0% and 10.5% a year by 2036/37 with material decreases in rates of international recruitment are expected from 2030 onwards.

The LTWP will reduce the reliance on agency staff over the long term, with a forecast reduction from 9% in 2021/22 to 5% in 2032/33 (based on FTE). The ambition is for bank staff to fulfil temporary staffing requirements.

There is an ambition to enhance the role of apprenticeships in designing the future workforce and NHSE commits to working with government to ensure changes to their apprenticeship funding approach are supported and align with government apprenticeship policy.

This section also acknowledges the role of trusts as anchor institutions in their local communities and the role they can play in reducing health inequalities. The LTWP suggests up to 230,000 more staff are needed to support clinical roles and up to 56,500 of these staff will be healthcare support workers. As part of recruitment to these roles, NHSE will work with local systems to run recruitment exercises, and in partnership with Jobcentre Plus. Changes to recruitment practices and systems will be required as part of the LTWP ambitions, and NHSE will work to ensure that the timeframe between placement of an advert to the completion of pre-employment checks is no longer than six weeks.

### Medical training

- Medical school places require a 60-100% increase to provide 12,000 to 15,000 places by 2030/31. This requires expansion at existing medical schools alongside the creation of new ones, and points

to the medical degree apprenticeship scheme. In the medium term, medical school places will be expanded to 10,000 by 2028/29.

- GP speciality training places require an increase by 45-60% by 2033/34. By 2031/32, the ambition is to increase the number of places to 6,000 (50%). Training places will initially increase by 500 in 2025/26, with an additional 1,000 places in 2027/28 and 2028/29 respectively.
- The plan notes that foundation year placements and specialty training will be required commensurate with undergraduate medical training growth and that places will need to be distributed to areas of the country where shortages are most acute.
- The medical degree apprenticeship is being piloted from 2024, with 200 funded places for 2024/25. The ambition is to expand this to 400 places by 2026/27 and later to 850 places by 2028/29. By 2031/32, it is hoped that expansion will have reached 2,000 places.
- This section notes that doctors are seeking to work more flexibly, which will result in more speciality and associate specialist (SAS) doctors in the service.

## Nursing education and training

- The LTWP seeks to increase nursing training places to over 53,500 by 2031/32, an increase of 80%. By 2028/29, nursing training places will be increased to 40,000 (a 34% increase).
- By 2031/32 adult nursing training place will need to have increased to 38,000 (an increase of 92%). In the medium term, 8,000 more people will need to be in adult nursing training by 2028/29.
- Mental health nursing training places need to increase by 93% by 2031/32 to more than 11,000 places. To reach this goal, places will be increased by 13% by 2025/26 and 38% by 2028/29.
- Learning disability nursing training places will need to double by 2031/32 to over 1,000 places. By 2025/26 places will increase by 16% and 46% by 2028/29.
- Modelling suggests that places for children's nursing are currently sufficient, but this will be kept under review.
- For the health visiting workforce, the ambition is to expand training places to over 1,300 by 2031/32 (a 74% increase), while for district nurses the ambition is to increase places by over 150% to almost 1,800 by the same date.
- Modelling suggests 28% of registered nurses could train through degree level apprenticeships by 2031/32.
- The LTWP also recognises the need for broader and longer nursing career pathways.

## Midwifery

- The plan acknowledges that there is currently a shortfall of midwives in the NHS, that leaver rates are high, and that this workforce needs to grow in line with conclusions from the Ockenden review.
- NHSE expect that trusts will meet establishment levels and achieve fill rates by 2027/28 and recent interventions mean a growth rate of 1.8-1.9% is expected over the course of the plan.
- The plan outlines an ambition for 5% of midwifery training intake to be via apprenticeships.

## Public health training

An ambition for 13% more training places in 2023/24 than currently offered.

## Allied health professionals

The LTWP outlines an ambition to increase AHP training places to over 18,800 (a 25% increase) by 2031/32. This will require a focus on more traditional undergraduate routes, as well as apprenticeships. The plan's recommendations also include enhancing the scope and reach of AHP roles, increasing the number of advanced practitioners and independent prescribers.

## Psychological professions

The ambition is for education and training places for clinical psychology and children and adolescent psychotherapy to grow between 20-33% by 2033/34.

## Pharmacy training

Educating and training places for pharmacists will need to grow by 31-55% by 2032/33 to meet future demand and all newly qualified pharmacists will be independent prescribers. There is potential to expand apprenticeship routes for pharmacy technicians as well as potential for the introduction of a pharmacist degree apprenticeship.

## Dentistry

Dentistry training places will need to expand 23-40% as soon as possible, but NHSE notes that this may take longer in certain regions. Dental therapy and hygiene professionals will also need to expand by 20-40%.

## Healthcare scientists

An increase of 20-34% is needed for healthcare scientists, particularly as their work underpins 80% of all diagnoses.

## Volunteers

The LTWP acknowledges the contribution of volunteers to the NHS and the potential for volunteering to be a pipeline for those seeking a career in the service. A volunteering taskforce was created in 2022 and NHSE will work with ICSs to ensure a more interconnected and inclusive volunteering infrastructure.

## Retain – Embedding the right culture and improving retention

This section of the LTWP holds little detail beyond that of the NHS People Promise however ambitions for retention are helpfully described as the “minimum standard” for the NHS. The LTWP’s aim of reducing the overall leaver rate for NHS staff from 9.1% in 2022, to between 7.4% and 8.2% by 2038 is therefore ambitious but welcome. We will work with NHSE to understand their modelling on retention as we noted [NHS Digital data](#) shows that the leaver rate for staff in NHS trusts and other core organisations in England suggests different figures (12.2% in 2021-2022, and 11.8% in 2022-23).

System partners are asked to work together to determine how these actions are best implemented “to provide a consistent staff experience across organisational boundaries.” NHSE has also committed to working with ICSs to ensure that the proposed actions can be applied appropriately in primary care settings, in line with the recommendations in the Fuller Stocktake.

## Recognition, development, and reward

- NHSE and relevant partners are working to implement the non-pay elements of the [deal for Agenda for Change staff](#), agreed between government and the NHS Staff Council on 2 May. These include, but are not limited to, reviewing the support newly qualified staff receive and ensuring existing NHS staff, who have agreed development plans in place through apprenticeships, are not financially penalised.
- The LTWP recognises that “the total reward package – which goes beyond headline pay – will need to be attractive and competitive to respond both to changes in people’s career aspirations and the labour market.” However there is no mention of funding, and no new interventions. This is particularly notable regarding pensions (expanding provision for partial retirement and return to work in 2023/24 was already planned, and pension tax reforms from the Spring Budget 2023, removing the lifetime allowance, are already in place).

- There has been some progress on equality, diversity and inclusion (EDI) for the NHS workforce, but more is needed. The LTWP notes the correlative impact of inclusive approaches in support of the workforce and improving health inequalities. The LTWP states that NHSE's EDI plan is to be followed, and existing national resources used. NHS organisations are also encouraged to use tools from The NHS Culture and Leadership Programme to undertake a cultural review, in collaboration with system partners and peers.
- The national personal learning and development funding for nurses, midwives and AHPs working in trusts and in general practice (equivalent to £1,000 per person over three years) is continuing, though there is no detail as to how long this may be for.
- As specified in NHSE's [Future of HR&OD report](#), from 2023/24 NHS organisations are to work with system partners to develop and promote an employee value proposition (EVP) covering national and local benefits. NHSE will support ICS plans for increased flexibility within national terms and conditions of service, but there is no detail or timeline on this work.
- ICSs are also directed to work with partners to support the recommendations of the Fuller Stocktake for innovative employment models and the adoption of NHS terms and conditions in primary care.

## Staff wellbeing and voice

- NHS organisations are asked to assess the effectiveness of current methods of staff communication and ensure they have a listening approach, engaging staff and acting on feedback. National guidance is available but no timeline is given for this work. The LTWP also suggests that NHS organisations should more regularly use employee engagement metrics to inform improvement plans.
- ICSs are asked to implement plans to invest in occupational health and wellbeing services, aligned with the national Growing Occupational Health and Wellbeing (OHWB) Together strategy and the ICS design framework. These are to be overseen in trusts by a wellbeing guardian or equivalent trust leader. This is also to be undertaken in primary care as per the Fuller Stocktake. There is no timeline or funding specified for this work, but the LTWP states that NHSE will work with systems and stakeholders to consider how best to complement local investment in OHWB services.
- NHS organisations are to review the NHS Health and Wellbeing Framework and the National Standards for Healthcare Food and Drink to ensure staff are working in an environment that supports health and wellbeing. There is no timeline or funding specified for this work, which is concerning given that lack of capital investment is a significant blocker to these ambitions.

- NHSE is working with ICBs and trusts to support staff who experience domestic abuse and sexual violence as per NHSE’s Women’s Health Strategy. However, there is a lack of interventions targeted at violence and abuse at work, which too many NHS staff experience.

## Flexible working

The LTWP aims for NHS flexible working to go beyond statutory requirements. Organisations are to use existing national [guidance](#) and work with system partners to consider flexible working options for every job. Specific ambitions in this area include:

- In 2023/24, NHSE will work with partners to develop a national integrated community and primary care core capability and career framework, to support workforce development. This framework is intended to inform flexible career pathways and support staff retention.
- NHSE will improve flexible opportunities for prospective retirees to keep them for longer and create more options for existing retirees to come back in flexible, contracted roles or as part of the temporary staffing workforce.
- ICSs are responsible for building the workforce across health and social care settings. Employers and training providers should prioritise the development of integrated career pathways to enable the health and social care workforces to grow and thrive together.
- Subject to successful completion of a pilot phase that is currently underway, ICSs will be encouraged to adopt the NHS Digital Staff Passport at pace. Full roll out of the Digital Staff Passport is expected to be available by August 2025, and should aid movement of staff between organisations.

## Reform – Working and training differently

### Productivity

While the LTWP recognises the need for the NHS to recruit and retain more people, as per the [People Plan](#), it also includes significant focus on the need to work differently, in part to drive productivity. It is therefore helpful that the text rightly states that its productivity aims are “categorically not about staff working harder.”

The LTWP states that productivity improvement needs to come from a combination of delivery of the same care in lower cost settings, reducing administrative burden on clinicians through technological advancement, and delivering large-scale skills mix opportunities while upskilling and retaining staff. It acknowledges that this can only be achieved through “sustained investment in the NHS infrastructure,

a significant increase in funding for technology and innovation, and delivery of the broader proposals in this Plan.”

## **Increasing skills mix and capacity in non-acute settings**

The LTWP aims for the total nursing staff working outside acute settings to increase from the current 30% to 37%, and the total community workforce to almost double in size by 2038. It notes that mental health and learning disability workforce demand is growing the fastest at 4.4%, with community at 3.9%, primary care at 2.7% (with faster growth among nonmedical professions to enhance skills mix) and 2.1% in acute settings.

## **Digital and technological innovations**

This section includes a focus on the opportunities offered by Artificial Intelligence (AI). It is however disappointing not to see explicit recognition that basic IT must also be improved or to see mention of electronic patient records (EPRs) in the LTWP, given these are the biggest and most expensive technological development trusts are implementing. There is also no mention of a separate workforce plan for Digital, Data and Technology specialists, which has been discussed by NHSE’s transformation directorate. NHS Providers will be engaging with NHSE on these issues. However, we are pleased to see mention of NHS Providers’ Digital Boards Programme which has now delivered over 100 trust board development sessions and engaged many others, improving understanding at the most senior level.

The LTWP states that NHSE is collaborating with the Royal College of Surgeons of England (RCS), accrediting surgical bodies, and the robotic industry providers to build a framework for a robotic curriculum. Also, there is an intention that in future, hub and spoke models and automated dispensing will reduce the time pharmacists, pharmacy technicians and dispensers spend on direct medicines supply. NHSE are also expanding remote monitoring, with work underway to expand NHS@home pathways, including testing new approaches for managing major conditions such as cardiac and respiratory disease.

While not a new ambition, it is worth noting that in 2023/24 NHSE is procuring a Federated Data Platform (FDP) which will connect existing systems, making it easier for staff to access the information they need to co-ordinate, plan and deliver care. This software will be ‘federated’ across the NHS, meaning providers and ICBs will have their own platforms which can connect and collaborate with other platforms as a ‘federation’. We are aware of patient groups’ reservations about this work and will continue to engage with NHSE as it is implemented.



## Bringing people into the workforce more efficiently

There are several notable new approaches to staff pipelines outlined in the LTWP.

- NHSE and partners are increasing the opportunity for newly qualified nurses to join the Nursing and Midwifery Council (NMC) register upon qualification at the end of their third academic year. This permits new registrants to be in paid employment up to four months earlier than otherwise. NMC have also been asked to consider how graduate nurses can join its register after fewer practice hours.
- Funding will continue for the shortened midwifery course in 2023/24 and 2024/25, providing registered nurses with a two-year programme to become registered midwives. The LTWP predicts that this will lead to the registration of over 1,000 more midwives by 2026.
- NHSE will also ensure funding for MSc two-year paramedic programmes, though there is no detail as to when this funding will be available.
- The Medical Support Worker programme will be promoted and developed by NHSE in the short to medium term, as a sustainable cost-effective option for supporting the medical workforce. There is no mention of funding or timeline for this.
- NHSE will consider with government whether to introduce incentives or other measures, such as a tie-in period, that encourage dentists to spend a minimum proportion of their time delivering NHS care in the years following graduation.

Further notable work, includes:

- Higher education institutions (HEIs) continue to be asked by NHSE to maximise recognition of prior learning (RPL) and accredit prior experiential learning (APEL). Similarly, NHSE and partners continue to explore EU exit potential for greater flexibility to recognise prior learning and experience towards attaining a degree in medical training in the UK.
- Regulators are also asked to continue to streamline registration process for domestic and international recruits.
- NHSE and partners exploring the potential for contractual or other mechanisms to better incentivise doctors and other healthcare professionals to work in known underserved geographical areas, and to encourage retention during the early.

## Educating and training the workforce differently

### Placements

- NHSE proposes to introduce a single, consistent policy for funding excess travel and accommodation costs incurred by students undertaking placements.
- The LTWP intends for ICSs to develop more multi-profession, system-based rotational clinical placements across primary, community and social care, and in the independent and voluntary sectors. There is no timeline for this work.
- NHSE will ensure that all foundation doctors can have at least one four-month placement in general practice by 2030/31 and increase training and supervision capacity in primary care so GPs in training can spend the full three years of their training in primary care settings. They will also will work with stakeholders and government to ensure that doctors other than GPs are more easily able to work in primary care.

### **Generalist, blended, and new approaches to training**

- Trusts are directed to adopt the national preceptorship framework.
- NHSE is expanding the seven existing pilots of generalist approaches to education and training. The pilots were launched from August 2022. Wider implementation is planned from August 2023. The ambition is to expand the trailblazers so there are pilots across all medical specialties and regions by August 2025. Subject to pilot outcomes this will become an established part of medical education training.
- NHSE will then expand the NHS's Enhance Programme to be in place for all doctors in training by 2025. This aims to broaden the generalist and core expertise of clinical professionals during early training, expanding across different specialties and more locations. There is no detail on funding for this work.
- NHS England is commissioning an independent evaluation of all the blended learning programmes, to be completed in the next year.
- NHSE will expand the Virtual Hybrid Learning Faculty and Simulation Faculty programmes, and support HEIs to adopt – at pace – the NMC's new standard allowing up to 600 hours of practice learning to be undertaken via simulation.
- NHSE and partners to develop opportunities to extend dual registration courses for nursing in children and young people services and learning disability services.
- Compassionate leadership and workforce psychological wellbeing to be incorporated in undergraduate curricula.
- NHSE are considering training for specialised services, starting with four to six thrombectomy training academies across England, and additional specialist training in gender dysphoria.

### **Career diversification**

- All stakeholders are to support SAS doctors to have a better professional experience, by improving equitable promotion and ensuring options for career diversification. NHSE will also review medical career pathways and identify ways to better support postgraduate career progression for Locally Employed Doctors.
- NHSE and the General Medical Council (GMC) are building on the Out of Programme Pause (OOPP) pilot, so that taking out of programme opportunities becomes a more accepted part of the training pathway.
- In 2024/25, NHSE aim to pilot an internship model for newly qualified doctors to trial shortening undergraduate training time. This will involve medical students graduating six months earlier and entering a six-month remunerated internship programme.

### Meeting geographical need

- NHSE propose focusing new medical schools and additional places in geographical areas with the greatest staff shortfalls. The ambition is for a higher proportion of the new 2024/25 cohort of 1,500 additional medical students to carry out their postgraduate training in parts of the country with the greatest shortages.
- For future increases, NHSE will continue to apply distribution methodology so there is a continuous pipeline to grow the future permanent medical workforce where it is needed most. This speaks to the role of trusts as anchor institutions, though no funding is specified.
- NHSE is also reviewing the geographical distribution of training posts for wider professional groups.

### Enablers of education and training expansion and reform

The LTWP acknowledges that the physical estates capacity must be addressed, and will require continued, sustained investment in the primary care estate. It also acknowledges that as the number of training places increases across professions, more clinical academic posts will be needed. There is no commitment to this or detail as to how it will be undertaken, but NHSE is working with DHSC to review the NHS education funding policy and deliver the Education Funding Reform Programme.

NHSE is committed from 2024 to moving to a position where nationally, education and training plans are formulated at least three years in advance. There are also interventions planned for specific staff groups:

- NHS will introduce 10 clinical fellow posts into sickle cell disease services from 2024/25.
- The need for parity of esteem between physical and mental health is reflected in the LTWP's anticipated workforce shift between care settings, with the proportion in community care, primary

care and mental health needing to increase substantially.

**Table 3: Key roles for expansion**

Roles	Estimated supply by 2036/37
Nursing associates	64,000
Physician associates	10,000
Anaesthesia associates	2,000
Advanced practitioners	39,000
Approved clinicians (mental health)	1,000
Roles covered by further expansion of primary care MDTs	15,000
Roles covered by primary care nurse expansion	5,400

- The LTWP intends to increase the proportion of supportive and complementary staff roles from 1% in 2022 to 5% by 2036/37. It focuses on expanding those roles that have a particularly diverse range of skills and can contribute in many care settings, including 3.7–4.0% growth in paramedics, 3.4– 3.7% growth in occupational therapists and 3.3% growth in physiotherapists (assessment of average growth rates per year).
- More nursing associates (NAs) will be trained, with 5,000 NAs due to start training in 2023/24 and 2024/25. The LTWP estimates a need to incrementally increase that number to 10,000-10,500 per year from 2031/32 - there will be 64,000 nursing associates working in the NHS, compared to about 4,600 now. To support this, training places will increase by 40% to 7,000 by 2028/29.
- From 2023/24, around 1,300 physician associates (PAs) will be trained a year. This will increase to over 1,400 a year in 2027/28 and 2028/29, supporting an ambition to increase training places to over 1,500 by 2031/32. The LTWP emphasises the need to focus this expansion on primary care and mental health services. Bringing PAs into regulation by the General Medical Council (GMC) will also enable expansion of their scope of practice.
- Anaesthesia associate (AA) training places will increase to 250 by 2028/29, with the ambition to increase places to 280 a year by 2031/32. National funding is supporting the training of 120 a year over two years until March 2024.
- National funding is available to train 150 enhanced practice radiographers a year to support the diagnosis of cancer and other conditions, and to support every general practice to have a musculoskeletal first contact practitioner (FCP) by 2032/33. An enhanced clinical practitioner apprenticeship with critical care outreach specific content will be launched in 2023, through collaboration with the Intensive Care Society, with funding available for 300 places in 2023/24.
- Over 3,000 clinicians will start advanced practice pathways annually from 2023/24, tailored to support service demand. This will increase by 46% to 5,000 by 2028/29, supporting this Plan’s ambition to have over 6,300 clinicians starting advanced practice pathways each year by 2031/32.

- Same Day Emergency Care will require more advanced practitioners and around 150 advanced paramedics a year will be trained, from 2023/24, to support this. Work to establish community advanced practice credentials is also planned over the next two years.
- Work is underway to create pilot development programmes for consultant practitioners, with an initial focus on learning disability and autism, cancer, integrated imaging and musculoskeletal pathways.
- NHSE will seek to extend the success of the Additional Roles Reimbursement Scheme (ARRS), increasing the number of non-GP direct patient care staff by around 15,000 and primary care nurses by more than 5,000 by 2036/37. This expansion would be carefully managed taking into account additional training of pharmacists, to ensure the growth in workforce is sustainable, and considers the additional capacity required to staff roles across primary care.
- From 2026 NHSE will support 3,000 pharmacists who have graduated but not completed an independent prescriber course to gain the required skills, knowledge and qualification to prescribe as independent clinicians.
- NHSE will continue to support the recruitment and retention of support workers including:
  - maternity support workers through the Competency, Education and Career Development Framework
  - AHP support workers, through growth of apprenticeships and the development of a Competency, Education and Career Development Framework
  - healthcare support workers, through the NHS England programme (recruitment, induction and career pathways)
  - cancer support workers, through the ACCEND (Aspirant Cancer Career and Education Development) programme
- As part of service and workforce redesign, specific roles are being embedded within multidisciplinary teams to support self-care and facilitate access to broader local support services. Expansion should be targeted at primary care, mental health, and learning disability and autism services, where need is greatest. The intention is:

**Table 4: Personalised care roles potential expansion**

Personalised care role	Estimated expansion
Care co-ordinators	Increase from over 4,000 current posts (September 2022) to 12,000 by 2036/37
Health and wellbeing coaches	Increase from over 1,000 current posts (September 2022) to 6,000 by 2036/37
Social prescribing link workers	Increase from over 3,000 current posts (September 2022) to 9,000 by 2036/37
Peer support workers (mental health services)	4,730 staff in post by the end of 2023/24. Extend growth so there are over 6,500 by 2036/37 (NHS Mental Health Implementation Plan) <sup>233</sup>
Peer support workers (autism services)	Autism Peer Support Workers Capability Framework in place to support autism service providers to develop these roles. In 2023/24 support services will pilot these roles and develop an Autism Peer Support Worker Training programme

## Mental health

The LTWP aims to increasingly shift mental health care towards early intervention and prevention, primarily delivered in the community. It aims to increase the number of approved clinician roles across mental health services so that by 2036/37 there are at least 1,000 more than in 2022/23. It also notes that growth is needed across psychological professions (across physical and mental health), including psychologists and psychological therapists as well as new roles. For example:

- Clinical psychologists working within mental health, learning disability and autism, and physical health services. 1,065 training places were commissioned in 2022/23 with a similar level projected in 2023/24
- Psychological therapists work within NHS Talking Therapies for anxiety and depression, community mental health services for adults and with children. 2,556 training places were commissioned in 2022/23 with more than 3,000 projected in 2023/24
- Mental health and wellbeing practitioners, with 560 training places commissioned in 2022/23. The first intake started their training in March 2022 and their impact is being evaluated in 2023/24
- Children’s wellbeing practitioners, with 387 training places commissioned in 2022/23 with around 400 projected in 2023/24.
- Educational mental health practitioners, who work in Mental Health Support Teams (MHSTs) based in schools and colleges. Around 500 MHSTs are expected to be operational by 2024.

## Upskilling

The overall aim of the LTWP is to move more care towards prevention and early intervention. In addition to ongoing work in this area, NHSE will explore the future genomics training and development model with academia and industry over the next three to five years. Training places through the three-year Scientist Training Programme will also be expanded 65% by 2022/23. The LTWP also sets an aspiration to have a fellow working in every ICS to support the development of local expertise, shaping care to local need – however there is no funding specified for this work.

## Next steps

The LTWP requires action at every level of the NHS from trusts and other employers to systems, national bodies and government. We note in particular the call for ICSs to prioritise actions that drive recruitment and retention of their ‘one workforce’ across health and care and to integrate considerations from the LTWP into five year joint forward plans. We welcome the commitment from government and NHSE to reiterate plans every two years and agree with the clear emphasis NHSE places on the need for the assumptions and modelling to evolve over the time period in order to realise the LTWP’s ambitions.

## NHS Providers view

NHS Providers has long called for the publication of the LTWP, working in coalition with many other organisations to make the case for costed and transparent workforce projections. We will continue to analyse the detail of the information published today and look forward to working with trusts and their partners, with NHSE and with government to deliver the ambitions set out today.

Responding to today’s announcement of the first NHS long-term workforce plan, backed by the government, Sir Julian Hartley, chief executive at NHS Providers said:

### *Workforce plan welcome but details will be crucial*

*“This plan must be a pivotal moment for the health service. Trust leaders across hospital, mental health, ambulance and community services are hopeful it will deliver on its promise to put the NHS workforce on a sustainable footing. They look forward to seeing the final details of the plan.*

*Staff lie at the heart of everything the NHS does, but there is no denying that many are exhausted and burnt out under the weight of mounting pressure. National backing to expand recruitment and training, and retain and support staff, is therefore critical to ensure trusts can provide the best care for patients – now and in the future.*

*The plan's emphasis on recruitment, training and retention will be hugely welcomed by trust leaders who are already working flat-out to support their staff. We eagerly await engagement on the plans for pension reform as well as for new approaches to training, skill mix and flexible working opportunities.*

*We also need to see how this plan will affect different service providers. Mental health and community trusts have specific and significant staffing gaps needing focused intervention. Gaps in administration, IT and estate workforce – the backbone of the NHS – must also be addressed.*

*The plan's ambitions are promising but the details will be crucial. We need to see how it will be funded and implemented, and there must be regular reviews and updates. The commitment to refresh it every two years is a good start.*

*To be successful, the plan must also put emphasis on positive cultures and quality improvement in trusts."*



**Trust Board Paper**

<b>Board Meeting Date</b>	11 <sup>th</sup> July 2023
<b>Title</b>	<b>Disability Pay Gap Report</b>
<b>For Noting</b>	
<b>Purpose</b>	<b>The Disability Pay Gap reporting is not a specified requirement under the Equality Act 2010 like the Gender Pay Gap. The disability pay gap is the difference between the average pay of disabled and non-disabled in an organisation.</b>
<b>Business Area</b>	<b>People Directorate</b>
<b>Author</b>	<b>Jane Nicholson, Director of People</b>
<b>Relevant Strategic Objectives</b>	Ensuring that we understand any disability pay gaps and address any inequalities helps us to deliver our ambition to make BHFT a great place to work
<b>CQC Registration/Patient Care Impacts</b>	Workforce equality, diversity and inclusion underpins the well led dimension of CQC assessments.
<b>Resource Impacts</b>	n/a
<b>Legal Implications</b>	We have a legal requirement to ensure that we are not discriminating in the application of our pay policies
<b>Equality and Diversity Implications</b>	This is a core diversity and inclusion measure
<b>SUMMARY</b>	The purpose of this paper is to give the Board oversight of the Trust disability pay gap
<b>ACTION REQUIRED</b>	To note the report and seek any clarification.

## Disability Pay Gap Reporting (DPG) for the year 2022-2023

<b>Author</b>	Ash Ellis, Deputy Director for Leadership, Inclusion and OD
<b>Purpose of Report</b>	This report sets out an analysis of the Trust's Disability Pay Gap Report for 2022-2023
<b>Executive Summary</b>	
<ul style="list-style-type: none"> <li>• Disability Pay Gap reporting is not a specified requirement under the Equality Act 2010 like the Gender Pay Gap.</li> <li>• The Disability Pay Gap is not the same as unequal pay. The Disability Pay Gap is the difference between the average pay of Disabled and non-disabled employees in an organisation.</li> <li>• BHFT's Median Disability Pay Gap in 2022-2023 was -4.95%. This means that on average our disabled colleagues earn £0.72p more than our non-disabled colleagues. In comparison the latest 2021 Office of National Statistics states that the disability pay gap is 13.8% for the UK.</li> <li>• 8.18% (413) of our workforce are 'Not Stated' which needs more exploration to understand how this could influence the pay gap further. Colleagues in bands 8c, 8d, 9, Medical, and the Board are our highest categories of staff who have not declared their disability status.</li> <li>• A majority of the pay bands are broadly representative of the organisation's overall workforce disability ratio (6.41%), There is particularly high underrepresentation of disabled colleagues in bands 2,3,8c and medical. There is underrepresentation of disabled colleagues in band 6 by 0.19%, and 8a by 0.38%. We have no disability representation at band 8c, although this is also one of the highest groups that have not disclosed their status.</li> <li>• The Disability Pay Gap data will be published on the Trust's website. In line with the Gender pay gap the information should remain on the Trust website for a period of at least three years, beginning with the date of publication.</li> <li>• The overall aim of this disability pay gap exercise is to assess the pay equality in BHFT, the balance of disabled and non-disabled colleagues at different paygrades, and how effective we are at nurturing and rewarding talent.</li> <li>• The Trust is committed to continuously reviewing our systems, practices and processes to ensure we are reducing our Pay Gap where practically possible and will work closely with our Diversity Steering Group, staff networks, Purple Network, Trade Unions and other stakeholders to develop an effective action plan. This action plan will sit within the Trust's overall EDI action plan and agreed priorities.</li> </ul>	
<b>Recommendation</b>	The Board is asked to acknowledge the report and subsequent approach to develop actions.

## 1. Background

Although not yet mandated to do so, BHFT will publish its first Disability Pay Gap report alongside its mandated Gender Pay Gap report. We believe this is an important step on our journey towards greater equality, diversity and inclusion.

To try and compare with other organisations is a challenge as not many organisations undertake and/or publish their disability pay gap, there is certainly a lack of NHS Trusts undertaking this review across the country.

As this is the first year we are reporting on this we cannot compare the figures with the previous year. But this does give us a basis on which to build and ensure that we have equality in pay when it comes to disability.

## 2. Our Disability Pay Gap Report in BHFT

Our Disability Pay Gap report for 2022/2023 contains a number of elements:

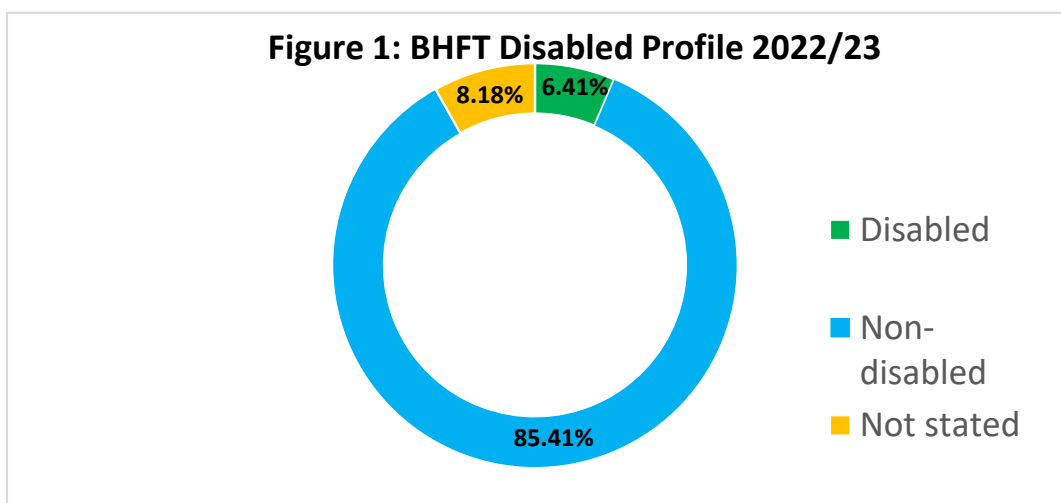
- The mean basic pay gap
- The median basic pay gap
- An analysis of the pay gap across specific staff bands and quartiles within BHFT.
- Recommendation as to any future action to reduce any inequality

The mean pay gap is the difference between the pay of all disabled and non-disabled employees when added up separately and divided by the total number of disabled and non-disabled employees in the workforce.

The median pay gap is the difference between the pay of the middle disabled employee and the middle non-disabled employee, when all of the employees are listed from the highest to the lowest paid.

## 3. Our Disability Profile in BHFT – 2022/23

Data collected shows that our workforce consists of 4,968 people. The number of Disabled colleagues has increased by 63 to 318 from 255. 6.41% of our colleagues are declared Disabled, compared to 5% last year. 318 are Disabled and 4,237 are non-disabled and 413 have not stated. Figure 1 below shows our Disabled profile.



According to UK Disability Statistics, approximately 22% of people in the UK are disabled.

**Figure 2: BHFT Workforce compared to Berkshire Population**

(from census data, 2021)

	Disabled	Non-disabled	Not stated	Total
<b>BHFT Workforce</b>	318 (6.41%)	4,237 (85.41%)	413 (8.18%)	4,968
<b>Berkshire Population</b>	135,102 (13.40%)	811,294 (80.60%)	59,988 (6%)	1,006,384



**Disability Confident and  
Inclusive Recruitment**

As a Disability Confident Leader, we've made a commitment as an organisation that should someone share with us that they are disabled at the application stage and select that they want to take part in the scheme, they're guaranteed an interview if they meet the advert's minimum requirements.

#### 4. Median and Mean Hourly Rate in BHFT

**Figure 3: Disability Pay Gap 2022/23**

Disability	Mean Hourly Rate	Median Hourly Rate
<b>Yes</b>	£20.04	£14.53
<b>No</b>	£19.98	£13.81
<b>Not Stated</b>	£26.48	£14.11
<b>Difference</b>	0.06	0.72
<b>Pay Gap %</b>	-0.30%	-4.95%

The mean hourly pay for disabled colleagues is £0.06p more than non-disabled colleagues, which is a negative gap of 0.30% in favour of disabled colleagues.

The median pay for disabled colleagues is £0.72p higher than non-disabled colleagues, which is a negative gap of 4.95% in favour of disabled colleagues. This means that, on average, disabled colleagues earn slightly more than non-disabled colleagues.

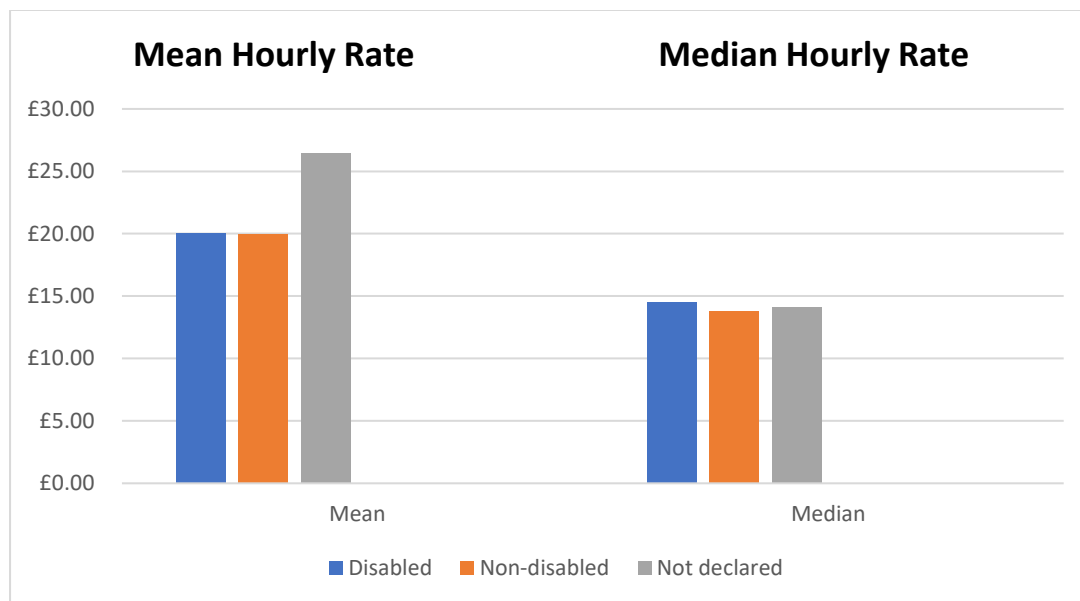
However, more exploration is needed to understand the 'not stated' population as this is 8.18% (413) of the workforce, and this group on average earns up to £6.44 more an hour than our disabled colleagues and £6.50 more than non-disabled colleagues. Therefore, to

give us a true reflection of our pay gap, we need more colleagues to declare their disability status.

From a purely statistical standpoint, the median is considered to be a more accurate measure as it is not skewed by very low hourly pay or very high hourly pay i.e. such as medical staff who are on much higher salaries than other professional groups. However, we know in the gender pay gap for example the very high paid people tend to be men, and the very low paid people tend to be women, and the mean paints an important picture of the pay gap because it reflects this issue. It is therefore good practice to use both the mean and the median when analysing or reporting on the pay gap.

In comparing our Disability Pay Gap to other organisations, the latest 2021 Office of National Statistics states that the disability pay gap is 13.8% for the UK. Meaning we are better than average based on our current declarations.

**Figure 4: Median and Mean Pay Gap**



## 5. Disability Profile by pay band and quartiles in BHFT 2022-2023

All BHFT staff, except for medical staff, executive (6) and very senior managers (3) are paid on the National Agenda for Change (AfC) pay, terms and conditions of service. The terms and conditions set out band structures and pay for all employees to ensure transparency, fairness and equal treatment for all.

**Figure 4: Disability Profile by Pay Band and pay quartile**

Grouped Pay Scale	Yes		No		Not Declared		Total
	Headcount	%	Headcount	%	Headcount	%	
Ad-Hoc	0	0.00%	3	60.00%	2	40.00%	5
Apprentice	2	12.50%	14	87.50%		0.00%	16
Band 2	11	4.87%	196	86.73%	19	8.41%	226
Band 3	27	4.27%	566	89.42%	40	6.32%	633
Band 4	61	7.80%	671	85.81%	50	6.39%	782
Band 5	49	8.02%	531	86.91%	31	5.07%	611
Band 6	60	6.22%	849	88.07%	55	5.71%	964
Band 7	63	7.13%	757	85.73%	63	7.13%	883
Band 8a	22	6.03%	327	89.59%	16	4.38%	365
Band 8b	11	6.71%	142	86.59%	11	6.71%	164
Band 8c	0	0.00%	50	84.75%	9	15.25%	59
Band 8d	3	8.82%	27	79.41%	4	11.76%	34
Band 9	1	9.09%	9	81.82%	1	9.09%	11
Board	1	7.70%	6	46.15%	6	46.15%	13
Medical & Dental	7	3.47%	91	45.05%	104	51.49%	202
<b>Grand Total</b>	<b>318</b>	<b>6.40%</b>	<b>4239</b>	<b>85.33%</b>	<b>411</b>	<b>8.27%</b>	<b>4968</b>

Figure 4 details the number and percentage of disabled and non-disabled colleagues within each pay band.

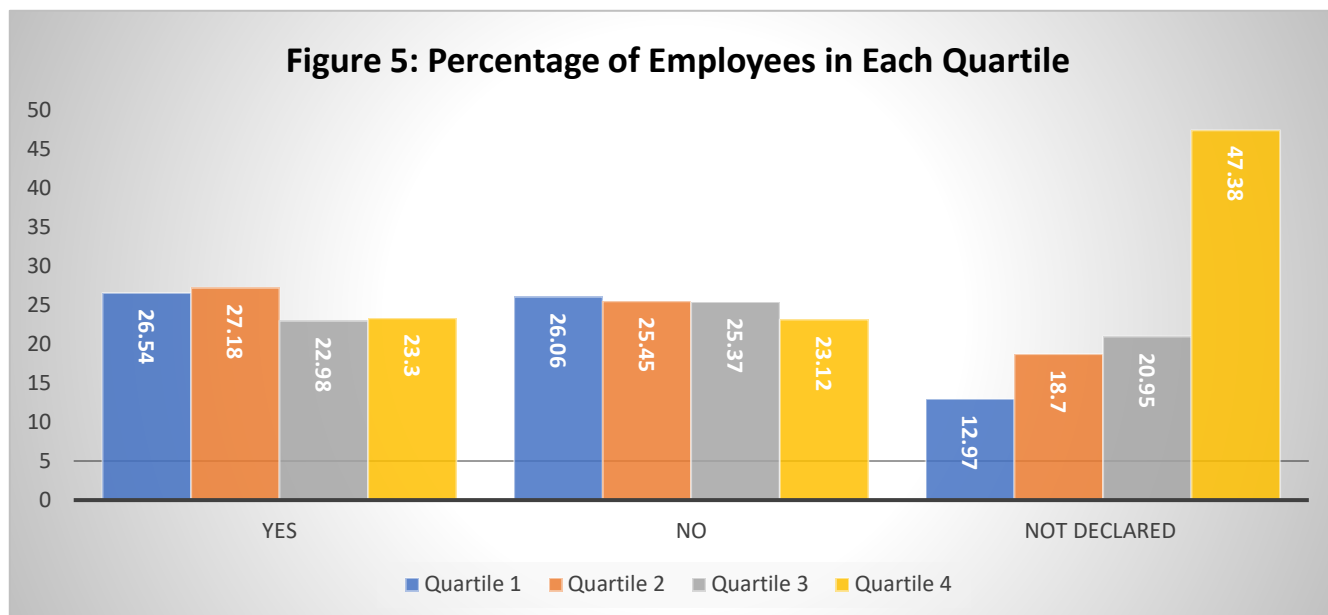
A majority of the pay bands are broadly representative of the organisation's overall workforce disability ratio (6.41%).

There is particularly high underrepresentation of disabled colleagues in bands 2,3,8c and medical. There is underrepresentation of disabled colleagues in band 6 by 0.19% and 8a by 0.38%

We have no disability representation at band 8c, although this is also one of the highest groups that have not disclosed their status.

Colleagues in bands 8c, 8d, 9, Medical, and the Board are our highest categories of staff who have not declared their disability status.

Figure 5 below, shows the breakdown into pay quartiles. Overall the difference between disability and non-disability is around 1-2% in each quartile. Disability % is higher in all pay quartiles with the exception of middle upper quartile (quartile 3).



## 6. Disability breakdown of staff who have received bonus pay – Medical Clinical Excellence Awards

Figure 6: Disability breakdown of bonus payments in BHFT

	Count of Disability	%
No	43	60.56%
Yes	2	2.82%
Not Stated	26	36.62%
<b>Grand Total</b>	71	

The bonus data relates only to Clinical Excellence Awards (CEA) paid to all eligible substantive Consultant Medical Staff who have been in post for at least a year – 71 in the group. However, it is important to note the context and challenges associated with the bonus pay system:

- CEA's are not a one-off annual performance payment. Instead, it relates to a nationally agreed contractual payment which forms part of the salary package for Consultant Medical Staff.
- This system is prescribed by the British Medical Association (BMA) and NHS Employers – the Trust adopts a nationally agreed system.
- Many of the CEA's that are still being paid out are historic and will be maintained until the recipient's retirement.

In 2022-23 the Trust proposed equal bonus payments for all eligible Consultants in the Trust, irrespective of whether they were full-time or part-time without any pro-rata calculations. This would have helped eliminate any pay gap in the year. However, this proposal was rejected by

the Local Negotiating Committee and BMA guidance (for pro-rata payment) was required to be implemented. Additionally, as stated above, there is an on-going annual legacy bonus payments made in relation to CEA points awarded prior to 2018 that some of the Consultants will continue to benefit from until retirement.

## 7. Conclusion and recommendations

Actions to further improve the Trust's disability pay gap align with the Trust's strategic ambitions and priorities, in particular making Berkshire Healthcare a great place to work for our people. To meet this goal the Trust has refreshed its strategy and has committed to:

- Scale workforce gap closing action including international recruitment, apprenticeships and streamline student placement employment offer. Attraction focus widens into schools, T levels, NHS Reservists and underrepresented groups including veterans – *this will support our aim to try and increase the diversity of our workforce at all levels in all pay quartiles.*
- Internal matching to place staff into roles prior to external recruitment – *in time this could help our disabled workforce with progression and carer development.*
- Recruitment and onboarding process improvement supported by automation and customer focused recruit/candidate connection prior to start – *will be developed alongside our review of inclusive recruitment to ensure removes any bias.*
- Talent management cycle/pooling and leadership programme development. Service management skills set development – *this will support our disabled staff to progress and develop their careers within BHFT.*
- Streamline internal progression path (competency based) with smooth upward grade movement – *providing more opportunity for disabled workforce to progress up bands.*

As part of our EDI priorities work we will have key areas of focus which are designed to reduce/eliminate Pay Gap. Within our EDI Priorities outlined in the EDI and People Strategies, our disability Pay Gap actions will focus on 5 key areas:

- Inclusive Recruitment – *consider as to how we might increase underrepresented groups in all quartiles. We will remain a Disability Confident Leader.*
- Pay and Reward - *Although the NHS Terms and Conditions do not allow the legacy Consultant bonus payments to be changed, we will explore further to ensure that disability is looked at against this.* Also exploring the disability pay gap through an intersectional lens is vital to understanding the different dimensions of historically marginalised groups. Looking at the disability pay gap through regions, departments and job role will provide useful insight but also for managers and leaders to take action.
- Learning and Development – *We need to ensure our disabled colleagues at lower bands are supported to access development, and apply for posts at band 8A and above.*
- Culture and Engagement – *we need to share our disability pay gap position with our staff, and include them in the co-production of any action plan. We will continue to publish disability pay gap every year from now on, and we hope this will encourage others to do the same. We also need to encourage and support people to self declare on ESR, as 8.18% (413) of our workforce have not stated their disability, and this could have further bearing on the pay gap and the action we take.*
- Ways of working – *continue to embed flexible working and ensuring our people policies are supportive and enabling of greater flexibility in the way we deliver our services.*



We will develop dedicated and detailed actions in collaboration with our Diversity Steering Group, Purple Network, Trade Unions and other stakeholders. This will also intertwine with our WDES action plan.

**Contact for further information:**

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### Trust Board Paper

<b>Meeting Date</b>	11 June 2023
<b>Title</b>	<b>May 2023 Finance Report</b>
<b>Purpose</b>	To provide an update to the Board on the Trust's Financial Performance to 31 May 2023.
<b>Business Area</b>	Finance
<b>Author</b>	Rebecca Clegg, Director of Finance
<b>Relevant Strategic Objectives</b>	Strategic Objective 2: Work with partners to deliver integrated and sustainable services to improve health outcomes for our populations.  True North Goal 4: Efficient Use of Resources – A financially and environmentally sustainable organisation.
<b>CQC Registration/Patient Care Impacts</b>	Achievement of CQC Well Led standard.
<b>Resource Impacts</b>	n/a
<b>Legal Implications</b>	Compliance with statutory Financial Duties.
<b>Equality and Diversity Implications</b>	n/a
<b>SUMMARY</b>	<p>The Trust has a plan for a £1.3m surplus as part of the agreed plan for Buckinghamshire, Oxfordshire and Berkshire West ICS.</p> <p>The Trust is reporting a £0.1m deficit against a year-to-date deficit plan of £0.5m.</p> <p>The Trust's cash balance is below plan at £47.6m but this is expected to recover once ICB contract payment values are updated for 2023/24.</p> <p>The Trust is reporting £0.4m capital spend year to date.</p>
<b>ACTION</b>	The Board is asked to note the Trust's financial performance.

## **BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST**

# **Finance Report**

## **Financial Year 2023/24**

### **May 2023**

### **Purpose**

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 31 May 2023.

### **Document Control**

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Comments</b>
1.0	21/06/23	Rebecca Clegg	Draft
2.0	22/06/23	Paul Gray	Final
3.0	28/06/23	Rebecca Clegg	Final for Board

### **Distribution**

All Directors.

All staff as appropriate.

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## Dashboard & Summary Narrative

Target	Year to Date			Forecast Outturn		
	Actual £m	Plan £m	Achieved	Forecast £m	Plan £m	Achieved
1a Income and Expenditure Plan	-0.1	-0.5	Yes	1.3	1.3	Yes
2a CIP - Identification of Schemes	12.3	14.1	No	14.1	14.1	Yes
2b CIP - Delivery of Identified Schemes	1.8	1.8	Yes	14.1	14.1	Yes
3a Cash Balance	47.6	53.6	No	48.1	48.1	Yes
3b Better Payment Practice Code Volume Non-NHS	92%	95%	No	95%	95%	Yes
3c Better Payment Practice Code Value Non-NHS	87%	95%	No	95%	95%	Yes
3d Better Payment Practice Code Volume NHS	96%	95%	Yes	95%	95%	Yes
3e Better Payment Practice Code Value NHS	99%	95%	Yes	95%	95%	Yes
4f Capital Expenditure not exceeding CDEL	0.4	0.2	No	9.6	9.2	No

### Key Messages

The table above provides a high level summary of the Trust's performance against key financial duties and other financial indicators. The key points to note are:

- The Trust's submitted a plan for a £1.3m surplus.
- We are reporting a £0.1m deficit YTD, £0.4m better than planned.
- All divisions are currently working within control totals YTD.
- Delivery against the cost improvement is on track linked to control total compliance. Detailed CIP reporting will be included from next month.
- We have an emerging pressure related to the 23/24 pay award and risk around clawback of Elective Recovery Funding later in the year.
- Cash is lower than plan due to a delay in ICBs increasing payments to the Trust in line with 2023/24 contract values.
- There will be a focus on improving our performance against the Better Payment Practice code particularly for non-NHS invoices. In month, the under performance is spread across the organisation but with 54% of it related to 7 cost centres.
- Capital is over plan year to date mainly due to timing and volume of IT kit expenditure.

## 2.0 Income & Expenditure

May-23	In Month			YTD			2023/24
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Income	28.2	28.3	(0.1)	56.2	56.5	(0.3)	343.5
Elective Recovery Fund	0.3	0.3	0.0	0.7	0.7	0.0	4.0
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Income</b>	<b>28.5</b>	<b>28.6</b>	<b>(0.1)</b>	<b>56.9</b>	<b>57.2</b>	<b>(0.3)</b>	<b>347.5</b>
Staff In Post	18.8	19.2	0.4	37.3	38.3	1.0	259.3
Bank Spend	1.9	1.9	(0.0)	3.9	3.7	(0.1)	0.0
Agency Spend	0.6	0.5	(0.1)	1.2	1.0	(0.2)	0.0
<b>Total Pay</b>	<b>21.3</b>	<b>21.5</b>	<b>0.2</b>	<b>42.3</b>	<b>43.0</b>	<b>0.7</b>	<b>259.3</b>
Purchase of Healthcare	1.6	1.8	0.2	3.0	3.5	0.5	19.7
Drugs	0.5	0.5	(0.0)	0.9	0.9	0.0	5.4
Premises	1.6	1.5	(0.0)	3.3	3.1	(0.2)	15.2
Other Non Pay	1.5	1.5	(0.0)	3.3	3.0	(0.3)	21.1
PFI Lease	0.9	0.8	(0.2)	1.7	1.5	(0.2)	9.7
<b>Total Non Pay</b>	<b>6.1</b>	<b>6.0</b>	<b>(0.1)</b>	<b>12.2</b>	<b>12.0</b>	<b>(0.2)</b>	<b>71.3</b>
<b>Total Operating Costs</b>	<b>27.3</b>	<b>27.5</b>	<b>0.2</b>	<b>54.5</b>	<b>55.1</b>	<b>0.6</b>	<b>330.6</b>
<b>EBITDA</b>	<b>1.2</b>	<b>1.1</b>	<b>0.1</b>	<b>2.4</b>	<b>2.1</b>	<b>0.2</b>	<b>16.9</b>
Interest (Net)	0.1	0.2	0.1	0.2	0.5	0.3	3.0
Depreciation	0.9	0.9	(0.0)	1.9	1.8	(0.1)	10.7
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PDC	0.2	0.2	0.0	0.3	0.4	0.0	2.0
<b>Total Financing</b>	<b>1.2</b>	<b>1.3</b>	<b>0.1</b>	<b>2.4</b>	<b>2.6</b>	<b>0.2</b>	<b>15.7</b>
<b>Reported Surplus/ (Deficit)</b>	<b>(0.1)</b>	<b>(0.3)</b>	<b>0.2</b>	<b>(0.1)</b>	<b>(0.5)</b>	<b>0.4</b>	<b>1.2</b>
<b>Adjustments</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.0)</b>	<b>0.1</b>
<b>Adjusted Surplus/ (Deficit)</b>	<b>(0.1)</b>	<b>(0.2)</b>	<b>0.2</b>	<b>(0.1)</b>	<b>(0.5)</b>	<b>0.4</b>	<b>1.3</b>

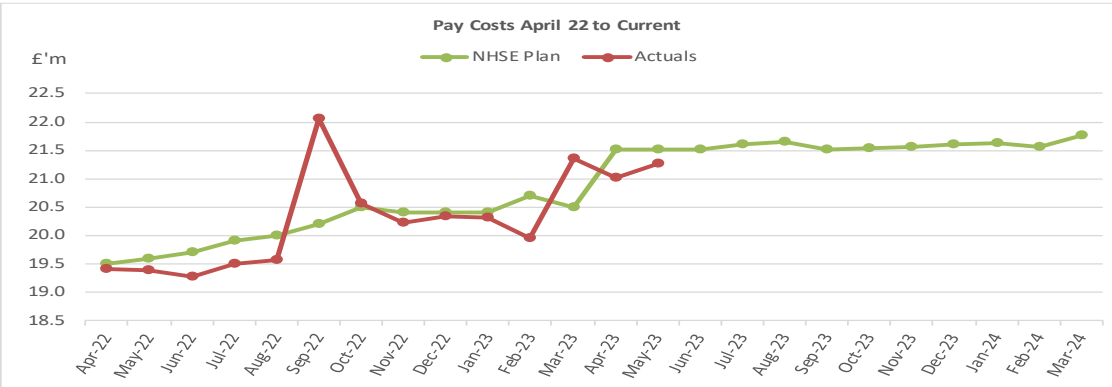
### Key Messages

The table above gives the financial performance against the Trust's income and expenditure plan as at 31 May 2023.

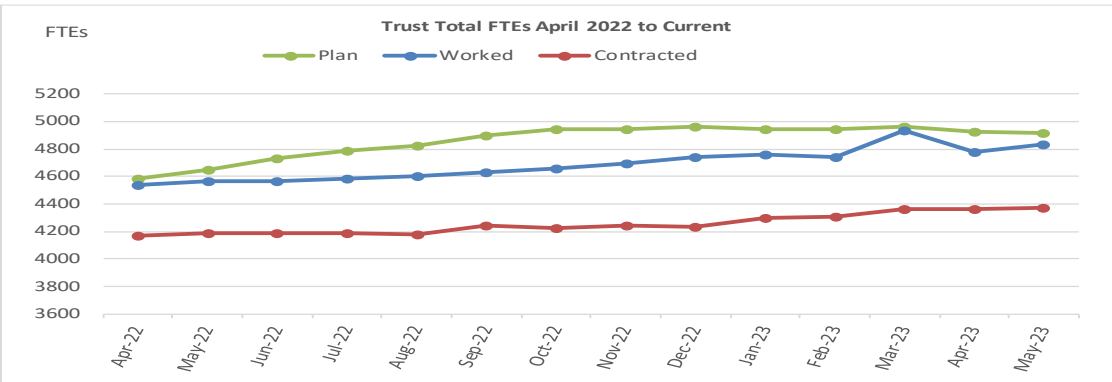
The Trust has submitted a plan for a £1.3m surplus as part of the BOB ICB plan. This requires delivery of a £14m cost improvement programme. £12m of plans have been developed through our planning approach and already taken out of divisional control totals. A further £2m will be delivered through technical schemes or balance sheet review non-recurrently.

At Month 2, the Trust is head of plan with a £0.1m deficit against a £0.5m deficit plan.

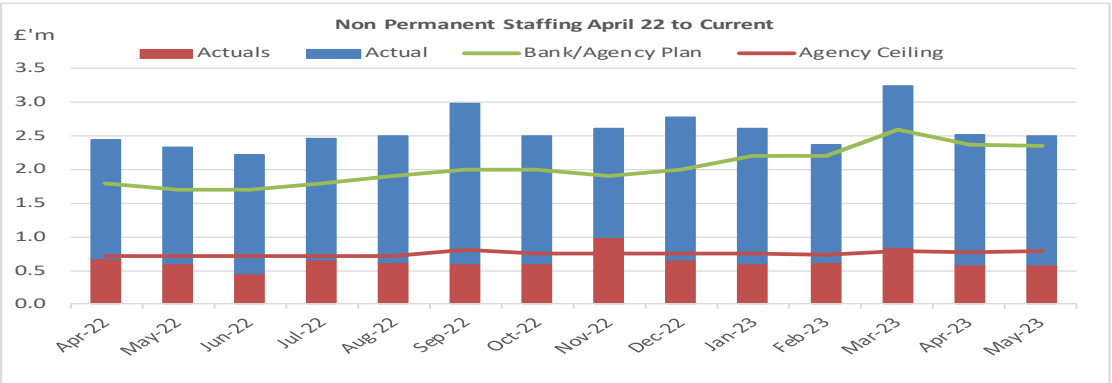
# Workforce



Staff Costs	
<b>YTD</b>	<b>£'m</b>
2023/24	42.3
2022/23	38.8
<b>▲</b>	<b>9%</b>
<b>Prior Yr</b>	<b>£'m</b>
May-23	21.3
May-22	19.4
<b>▲</b>	<b>10%</b>



FTE's		
<b>Prior Mth</b>	<b>CFTE</b>	<b>WFTE</b>
	<b>£'m</b>	<b>£'m</b>
May-23	4,369	4,832
Apr-23	4,365	4,779
	<b>0%</b>	<b>1%</b>
	<b>▲</b>	<b>▲</b>
<b>Prior Yr</b>	<b>£'m</b>	<b>£'m</b>
May-23	4,369	4,832
May-22	4,191	4,562
	<b>4%</b>	<b>6%</b>
	<b>▲</b>	<b>▲</b>



Staff Costs		
<b>YTD</b>	<b>Bank</b>	<b>Agency</b>
	<b>£'m</b>	<b>£'m</b>
2023/24	3.9	1.2
2022/23	3.5	1.3
	<b>10%</b>	<b>-7%</b>
	<b>▲</b>	<b>▼</b>
<b>Prior Yr</b>	<b>£'m</b>	<b>£'m</b>
May-23	1.9	0.6
May-22	1.7	0.6
	<b>11%</b>	<b>-3%</b>
	<b>▲</b>	<b>▼</b>

## Key Messages

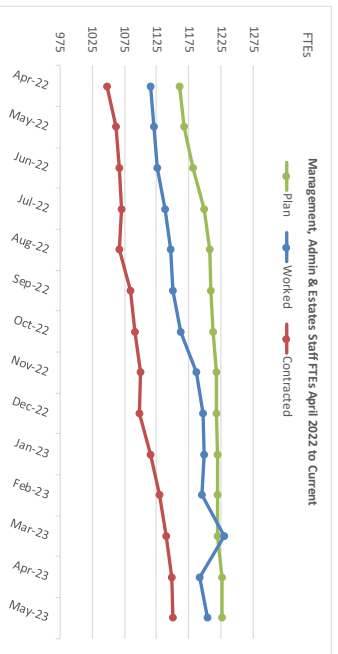
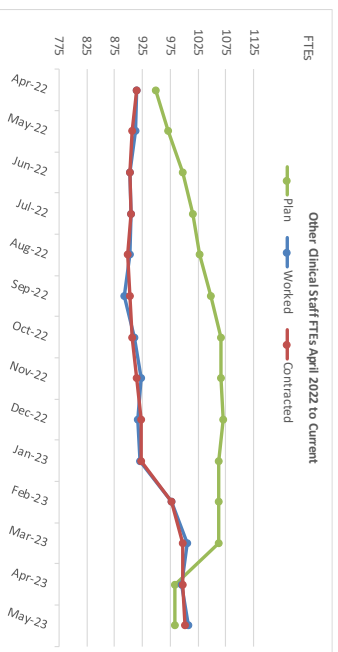
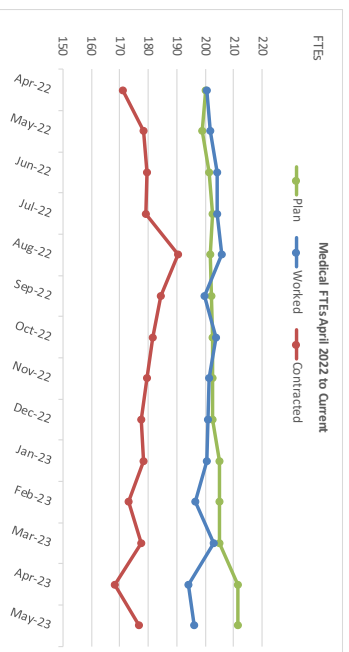
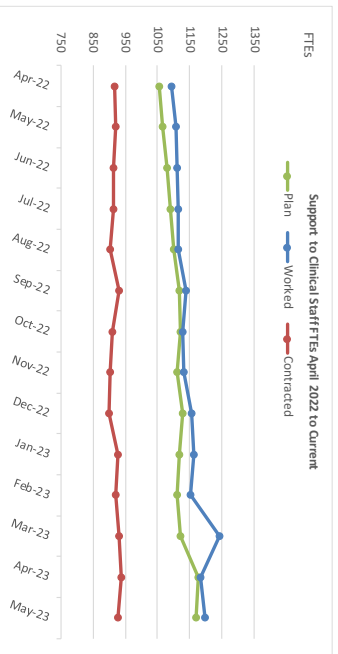
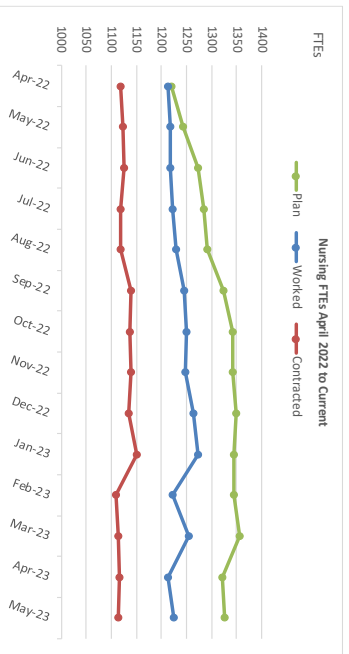
Pay costs in month were £21.3m, which is £0.2m lower than plan due to slippage against both core and specific investment funding. YTD pay including temporary staffing offset is £0.7m below plan.

In month, we have only seen a small increase in contracted WTEs (4) although there was a much higher usage of worked WTEs (53).

We are continuing to offset in part, substantive vacancies with higher levels of temporary staffing although actuals are much closer to plan year to date than in the previous year, in-part to the work undertaken to align financial and workforce planning.

NHSE has introduced a new agency expenditure ceiling, which applies at a system level and is set at 3.7% of total pay bill in 2023/24. We are currently achieving this target on an individual trust basis with Agency spend c2.8% of overall pay costs YTD.

# Staffing Detail



## Key Messages

In month, we have seen an increase in contracted WTEs (5) and worked WTEs (53).

The tables above provides current staffing numbers broken down into core staffing groups.

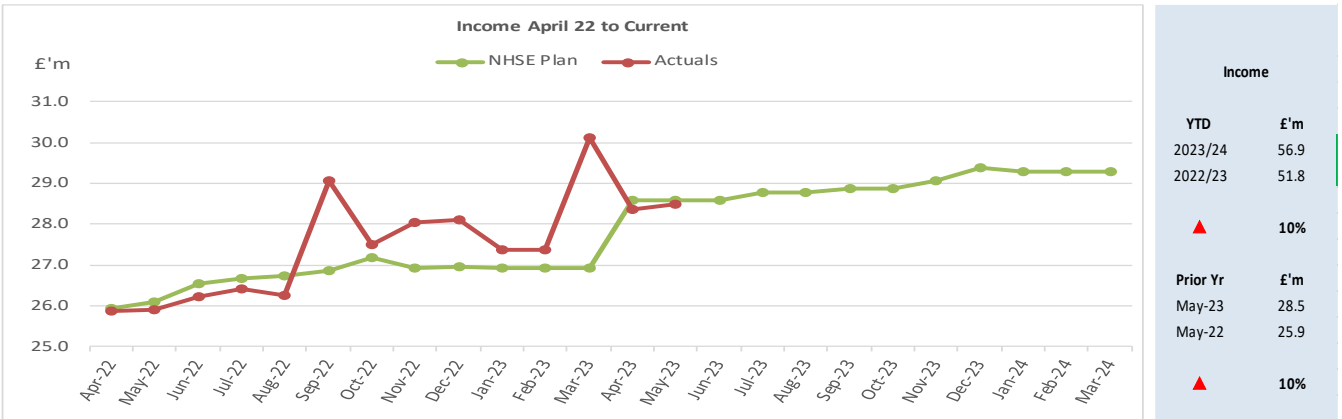
The Estates and Facilities Management Chart has now been merged into the Management and Admin chart due to the small number of WTEs (24).

Nursing, Medical and Management/Admin/Estates staff groups have both worked and contracted WTEs lower than plan. For Support to Clinical and Other Clinical Staff, worked WTEs are slightly above plan.

The increase in worked WTEs was seen in MH Inpatients (12), Talkin Therapies (11), Neurodiversity (5), CAMHS (7) and Junior Doctors (8).



# Income & Non Pay

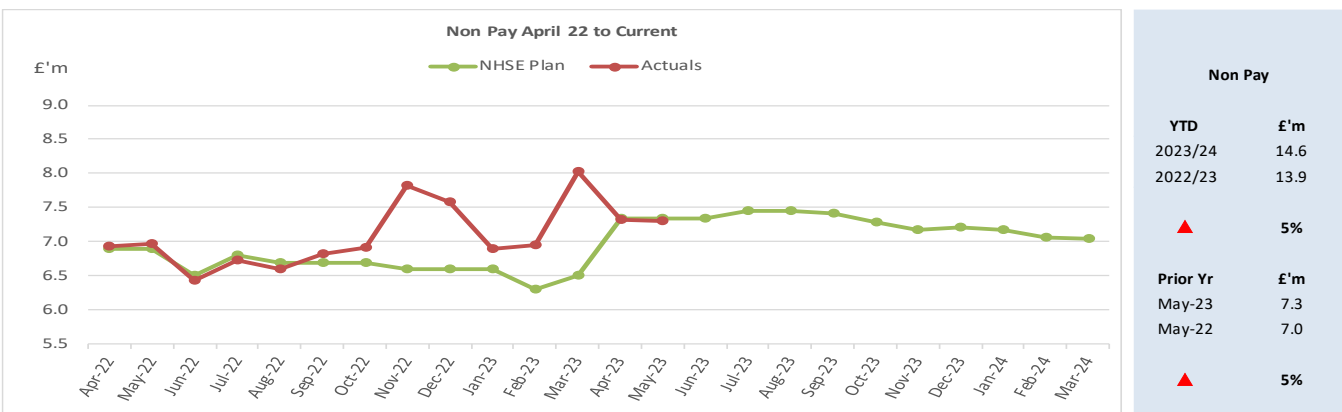


## Key Messages

Income is behind plan due to slippage in recruitment against investments with income being deferred as a result.

NHSE has asked Trusts to assume no clawback of ERF income Year to Date, but there is a risk of clawback as the year progresses if activity targets are not achieved.

The Trust is benefiting from increase in bank interest rates and has generated an additional £256k year to date in interest.



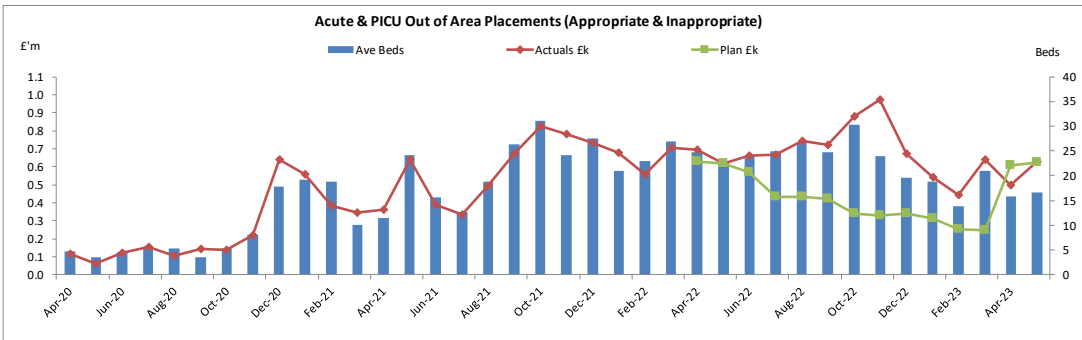
## Key Messages

Non Pay spend was £7.3m in month.

Expenditure on Out of Area Placements is within plan year to date, and overall spend is £0.6m less than this point last year.

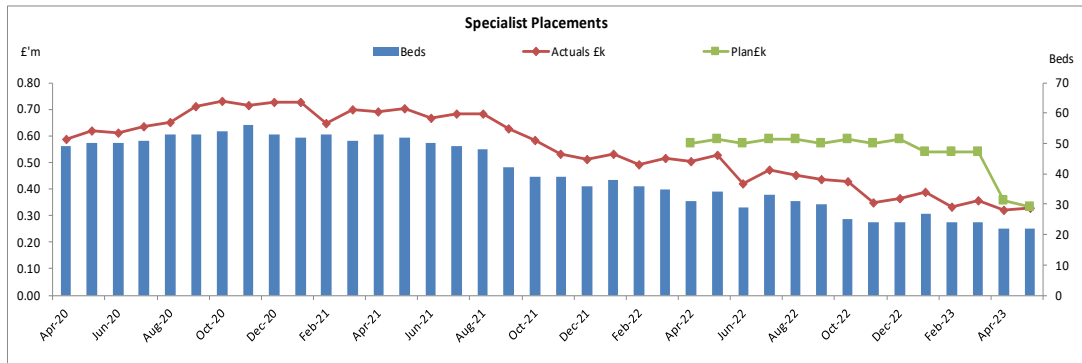
We continue to see some inflationary cost pressures coming through, including final adjustment to PFI contract values, but these are being managed within our inflation reserve.

# Placement Costs



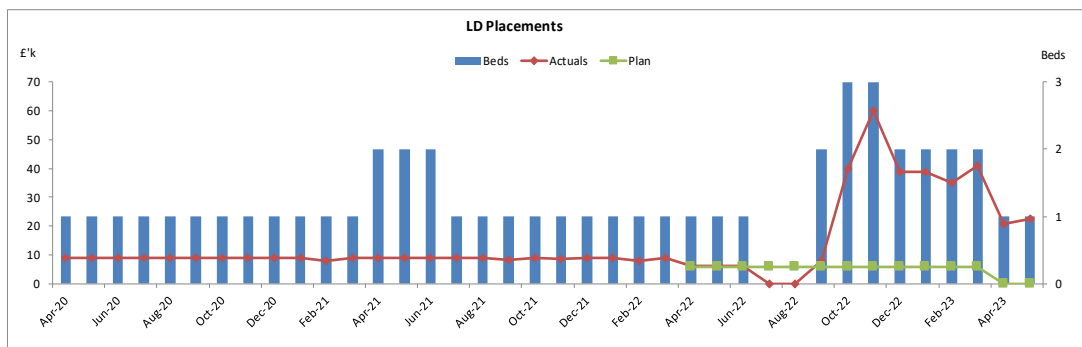
**OAPs**

YTD	£'m
2023/24	1.1
2022/23	1.3
	<b>-14%</b>
Prior Yr	£'m
May-23	0.6
May-22	0.6
	<b>2%</b>



**Specialist Placements**

YTD	£'m
2023/24	0.6
2022/23	1.0
	<b>-37%</b>
Prior Yr	£'m
May-23	0.3
May-22	0.5
	<b>-38%</b>



**LD OAPs**

YTD	£'k
2023/24	43.1
2022/23	12.0
	<b>-72%</b>
Prior Yr	£'k
May-23	22.4
May-22	6.0
	<b>274%</b>

## Key Messages

**Out of Area Placements.** Expenditure on Out of Area Placements is within plan year to date. The average number of placements increased from 16 in April to 17 in May. The monthly costs increased from £0.5m to £0.63m.

We now have a dedicated clinical lead for the delivery of the bed optimisation programme, and this post has supported daily bed flow meetings, development of a new bed flow dashboard which has provided improved visibility and locality oversight of admission numbers and LOS and also improved identification and escalation of MOFD/CRFD patients. We have agreed that lost bed days linked to patients who are CRFD as a breakthrough objective and set a very ambitious target of 250 bed days per month. Progress against this target is monitored in QPEG.

We will continue to spot purchase PICU beds where they are clinically required. We continue to have significant demand for PICU beds especially for patients with forensic backgrounds, which do not count as an inappropriate out of area bed against the OAPs trajectory but which do have a financial impact. From the 1<sup>st</sup> January we have reduced our OAP acute overspill beds to 8 and will have an escalation to Director on Call if there is a request to admit to an additional bed.

A paper has been shared with the Board recommending a reduction in acute ward bed base from 86 to 80, with the 6 beds being repositioned through the independent sector. The planned reduction is due to be implemented in Q3.

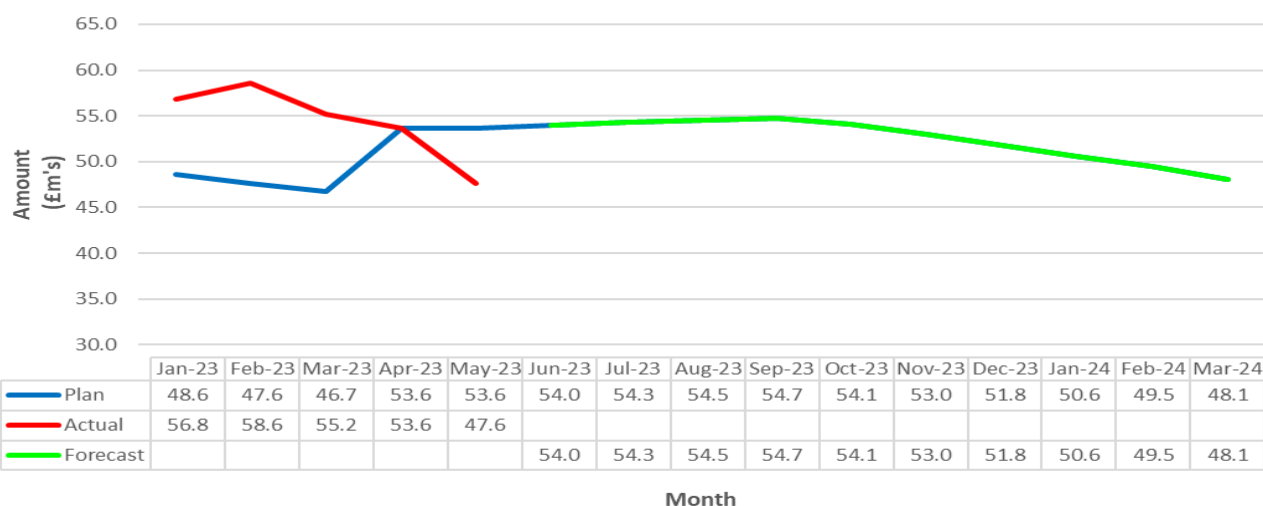
**Specialist Placements.** The average number of placements was 22 which is the same as in the previous month. The cost was £0.3m in month.

**LD Placements:** LD placements have reduced to 1.

## 2.0 Cash

Cashflow	22/23 Actual (Subject to Audit) £'m	Current Month			YTD		
		Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Reported Surplus / (Deficit)	0.2	(0.1)	(0.3)	0.2	(0.1)	(0.5)	0.4
Remove Finance Charges through SoCI	2.7	0.1	0.2	(0.1)	0.2	0.5	(0.3)
Remove PDC Dividend accrual through SoC	1.4	0.1	0.2	(0.1)	0.3	0.4	(0.1)
Remove Profit on Disposal of Assets	0.0	0.1	0.0	0.1	0.3	0.0	0.3
<b>Operating Surplus/(Deficit)</b>	<b>4.3</b>	<b>0.2</b>	<b>0.4</b>	<b>(0.2)</b>	<b>0.5</b>	<b>0.4</b>	<b>0.1</b>
Depreciation and Impairments	12.6	1.0	0.9	0.1	1.9	1.8	0.1
<b>Operating Cashflow</b>	<b>16.9</b>	<b>1.2</b>	<b>2.2</b>	<b>(1.0)</b>	<b>2.4</b>	<b>2.2</b>	<b>0.2</b>
<b>Net Working Capital Movements</b>	<b>1.1</b>	<b>(6.2)</b>	<b>(1.5)</b>	<b>(4.7)</b>	<b>(7.1)</b>	<b>(1.6)</b>	<b>(5.5)</b>
Proceeds from Disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donations to fund Capital Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donated Capital Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Expenditure (Net of Accruals)	(8.5)	(0.1)	(2.1)	2.0	(1.8)	(2.7)	0.9
<b>Investments</b>	<b>(8.5)</b>	<b>(0.1)</b>	<b>(2.7)</b>	<b>2.6</b>	<b>(1.8)</b>	<b>(2.7)</b>	<b>0.9</b>
PFI Finance Lease Repayment	(1.7)	(0.2)	(0.1)	(0.1)	(0.3)	(0.3)	0.0
RoU Asset Finance Lease Repayment	(2.6)	(0.6)	0.0	(0.6)	(0.6)	0.0	(0.6)
Net Interest	(2.6)	(0.1)	(0.3)	0.2	(0.2)	(0.7)	0.5
PDC Received	0.4	0.0	0.0	0.0	0.0	0.0	0.0
PDC Dividends Paid	(1.7)	0.0	0.0	0.0	0.0	0.0	0.0
<b>Financing Costs</b>	<b>(8.2)</b>	<b>(0.9)</b>	<b>(1.0)</b>	<b>0.1</b>	<b>(1.1)</b>	<b>(1.0)</b>	<b>(0.1)</b>
Other Movements	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Net Cash In/(Out)Flow</b>	<b>1.3</b>	<b>(6.0)</b>	<b>(3.1)</b>	<b>(2.9)</b>	<b>(7.6)</b>	<b>(3.1)</b>	<b>(4.5)</b>
Opening Cash	53.9	53.6	56.7	(3.1)	55.2	56.7	(1.5)
<b>Closing Cash</b>	<b>55.2</b>	<b>47.6</b>	<b>53.6</b>	<b>(6.0)</b>	<b>47.6</b>	<b>53.6</b>	<b>(6.0)</b>

Cash Plan v Actual v Forecast  
January 2023 to March 2024



### Key Messages

The closing cash balance for May 2023 was £47.6m, which is £6m below plan, primarily due to the payments from ICBs being set at 2022/23 levels. We are expecting the payment from BOB ICB to be uplifted in line with 2023/24 funding in June but as budgetary discussions with Frimley ICB are ongoing, there is likely to be a further delay in receiving the expected cash. In June, we will receive funding for the 2023/24 pay award from both ICBs and for the 2022/23 back-dated pay award directly from NHSE.

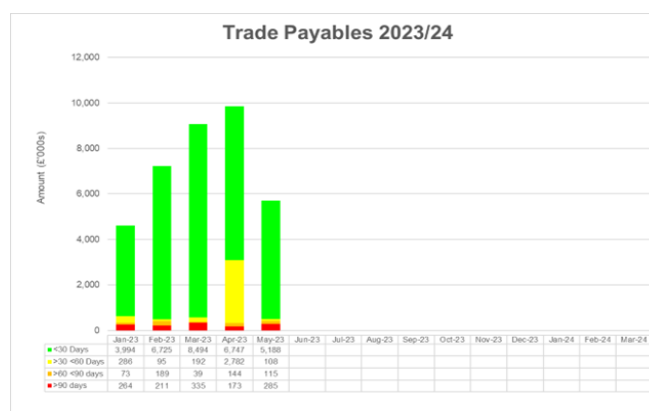
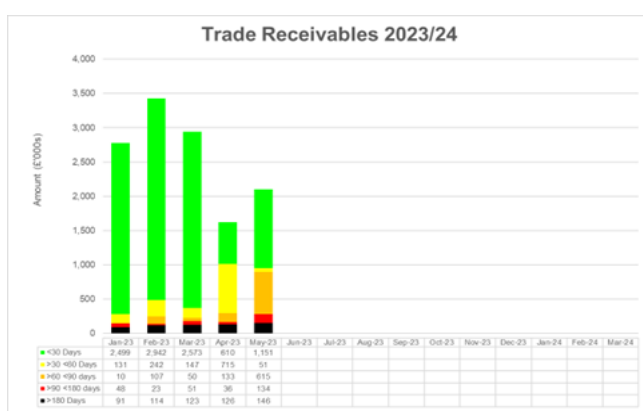
## 2.0 Balance Sheet

Balance Sheet	22/23 Actual (Subject to Audit) £'m	Current Month			YTD		
		Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Intangibles	4.0	3.7	3.8	(0.1)	3.7	3.8	(0.1)
Property, Plant & Equipment (non PFI)	45.6	45.2	44.9	0.3	45.2	44.9	0.3
Property, Plant & Equipment (PFI)	72.1	71.8	71.8	0.0	71.8	71.8	0.0
Property, Plant & Equipment (RoU Asset)	15.5	15.0	15.5	(0.5)	15.0	15.5	(0.5)
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
<b>Total Non Current Assets</b>	<b>137.4</b>	<b>135.9</b>	<b>136.2</b>	<b>(0.3)</b>	<b>135.9</b>	<b>136.2</b>	<b>(0.3)</b>
Trade Receivables & Accruals	18.9	24.0	18.7	5.3	24.0	18.7	5.3
Other Receivables	0.3	0.1	0.3	(0.2)	0.1	0.3	(0.2)
Cash	55.2	47.6	53.6	(6.0)	47.6	53.6	(6.0)
Trade Payables & Accruals	(48.2)	(44.7)	(45.8)	1.1	(44.7)	(45.8)	1.1
Borrowings (PFI and RoU Lease Liability)	(4.2)	(3.6)	(4.0)	0.4	(3.6)	(4.0)	0.4
Other Current Payables	(11.8)	(12.9)	(12.4)	(0.5)	(12.9)	(12.4)	(0.5)
<b>Total Net Current Assets / (Liabilities)</b>	<b>10.2</b>	<b>10.5</b>	<b>10.4</b>	<b>0.1</b>	<b>10.5</b>	<b>10.4</b>	<b>0.1</b>
Non Current Borrowings (PFI and RoU Lease Liability)	(34.8)	(34.5)	(34.6)	0.1	(34.5)	(34.6)	0.1
Other Non Current Payables	(2.0)	(1.5)	(2.0)	0.5	(1.5)	(2.0)	0.5
<b>Total Net Assets</b>	<b>110.8</b>	<b>110.4</b>	<b>110.0</b>	<b>0.4</b>	<b>110.4</b>	<b>110.0</b>	<b>0.4</b>
Income & Expenditure Reserve	32.4	32.1	31.7	0.4	32.1	31.7	0.4
Public Dividend Capital Reserve	21.1	21.1	21.1	0.0	21.1	21.1	0.0
Revaluation Reserve	57.2	57.2	57.2	0.0	57.2	57.2	0.0
<b>Total Taxpayers Equity</b>	<b>110.8</b>	<b>110.4</b>	<b>110.0</b>	<b>0.4</b>	<b>110.4</b>	<b>110.0</b>	<b>0.4</b>

### Key Messages

The balance sheet is largely as expected year to date. The delay in increasing payments from ICSs, is reflected in the higher level of Receivables and offsetting shortfall in cash.

The 22/23 external audit has not yet finished so there may be some final adjustments to balances which may have an impact on year to date values. It is anticipated that these will be finalised for month 3.



### Key Messages

Both receivables and payables balances are in line with expectations with no issues to report.

## 3.0 Capital Expenditure

Schemes	Current Month			Year to Date			FY	Forecast
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000	Outturn £'000
<b><i>Estates Maintenance &amp; Replacement Expenditure</i></b>								
Erleigh Road Upgrades - Internal & External	0	0	0	0	0	0	250	250
General Upgrades & Damp Issues CHH	0	0	0	0	0	0	250	250
Wokingham Reprovision - Move from Old Forge	0	0	0	0	0	0	200	200
Bariatric Facilities Wokingham	0	0	0	0	0	0	230	230
Leased Non Commercial (NHSPS) Other projects	0	0	0	0	0	0	235	235
Head Office Relocation	0	0	0	1	0	1	98	98
MSK Relocation - AV	1	13	(12)	16	23	(7)	23	23
Resource House, Denmark Street	0	0	0	0	0	0	800	800
Environment & Sustainability	2	20	(18)	3	30	(27)	450	450
Service change/redesign	0	0	0	0	0	0	244	244
Various All Sites	37	5	32	41	25	16	515	515
Statutory Compliance	0	0	0	0	0	0	390	390
<b>Subtotal Estates Maintenance &amp; Replacement</b>	<b>40</b>	<b>38</b>	<b>2</b>	<b>62</b>	<b>78</b>	<b>(16)</b>	<b>3,685</b>	<b>3,685</b>
<b><i>IM&amp;T Expenditure</i></b>								
IM&T Business Intelligence and Reporting	0	10	(10)	0	20	(20)	120	120
IM&T Refresh & Replacement	19	0	19	39	0	39	4,047	4,047
IM&T System & Network Developments	58	50	8	268	100	168	930	930
IM&T GDE & Community Projects	7	0	7	27	0	27	0	27
IM&T Digital Strategy	0	0	0	0	0	0	733	706
<b>Subtotal IM&amp;T Expenditure</b>	<b>83</b>	<b>60</b>	<b>23</b>	<b>334</b>	<b>120</b>	<b>214</b>	<b>5,830</b>	<b>5,830</b>
<b>Subtotal CapEx Within Control Total</b>	<b>123</b>	<b>98</b>	<b>25</b>	<b>396</b>	<b>198</b>	<b>198</b>	<b>9,515</b>	<b>9,515</b>
<b><i>CapEx Expenditure Outside of Control Total</i></b>								
Low Carbon Heating System WBCH	0	0	0	0	0	0	610	610
PPH 'Place of Safety'	0	0	0	0	0	0	1,850	1,850
Statutory Compliance	0	0	0	0	0	0	110	100
Environment & Sustainability / Zero Carbon	0	0	0	0	0	0	150	134
Other PFI projects	0	0	0	2	0	2	185	211
Donated	0	0	0	0	0	0	0	0
<b>Subtotal Capex Outside of Control Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2,905</b>	<b>2,905</b>
<b><i>Central Funding</i></b>								
<b>Total Capital Expenditure</b>	<b>123</b>	<b>98</b>	<b>25</b>	<b>398</b>	<b>198</b>	<b>200</b>	<b>12,420</b>	<b>12,420</b>

### Key Messages

Schemes within control total at the end of the year are overspent by £25k in month and £0.2m year to date. The overspend is primarily within IM&T System and Network Developments which relates to specifically to locality requests for equipment. Spend in this areas has been increasing driven by higher staffing numbers and increase in part-time staff. Further work is planned around approval for these requests.

The capital plan currently includes £0.4m of over programming which will need to be addressed in year either through slippage or securing additional CDEL from ICS partners.

The Place of Safety scheme which was due to commence and complete in year will now not complete until early 24/25. This is due the additional work being undertaken in order to finalise the application for the Deed of Variation which has now been issued to the PFI funding provider and which we expect to have approval of towards the end of the calendar year.



**Trust Board Paper - Public**

<b>Board Meeting Date</b>	11 July 2023
<b>Title</b>	<b>True North Performance Scorecard Month 2 (May 2023) 2023/24</b>
	<b>ITEM FOR NOTING</b>
<b>Purpose</b>	To provide the Board with the True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and Quality Improvement (QI) break through objectives for 2023/24.
<b>Business Area</b>	Trust-wide Performance
<b>Author</b>	Chief Financial Officer
<b>Relevant Strategic Objectives</b>	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care, and consistently meet or exceed the standards of Care Quality Commission (CQC) and other stakeholders.
<b>CQC Registration/Patient Care Impacts</b>	All relevant essential standards of care.
<b>Resource Impacts</b>	None.
<b>Legal Implications</b>	None.
<b>Equality and Diversity Implications</b>	None.
<b>Summary</b>	The True North Performance Scorecard for Month 2 2023/24 (May 2023) is included.  Individual metric review is subject to a set of clearly defined “business rules” covering how metrics should be considered dependent on their classification for driver

improvement focus, and how performance will therefore be managed.

The business rules apply to three categories of metric:

- **Driver metric:** the few key improvement drivers with target performance and will be the focus of meeting attention.
- **Tracker Level 1 metric:** no attention required if within set threshold for the period. Threshold performance usually defined by regulator / external body and relates to “must do” national standards or areas of focus. Update required if threshold performance is missed in one month.
- **Tracker metric:** no attention required unless performance is deteriorating from threshold for a defined period (over four months). Threshold set internally, where sustained underperformance will trigger a review of threshold level or need to switch to a driver metric dependent on capacity.

## Month 2

**Performance business rule exceptions, red rated with the True North domain in brackets:**

### Breakthrough and Driver Metrics

Context and update to driver performance to be provided in discussion of counter measure action and development:

- Clinically Ready for Discharge by Wards (Mental Health) – **(Patient Experience)** – a new indicator for 2023/24, is at 288 against a 250 bed day target.
- I Want Great Care Positive Score **(Patient Experience)** - at 94.2% against a 95% target.
- I Want Great Care Compliance Rate **(Patient Experience)** – at 3.3% against a 10% target.

### Tracker 1 Metrics (where red for 1 month or more)

- Meticillin-resistant Staphylococcus Aureus (MSSA) Bacteraemias (Cumulative year to date) **(Regulatory Compliance)** – there was 1 incident in May against a target for the year of 0.
- People with Common Mental Health Conditions Referred to IAPT Completing a Course of Treatment Moving to Recovery - **(Regulatory Compliance)** – at 48%, below the 50% target.
- Proportion of Patients Referred for Diagnostic Tests who have been Waiting for Less than 6 weeks (DM01 – Audiology) **(Regulatory Compliance)** – at 83.4% against a target of 95%. Recovery plan in place, and trajectory is improving.

	<ul style="list-style-type: none"> <li>• Sickness rate (<b>Regulatory Compliance</b>) – red at 4.07% against a target of 3.5%. This is not a “hard” compliance focus with NHSE but is tracked. Twelve months red.</li> <li>• Children and Young People (CYP) referred for an assessment or treatment of an Eating Disorder (ED) will access NICE treatment &lt;1 week (Urgent) (<b>Regulatory Compliance</b>) – red at 83.3% against a 95% target. This is a newly introduced national target that is challenging to achieve for trusts as evidenced by regional and national benchmarking.</li> <li>• Children and Young People (CYP) referred for an assessment or treatment of an Eating Disorder (ED) will access NICE treatment &lt;4 weeks (Routine) (<b>Regulatory Compliance</b>) – red at 50% against a 95% target. This is a newly introduced national target that is challenging to achieve for trusts as evidenced by regional and national benchmarking.</li> </ul> <p><b>Tracker Metrics (where red for 4 months or more)</b></p> <ul style="list-style-type: none"> <li>• PDP (% of staff compliant) Appraisal (<b>Supporting Our Staff</b>) – at 85.5% against a 95% target by 31st May 2023.</li> <li>• Health Visiting: New Birth Visits within 14 days (<b>Patient Experience</b>) – at 76.7% against a 90% target. Challenges remain in the Reading team.</li> <li>• Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019 (<b>Patient Experience</b>) – at 15.2% against a 20% target – 12 months red. Was suspended over the pandemic and will be refreshed.</li> <li>• Self-harm Incidents within the Community (<b>Harm Free Care</b>) – at 44 incidents against a target of 31. Further work looking into this metric is being conducted. Is a driver metric for Crisis services and there is an uptake in recording.</li> <li>• Community Health: Medically Optimised for Discharge (<b>Efficient Use of Resources</b>) - at 23.7% against a target of 7.5%. A positive reporting shift is placing a focus on mental health delays in the systems.</li> <li>• Mental Health Acute Occupancy rate (excluding home leave) (<b>Efficient Use of Resources</b>) – at 94.4% against an 85% target. Red for 12 months.</li> <li>• Mental Health: Acute Average Length of Stay (bed days) (<b>Efficient Use of Resources</b>) – at 43 days against a target of 30 days. Pressures continue, and length of stay remains a focus for teams. An improvement project is underway.</li> </ul>
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<b>Action</b>	The Board is asked to note the True North Scorecard.
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## True North Performance Scorecard – Business Rules & Definitions

The following metrics are defined as and associated business rules applied to the True North Performance Scorecard:

<b>Driver</b> - True North / break through objective that has been prioritised by the organisation as its area of focus	<b>Tracker Level 1</b> - metrics that have an impact due to regulatory compliance	<b>Tracker</b> - important metrics that require oversight but not focus at this stage in our performance methodology
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Rule #	Metric	Business Rule	Meeting Action
1	<b>Driver</b> is <b>Green</b> in current reporting period	Share success and move on	<b>No action</b> required
2	<b>Driver</b> is <b>Red</b> in current reporting period	Share top <b>contributing reason</b> , the amount this contributor impacts the metric, and <b>summary of initial action(s)</b> being taken	Standard structured <b>verbal</b> update
3	<b>Driver</b> is <b>Red</b> for <b>2+</b> reporting periods	Produce full structured <b>countermeasure summary</b>	Present full written <b>countermeasure analysis and summary</b>
4	<b>Driver</b> is <b>Green</b> for <b>6</b> reporting periods	Retire to <b>Tracker</b> level status	Standard structured <b>verbal</b> update and retire to <b>Tracker</b>
5	<b>Tracker 1 (or Tracker)</b> is <b>Green</b> in current reporting period	<b>No action</b> required	<b>No action</b> required
6	<b>Tracker</b> is <b>Red</b> in current reporting period	Note metric performance and move on unless they are a <b>Tracker Level 1</b>	If <b>Tracker Level 1</b> , then structured <b>verbal</b> update
7	<b>Tracker</b> is <b>Red</b> for <b>4</b> reporting periods	Switch to <b>Driver</b> metric	Switch and replace to <b>Driver</b> metric (decide on how to make capacity i.e. which <b>Driver</b> can be a <b>Tracker</b> )

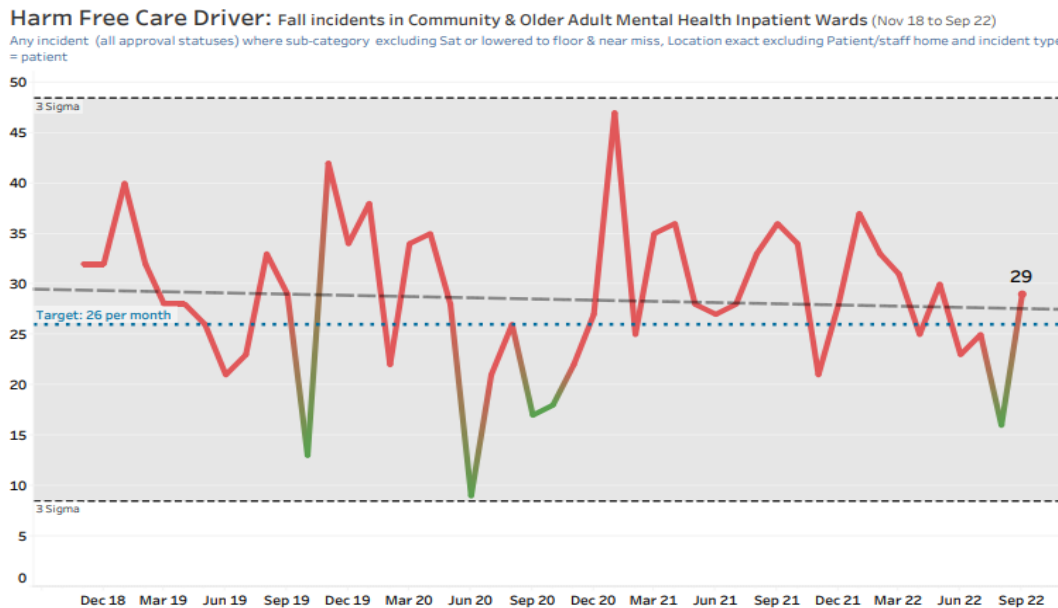
## Business Rules for Statistical Process Control (SPC) Charts

### Why Use SPC Charts

We intend to use SPC charts to gain a better understanding about what our data is telling us. We can use this understanding to support making improvements. It will ensure we don't overreact to normal variation within a system.

### Components of an SPC Chart

The charts have the following components with an example below:



- A target line (the blue dotted line)
- A longer series of data points
- Upper Control Limit (UCL) to 3 Sigma
- Lower Control Limit (LCL) to 3 Sigma
  - These process limits (UCL & LCL) are defined by our data and calculated automatically. If nothing changes with the process, we can expect 99% of data points to be within these limits. They tell us what our system is capable of delivering. Our data will vary around these process limits. It provides a context for targeting improvement.

### Variation

There are 2 types of variation:

1. Common cause variation, which is 'normal' variation (within the UCL & LCL)
2. Special cause variation (or unusual variation) which is something outside of the normal variation and outside of the process control limits (UCL & LCL)

### Rules

- A series of 6 or more data points above or below the target is statistically relevant. It indicates that something in process has changed.
- A trend: either rising or falling of more than 6 data points – we should investigate what has happened.
  - We should reset baseline following a run of 6 data points (either up or down).
- Follow the True North Performance business rules for other metric actions.

		Harm Free Care											
Metric	Target	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	42 per month	Red	Red	Red	Green	Green	Green	Green	Green	Red	Green	Green	Green
Restrictive Interventions	TBC	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey

		Patient Experience											
Clinically Ready for Discharge by Wards MH(excluding OAPS)	250 bed days per month	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Red	Red
IWGC Positive Score %	95% compliance from April 22	Red	Green	Green	Red	Green	Red	Red	Red	Red	Red	Red	Red
IWGC Compliance %	10% compliance	1.0%	1.3%	2.3%	2.2%				2.7%	.8%	2.3%		2.6%

## Performance Scorecard - True North Drivers

### Supporting our Staff

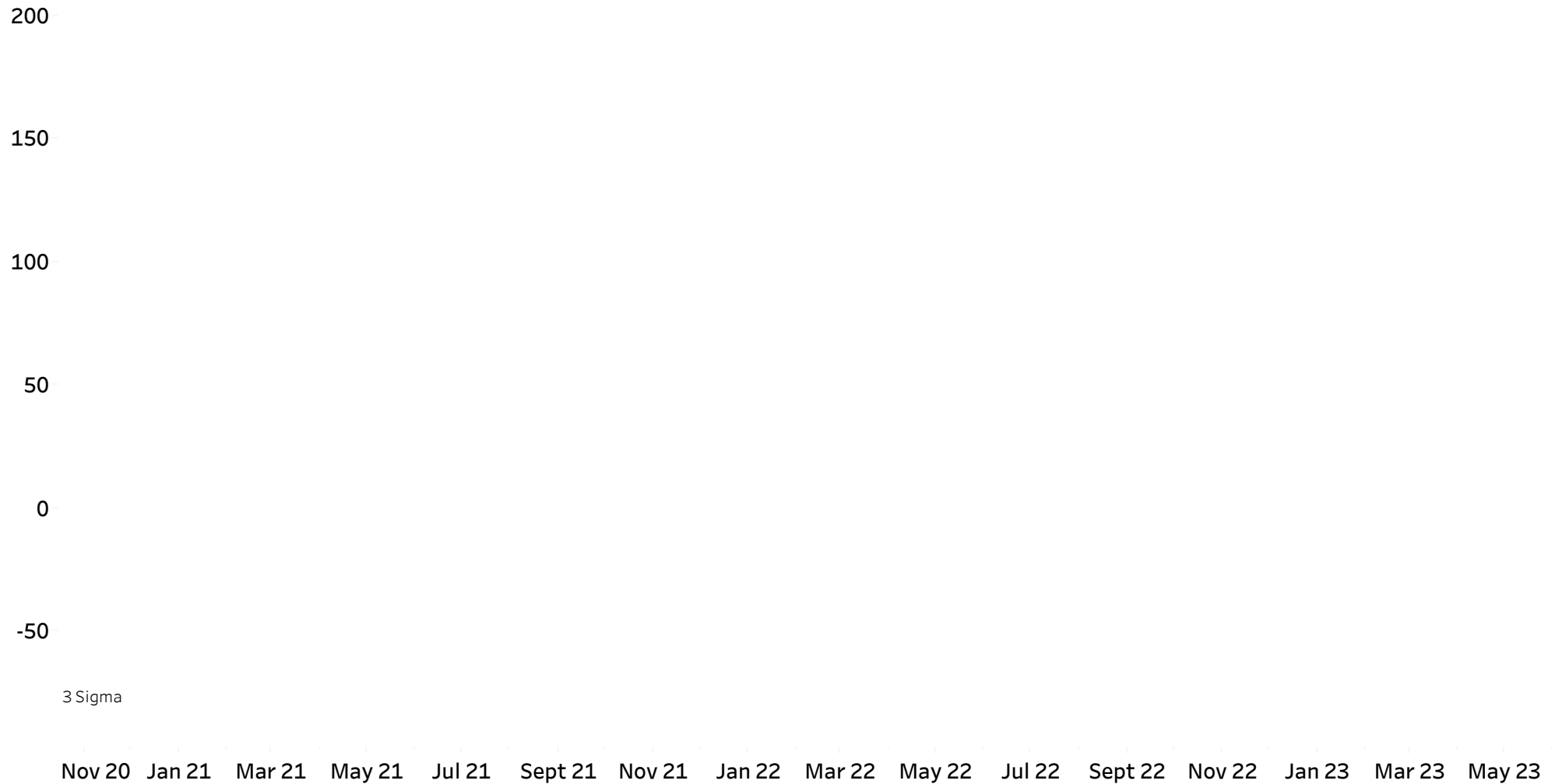
Metric	Target1	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Physical Assaults on Staff	44 per month	51	39	56	36	39	6	32	8	36	128	122	38
Staff turnover (excluding fixed term posts)	<=16% per month	16.76%	16.89%	17.02%	16.98%	16.5%	16.32%	16.52%	16.21%	15.69%	15.85%	15.85%	14.87%

### Money Matters

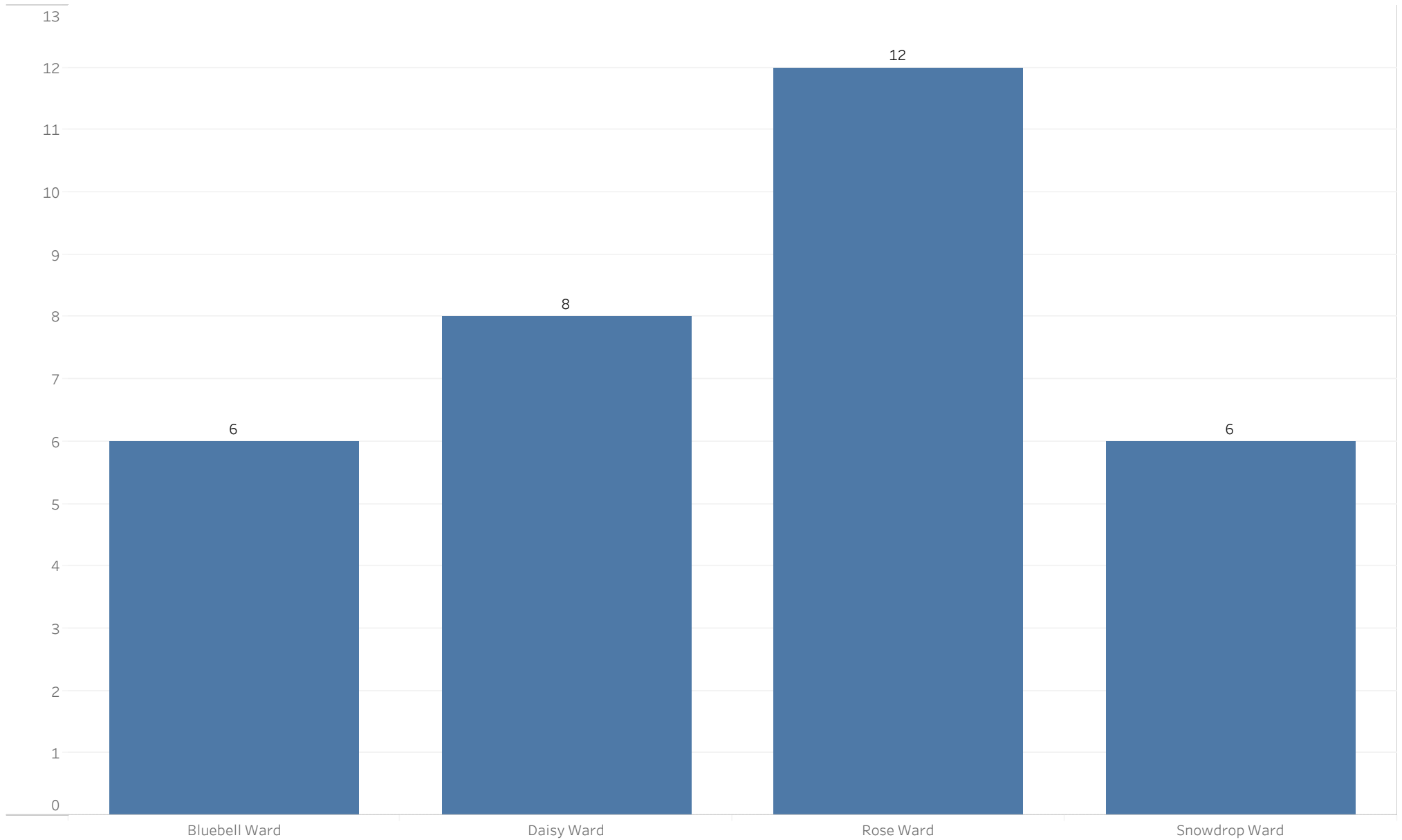
YTD variance from control total (£'k)	1.3m	149	400	506	714	774	822	1092	1277	1818	989	0	440
Inappropriate Out of Area Placements	270 Cumulative Total Q1 2023/24	112	144	329	524	266	484	591	50	112	212	80	85

# Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) (Dec 20 to May 23)

Any incident (all approval statuses) where category = self harm



## Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (May 2023)



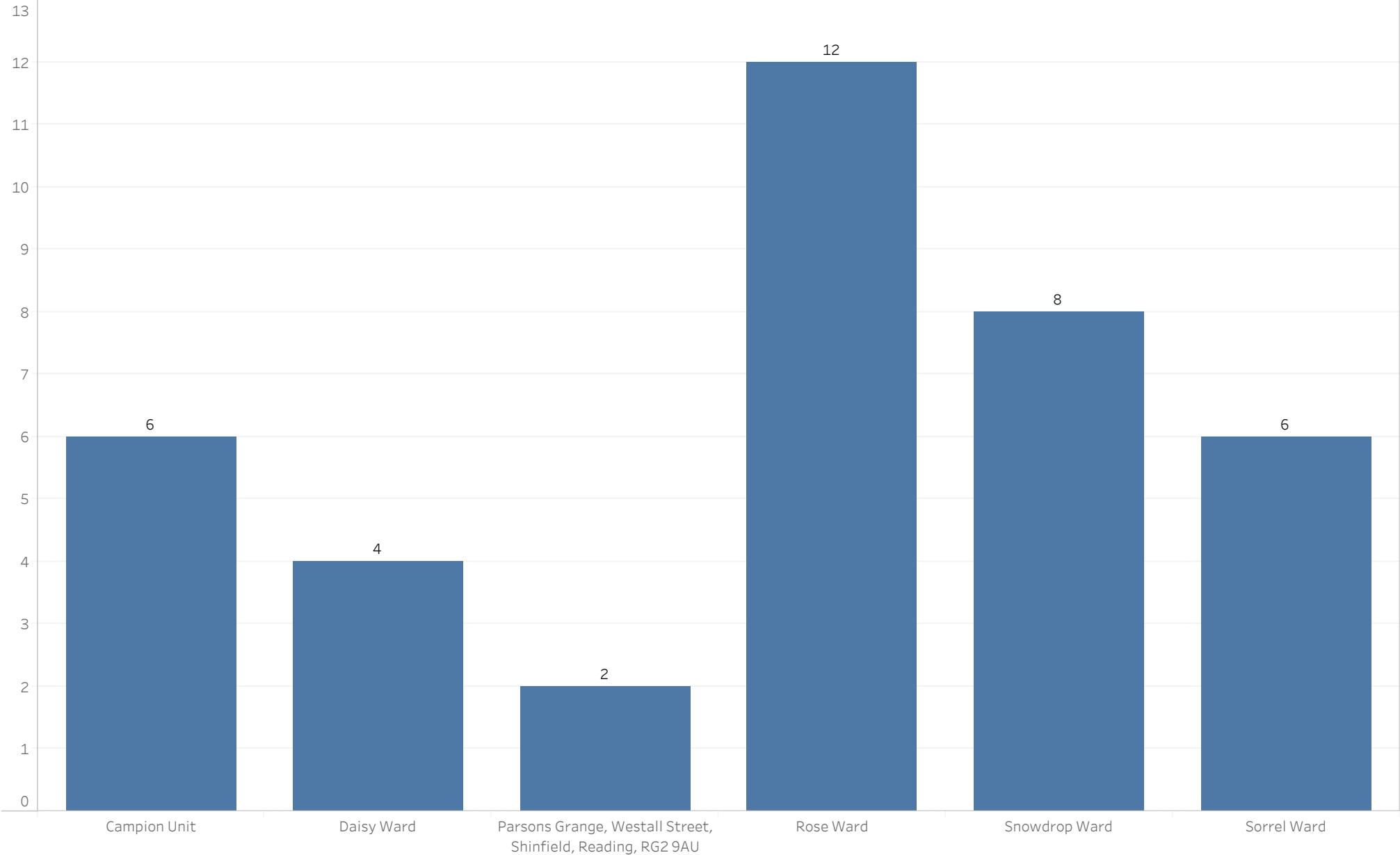
# Supporting Our Staff Driver: Physical Assaults on Staff (Nov 20 to May 23)

Any incident where sub-category = assault by patient and incident type = staff

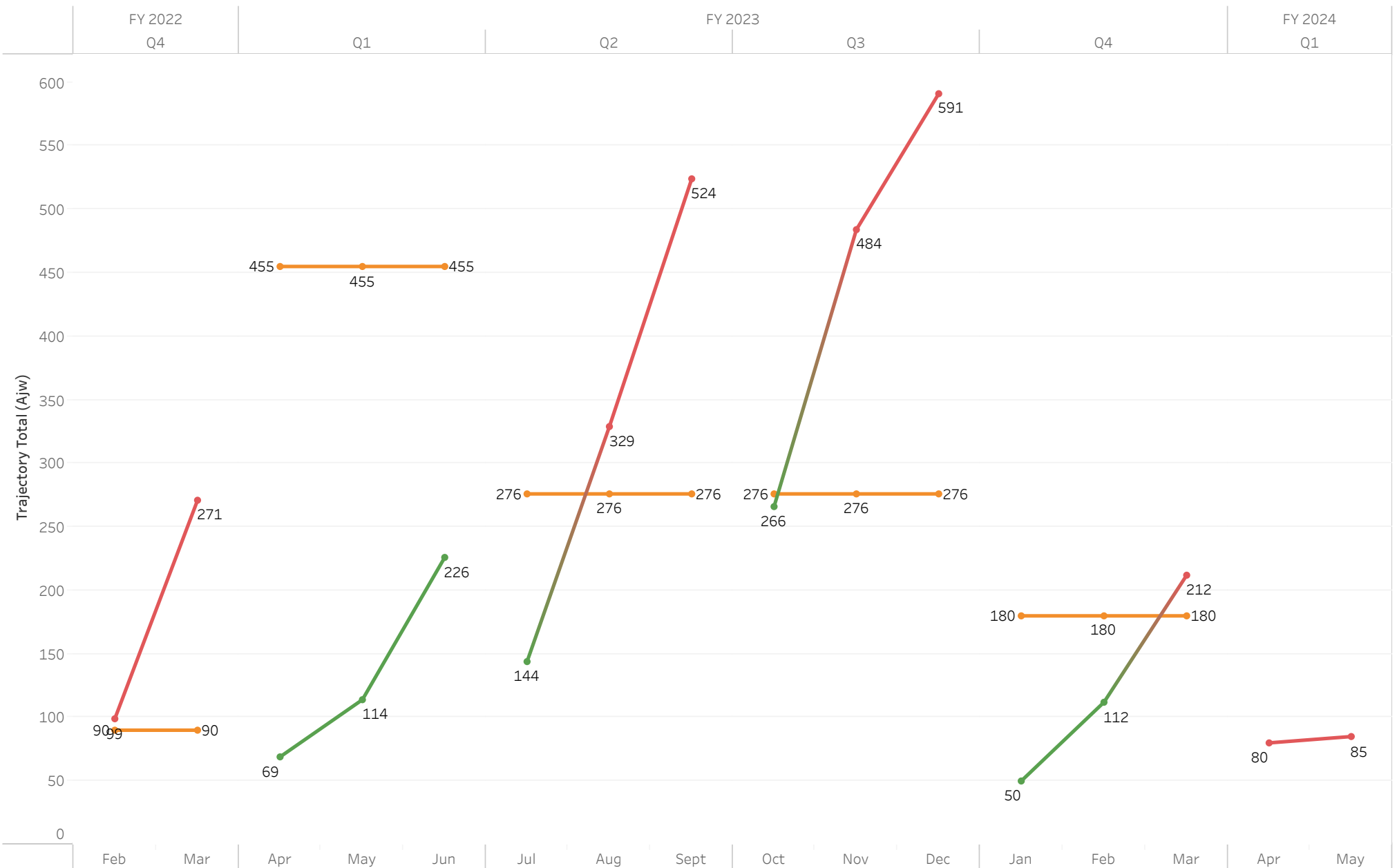




# Supporting Our Staff Driver: Physical Assaults on Staff by Location (May 2023)



# Money Matters Driver: Inappropriate Out of Area Placements



## True North Supporting Our Staff Summary

### Tracker Metrics

		Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Statutory Training: Fire: %	90% compliance	91.8%	91.8%	91.1%	90.7%	89.6%	92.0%	96.2%	92.2%	92.8%	93.2%	93.0%	93.8%
Statutory Training: Health & Safety: %	90% compliance	95.5%	95.9%	95.9%	96.0%	96.1%	96.1%	96.1%	96.1%	96.2%	95.9%	95.9%	95.6%
Statutory Training: Manual Handling: %	90% compliance	90.2%	89.2%	90.8%	90.0%	91.4%	93.1%	93.2%	92.3%	92.6%	94.3%	94.5%	93.2%
Mandatory Training: Information Governance: %	95% compliance from April 22	95.8%	96.0%	95.9%	96.9%	96.5%	98.1%	93.2%	96.0%	96.8%	97.0%	97.4%	97.6%
PDP (% of staff compliant) Appraisal: %	95% compliance by 31 May 2023	98.2%	92.3%	91.4%	89.9%	88.1%	85.0%	85.0%	85.0%	81.9%	80.4%	14.6%	85.5%

## True North Patient Experience Summary

### Tracker Metrics

		Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Mental Health: Prone (Face Down) Restraint	4 per month	2	0	1	3	1	1	6	2	13	9	3	1
Patient on Patient Assaults (MH)	25 per month	12	17	14	21	21	20	25	15	13	28	22	15
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	85.1%	86.5%	87.2%	82.5%	69.8%	65%	79.1%	79.2%	86.8%	85.9%	77.6%	76.7%
Mental Health: Uses of Seclusion	13 in month	5	9	6	7	6	6	13	6	6	6	5	12
		Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month	23	25	16	29	18	31	23	36	19	24	25	23
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	85%	79%	80%	78%	80%	79%	80%	80%	81%	84%	83%	87%	84%

## True North Harm Free Care Summary (2)

### Tracker Metrics

Metric	Threshold / Target	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Pressure ulcers acquired due to lapse in (Inpatient Wards)	<10 incidents	0	0	0	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community East)	< 6 incidents	0	0	0	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community West)	< 6 incidents	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health: AWOLs on MHA Section	10 per month from April 2022	11	15	8	7	10	12	5	10	3	11	6	11
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	3	1	8	0	1	0	2	0	1	1	2	0
Mental Health: Readmission Rate within 28 days: %	<8% per month	5.79	7.92	2.85	5.87	6.45	1.45	1.53	1.40	1.68	2.62	2.90	5.70
Patient on Patient Assaults (LD)	4 per month	1	0	2	2	2	2	0	1	1	5	0	1
Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019	20% from June 2021	14.6%	14.1%	13%	13.5%	13.3%	13.7%	13%	13.6%	13.9%	14.4%	14.4%	15.2%
Suicides per 10,000 population in Mental Health Care (annual)	7.4 per 10,000	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7
Self-Harm Incidents within the Community	31 per month	25	32	36	8	21	51	37	57	51	52	44	44
Pressure Ulcer with Learning	Tbc											2	2
Gram Negative Bacteraemia	1 per ward per year	0	0	0	0	0	0	0	0	0	0	0	0

## Efficient Use of Resources

### Tracker Metrics

		Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Mental Health: Medically Optimised for Discharge (NHSI target) Monthly and Quarterly)	7.50%	9.49%	8.73%	10.1%	8.78%	9.64%	12.4%	12.2%	6.16%	5.05%	8.11%	12.5%	16.3%
Community Inpatient Occupancy	80-85% Occupancy	82.5%	80.7%	83.6%	87.4%	88.1%	87.7%	86.8%	90.8%	89.3%	89.4%	87.8%	83.5%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %	80% Occupancy	90.51%	80.82%	87.72%	87.90%	87.59%	85.75%	80.20%	89.56%	86.82%	78.12%	91.18%	92.60%
DNA Rate: %	5% DNAs	4.92%	1.02%	5.19%	5.24%	4.97%	5.22%	5.20%	4.85%	4.76%	4.92%	5.02%	4.79%
Community: Medically Optimised for Discharge Monthly and Quarterly: %	7.5% Delays	2.91%	11.9%	10.3%	18.5%	17.1%	21.5%	21.7%	16.6%	19.0%	24.3%	23.2%	23.7%
Mental Health: Acute Occupancy rate (excluding Home Leave):%	85% Occupancy	95.9%	94.2%	97.2%	97.1%	96.3%	96.3%	89.7%	97.1%	95.3%	94.8%	94.4%	94.4%
Mental Health: Acute Average Length of Stay (bed days)	30 days	47	43	35	50	38	62	37	43	50	55	41	43

## Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
C.Diff due to lapse in care (Cumulative YTD)	6	2	2	2	2	2	2	2	2	2	2	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) infection rate	tbc	0	0	0	0	0	1	0	0	0	0	0	1
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	1	1	1	2	2	3	3	3	3	3	0	1
Count of Never Events (Safe Domain)	0	0	0	0	0	0	0	0	1	0	0	0	0
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	60% treated	100	86	100	100	83.3	92.8	85.7	91.6	87.5	90	88	75
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.0			99.5	99.2	99.5	99.6	99.2	99.3	99.3	99.2	99.3
People with common mental health conditions referred to Talking Therapies will be treated within 18 weeks from referral: %	95% treated	100	100	100	100	100	100	100	100	100	100	100	100
People with common mental health conditions referred to Talking Therapies will be treated within 6 weeks from referral: %	75% treated	96	95	96	94	95	93	94	95	95	95	94	94
People with common mental health conditions referred to Talking Therapies completing a course of treatment moving to recovery: %	50% treated	56.0	51.8	49	49	47	52	48	45.5	46	46.5	46.5	48
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% to March 2025	71.7	47.1	55.6	40.9	35	66.4	82.8	72.4	72.4	69.0	61.2	83.4
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	99.2	97.8	98.7	100	100	100	100	100	100	100
Sickness Rate: %	<3.5%	4.41	5.29	4.37	4.56	4.91	4.59	5.16	4.32	4.30	4.16	3.75	4.07
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	50%	85.7%	50%	66.7%	66.7%	100%	57.1%	100%	66.6%	66.6%	50%	83.3%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	100%	87.5%	100%	100%	100%	75%	83.3%	100%	88.8%	66.6%	100%	50%
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	0

## Regulatory Compliance - System Oversight Framework

Metric	Threshold / T..	Jun 22	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Community Health Services: 2 Hour Urgent Community Response %.	80%	89.2%	90.2%	90.4%	88.2%	92.2%	88.9%	85.8%	88.5%	88.5%	89.3%	83.1%	84.2%
E-Coli Number of Cases identified	Tbc	1	0	1	0	1	1	0	0	0	0	0	1
Mental Health 72 Hour Follow Up	80%	98.4%	94.7%	98.5%	98.5%	96.5%	93.6%	87.2%	94.0%	88.6%	93.0%	96.4%	91.7%
Adult Acute LOS over 60 days % of total discharges	TBC							21.8%	26.5%	50%	27.3%	24.1%	25.8%
Older Adult Acute LOS over 90 days % of total discharges	TBC							55.5%	57.0%	40.8%	60%	66.7%	66.7%



**Trust Board Paper**

<b>Board Meeting Date</b>	11 <sup>th</sup> July 2023
<b>Title</b>	<b>People &amp; EDI Strategy Update</b>
<b>For Noting</b>	
<b>Purpose</b>	<b>To update the board on our progress and next steps on delivery of each workstream in the People &amp; ED&amp;I strategy</b>
<b>Business Area</b>	<b>People Directorate</b>
<b>Author</b>	<b>Jane Nicholson, Director of People</b>
<b>Relevant Strategic Objectives</b>	True North Goal 2: Supporting our staff. However, the People Strategy supports all of our goals. The ED&I Strategy supports both our patients and our people.
<b>CQC Registration/Patient Care Impacts</b>	Deliver safe, compassionate, high-quality care and a good patient experience through a skilled and engaged workforce. The CQC measures our progress against ED&I objectives both for population health inequalities and also our workforce.
<b>Resource Impacts</b>	The paper will update the board on our programmes of work across the people directorate which includes the EDI team.
<b>Legal Implications</b>	N/A
<b>Equality and Diversity Implications</b>	Updates on Equality, Diversity and Inclusion work included in this paper.

<b>SUMMARY</b>	The purpose of this paper is to give the Board oversight of the current People & EDI Strategy workstreams led by the People Directorate in support of our workforce challenges.
<b>ACTION REQUIRED</b>	To note the report and seek any clarification.

Our People Strategy runs until 2024 and the People Directorate continues to translate this strategy into action. Our strategy based around our four key priorities:

- Growing and Retaining for the Future
- Looking after our People
- Belonging to the Trust
- New Ways of Working



Our key programmes of work this year and progress against plan are summarised on the attached document.

**Measures of Success**

Our key measure of success is our turnover rate as we know the constant recruitment and replacement of staff is:

- a principal indicator of waste in our workforce
- creates increased pressure on overburdened staff as they seek to cover workforce gaps
- can be an indicator of staff dissatisfaction

This year the Trust agreed an ambition to reduce our turnover to 12% which is in line with NHS national turnover levels. We recognise that achieving this figure will be hard and won't happen quickly as current turnover levels are at 14.88%. However, having seen turnover reach a high of over 17% last year, we are pleased that turnover is beginning to show a downward trend.

**Key Highlights to Report**

**Anti-racism**

Our anti-racism work is progressing well with our strategy and action plan in final consultation with key stakeholders. We are also delighted that our work in this space has been held up as an exemplar within the Frimley system.

**Leadership Refresh**

Our refreshed leadership offer is now being finalised and subject to agreement for the resources to support this work, we will be able to launch this new offer in the autumn.

### **New Talent Approach and Cascade of Talent Boards**

One of the key themes that came from our Rapid Improvement Event looking at reasons for high turnover, was lack of career progression support. Our clinical education team is therefore working on a competency-based progression model whereby we can identify pools of staff who are ready for a move to their next grade. This work has started with defining the competencies and behaviour which would indicate that Grade 5 physical health nurses would be ready to progress to Grade 6 roles.

At senior grade levels, following engagement with participants in our talent review process, we have launched our new Talent Cycle Model. This will be trialled at the senior talent board which looks at direct reports to the executive team. The plan is then to roll out the new approach to talent management review and succession planning processes to all senior operational, clinical and corporate teams.

### **Workforce planning & optimisation**

We have commenced the roll out of e-Roster to all staff which means that by the end of the year we will be compliant with the national e-Rostering Standards.

Working together with Finance and Operational colleagues, we have developed our first ever trust-wide recruitment plan. Looking at our historical turnover levels and recruitment data plus the anticipated student and apprentices qualifying this year has enabled us to identify the workforce gaps which are likely to remain unfilled. This allows us to prioritise our candidate attraction resources as well as begin conversations around alternative workforce solutions with services.

## **Key Challenges**

### **Recruitment**

There has been a national outage of TRAC which at the time of writing had caused disruption for over seven days. This has led to recruitment delays as our recruitment team have had to resort to manual processes.

### **Appraisals**

Our appraisal completion rate by the end of May deadline date was disappointing this year. This seems to be a combination of a new online appraisal system (which no longer allows people to tick a box to say that an appraisal has been completed), changes to reporting lines due to the recent Ops Restructure and a trend of gradually declining appraisal completion rates by the deadline. We however, continue to press for appraisal completions and our rate at the end of June stood at 86% against a target of 95%.

### **Sickness Levels in Directorate**

We have had sickness levels of up to 10% in the past couple of months. This includes two staff with long term health conditions waiting to access NHS services for which waiting lists are over five months.

# Berkshire Healthcare – People Strategy Programmes 2023 Overview

**Trust Strategy Objectives** ✓

A great place to work for everyone ✓

**Which Strategies does this relate to?**

People Strategy  
EDI Strategy  
Safety Culture

**Trust POAP**

Harm-free care

Good patient experience

Supporting our people ✓

Efficient use of resources

**Programme SRO**

Jane Nicholson

**Support from other Services**

Violence Reduction - Wellbeing Matters  
IMT – Digital Transformation  
Ops – e-Roster roll out

## Priority Themes & Programmes of Work

New programmes of work can only be added if an existing programme is complete

Themes & Programmes of Work	Deliverables/Outcomes	Measures
<b>Growing and retaining for the future</b> New ways of recruiting  <b>Growing our own</b>	<p>We will deliver a fundamental review of our recruitment and attraction processes to reach out to wider groups of candidates to ensure that we fill more vacancies with under-represented groups and that candidates report that our process feel fair and inclusive.</p> <p>Develop competency based progression pathways and pool of internal candidates ready for appointment into new roles, reducing the turnover rate and keeping staff. Develop a talent management process that actively supports fair and inclusive internal progression and is available to all staff.</p>	<p>Relative likelihood of white and non-disabled applicants being appointed compared to BAME and disabled applicants is below 1 (WRES 2 and WDES 2). Candidates report that our processes are fair and inclusive</p>
<b>Looking after our people</b> Excessive working hours  <b>Violence reduction and prevention</b>	<p>We understand reasons for and develop a series of countermeasures to reduce unpaid excessive hours and that we work towards full compliance with the working time directive.</p> <p>We review our approach to violence prevention so that we target the right groups for training and our staff have the skills, confidence and knowledge to keep themselves and patients as safe as possible</p>	
<b>Belonging to the Trust</b> Compassionate and inclusive leadership  <b>Anti-racism</b>	<p>We will deliver a new management and leadership development strategy that will provide our managers and leaders with the practical tools, support and development to be inclusive and compassionate, supporting them to be the best they can be in their roles, and role model, nurture the behaviours we want across our organisation.</p> <p>We will develop an anti-racism approach that will be deliberate, intentional and impactful but will make a lasting difference to the experience of our BAME colleagues.</p>	<p>Reduction in staff reporting unpaid hours in the staff survey so we are in line with NHS average</p> <p>Training compliance is above 95% and the no of staff reporting aligns with the no reporting through the staff survey</p> <p>Improved responses in the manager scores of the staff survey - metrics yet to be agreed</p> <p>WRES / WDES metrics agreed and improving year on year</p>
<b>News ways of working (Transformation)</b> Digital transformation  <b>Workforce and recruitment planning</b>  <b>Workforce visibility, deployment &amp; optimisation</b>	<p>A programme of digitalisation and business process improvement will enable our staff to exploit technology and new ways of working to provide patients and carers with easy digital access to all our Directorate services.</p> <p>Understanding of our workforce gaps/risks created by turnover and growth, and planned mitigations both in year and beyond in collaboration with our services. This will include the deployment of reservists to meet demand during peak periods.</p> <p>Delivery of improved recording, transparency and management of all planned and unplanned non-working time, together with real time workforce information. Continued improvements against the NHSI Levels of Attainment</p>	<p>A (appointment) forms will be digitalised and improved, saving time for staff and ensuring a swifter and better experience for all staff</p> <p>Measured by planned productivity savings Performance against planned workforce WTE in business plan 90% of all (non-medical) Trust staff on eRoster. Attainment of NHSEI standard</p>

## RAG Rating

Progress delayed	Red
Some but not all aspects delayed	Yellow
All on time and to plan	Green

## Risks & Mitigations

EDI budget - currently overspent due to last financial year  
More resources required for Ergonomics, Leadership & Resus  
Sickness at 10%  
Agency support workers  
HCAS / Homeworking

## Budget Update

The Directorate is currently over control total and using short term funding to cover fixed headcount costs.

## Issues for the TBG/SPG/

Resus trainer move from FTC to permanent  
Leadership resources  
Ergonomics 0.6FTE to 1.0FTE

## Upcoming Activity

E-Roster implementation  
Leadership Offer  
Anti-racism

# Berkshire Healthcare – People Strategy Programmes May / June 2023 Update

## Trust Strategy Objectives



A great place to work for everyone



## Which Strategies does this relate to?

- People Strategy
- EDI Strategy
- Safety Culture

## Trust POAP

- Harm-free care
- Good patient experience
- Supporting our people
- Efficient use of resources

## Programme SRO

Jane Nicholson

## Support from other Services

- Violence Reduction - Wellbeing Matters
- IMT – Digital Transformation
- Ops – e-Roster roll out

## Priority Themes & Programmes of Work

New programmes of work can only be added if an existing programme is complete

Themes & Programmes of Work	Update on Programme	Measures update & RAG Rating
<b>Growing and retaining for the future</b> <i>New ways of recruiting</i>	First draft of recruitment workforce plan created. 'Working for us' video filming completed and now editing underway. First draft available at the end of June. First Health & Social Care Live event attended at Westfields. Over 500 attendees visited our stand, however it is recognised that most candidates require UK visa sponsorship. Princes Trust Early Careers event planned for next week.	Relative likelihood of white and non-disabled applicants being appointed compared to BAME and disabled applicants is below 1 (WRES 2 and WDES 2). Candidates report that our processes are fair and inclusive
<b>Growing our own</b>	Draft process developed for competency based progression, initially for Band 5 to Band 6 community nursing roles. Process will be presented at July SPG for views and feedback from operational managers.	
<b>Looking after our people</b> <i>Excessive working hours</i>	Analysis of the data on-going for paid hours as agreed with the working group. Further meeting of the group scheduled for July.	Reduction in staff reporting unpaid hours in the staff survey so we are in line with NHS average
<b>Violence reduction and prevention</b>	Update on programme and reason for rag rating	Training compliance is above 95% and the no of staff reporting aligns with the no reporting through the staff survey
<b>Belonging to the Trust</b> <i>Compassionate and inclusive leadership</i>	Leadership and Talent strategy taken to exec on 21/6/23 for final discussion. Resources to support the new leadership programme need to be approved.	Improved responses in the manager scores of the staff survey - metrics yet to be agreed
<b>Anti-racism</b>	Senior talent review and succession planning will take place in July and August using the new talent cycle approach rather than the grid.	WRES / WDES metrics agreed and improving year on year
<b>News ways of working (Transformation)</b> <i>Digital transformation</i>	Following a workshop with Finance, decision made to pilot the authorisation module in TRAC, which will change the way managers initiate recruitment. Currently working through the process to do this. Discussions with IT planned for this week to consider re-starting the HR Business Process Improvement automation work, based on resources/priorities.	Improve time to hire
<b>Workforce and recruitment planning</b>	Gap analysis first draft completed and shared with HR People Partners to commence divisional discussions. Reservist recruitment underway with NHSP.	Measured by planned productivity savings Performance against planned workforce WTE in business plan
<b>Workforce visibility, deployment &amp; optimisation</b>	ERoster expansion is on plan with 71 missing costcentres having attended an intro session, 31 of which have returned the data gathering needed and their rosters have been built. Forthcoming focus is on training and agreeing the go live dates to enable improved reporting to support productivity focus.	90% of all (non-medical) Trust staff on eRoster. Attainment of NHSEI standard

## RAG Rating

- Progress delayed
- Some but not all aspects delayed
- All on time and to plan

## Risks & Mitigations

- EDI budget - currently overspent due to last financial year
- More resources required for Ergonomics, Leadership & Resus
- Sickness at 10%
- Agency support workers
- HCAS / Homeworking

## Budget Update

The Directorate is currently over control total and using short term funding to cover fixed headcount costs.

## Issues for the TBG/SPG/

- Resus trainer move from FTC to permanent - agreed by TBG
- Leadership resources

## Upcoming Activity

- E-Roster expansion
- Leadership Offer
- Anti-racism

**Trust Board Paper**

<b>Board Meeting Date</b>	
<b>Title</b>	<b>Anti-racism Strategy and Action Statement</b>
	Item for Decision
<b>Purpose</b>	This paper sets out our approach to becoming an anti-racist organisation and proposes our Trust anti-racism action statement that has been co-created with REN, colleagues and community.
<b>Business Area</b>	People Directorate
<b>Author</b>	Ash Ellis, Deputy Director for Inclusion, Leadership and Organisational Experience
<b>Relevant Strategic Objectives</b>	Make Berkshire Healthcare a great place to work for our people. Trust Strategy Anti-racism commitment in addressing staff experience differential.
<b>CQC Registration/Patient Care Impacts</b>	The relevance of this paper supports all CQC KLOEs and patient experience.
<b>Resource Impacts</b>	The paper references work that needs to be undertaken across the Trust.
<b>Legal Implications</b>	This supports our public sector equality duty, although is not a mandated document required by Trusts.
<b>Equality and Diversity Implications</b>	This paper sets out how we will become an anti-racist organization, removing any differential in experience, outcomes, access for our workforce and patients.
<b>SUMMARY</b>	<ul style="list-style-type: none"> <li>• Share the feedback and themes from our engagement around anti-racism.</li> <li>• Propose our Trust anti-racism action statement that has been co-created with REN, colleagues and community.</li> <li>• Share our approach to transforming Berkshire Healthcare into an anti-racist organisation.</li> <li>• Share the overarching actions that we will take in becoming anti-racist, that have been informed by, and co-produced from our engagement work.</li> </ul>
<b>ACTION</b>	To note the report, seek any clarification and agree the strategy, and proposed action statement.





## Anti-racism Strategy update for June 2023

<b>Lead Director</b>	Jane Nicholson, Director for People
<b>Author</b>	Ash Ellis, Deputy Director for Leadership, Inclusion & OD Karla Inniss, Head of Inclusion, OD Saniya Rizvi, Race Equality Staff Network (REN) Chair
<b>Purpose of Report</b>	This document outlines our strategic approach to Anti-racism and proposed anti-racism action statement
<b>Executive Summary</b>	
<p>Our problem statements have been well documented through our Workforce Race Equality Standard (WRES) and Staff Survey results. Patients too, have seen report after report published to try and address health inequalities for racially minoritised communities. Not enough progress has been made to deliver change against these persistent and unacceptable disparities.</p> <p>To address this more intentionally and directly, our Trust Board held an anti-racism workshop with our Race Equality Network (REN) Chair and members of our Equality Diversity and Inclusion team. This helped to develop an anti-racism action statement and underpinning strategy, informed by engagement with our colleagues and communities.</p> <p>The purpose of this document is to:</p> <ul style="list-style-type: none"> <li>• Share the feedback and themes from our engagement around anti-racism.</li> <li>• Propose our Trust anti-racism action statement that has been co-created with REN, colleagues and community.</li> <li>• Share our approach to transforming Berkshire Healthcare into an anti-racist organisation.</li> <li>• Share the actions that we will take in becoming anti-racist, that have been informed by, and co-produced from our engagement work.</li> </ul>	
<b>Recommendation</b>	The Board is asked to note and approve the anti-racism action statement and subsequent anti-racism strategy.

# Anti-racism strategy and **action statement**



2023



## 1. Executive summary

Nationally and locally, we recognise that racism impacts the lives of our staff and patients with well documented persistent and unacceptable inequality. Our anti-racism approach looks at existing models and our Trust values to build structure to our work, with an abundance of insights. We have also reflected on our progress so far to build momentum with our activity.

Engagement with our staff and communities has helped to develop our action statement (p.16) and set priorities which are mapped to our values to address disparities in outcomes, access, and experience.

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### 3. Foreword

#### a. What does anti-racism mean?

Being anti-racist means **actively** opposing racism by advocating **changes** that promote racial **equity**. Whilst most people would not consider themselves to be racist or hold racist views, anti-racism requires **positive action to oppose** racism in all its forms.

#### b. Limitations and language

There is lots of information about language and how it continuously evolves. Equality, Diversity, Inclusion (EDI) is a widely used term, but we recognise it isn't perfect. The terms 'BAME' Black, Asian and Minority Ethnic, BME 'Black and Minority Ethnic, 'mixed' and 'other' can also be problematic. This is quoted in reference to the name of recognised network groups or the collection of historical data, they are still used by NHS England for example in our regulatory Workforce Race Equality Standard (WRES) Submissions. Microaggressions is another widely used term, which can be problematic. This is used to reference the everyday ways that marginalised groups experience often; subtle, slights, indignities, put-downs and insults, that are often unconsciously reinforcing stereotyping.

Words are important along with self-determination, and so too is action. We have balanced our limitation in the use of language with our drive to take action and commitment to continue dialogue. This is not intended to oversimplify the complexities of racism or invalidate experiences, but more so to ensure we begin.

## 4. Understanding racism

### a. Exploring our approach

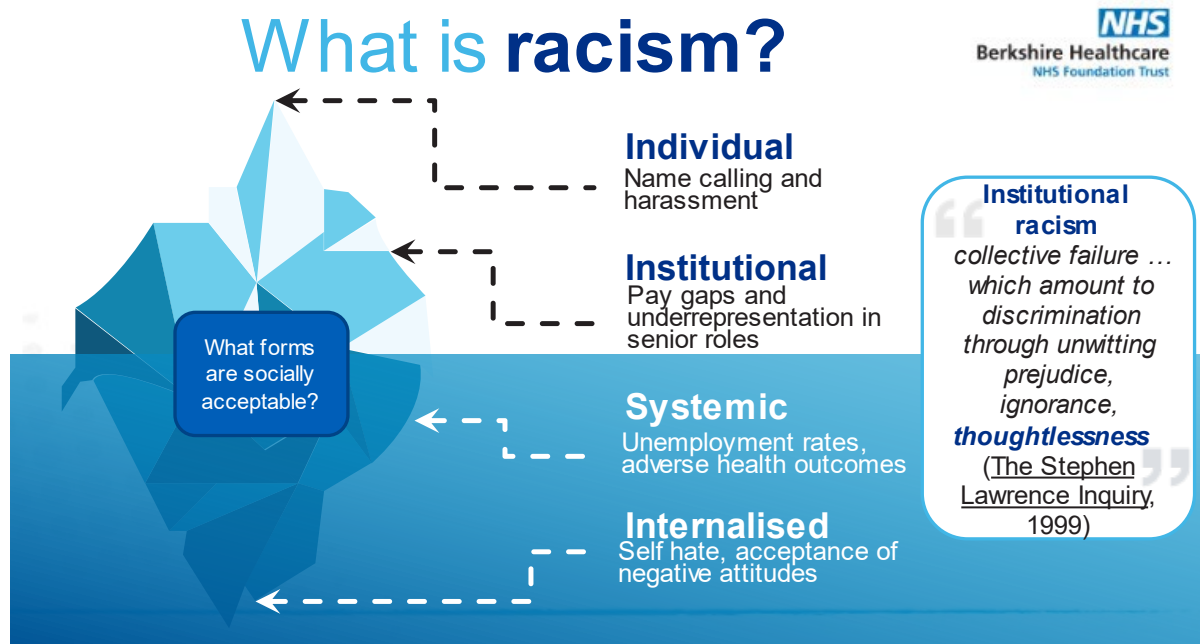


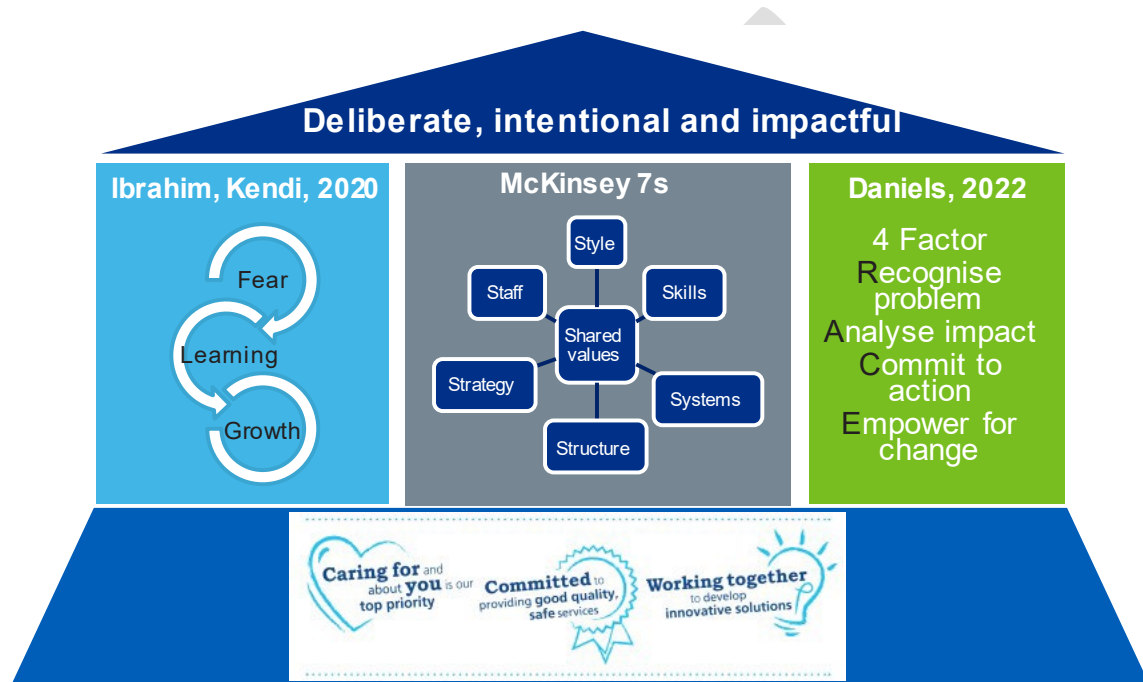
Figure 1 Understanding racism Reference used, Macpherson (1999)

Racism is complex, deep rooted and harmful. Underlying socioeconomic factors like education, unemployment and poverty are other factors that contribute to health inequalities. The impact of racism is well documented and by taking a critical race theory approach to understand the processes that sustain race inequality in the UK allows us to better target action, rather than recycle trauma.

Research shows that poor morale and engagement among NHS staff has an impact on the quality of patient care (West & Dawson, 2012). “Discrimination disrupts team working, undermines patient safety, accelerates turnover and reduces productivity” (Kline, 2023).

Many national reviews and reports have been completed to highlight racism in the NHS, but not enough progress has been made. Some examples over the years have included ‘Snowy White Peaks of the NHS’ (Kline, 2014), ‘Perspectives from the frontline’ (Farrah & Saddler, 2020), ‘No More Tick Boxes’, (NHS East, 2021), ‘Messenger review’ (Messenger & Pollard, 2022), ‘Delivering racial equality in medicine’ (British Medical Association, 2022) and ‘Ethnic Inequalities in Healthcare’ (NHS Race & Health Observatory, 2022).

To structure and articulate our strategic approach with our colleagues and community, we have explored various models (see Figure 2) featuring, ‘Becoming Anti-Racist’ zone infographic (Ibrahim, adapted from Kendi, 2020), McKinsey 7s (Peters & Waterman, 1982) and the four factor R.A.C.E model (Daniels, 2022). This exploration is underpinned by our Berkshire Healthcare values: caring, committed and working together.



**Figure 2 Exploring models to structure our approach.**

Racism shows up in many ways as Figure 1 above demonstrates. Often, when we discuss or acknowledge racism, we do so at an individual level. This can cause a failure to see extensive harm that causes racism to persist. Instead, racism manifests in complex ways such as: internalised, individual, institutional, and systemic.

We need to consider the transformative change required, which examines the independent relationship between how systems, policies, decisions, and people collide to create consistent disparities for our racially minoritised communities. The McKinsey 7s Organisational Development model shown in Figure 2 is useful to help frame how we must use our anti-racism lens when working through our organisation to dismantle racism and reconstruct relationships that have created consistent unfavourable outcomes.

Overall, taking a multifaceted, structured, evidence and value centred approach will support sustainable anti-racist activity.

## b. Looking at data

### National context

Recent turbulent social times impacted by the significance of events such as, the Windrush scandal, the disproportionate impact of the covid pandemic on racially minoritised communities (Mathur, et al., 2021) and the death of George Floyd with resultant Black Lives Matter protests, have emphasised a need and demand to shift perspectives on normalised racial inequity.

The international landscape further calls for action to tackling structural racism in health (World Health Organization, 2022), and reducing health inequality is one of 17 cross cutting sustainability development goals being rapidly committed to by organisations worldwide, since adoption by United Nations members in 2015.

Significant national context also includes the NHS Workforce Race Equality Standard (WRES), introduced in 2015 and our: NHS Long Term Plan (NHS, 2019), People Promise (NHS, 2020), Core20PLUS5 – an approach to reducing healthcare inequalities (NHS, 2021) and recently published the NHS equality, diversity and inclusion improvement plan (NHS, 2023). Additional non-exhaustive factors include the Public Sector Equality Duties under the Equality Act (2010) and pivotal recent case law such as Ms A Cox v NHS Commissioning Board, 2023 and Ms S Shaikh v Moorfields Eye Hospital NHS Foundation Trust, 2023.

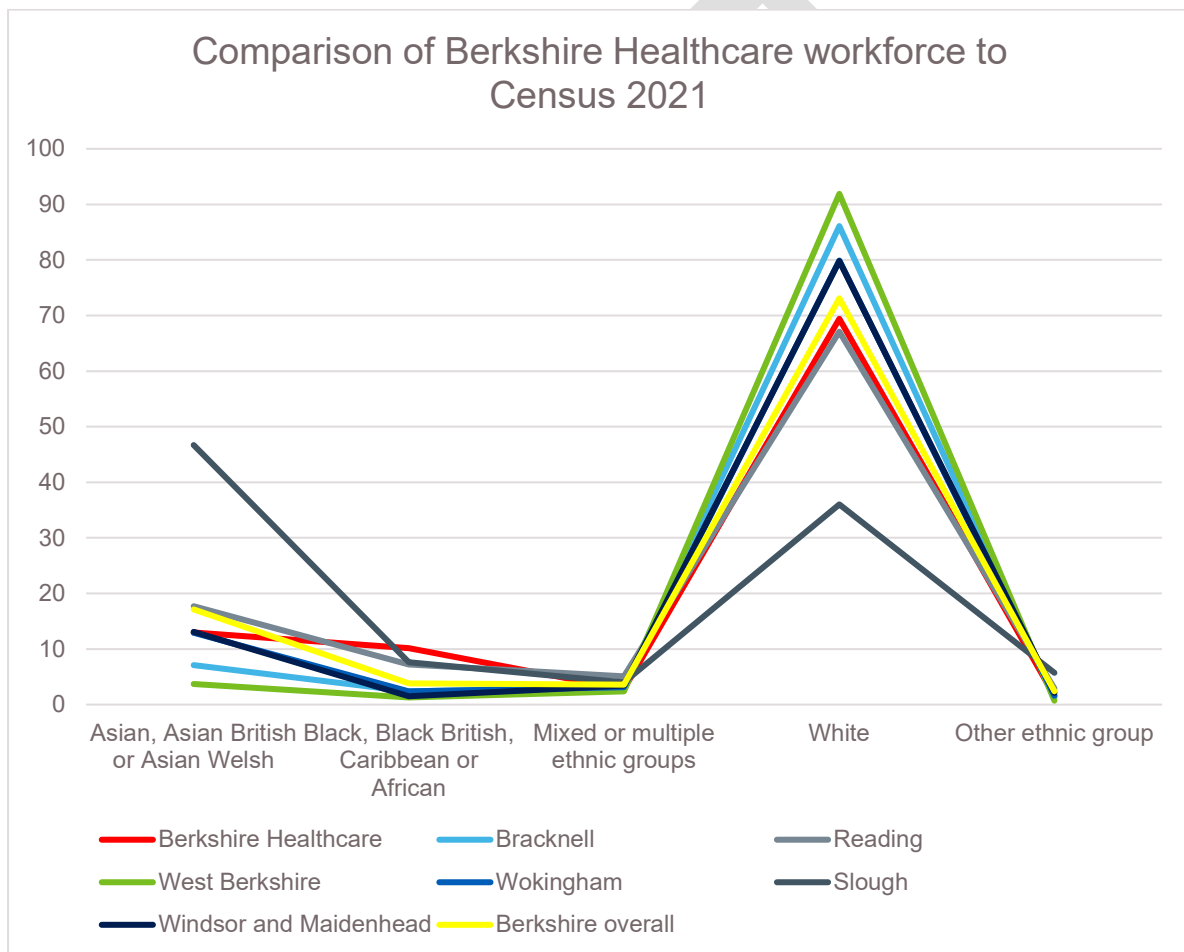
The NHS WRES shows consistently that white and 'BAME' colleagues have vastly different, unequal experiences of the NHS as a workplace. Despite 'BAME' staff making up  $\frac{1}{4}$  of the workforce BAME are just 10% of the most senior positions. Furthermore, a third of 'BAME' NHS colleagues have experienced racism or bullying, demonstrating the complex challenge the NHS has in failing to address systemic levels of discrimination. Levels of bullying and harassment of 'BAME' colleagues have not improved in the past five years with almost 30% saying they have been targeted in the past year, compared to 20% of white colleagues (British Medical Association, 2022).

Unfair and avoidable health inequalities for racially minoritised communities is also well documented with overlapping causes, such as socio-economic deprivation and racism (Robertson, Williams, Buck, & Breckwoldt, 2021). There are differences in health patterns across ethnic minority groups which is researched across, for example, overall health, child health, cardiovascular disease, diabetes and perception of progress (Raleigh, 2023). **In short, it would be challenging to find an area of health service that doesn't require anti-racism review.** Challenging what constitutes high quality care and for whom, through a decolonial approach would focus on identifying and addressing the systemic imbalances of power within and between societies that lead to inequities, thereby increasing the chance of better health outcomes (Yanful, Kumar, Ellorio, Atim, & Roder-DeWan, 2023).



## Local context

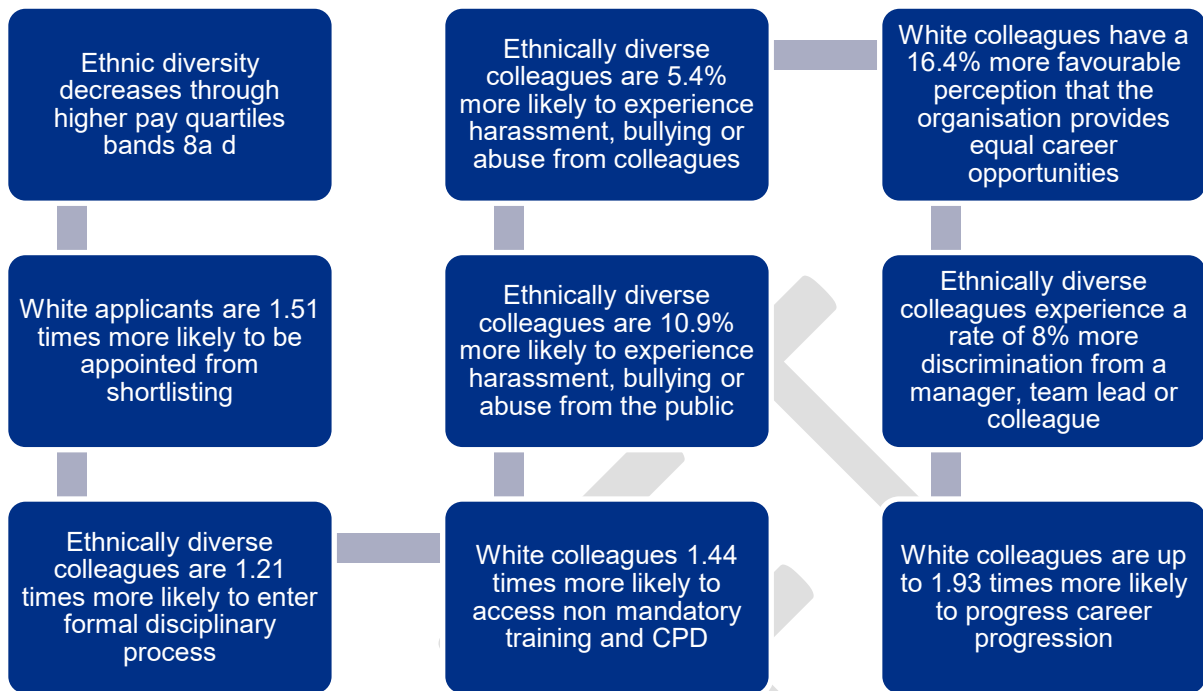
The WRES puts the spotlight firmly on our culture but, on its own, it can only tell us so much about the environment in our Trust. In Berkshire healthcare, 28% of our workforce is ethnically diverse and 69% is white (2022-2023). We have seen a 2% increase in our 'Asian' workforce in the last 3 years, but relatively insignificant shifts across other broad categories (Appendix: Workforce demographic data 2020-2023 by broad ethnicity categories).



**Figure 3 Comparison of Berkshire Healthcare workforce to Berkshire Population 2021**

The census (ONS, 2021) shows a vast difference in ethnicity across Berkshire local authority areas, which coupled with broad categories can mask overall and average disparity figures.

Our current problem statements have been persistently evidenced through our WRES and Staff Survey results and more recently, our ethnicity pay gap report. For 2023 these are shown in the figure below.



**Figure 4 WRES and Staff Survey summary of disparities 2023**

Our population health connected care data shows that Reading is the most densely populated region in Berkshire, followed by Slough, this is compounded by having the most deprived areas in Berkshire. Reading is the only region in Berkshire with the lowest deprivation score (1 out of 10), and Slough is the only region without the least deprived scores of 9 and 10. Slough and Reading have the highest populations of children under 5 years old, with children in these regions 40% more likely to be raised from the most deprived areas. This can impact access to services, and health inequalities.

Berkshire residents from the most deprived areas are 2x more likely to be admitted to Prospect Park Hospital (Mental Health Inpatient Hospital) than residents from the least deprived areas. Slough residents have 38% higher psychosis referrals, and 20% higher Adult Community Mental Health Team (CMHT) referrals than any other Berkshire residents. Recent local research also points to a number of areas of priority such as access to healthcare for ethnic minority women, impact of covid-19 on the mental health of ethnic minority men and the impact of covid-19 on the Nepalese community in Reading (Community Participatory Action - Research 2021-2022, 2022).

Access, experience, and outcomes play a significant role in helping us understand a more root cause analysis, and quality improvement approach to being able to effectively address inequality in healthcare.

## 5. Listening to our community

### a. Taking accountability

In the journey of becoming an anti-racist organisation, our Trust Board held an anti-racism workshop with our Race Equality Network Chair and members of our Equality, Diversity, and Inclusion team. It was recognised not enough progress was being made with the differentials in experience, and persistent and unacceptable disparities remain.



*Figure 5 Photos of the anti-racism board workshop*

From this workshop the Trust Board committed to becoming an anti-racist organisation and outlined its desire to communicate our anti-racism intent by developing a Trust action statement and subsequent actions, which was co-developed and co-designed by our own people (further information appendix d).

Anti-racism has been included as a priority in our revised overarching Trust strategy 2023. It will be intricately linked to the priorities and delivery of our EDI (Equality, Diversity, & Inclusion), People and Health Inequality strategies too.

### b. Engagement with Race Equality Network and our colleagues

Throughout April, May and early June 2023 anti-racism engagement workshops were held for colleagues across the organisation to engage with our Race Equality Network Chair and Equality, Diversity, and Inclusion team to help us co-create our action statement and strategy. Specific sessions were held for our Race Equality Network members. Sessions were promoted through the 'all staff' communication channels, including our intranet and 'all staff briefing' to encourage participation and



Capturing perceptions and attitudes towards anti-racism (Figure 6) helped to better gauge our organisational culture and prioritise relevant actions.

### c. Engagement with our community

We intend to build our approach to better involve our community. However, we took the opportunity to engage with community leaders and members of local community organisations (Appendix f).



*Figure 7: Photo of community leaders engagement workshop*

The aims of engagement mirrored the approach with our Race Equality Network and colleagues, though the key themes for discussion differed. Dialogue explored:

- access
- experience and
- outcomes.

This led to development of action, priorities and seeking establishment of better governance around continual community engagement to scrutinise and develop anti-racist activity.

### d. Actions taken so far

Part of developing our approach has included acting to better understand what we can do and how we can do it.

Table 1: Actions taken so far.

Action	Timeline	Outcome
<b>Theme: Developing anti-racist systems</b>		
Undertake a review into 'BME' staff entering formal disciplinary.	Throughout May with publication on revised WRES indicators and through work with our ICB.	Our approach has seen a decline in disproportionate disciplinary cases. We will be sharing the casework report with colleagues.
Undertake the Ethnicity Pay gap.	Completed in April and shared with the Board in May.	We have published our ethnicity pay gap and action plan.
Projects in Prospect Park Hospital.	From RIE event in 2021 into 2022.	Launched the Prospect Park Hospital Advocacy for Racial Equality Team (PPARET) to assist staff with racial abuse issues and signpost to further support services. Trained racial abuse advocates frequently visit the wards.
Review our Equality Impact Assessment process.	Planned from June onwards. Introduced a new step in policy governance to come through DSG for greater scrutiny.	As part of our programme of overall EDI work in 2023-2024 we have committed to making progress.
<b>Theme: Develop visible commitment</b>		
Staff engagement and workshops for development of action statement. Agreement and communication of Action statement from Board to staff, public, partners.	6 sessions throughout April and May.  Interim communication plan agreed in May. Action statement scheduled for Board agreement July.	Sessions involved feedback on the action statement, priorities and action plan. Anti-racism taskforce mobilised to make continuous progress. Pace of activity maintained.
Developed a white allyship video, Deputy CEO.	To be published late June.	Showcase vulnerability, allyship and active progress, and senior level.
Listening events.	Sessions with community leaders and groups held. Also socialised in all staff briefing and staff network day.	Further work planned to establish governance over co-production, scrutiny and working together. Listening events in-year.



<p>Development and Agreement of our inclusive and compassionate Leadership and Talent Strategy.</p> <p>Review of L&amp;D and funded CPD opportunities by staff protected characteristics.</p> <p>Career progression 'BAME' transformation workstream.</p>	<p>Scheduled for launching in September 2023. Due to Executive in June. Coaching accreditation opportunity has already been shared through staff networks.</p> <p>During May and June further data has been analysed and scrutinised at our Strategic People Group.</p> <p>March to October 2022 With ongoing recommendations.</p>	<p>Our leaders and managers develop the competencies/behaviour that we need and want. Network members have taken up opportunity of coaching qualification.</p> <p>This has led to further work scheduled to arrange relevant action plans.</p> <p>Several insights from staff engagement that can be developed into action plans.</p>
<p>Build a repository of resources, learning, stories, case studies.</p> <p>Celebrating diversity and various event plans for the year.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>EDI team, communications and staff networks work closely to develop plans throughout the year relevant to the EDI calendar.</p>





## 6. Our action statement

Feedback from our community resulted in change to our draft action statement. Colleagues and our community felt it needed to be unambiguous, shorter, and easier to understand.

Berkshire Healthcare commit to anti-racist practice that is deliberate, intentional, and impactful as part of our corporate strategy.

We are active in identifying and eliminating racism at individual, institutional, and systemic levels.

The Board is accountable for the corporate leadership of our anti-racism and ensuring measurable objectives are delivered.

We do not place the responsibility of anti-racism leadership and activity on racialised groups, as part of our approach to co-creation we will actively involve our Race Equality Network, colleagues, and communities.

We achieve this by:

- Actively opposing racism by advocating changes and positive action that promote racial equity in all forms.
- Commit the adequate level of resources for the agenda, and progress.
- Supporting colleagues and patients to be actively anti-racist.
- Regularly explain and communicate our commitments and progress internally and externally.

Our action statement helps us to remain accountable. It will be published on our website, shared with our people, patients and communities, and utilised as part of our communication plan to deliver our anti-racism strategy.



## 7. Priorities

As well as producing critical scrutiny on our action statement, engagement with our community (colleagues and community organisations) has helped to inform our objectives. Our Trust vision is to make Berkshire Healthcare a great place to get care and a great place to give care, for **everyone**. Our values guide our strategic approach.

We have developed our priorities, and where our activity will focus, further engagement with our colleagues and communities in true co-production is needed to co-design specific actions that are deliberate, intentional, and impactful.

### a. Priority one: Caring for and about you is our top priority



Address persistent and unacceptable disparities in **outcomes** that our ethnically diverse communities have. We will make better use of data and evidence to inform anti-racist activity and understand causes.

#### Our activity will focus on

- Policymaking and review
- Inclusive recruitment
- Review and fully embed EqIA in all change, transformation and service delivery
- Retention, progression, and conditions
- Employee relations
- Patient outcomes

## b. Priority two: Committed to providing good quality, safe services



Address persistent and unacceptable **access** disparities our ethnically diverse communities have. We will build on our visible accountability to ensure colleagues understand our standards and their role in being an anti-racist organisation.

### Our activity will focus on

- Cultural awareness and competency in our communications and leadership
- Implement our leadership behaviours.
- Educational, support and engagement e.g., Racial inequalities and cultural intelligence training, resources, storytelling, develop conscious inclusion within leadership programme
- Mirror Board development
- Inclusive and compassionate Leadership, management, and talent development strategy
- Patient access

## c. Priority three: Working together to develop innovative solutions



Address persistent and unacceptable **experience** disparities that our ethnically diverse communities have. We will work with and involve our community to deliver dynamic continuous change.

### Our activity will focus on

- Clear accountability and allyship
- Listening and engaging
- Building psychological safety
- Incidents, support and empowerment
- Creating clear pathways of critical scrutiny and governance to involve our communities (internal and external)
- Patient experience

## 8. Monitoring, review, and evaluation

Our action plan will be developing over the coming months to establish specific, measurable, achievable, relevant and timely (SMART) activity aligned to this strategy under our priorities. This will be coordinated with our WRES actions to avoid duplication and confusion. Continually adopting actions from engagement, and accountably having dialogue to scrutinise our progress, are core principles of this strategy.

The anti-racism task force has been mobilised to maintain momentum and continuous progress. This will continue, and support us in delivering our anti-racism priorities, ensuring our actions are deliberate, intentional, and impactful and ensuring our action statement helps us to remain accountable.

Progress will be reported through the Strategic People Group, Diversity Steering Group, and Board.

Although SMART actions will be developed, a useful model to check ourselves against in our anti-racism journey is the 12 characteristics of an anti-racist organisation (Daniels, 2022).

1. Does our leadership understand nuances of racism, power and privilege? Do they know what the acronyms WRES and MWRES mean?
2. Do we have Board alignment, executive leadership and collective ownership of our anti-racism strategy? Does the anti-racism action plan or strategy have Board sign off?
3. Is anti-racism embedded in our vision, values and activities with equity goals? Is the anti-racism vision communicated to the whole workforce with roles?
4. Do we centre voices and experience of those impacted by racism? Are there listening events or anonymised means for black, Asian and minority ethnic colleagues to share?
5. Do we use credible quantitative and qualitative data for action plans? Are our anti-racism action plans based on quantitative (WRES) and qualitative lived experience stories?
6. Do we use root cause analysis to interrogate data and ask why racism is happening? Are WRES data patterns used for problem statement creations?
7. Have we equipped our workforce with anti-racism educational resources and tools? Are our leaders modelling anti-racist behaviours consistently?
8. Do we have an allocated budget and resources for anti-racism? Is there will to pay for subject matter expertise?
9. Do we know how our Black, Asian and Minority ethnic workforce feel on a regular basis? Do we engage in regular listening events with feedback?
10. Do we acknowledge previous initiatives centred on white colleagues' comfort? Measures success with KPIs focused on experience and outcomes for black colleagues.
11. Are we clear about anti-racism language; know how to speak to Black, Asian and minority ethnic staff? Speaks truth to power; knows difference between equality and equity.
12. The best anti-racist organisation leads with moral courage to dismantle systemic racism. Leads with humility, tenacity and compassion. Embraces discomfort and continues despite setbacks and negative feedback.

**Figure 7 The 12 Characteristics of an anti-racist organisation**

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## 10. Appendices

### a. Further information about models explored to inform our approach



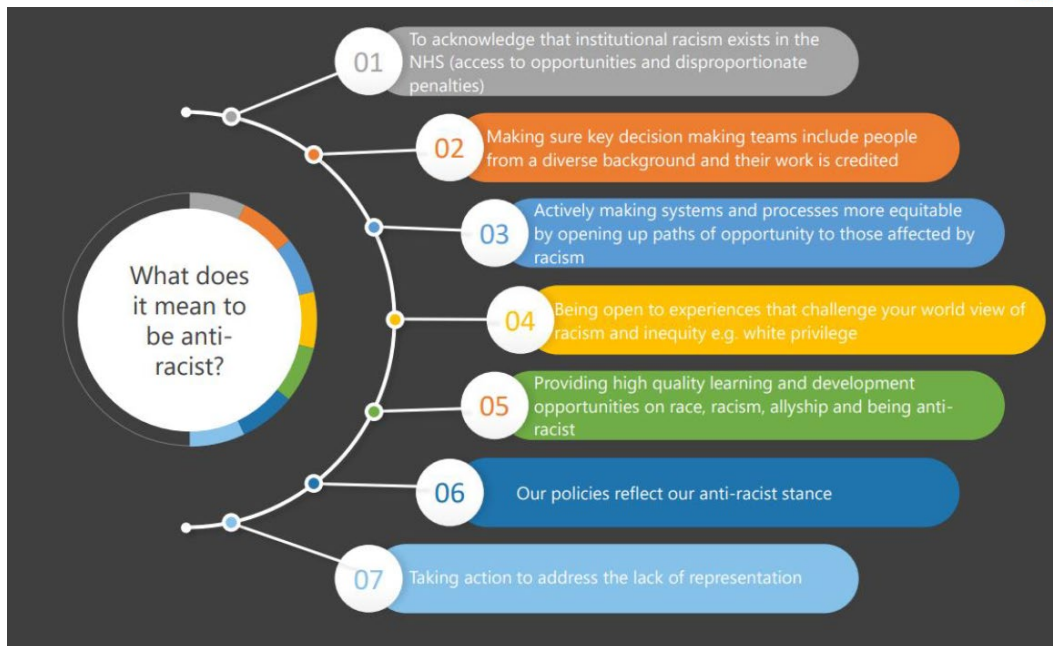
"The opposite of 'racist' isn't 'not racist.' It is 'anti-racist.' What's the difference?"

One either allows racial inequities to persevere, as a racist, or confronts racial inequities, as an anti-racist.

There is not an in-between safe space of 'not racist.' The claim of 'not racist' neutrality is a mask for racism" (Kendi, 2019)

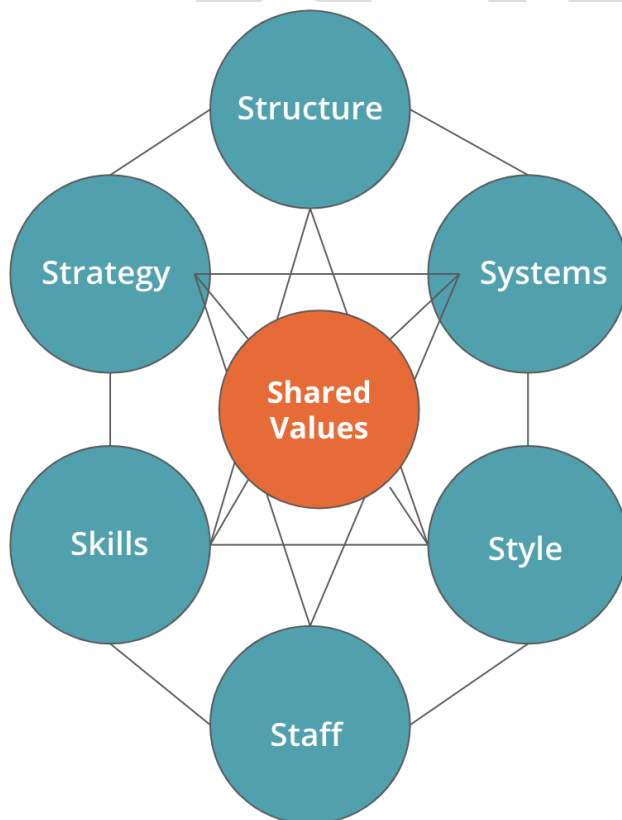
We want to be deliberate, intentional, and impactful with how we plan our approach. A useful model we introduced in the workshop is The Four-Factor RACE model (Daniels, The Anti-Racist Organization - Dismantling systemic racism in the workplace, 2022). RACE stands for:

- **R**ecognize the problem
  - Our WRES, Staff survey results, and staff experience
- **A**nalyse the Impact
  - Utilising QI (Quality Improvement) to understand the experiences, we need to discuss, listen, and think.
- **C**ommit to Action
  - Our actions need to demonstrable, and outcomes focused.
- **E**mpower for Change
  - We need to inspire our people to have the confidence, capability, and knowledge to pro-actively challenge and take action through their own choice.



Antiracism approach (NHS East, 2021)

McKinsey 7s Model (Peters & Waterman, 1982)





## b. Workforce demographic data 2020-2023 by broad ethnicity categories

Table 2

	2020-21	2021-22	2022-23
Asian	11.84%	12.97%	13.85%
Black	9.96%	10.13%	9.96%
Mixed	2.44%	2.80%	2.90%
Not Stated	4.15%	3.12%	2.76%
Other	1.57%	1.57%	1.69%
White	70.05%	69.41%	68.84%

## c. Berkshire census population figures by broad ethnicity category 2021

Table 3

1/2	Bracknell	%	Reading	%	West Berkshire	%	Wokingham	%
	124,605	100	174,223	100	161,447	100	177,502	100
Asian, Asian British or Asian Welsh	8,879	7.1	30,841	17.7	5,990	3.7	22,868	12.9
Black, Black British, Black Welsh, Caribbean or African	2,993	2.4	12,532	7.2	2,030	1.3	4,306	2.4
Mixed or Multiple ethnic groups	3,843	3.1	8,962	5.1	3,857	2.4	5,574	3.1
White	107,269	86.1	116,886	67.1	148,384	91.9	141,851	79.9
Other ethnic group	1,621	1.3	5,002	2.9	1,186	0.7	2,903	1.6

Table 4

2/2	Slough	%	Windsor and Maidenhead	%	Total	%
	158,500	100	153,497	100	949,774	100
Asian, Asian British or Asian Welsh	74,093	46.7	20,072	13.1	162,743	17.1%
Black, Black British, Black Welsh, Caribbean or African	11,992	7.6	2,358	1.5	36,211	3.8%
Mixed or Multiple ethnic groups	6,311	4	5,238	3.4	33,785	3.6%
White	57,134	36	122,551	79.8	694,075	73.1%
Other ethnic group	8,970	5.7	3,278	2.1	22,960	2.4%

#### d. Exploring at Board level

## Exploring at Board level



- Strong actions to drive change
- Psychological safety into induction
- Use mission to engage and agree actions
- Expectations of behaviour, accountability & consequences
- Scenarios/stories to org

- Set expectations early
- Actively challenge
- Explain why doing this
- Lift hood on what it looks like
- Action Statement
- This is why you don't walk past this
- This is how you respond to this

- Our approach must be tangible, real, and meaningful –
- Assess and communicate outcomes of initiatives
- Work with REN and stakeholders to ensure mission is owned
- ACTIONS (what are they?)
- Outcomes and communication

## e. Staff engagement

### Word cloud summary

A safe space	Heard about	Representative management
Accented	How to be an ally?	Representative Workforce
Accessible	Humility	Respect
Achievable	I don't know	Responsibility
Across all domains	Illuminating disadvantages	Role models
Action	Important	Safe
Action, not words	Important topic	Shared stage
Activism	Inclusion	Side-lined
adaptability	Invisible	Solidarity
Advocacy	Involved	Speaking up
All for one one for all	Just at the start	Standing and speaking up
All of us	Lip service	Starting point
Awareness of privilege	Many shades of people	Stop Start
Being white, I don't know	More action needed	Supporting colleagues
Capable	More education needed	Supportive
Challenge	More work needed	To feel comfortable How to communicate?
Change	Motivating	Tokenistic
Colour	Needs action	Tolerance
Courageous	Needs more discussion	Training
Data shows equality	Needs more transparency	Uncomfortable to discuss
Developing	No bullying	Understanding
Different	No excuse for abuse	Unequal
Different races now	Not entitled	Unimportant
Dignity and respect	Not ignoring issues	Unsafe



Discrimination	Not sufficient	Unsure on action
Diversity of promotions	Nothing	Using a lens
	One sided	Valued
		Village voice
		We feel Belong
Equality	PTSD at times	Without labels or group
Equity		
Fair	Reach the right people	
Feels Supportive	Recognition	
Flexibility	Reflect us	
Forming	Reflective of population	
Full acceptance	Removing barriers	

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## f. Community leader engagement session

### Organisations represented

#### **Alliance for Cohesion and Racial Equity (Acre)**

Based in Reading, “Acre aims to eliminate discrimination, promote positive relationships between communities and advocate equal opportunities for all. Our work is delivered through engagement, empowerment, and integration of the diverse communities including minority, marginalised, communities associated by faith, cultural heritage” (Alliance for Cohesion and Racial Equality, 2023).

#### **Berkshire Against Racism**

A group dedicated to campaigning against racism and discrimination in Berkshire and the surrounding areas with the mission to listen, learn and educate (Berkshire Against Racism, 2023).

#### **Health Watch Reading**

Are the independent champion for people who use health and social care services. They help make sure that those running services put people at the heart of care (Healthwatch Reading, 2023).

#### **Utulivu Women’s Group**

A Reading based organisation that works with women, children, elderly and with the support of men from an empowerment point of view aimed at promoting Health & Wellbeing and positively integrating into the wider community through events and activities that address: Healthy Family Relationships, Career Progression, Health & Wealth Creation, Drugs & Alcohol, Knife Crime among others. This is mainly among the ‘Black, Asian, Minority Ethnic and Refugees (BAMER’) communities (Utulivu, 2023).

#### **Younger People with Dementia**

A charity working to help all those affected by young onset dementia (Younger People with Dementia, 2023).

Community leaders representing charities covering refugees and experience of domestic abuse were also a valuable contributors.



**Trust Board Paper**

<b>Board meeting date</b>	11 <sup>th</sup> July 2023
<b>Title</b>	Digital Strategy 2022-2026
	<b>ITEM FOR NOTING</b>
<b>Purpose</b>	This update gives the latest summary of progress against the Trust's Digital Strategy.
<b>Business Area</b>	Corporate
<b>Author</b>	Mark Davison - CIO
<b>Presented by</b>	Alex Gild – Deputy CEO
<b>Relevant Strategic Objectives</b>	The portfolio of initiatives addresses all the Trust's True North goals
<b>CQC Registration/Patient Care Impacts</b>	The digital strategy priorities supports our CQC registration and operations under the 2023 NHS Provider Contract and improves standards of patient care, outcomes, and experience.
<b>Legal implications</b>	As per individual programmes and projects
<b>Equality &amp; Diversity Implications</b>	Digital and non-digital accessibility / exclusion risks for our patients and staff is taken into account as the detailed project plans are initiated and implemented.
<b>Brief Executive Summary</b>	<p>Digital strategy programmes delivery is broadly in-line with the plan agreed in Dec 2021.</p> <p>Expansion of the digital agenda across the organisation is progressing well with the Ops Directorate reconfiguration including information asset ownership, leadership and meaningful use of applied technologies increasing each year across the majority of our services.</p> <p>Significant challenges in national planning and recruitment reported in previous updates remain, this includes within the supplier market. Key projects currently at risk are; Community Nurse scheduling &amp; expanded use of on-line therapies (SilverCloud)</p> <p>Procurement for key projects completed in 22/23 with delivery in 23/24</p> <ul style="list-style-type: none"> <li>– Digital marketplace solution for voluntary and charity sector partners to be able to access Rio. Solution will</li> </ul>

	<p>deliver a costed model for future partners.</p> <ul style="list-style-type: none"> <li>– Solutions to increase our integration with Rio for... SilverCloud, EPRO (clinical dictation), Connected Care and IAPTUS (Talking therapies), MS-Teams.</li> <li>– Microsoft Teams will be integrated to provide a more agile solution for staff to complete video/online appointments.</li> <li>– Discharge documentation will be received direct from acute services, initially to address quality concern re new birth notifications.</li> <li>– Progression of digital patient engagement will be delivered through direct patient data into Rio</li> </ul> <p>Intelligent Automation team and governance arrangements are now established with 6 automations live and releasing 21,000 hrs of staff time (annualised). 10 more are under development and the programme is on track to deliver 20 automations in its first year of operation.</p> <p>The Telephony services implementation is now complete and first year benefits (£350k cash releasing savings, single integrated telephony solution) has been delivered successfully.</p> <p>Disappointingly, national funding for direct patient access to their records has been targeted at acute and primary care only until 2024.</p>
<p><b>Recommendation/ Action Required</b></p>	<p>The Board is asked to note the progress made to date on the Digital Strategy.</p>



# Shaping our **Digital** Future



Berkshire Healthcare  
NHS Foundation Trust

# Digital by Design

Our Digital Strategy 2022-2026

Spring 2023 Update



**GDE**  
Digital solutions for  
outstanding healthcare

[www.berkshirehealthcare.nhs.uk](http://www.berkshirehealthcare.nhs.uk)

# Summary of Progress

- Digital strategy programmes delivery broadly in-line with plan.
- Expansion of the digital agenda across the organisation progressing well with ops reconfiguration including information asset ownership and leadership and meaningful use of applied technologies increasing each year across the majority of services.
- Significant challenges in national planning and recruitment remain, this includes within the supplier market. Key projects at risk are; Community Nurse scheduling & expanded use of on-line therapies (SilverCloud)
- Procurement for key projects completed in 22/23 with delivery in 23/24
  - Digital marketplace solution for voluntary and charity sector partners to be able to access Rio. Solution will deliver a costed model for future partners.
  - Solutions to increase our integration with Rio for... SilverCloud, EPRO (clinical dictation), Connected Care and IAPTUS (Talking therapies), MS-Teams.
  - Teams will be integrated to provide a more agile solution for staff to complete video/online appointments.
  - Discharge documentation will be received direct from acute services , initially to address quality concern re new birth notifications.
  - Progression of digital patient engagement will be delivered through direct patient data into Rio
- Intelligent Automation team and governance arrangements now established with 6 automations delivered releasing 21,000 hrs of staff time (annualised) and 10 more under development
- Telephony services implementation complete and first year benefits (£350k) delivered
- Disappointingly, national funding for patient access to their records has been targeted at acute and primary care only until 2024.

1

See and treat more patients whilst improving the quality of care we provide

## Optimise how we Work

- Join up our digital systems across our healthcare settings
- Strengthen digital infrastructure to be flexible and scalable
- Population Health Management to identify gaps in care and intervening earlier
- Digitising & automating clinical and business processes



## Progress this period

- EPMA now live across community health wards
- Rio update schedule agreed for 2023 incl. infrastructure upgrade
- Provider collaborative project with ICB partners in progress to support PMH intelligence with focus on Exploring mental health inpatients, to understand the population cohort of represented and underrepresented patients and how we can work with system partners to address
- More than 500k outpatient appointments surfaced in shared care records to date
- Shared Care Records now used over 750,000 times in 2022 and expected exceed 1 million in 2023
- Solution and roll out to support VCSE access to Rio procured
- 43,000 letters sent in Q4 via hybrid mail saving £64k and 44000 digital correspondences delivered to GPs in Q4
- Intelligent Automation team & governance established. 6 automations now live. 21,000 annualised hrs saved.
- GovRoam implemented across both ICS except RBH and Frimley Hospitals.
- Single telephony implementation complete and £350k pa savings achieved.
- All network accounts now include multi-factor authentication and "air-gapped" O365 backups implemented.

## Next steps

- IAPT and Rio record viewers will be delivered
- Utilise new options within Rio EPR for managing waitlists digitally in implementing the Moorhouse Consulting report
- Self-referrals for mandated services will be implemented
- Tighter Rio integration with O365 will be delivered
- Patient Physical health and Communication preference data will be shared with connected care
- Rio EPR re-tender options appraisal approval
- EPMA re-tender approach approval
- Continue to encourage Acute sector partners to implement GovRoam

# Objective 1 Highlights – optimise how we work...



Electronic prescribing project has continued to enable EPMA across community health wards, with rollout on track to be completed in July, project will monitor solution and usage before transferring to business as usual in August/September.

Data sharing with Connected Care shared care records has continued with over 500k appointments being surfaced for partner organisations to view to support clinical decision making and care. Connected Care usage across partner organisations continues to increase (BHFT continues to have the highest number of accesses), this is expected to exceed 1 million access in 2023.

To support partnership with VSCE organisations we have procured a solution to enable limited and controlled access to required Rio records, whilst using their own equipment. The solution will be implemented to replace the interim proof of concept solution and the output will provide a blueprint, including costs, for VSCEs which the trust may wish to partner with.

The upgrade programme for our Electronic Patient Record (EPR) Rio has been confirmed for 23/24. This includes 3 planned upgrades (July, October & December) to receive new functionality, much of which aligns to strategy. This programme includes a much-awaited move to new hosting infrastructure (October). This is expected to improve solution stability, performance and subsequently staff satisfaction in using Rio.

Provider collaborative and system partnership approach to population health management is developing, with closer ties with Surrey and Borders Partnership (SABP) and focus on priority areas, the first being mental health inpatients. This approach looks at the data from a different perspective and multiple perspectives, which is a key strength of the collaborative approach.

Following approval of the Intelligent Automation Investment case by the Trust's Business Group in December the team have been established and to date 6 processes are now operating and saving 20,000 hrs of staff time every year. Robust governance and oversight arrangements have been put in place jointly between digital, finance and ops. with 10 more automations currently being built and a clear future pipeline.

2 Improve patients access to care and empower them to manage their own health

## Empower our Patients

- Digitise patient access to care (triage, automated booking, interaction with the patient record, integrate with NHS App)
- Virtual consultations & digital self care interventions e.g. SilverCloud
- Pilot projects with patient held data: record, blood pressure, mood diary, ECG, etc.



## Progress

- Virtual wards interim solutions in operation with review planned for expansion
- 32k appointments sent via patient appointment portal with 44% of patients accessing digitally (target 65%). Rollout to continue to remaining services.
- 620k appointment correspondences delivered digitally in 22/23
- Rio and MS Teams integration solution procured to enable greater choice for patients in the consultation medium
- Potential patient portal local expansion options market testing commenced

## Next Steps

- Patient self-referral will be enabled for mandated services
- E form proof of concept will be delivered to enable patient data direct into Rio
- Integration of Silver Cloud with Rio will be delivered to enable new patient pathways and waiting well options to be developed
- Review of east remote monitoring solution will be undertaken with plan for wider deployment assessed

## Objective 2 Highlights – empower our patients ...

Increasing numbers of patients are accessing their appointment information digitally, 32k appointment correspondences (new appointments) have been sent in the last period from enabled services, of that 44% of patients have accessed their appointment information digitally. For patients who are digitally disenfranchised, or who simply don't want to engage digitally, the system defaults to letter without staff intervention. This system is being enhanced in the next period to enable E Forms, this will allow patient to respond to outcome measures and the data will be written digitally to their Rio record.

Silver cloud integration with Rio has been started and will be delivered within the next period. This integration will allow for online therapeutic pathways to be developed which will support patients currently in services and those waiting. By providing additional intervention options of this nature, more patients will receive support which they can work through at their own pace, and those waiting will not be left without some sort of support.

Use of video consultation has continued within the organisation since its rapid expansion during the pandemic and now forms part of a standard offer for many services. To support staff and further increase efficiencies we have procured a solution to allow Microsoft Teams to be integrated with our Rio EPR, meaning a more seamless process for booking appointments with this consultation medium and an improved experience for staff.

To provide a stronger and fit for purpose digital offer to patients, a patient portal solution with greater levels of support and EPR integration is required. National funding is being offered to procure and implement patient portals, however, this is currently limited to acute trusts with the proviso that they procure no later than Q4 2023 and implement no later than Q1 2024. Some acute trusts may not be able to utilise this funding and other secondary care providers may be offered the opportunity to fulfil the funding commitment. Therefore, we are preparing now by reviewing suitable providers, completing a product evaluation and recommendation, including business case, in order to be in the best position to capitalise on the potential funding opportunity.

3

Support our people to build a digitally ready workforce

## *Enable our People*

- Provide workforce with the required tools & equipment
- Establish our network for knowledge sharing and provide ongoing training and support
- Ensuring the onboarding & appraisal processes enable employees to gain the right digital capabilities
- Develop our senior leaders to own the information assets



### Progress

- Clinical progress notes visible across the health system through shared care records.
- Procurement contract setup for workforce devices
- 3,200 staff now live on the new cloud telephony solution. Implementation completed. All mobile telephony is now on modern smartphones.
- 1,400 staff have now attended at least one module of our digital skills programme
- Digital knowledge networks operating across the workforce, citizen developer & clinical leaders
- 12 out of 16 sites data networking capacity upgraded
- National review of people management process and solutions underway
- Digital asset ownership included in Ops reconfiguration
- New digital appraisal process in place

### Next Steps

- New app to support digital dictation will be implemented. Saving on expensive dictation devices and improving processes.
- IAPT and Rio viewers will be delivered to enable staff to view information from Rio in IAPT and vice versa
- Implement 24hr equipment replacement for workforce devices
- Updating minimum network speeds to 100mb for remaining 4 school sites during the summer recess
- Digital staffing hierarchy implementation underway
- People Directorate engaged on new leadership and management handbooks to include digital elements

# Objective 3 Highlights – enable our people...

Many of these items are scheduled for later in our roadmap. But we have completed vital recruitment to our digital skills training team and they have been very busy setting up pathways, cohorts and accessible instructor led courses for learning content and engagement. Over 1,400 operational staff have now attended at least one of the programme modules.

The new learning approaches (on-line, instructor led with on-line reply and future reference guides) has been universally welcomed by staff with many liking the “free-to-attend-again” approach enabling them to fully embed their new skills at times convenient to them. More enhancements to this service are planned throughout 2023, including working with offerings for our more advanced people, supporting citizen developers and creating peer networks for sharing problems and solutions.

Enhancing the speed with which staff can access their digital tools has been completed at 12 out of 16 sites and we have re-invigorated joint work with acute and GP providers across BOB and Frimley ICS to deliver WiFi connectivity for all staff at all NHS & Social Care sites during 2023.

Within available resources the People Directorate are working the digital agenda into the refresh of the talent management and leadership development schemes and processes. We are also encouraging teams to take local action on this element utilising the personal development, networking and digital skills development tools. Ensuring our workforce has the skills to deliver their role effectively in this digital age is a key part of being ready and able to deliver outstanding care.

Project initiated and governance set up to enable Talking Therapies staff to see the wider RiO EPR record and for other front-line staff around the trust to have visibility of the Talking Therapies pathway their patients are or have engaged in. Suppliers are now actively engaged and we are following a first-of-type trust to implement.



# National & Regional changes ...






There are also a number of national and regional digital initiatives in progress, which are starting to set-out plans and programmes of work which will impact BHFT...

## Other health system / national related activities in progress







- ICS 3yr Digital Plans being developed by Frimley ICS. BOB ICS plans have been published. BOB CDIO and CXIO positions recruited to.
- Use of Shared Care Records & Analytics agreed for BOB and Frimley ICS, building on the existing Berkshire solutions
- ICS bed monitoring and ED status solution purchased and implemented. (Shrewd product)
- Frimley remote monitoring currently being considered.
- Regional **trusted research search data analysis environment bid** (Thames Valley provider and university consortia, led by OUH) approved
- SE Region Digital Diagnostics – Design Overview Draft published
- National Digital Mental Health Priorities yet to be published
- [National data management for research and planning](#) intent published
- National digital health technology assessment criteria ([DTAC](#)) now being included into all NEW procurements
- National Trust and ICS **Digital Maturity Assessments** published in June 2023.
- [NHS app high-level roadmap](#) intentions published

... we are also well engaged at ICB, region and national levels in the digital agendas, actively networking supporting others to improve their digital maturity.

# Next period (Summer) forecast

Programme Milestone	Progress
Cyber defence enhancements 	Retro-fit of DTAC and DCB160 standards to all existing information assets underway. All new digital health technologies procurements will now conform to these national standards.
Medications Management infrastructure migration & v.10.23 upgrade 	Revised planning based on change to Amazon Web Services hosting indicates migration is delayed until Autumn 2023. Use of EXA add-on for reporting now cannot be implemented until v.10.23. So likely delivery 2024 and will require significant testing. The re-procurement of our medicines management solutions has now started.
First <u>new</u> service using on-line therapy 	Resourcing paper business case published (JC). SRO established as T. Wyles. Silver cloud expansion paused by SRO pending review of historical safety actions needed before more wide-spread use in more acute services.
Community nurse scheduling 	Investment case logged at TBG, but will require updates once the functionality can be demonstrated. The national pilot trust has identified a number of deficiencies that need to be fixed before we can re-do a site visit to assure our clinical teams of the efficiencies to be gained. This is likely in 2024. Without the integration piece the investment would not have a net financial benefit in the near term and is likely to be un-popular with staff. Note the preferred supplier has recently been highlighted in the HSJ due to anti-competition, price transparency and interoperability issues.
Talking therapies records linked to Rio and Connected Care records 	Project initiated and delivery/go-live set for Q3. Suppliers engaged and working on the integration.

# Next period (Summer) forecast

Programme Milestone	Progress
Virtual wards and remote monitoring of patients 	Substantial delays across the ICS, although existing BHFT schemes are already delivering against the regional performance objectives. Acute frailty wards for east and west have been implemented in our EPR (Rio). Heart failure beds in shared care record (Docobo) live in East. Some work to do at an ICS level to design final systems solution(s) and at scale processes for actually utilising this to increase patient throughput. Some Trusts continue to prefer their own solution over a joint approach.
Single sign-on 	A number of systems now have SSO (Rio, Adastra, Unit4 finance system, Service Desk Plus, Nexus) and we are working with our suppliers to bring in SSO where possible for existing systems. We already allow staff to cache their credentials within their internet browser, ensuring that they do not have to keep remembering/accessing authentications. Where new systems are being procured, SSO is included as part of the requirements.
Windows 11 	Windows 11 is still in testing but has been delayed due to the asset management project over-running due to limited cooperation from staff in clinical services. Rollout of Windows 11 to the Trust is now expected to begin in September this year and will be complete by October 2025 if agreed resource funding is available.
24hr device replacement 	Contracts have been signed to deliver this service and the Desktop team are working with the supplier to agree changes to processes to enable this service to be delivered. Expected to be in place and running during July 2023.
Population health interventions 	Developing provider collaborative and internal and system projects to support providing insight about patient / population cohorts and targeted interventions.
First patient-initiated data recording 	Assessment eform from our DAC system to be developed initially with ReQoL and Core24. These will be sent to a patient for completion and returned electronically.

### Trust Board Paper

<b>Board meeting date</b>	11 <sup>th</sup> July 2023
<b>Title</b>	NHS Digital Maturity Assessment 2023
	<b>ITEM FOR NOTING</b>
<b>Purpose</b>	This report summarises the assessment of the Trust’s progress against the national What-Good-Looks-Like digital framework
<b>Business Area</b>	Corporate
<b>Author</b>	Mark Davison - CIO
<b>Presented by</b>	Alex Gild – Deputy CEO
<b>Relevant Strategic Objectives</b>	The portfolio of initiatives addresses all the Trust’s True North goals
<b>CQC Registration/Patient Care Impacts</b>	The digital maturity assessment supports the CQC registration and operations under the 2023 NHS Provider Contract and gives an indication of where digital services could further standards of patient care, outcomes, and experience.
<b>Legal implications</b>	none
<b>Equality &amp; Diversity Implications</b>	Digital and non-digital accessibility / exclusion risks for our patients and staff is taken into account as any detailed project plans are initiated and implemented.
<b>Brief Executive Summary</b>	<p>In August 2021, NHS England published the NHS Digital What-Good-Looks-Like framework. The seven success measures range from leadership and strategy to underlining infrastructure. The themes include well-led, ensure smart foundations, safe practice, support people, empower citizens, improve care, and healthy populations.</p> <p>All Trusts were mandated to take part in a national digital maturity assessment process Jan-Jun 2023. Each Trust has a score on the maturity scale between 1 and 5 (most mature).</p> <p>BHFT overall score is 3.5. We are the 7<sup>th</sup> most mature NHS Trust in the country and the 2<sup>nd</sup> most mature in the Mental Health Trust cohort. Broadly what we expected compared to our “guesstimates” in Dec</p>

	<p>2021 digital strategy.</p> <p>There are opportunities to increase our maturity index over the coming years. Some focus areas co-inside with our own digital strategy others require significant organisational change to achieve. Key domains for improvement opportunities are; Empowering our Patients, Improving Care and Healthy Populations.</p>
<p><b>Recommendation/ Action Required</b></p>	<p>The Board is asked to note the maturity assessment for the Trust, discuss the strategic impact of improvement opportunities not already included in our digital plans and agree how this should be incorporated into our wider strategic planning.</p>

# Shaping our **Digital** Future



Berkshire Healthcare  
NHS Foundation Trust

# Digital by Design

## National Digital Maturity Assessment

May 2023 update and Exec. DISCUSSION of next steps  
Shared with DCLG in June 2023  
Full-board in July 2023



**GDE**  
Digital solutions for  
outstanding healthcare



[www.berkshirehealthcare.nhs.uk](http://www.berkshirehealthcare.nhs.uk)

# What is the Digital Maturity Assessment?

- August 2021, NHS England published the NHS Digital **What-Good-Looks-Like** framework.
  - guidelines for integrated care systems and NHS Trusts.
  - clear, easy-to-use instructions on what we should be doing to use digital tools in our services.
- Dec 2021, **BHFT Digital Strategy** 2021-2026 published
- Requirements included in NHS provider contract And CQC reviews from 2023



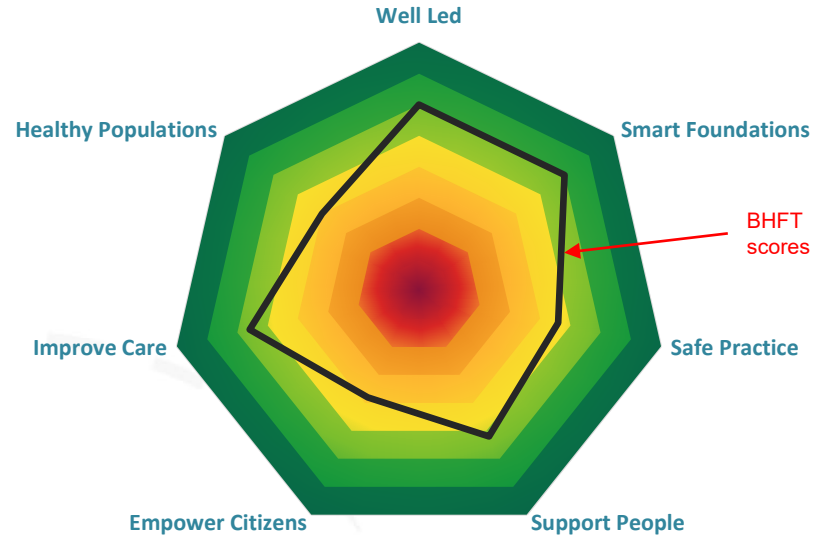
- Autumn 2022, NHS England contracts with McKinsey to deliver a **Digital Maturity Assessment** of NHS Trusts and integrated care systems against the What-Good-Looks-Like framework.
- Feb/Mar 2023 all NHS provider Trusts required to complete a **self assessment** and information pack.
- Apr/May draft results available for **peer review** and **ICS conformation**.
- A measure of how far the NHS has come in making effective and **meaningful use of technology**

# Summary of Scores

- Sliding scale of scores against the current standard
- BHFT overall score is 3.5
  - ✓ 7<sup>th</sup> most mature NHS Trust in the country
  - ✓ 2<sup>nd</sup> compared to Mental Health cohort
  - Best provider score = 3.9, least mature = 1.6
- Broadly what we expected compared to our “guesstimates” in Dec 2021 digital strategy
  - Little lower on *safe practice*, a little higher on *improving care* domains
  - BOB ICS peer review process confirmed these scores
  - National MH and CH sector workshops also confirmed approach consistency
- Still more to do
  - ✓ Some focus areas co-inside with our own digital strategy
  - Key domains **Empowering our Patients** and **Healthy Populations**
  - Current national intention is to *raise-the-bar* each year
  - Trumped by emergent secretary of state priorities with a looming election



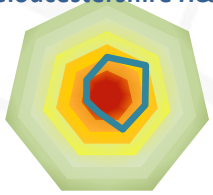
## Berkshire Healthcare Digital Maturity Assessment 2023



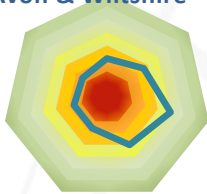


# Compare local Mental Health Trusts...

Gloucestershire H&C



Avon & Wiltshire



Oxford Health



Well Led

Healthy Populations

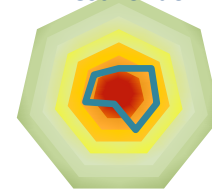
Smart Foundations

**Berkshire Healthcare**

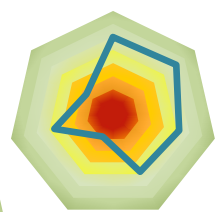
Improve Care

Safe Practice

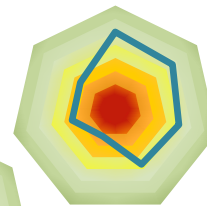
West London



CNWL



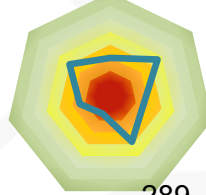
Surrey & Borders



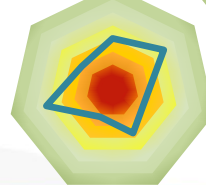
Empower Citizens

Support People

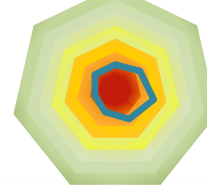
Southern Health



Solent



Sussex Partnership



Each Trust radar profile

Note: some other Trusts scores may change due to May ICS and peer review process

# National top of the maturity table...

Help enhance our dashboard! Share feedback – click here

## Capabilities Assessment, 1-5 scale

Data displayed here is verified from the 2023 DMA Core Survey for Providers. Updated June 2023.

Capabilities levels



Filter by provider overall score

1.0 5.0



BY REGION, ICS, AND PROVIDER

BY PROVIDER SERVICE TYPE

**BY PROVIDER**

Provider name	Well Led	Ensure Smart Foundations	Safe Practice	Support People	Empower Citizens	Improve Care	Healthy Populations	Overall
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	4.5	4.6	4.7	3.8	2.7	4.0	3.0	3.9
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	4.5	4.4	3.7	3.9	2.3	3.5	3.5	3.7
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	5.0	4.0	3.3	3.1	3.2	3.5	3.8	3.6
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5.0	4.4	3.7	3.7	2.4	3.0	2.8	3.6
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	4.0	3.9	3.7	3.4	3.3	3.5	3.3	3.6
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	3.5	4.0	3.7	3.3	3.7	3.3	3.0	3.6
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	4.0	4.0	3.0	3.6	2.9	3.8	3.0	3.5
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	3.0	4.0	2.7	3.2	3.0	4.2	3.5	3.5
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	4.0	4.1	4.0	3.6	2.4	3.2	3.0	3.5
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	3.0	3.7	3.3	3.0	4.0	3.0	4.0	3.5
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	2.5	4.1	2.7	3.5	3.4	3.0	2.7	3.4
ROYAL FREE LONDON NHS FOUNDATION TRUST	3.0	3.9	3.0	3.1	3.3	3.5	3.3	3.4
THE ROTHERHAM NHS FOUNDATION TRUST	4.0	4.1	4.0	3.3	2.3	3.8	2.2	3.4
TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	2.5	4.0	4.0	3.8	2.3	2.8	3.3	3.4
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	5.0	3.9	3.7	3.5	1.7	3.5	2.8	3.3
THE ROYAL MARSDEN NHS FOUNDATION TRUST	4.5	3.8	4.0	2.6	3.6	3.0	2.8	3.3
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	5.0	4.3	3.7	3.5	2.0	3.0	1.8	3.3
WEST SUFFOLK NHS FOUNDATION TRUST	4.0	4.0	4.0	3.0	2.7	3.8	1.8	3.3
YORKSHIRE AMBULANCE SERVICE NHS TRUST	2.0	3.8	3.3	3.8	2.3	3.3	2.3	3.3
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	4.5	4.2	3.3	3.6	2.0	2.3	2.3	3.3
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	4.5	3.6	4.7	3.0	2.3	3.5	2.8	3.3

Scores displayed are based on the average of the filter selection

RESET FILTERS

Regions

Search

- Select all
- EAST OF ENGLAND
- LONDON
- MIDLANDS
- NORTH EAST AND YORKSHIRE
- NORTH WEST
- SOUTH EAST

ICS and Providers

Search

- Select all
- BEDFORDSHIRE, LUTON AN...
- CAMBRIDGESHIRE AND PE...
- HERTFORDSHIRE AND WES...
- MID AND SOUTH ESSEX ICS
- NHS BATH AND NORTH EAS...
- NHS BIRMINGHAM AND SOL...
- NHS BLACK COUNTRY ICS
- NHS BRISTOL NORTH SOM...
- NHS BUCKINGHAMSHIRE, O...
- NHS CHESHIRE AND MERS...

Provider Service Type

- Select all
- Acute
- Ambulance
- CIC
- Community
- Mental Health and Learning Disab...

# Conclusion & Next Steps ...

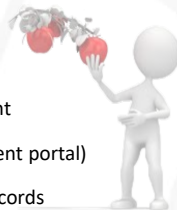
## No golden nuggets



– need to improve multiple indicators by small increments

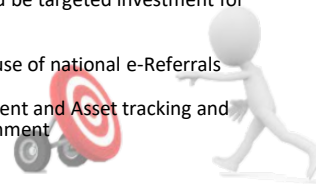
Some gaps are **coterminous with** our current **digital plans**

- Community scheduling
- Medications management
- Digital front-door (+ patient portal)
- Patient access to their records
- Single sign-on for the majority of systems



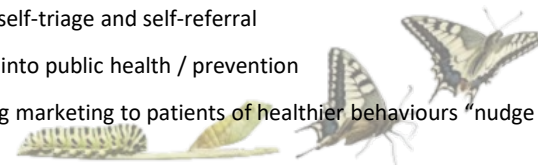
Some gaps where there has been **little local appetite** for change to date but there could be targeted investment for specific services

- Expanding the use of national e-Referrals
- Workforce, Patient and Asset tracking and workflow assignment



Elements of this assessment maybe signalling NHS change of emphasis and require **significant organisational shift**

- Patient self-triage and self-referral
- Growth into public health / prevention
- Directing marketing to patients of healthier behaviours “nudge style”
- Supporting populations to live well & wait well



**Trust Board Paper**

<b>Board Meeting Date</b>	11 July 2023
<b>Title</b>	<b>Audit Committee – 23 June 2023</b>
	<b>Item For Noting</b>
<b>Purpose</b>	To receive the unconfirmed minutes of the meeting of the Extraordinary Audit Committee of 23 June 2023. The meeting had been convened to approve the Annual Accounts 2022-23.
<b>Business Area</b>	Corporate
<b>Author</b>	Company Secretary for Rajiv Gatha, Audit Committee Chair
<b>Relevant Strategic Objectives</b>	4. – True North Goal: deliver services that are efficient and financially sustainable
<b>CQC Registration/Patient Care Impacts</b>	N/A
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	Meeting requirements of terms of reference.
<b>Equality and Diversity Implications</b>	N//A
<b>SUMMARY</b>	The unconfirmed minutes of the Audit Committee meeting are attached.
<b>ACTION REQUIRED</b>	The Trust Board is asked:  a) To receive the minutes and to seek any clarification on issues covered



**Minutes of the Audit Committee Meeting held on**

**Friday, 23 June 2023**

*(Conducted via MS Teams)*

Present: Rajiv Gatha, Non-Executive Director, Committee Chair  
Naomi Coxwell, Non-Executive Director

In attendance: Paul Gray, Chief Financial Officer  
Graham Harrison, Head of Financial Services  
Rebecca Clegg, Director of Finance  
Maria Grindley, E&Y, External Auditors  
Alison Kennett, E&Y, External Auditors  
Clive Makombera, Internal Auditors, RSM  
Sharonjeet Kaur, Internal Auditors, RSM

<b>Item</b>	<b>Title</b>	<b>Action</b>
<b>1.A</b>	<b>Chair's Welcome and Opening Remarks</b>	
	The Chair welcomed everyone to the meeting.	
<b>1.B</b>	<b>Apologies for Absence</b>	
	Apologies for absences were received from: Mehmuda Mian, Non-Executive Director.	
<b>2.</b>	<b>Declaration of Interests</b>	
	There were no declarations of interest.	
<b>3.</b>	<b>Internal Audit Annual Report 2022-23</b>	
	<p>Clive Makombera, Internal Auditors, RSM reminded the meeting that the draft Head of Internal Audit Opinion had been presented at the April 2023 meeting and confirmed that the final Head of Internal Audit Opinion rating was unchanged at level 2.</p> <p>It was noted that since the April 2023 meeting, the Bed Management and Out of Area Placements Review Report had been issued with a "reasonable assurance" rating.</p>	

	<p>Clive Makombera thanked the Trust’s management for their support in delivering the full Annual Internal Audit Plan 2022-23 on time.</p> <p>The Chair referred to the Bed Management and Out of Area Placements Review Report and commented that some of the actions were not measurable.</p> <p>Clive Makombera agreed to review the actions with the Trust’s management to ensure that there was tangible evidence in terms of the changes made that could be tracked.</p> <p>The Committee noted that Internal Audit Report 2022-23.</p>	<b>CM</b>
<b>4.</b>	<b>Annual Accounts 2022-23, including the Annual Governance Statement</b>	
	<p>The Annual Accounts 2022-23 and Annual Governance Statement had been circulated.</p> <p>The Chief Financial Officer expressed his thanks to the Director of Finance, Head of Financial Services, Head of Financial Management and Costing and the rest of the Finance team for their work on producing the Annual Accounts 2022-23. The Chief Financial Officer also thanked Ernst and Young for their work undertaking the external audit.</p> <p>The Chief Financial Officer reported that:</p> <ul style="list-style-type: none"> <li>• The surplus had improved by £300k from a £100k deficit to nearly £200k surplus.</li> <li>• There had been a minor adjustment to recognise charitable rather than the Trust’s expenditure</li> <li>• There were a number of other minor adjustments requested by the External Auditors which the Finance team were working through but these adjustments would not impact the reported surplus position.</li> </ul> <p>The Chair referred to the new IFS16 Leases Standard and commented that the new standard required that at the start of the lease, a “right of use” asset was created which was based on the present value of the future lease payments under the lease contract together with a corresponding credit entry for the borrowing.</p> <p>The Head of Financial Services explained that over time, the asset would depreciate like any other asset whereas the borrowing would simply be repaid over the term of the lease. It was noted that at the end of the financial year, the two values would not match because of the way depreciation and borrowing worked. This could result in a relatively small difference between the two values unless the lease value had changed following a rent review etc.</p> <p>The Chair asked whether the Trust was required to show the reconciliation between the two values as a note to the accounts.</p> <p>The Head of Financial Management confirmed that there was no requirement to produce a note about how the two values were reconciled.</p>	

6.	External Auditors' Draft Audit Results Report 2022-23	
	<p>The External Auditors draft Audit Results Report 2022-23 had been circulated.</p> <p>The Chair commented that the draft Audit Results Report included a number of items which still needed to be finalised and asked about the approval process.</p> <p>Alison Kennett, External Auditors, Ernst and Young said that the outstanding issues were not material and would be dealt with through disclosure notes. Ms Kennett said that the normal practice was for the Audit Committee to delegate approval of the outstanding matters to the Chair of the Audit Committee and Chief Financial Officer.</p> <p>The Chair pointed out that the draft Audit Results Report did not include the External Audit Opinion.</p> <p>Ms Kennett reported that the External Audit Opinion would be similar to the previous year's opinion and explained that due to the legal changes to structure of the Integrated Care Boards, Ernst and Young's Technical team were checking the External Audit Opinion to ensure that the referencing was correct before the External Audit Opinion was issued.</p> <p>The Director of Finance reported that since the Audit Committee papers were circulated, the Finance team had closed down a number of the External Auditors outstanding queries, none of which would impact on the primary statements in the Annual Accounts but involved minor changes to some of the disclosure statements.</p> <p>Alison Kennett referred to the list of outstanding issues (page 108 of the agenda pack) and confirmed that the following issues had been resolved:</p> <ul style="list-style-type: none"> <li>• <b>Staff numbers, costs and fair pay multiples – whole time equivalent sample testing underway</b> – this had been completed</li> <li>• <b>Payroll – Reconciliation of the headcount</b> – this had been completed</li> <li>• <b>Revaluation reserve – Testing underway and being written up and just awaiting prior year working paper</b> – this had been completed</li> <li>• <b>Bank confirmations – bank confirmation letter omitted 2 bank accounts – we are waiting for the revised letter – this has been chased by the Trust and EY a number of times</b> – the letter from the Bank had not been received but the External Auditors had carried out alternative procedures</li> <li>• <b>PPE – Land and buildings valuation – One remaining query on assets not valued in the year in relation to prior year impact</b> – the External Auditors were discussing with the Trust the wording in the disclosure notes</li> <li>• <b>Trade payables cut-off, Trade payables accruals testing and Trade payables unrecorded liabilities</b> – the work had been completed</li> <li>• <b>Agreement of balances</b> – this was currently being reviewed</li> </ul> <p>Alison Kennett reported that the work was ongoing in respect of the following issues:</p>	

	<ul style="list-style-type: none"> <li>• Final clearance of points arising from review of the financial statements</li> <li>• Whole of Government Accounts – to be completed on completion of the audit</li> <li>• Subsequent events review – to be completed at the end of the audit</li> <li>• Management representation letter – to be received on the date of signing</li> <li>• Final manager and partner review.</li> </ul> <p>Alison Kennett reported that the External Auditors were also reviewing the Trust’s leases.</p> <p>Alison Kennett referred to the misstatement section of the report (page 109 of the agenda pack) and confirmed that the misstatements would not affect the Audit Opinion.</p>	
<b>7.</b>	<b>Letter of Representation</b>	
	<p>Maria Grindley, E&amp;Y External Auditors reported that the Trust was required to sign a management representation letter in respect of the Financial Statements.</p> <p>On behalf of the Trust Board, the Committee authorised the Chief Executive to sign the Management Representation Letter.</p>	
<b>8.</b>	<b>Formal Approvals</b>	
	<p>It was noted that the Trust Board had delegated full authority to the Audit Committee to issue all necessary approvals in respect of the 2022-2023 Annual Accounts on its behalf.</p> <p>It was also noted that the Trust Board had approved the Annual Report. The Company Secretary reported that since the Trust Board meeting on 09 May 2023, the Annual Report had been updated to reflect comments made by the External Auditors. A copy of the changes had been circulated to all Board members for comment. It was noted that the changes would be approved by the Chair and Chief Executive on behalf of the Trust Board.</p> <p>The Committee noted and approved the following relating to the Annual Accounts for 2022/23:</p> <ul style="list-style-type: none"> <li>• <b><i>Draft Audit Results Report</i></b> The Draft Audit Results Report was received and noted.</li> <li>• <b><i>Annual Accounts 2022/23</i></b> The Annual Accounts for 2022/23 were approved subject to any changes required as a result of the External Auditors outstanding work (as mentioned above), the Committee gave delegated authority to the Chair and Chief Financial Officer to approve any non-material changes.). It there were any issues of significance, another extraordinary meeting of the Committee would be convened to approve the Annual Accounts 2022-23.</li> <li>• <b>Management Representations</b></li> </ul>	



	The proposed Trust Management Representations response to Ernst & Young was approved:  <ul style="list-style-type: none"> <li>• <b>Annual Governance Statement</b> The Annual Governance Statement was approved.</li> </ul>	
<b>8.</b>	<b>Any Other Business</b>	
	There was no other business.	
<b>9.</b>	<b>Date of the Next Meeting</b>	
	The next meeting will be held on 26 July 2023.	

These minutes are an accurate record of the Audit Committee meeting held on 23 June 2023.

**Signed:-** \_\_\_\_\_

**Date: - 26 July 2023** \_\_\_\_\_

## Trust Board Paper

<b>Meeting Date</b>	11 July 2023
<b>Title</b>	<b>External Well-Led Review Report</b>
	<b>ITEM FOR APPROVAL</b>
<b>Purpose</b>	The Trust commissioned DCO Partners to undertake an external Well-Led Review. Giles Peel, DCO Partners will be attending the meeting to present the findings of his review.
<b>Business Area</b>	Corporate
<b>Author</b>	Giles Peel, DCO Partners
<b>Relevant Strategic Objectives</b>	Relevant to all strategic objectives
<b>CQC Registration/Patient Care Impacts</b>	Well-Led is one of the CQC's inspection domains
<b>Resource Impacts</b>	N/A
<b>Legal Implications</b>	N/A
<b>Equality and Diversity Implications</b>	N/A
<b>SUMMARY</b>	<p>NHS England's Code of Governance for Provider Trusts recommends that Trusts commission an external review of governance every 3-5 years.</p> <p>The Trust commissioned DCO Partners to undertake an external well-led review of governance. The review process included a desk top review of key documents, one to one interviews with all Board members, interviews with the Integrated Care Boards' Chief Executives and a Governor Focus Group. DCO Partners observed the online February 2023 Trust Board meeting and attended the in person Trust Board Discursive meeting in March 2023 as well as watching the recording of the February 2023 Quality Assurance Committee meeting.</p> <p>The Well Led Review Report was discussed at the June 2023 Trust Board Discursive meeting. The</p>

	Trust Board considered the conclusions and recommendations set out in the report and agreed that an action plan should be developed setting out the Trust's response any required actions.
<b>Actions</b>	The Trust Board is requested to approve the Well Led Review Report Response and Action Plan.

**External Well Led Review Report – Action Plan**

No	Recommendation	Trust's Response	Actions	By	Comments
1	Strategy development needs more specificity, to allow the NEDs to engage and to translate the aspirations of the Trust into concrete plans over a 5-year timeframe and led by the Trust Board. From this can follow harder-edged strategic objectives	When the review was conducted, the Trust was half way through the strategy review process so the Reviewers may not have been aware of the whole process. All Board members received a briefing note setting out the strategy review process. Non-Executive Directors were also invited to participate in various workshops etc.	Future strategy reviews to set out the complete review process at the outset including timescales and outputs from each stage of the process.	Deputy Chief Executive	
2	A board development plan is now needed to cover a variety of new areas and to reflect gaps in knowledge on the part of NEDs. Areas to cover include: <ul style="list-style-type: none"> <li>• Developing a risk appetite</li> <li>• A better understanding of system working and the impact of working</li> </ul>	a) <b>Risk appetite</b> – the Board's risk appetite needed to be considered in the context of specific initiatives/major decisions etc rather than developing an overall risk appetite	The Board to consider risk appetite in the context of specific initiatives/major decisions etc  The Board should also consider risk appetite in the context of horizon scanning discussions	All Board Members	

No	Recommendation	Trust's Response	Actions	By	Comments
	<p>with two very different ICSs, now that they are up and running</p> <ul style="list-style-type: none"> <li>Understanding the potential for collaboration with stakeholders such as Local Authorities, the Voluntary Sector and Private healthcare, and how best to negotiate this</li> <li>A dedicated programme to pursue innovation and ideas generation</li> </ul>	<p>b) <b>System Working</b> – the Board was kept informed about the structural changes to the ICSs but the Chair/CEO could do more to feedback on their informal ICS discussions.</p> <p>The Board would benefit from having opportunities to meet local authority, voluntary sector and private sector partners.</p> <p>c) <b>Innovation and Ideas Generation</b> – this was part of the Trust's current strategy</p>	<p>A checklist of the key things the Board needs to consider to be developed in respect of major decisions.</p> <p>The In Committee Executive Report to include a standing item on ICSs – some months this would only be a verbal update at the meeting.</p> <p>Local authority, voluntary sector and private sector partners to be invited to attend Discursive/In Committee Board meetings</p>	<p>Deputy Chief Executive</p> <p>Chief Executive</p> <p>Chief Executive</p>	<p>The In Committee Executive Report template has been amended to include a standing item on System Working.</p>
3	<p>The Trust is capable of more innovation, especially in the digital area, and the Board should discuss faster progress as part of its</p>	<p>The Trust was in discussions with digital partners to support the Digital Strategy.</p>	<p>In addition to the formal six monthly updates on the Trust's Digital Strategy there should be more opportunities for</p>	<p>Deputy Chief Executive</p>	

No	Recommendation	Trust's Response	Actions	By	Comments
	strategy, and consider taking on a digital partner		the Board to have informal discussions about digital innovation etc at Trust Board Discursive/In Committee meetings.		
4	The Board should consider how best to support the Governors over their Public duty and to look for opportunities to work with NEDs	<p>Governor public engagement was challenging because although this was a governor duty, it was not clear about the purpose of public engagement in the current context.</p> <p>The Governors had a number of opportunities to work with the Non-Executive Directors, for example at the breakout sessions at the Joint NEDs/CoGs meetings and joint service visits.</p>	<p>The Chair to discuss this recommendation with the Governors.</p> <p>The Company Secretary to ask NHS Providers to include a slot on governor public engagement at the governor development session on 19 July 2023.</p>	<p>Chair</p> <p>Company Secretary</p>	On the programme for the NHS Provider's training on 19 July 2023
5	The Trust should consider establishing a shadow board to expose suitable candidates to the work of senior leadership, and promote diversity	The merits of setting up a shadow Board to review the Board's reports etc was limited. However, providing an opportunity for junior staff, particularly staff with protected characteristics to work on a real life strategic issue and present their recommendations to the Board could help both the Board and provide a	The Deputy Chief Executive and Director of People to develop the process for selecting candidates to work on a strategic issues and to develop the terms of reference for the group.	Deputy Chief Executive/Director of People	

No	Recommendation	Trust's Response	Actions	By	Comments
		development opportunity for the participants.			

# Berkshire Healthcare NHS FT

## A Well-Led Review by DCO Partners Ltd

**28 March 2023**

This report is intended to provide an independent developmental review of the Trust's governance. The review was conducted between December 2022 and March 2023. Issues raised in this report were identified in the course of our review, but they may not represent the totality of the position currently faced by the Trust. The contents of the report should not be shared with any third party without the express permission of DCO Partners Ltd.





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## Introduction

1. DCO Partners were commissioned to conduct an external developmental Well-Led review (WLR) between December 2022 and March 2023. This review is the first independent one for seven years but follows an Outstanding assessment from a full CQC inspection in March 2020. The Chair wishes to gain assurance on the Board's effectiveness, its ability to guide the Trust and to provide the right leadership to maintain optimum functionality.
2. DCO Partners are experienced advisers in healthcare and have conducted six other WLRs for NHS trusts in the past three years, as well as numerous investigations into unexpected deaths, serious incidents, clinical governance and NHS re-organisation (including Provider Collaborative development). The DCO team comprised Giles Peel, a governance specialist, and Professor Mike Bewick, a clinician and former Deputy Medical Director of the NHS.

## Scope and approach

3. The Trust carried out a highly detailed self-assessment using NHS Improvement's WLR question framework and Key Lines of Enquiry (KLOEs) (first published June 2017) in October 2021. Separately, the Board conducted its own Annual Evaluation of Effectiveness in 2022. The Chair therefore requested a bespoke review that, whilst keeping in mind the KLOEs, sought to analyse a broader set of factors that explored external relationships, board dynamics and ideas for the future direction and conduct of the Board.
4. In a three-month period, the DCO team began with a wide-ranging documentary review, exploring the quality of paperwork, the depth of the Trust's policy base and the detail of management information being supplied to the Board. It then conducted one-to-one interviews with all Board members, as well as with external stakeholders representing the Integrated Care Boards (ICBs) that oversee the Trust. An observation phase saw the team attend several Board and Committee meetings, having first held a focus group meeting for the Council of Governors. The team kept in regular touch with the Chair and Company Secretary and updated them on the progress of its work throughout the review.

## Documentary Review

5. A full summary of documents reviewed is enclosed at Appendix 1. Overall, we found the standard of paperwork to be high, with a very strong policy base underpinning thorough and conscientious record keeping. The business of the Board is planned and tracked carefully, and summarised in a Board Paper Register that is published annually. This sets out a plan for the Board's decision making and shows the meetings where the work would be considered. All in all, this was very comprehensive and well organised.
6. The NHSI WLR Self-Assessment in October 2021 was very thorough and set out a strong evidence base to underpin its answers. The document is structured around the eight KLOEs and sets out answers to each one. The responses are consistent with an Outstanding-rated Trust and our only comment with this exercise was that no gaps were identified anywhere in the document. This, even if accurate, does not create an impression of an organisation that is fully self-reflective.
7. The annual Evaluation of Board Effectiveness report is another self-assessment document. The 2022 report shows a strong and unified Board with a very clear sense of purpose. It did identify areas for improvement, and these included: making more time for the Board to consider ideas and innovation, reducing the length of board papers, the need to communicate the Trust's vision internally and a desire to return to more face-to-face meetings of the Board and its Committees.
8. The Trust also conducted a Stakeholder Survey in 2022. The scores were impressive in most areas and shows a Trust that is communicating well and has effective working relationships with its stakeholders. The only subject areas where scores were less strong (in the median range) were for: working together on long-term strategies, a view that the leadership has the necessary blend of skills and experience and the visibility of the Executive Team below CEO level. All these topics were covered by us during the interviews.
9. We also had a close look at the quality of minutes from Board and Committee meetings. We reviewed ten sets of minutes covering Public Board meetings, Board meetings in committee, Discursive Board meetings and Board Committee meetings. The standard is very high and covers sufficient detail of the conduct of meetings and conclusions reached. We had one major comment, which was that all of these tended to summarise each discussion with a phrase such as "The Trust Board noted the report.". This gives the impression that decisions are rarely presented to the Board in formal session. We comment on the dynamic of meetings later, but this did tend to provoke a question about where the Trust Board makes its decisions in practice – a key issue for creating an effective audit trail in modern governance.

## Interviews

10. Our interviews were conducted on a one-to-one basis and were designed to obtain the Board's views confidentially. We summarise the views received below, and where appropriate distinguish between Executive and Non-Executive viewpoints. All those interviewed were extremely candid, and reflected considerable pride in the Trust and the work that is being done. A list of interviews conducted and meetings observed is shown at Appendix 2.
11. The Executives (EDs) showed a strong respect for their Non-Executive colleagues (NEDs) and reflected on a very positive board dynamic where everything can be aired. They all had extensive knowledge and relayed that expertise in a sensible, confident way. Themes discussed included the Trust's status as a Digital Global Exemplar, the complex work involved in being part of two Integrated Care Systems and the reflection that the NEDs would always push them to be more ambitious for the organisation.
12. The NEDs were equally complimentary about their ED colleagues but wanted to do more for the Trust, expressing a degree of frustration about a lack of involvement in system working (a common complaint from Foundation Trust NEDs across England), and a determination to influence strategic thinking to achieve more concrete plans for the Trust. The NEDs were concerned about the size of their board packs, the levels of information provided (often too detailed) and a desire to be able to sift information to enable them to be more directional. The NEDs were also interested in contributing to the debate around workforce and had several ideas about promoting talent management.
13. For all Board members, there was strong vocal support for the style and impact of the Chair, who is seen as encouraging debate and enthusiastically driving the Trust to improve itself. All were well aware of the risk of complacency within the organisation and expressed a determination to guard against this.
14. The external interviewees were warm in their praise, but their comments did reflect the very different stages of development that exist between the two ICSs (one is seen as less mature than the other in terms of evolution). The Trust was described as "good to work with" and "data driven". In terms of areas to develop, a desire was expressed to learn more about the Trust's emerging strategy, together with a wish that the organisation takes more initiative when it comes to developing ideas for system change. Both organisations described that their main point of contact was with the Executives – the CEO (who sits on one ICB), Deputy CEO (who sits on the other ICB), CFO and CNO – for whom there was plenty of praise. Both ICBs said that there was almost no visibility of the NEDs apart from the Chair. Clinically, the Trust was described as "nurse-led". One other area of observation was that the Trust excelled at the traditional provider/commissioner model of relationships and now needed to think in more detail about how to progress in the new world of system collaboration. These interviews also threw up the very clear challenge of working across two ICBs – this is never easy and the combination of geography and obviously different approaches to collaboration will be adding to the Trust's workload at present.

## Observations

15. We observed a Board meeting in public and in committee (private) in February 2023, and a discursive Board meeting in March. We also attended a Quality Committee meeting in February. With the exception of the Discursive Board, all the other meetings were held virtually. Some directors expressed a wish to see the numbers of virtual meetings reducing.
16. For the meeting in public there was a formal approach to discussion, with informative agenda items including a Patient story. On the day of the meeting the Chair was absent, so another NED took over. Our view was that the meeting covered a wide range of topics, including patient safety, finance and detailed reviews of performance. There was good NED scrutiny, and the answers were conscientious, often led by the CEO employing impressive analysis. On the negative side, the meeting ran the risk of superficiality, and no issue was gone into in any real depth, nor were any real decisions taken by the Board. We understood that a Never Event had recently occurred and had been referenced in the Board papers for the meeting in public, but this was not referenced in the meeting (we are aware the NEDs were heavily involved in this but this was perhaps a missed opportunity for transparency at a meeting in public). It was also not clear what attempts had been made to explain areas complexity to the Public. There were frequent uses of acronyms (for example "CDEL" and simply "ICB" without any further explanation about which one) and other jargon, and knowledge was assumed for areas such as the use of True North Goals in performance scorecard reporting. As it happened there were few attendees from the public but there should be an aim to create more effective transparency by using plain language at such meetings.
17. The private Board meeting in committee had a very short executive report which prompted no questions initially from the NEDs. A verbal report was received from the Finance Committee Chair but not from the

Quality or Audit Committee Chairs – this may have been simply down to timing. The Board received an excellent analysis of the current system issues from the CEO, ably supported by the EDs. At least one NED commented that they felt “semi-detached” from the ICs, a comment that was effectively fended off by the Executive team, but it seemed to be a revealing moment because not being fully sighted on this key area of health reorganisation could become more of an issue over time. There was little to no discussion on risk, but there was a presentation on strategy at a high level. This was well received, but again the NED participation in this was unclear (although a lack of co-production was raised by them), as were the next steps or specific deliverables. We reflected that this meeting was again fairly high-level and did confirm some of the gentle frustrations that were aired by the NEDs. Again, there were not many decisions sought from the Board at this meeting.

18. The Quality Committee was a stronger meeting which, quite properly went into much greater clinical detail. The agenda was information rich and various staff members gave detailed briefings. Here it was good to see a range of staff at different levels appearing and it helped to provide an impression of strength in depth, as well as exposing more junior staff to NEDs. Never Events were raised here, after NED prompting, and there were also useful explorations of patient safety cultures and how they vary across the Trust. Overall, it was a good meeting. It was very collegiate, not a bad thing in itself, but it would be good to reflect on how challenge can be useful in terms of reinforcing oversight and prompting learning for staff.
19. The Discursive Board meeting was well attended in person and contained a number of topics for in depth discussion. Here we saw the Board at its best; it was more candid, with more effective NED challenge and with frank insights from the Executives. The meeting covered many current risks and set these out in such a way that the Board could spot the linkages in terms of causation as well as solutions. We particularly liked the way in which the Executives foreshadowed future initiatives (such as virtual wards, and the impact of the new Mental Health Act) and encouraged the NEDs to give an early view. We felt that this was the most impressive meeting that we observed, and trying to distill some of this energy into the more formal meetings of the Board and Committees would be a positive step.

### The Council of Governors focus group

20. This was held virtually about halfway through our review. The meeting was attended by ten Governors, representing a good cross section from elected to nominated and including staff governors. The Governors were complimentary about the Board and valued their relationship. They felt that there were good opportunities to see the work of the Board, and enjoyed the breakout sessions with NEDs that take place at joint meetings (although they wanted more chances to get to know the NEDs better and lamented the lack of face-to-face meeting opportunities). In terms of areas for development, they highlighted a concern that their representing the public role was not fully developed and wanted more chances to work on this. They also wanted more opportunities to contribute to strategy development. Finally, they felt that the “Outstanding” label was not always helpful and warned against any complacency.

### The Board dynamic and skills mix

21. A significant part of our remit was to comment on the effectiveness of the Board. In terms of the composition, we believe that this is a highly effective team comprised of talented individuals. There are many very experienced people here, who bring their knowledge to bear in a practical and pragmatic way without ego or grandstanding. The Executive team is led by a highly experienced CEO who is ably supported by a great mixture of other directors. We felt that their working methods are highly effective, and they are justifiably proud of their results. The Chair is highly thought of by his Board, and again there are a range of very experienced NEDs who work well together, several of whom have spent considerable time in this Trust and whose forthcoming departure will be keenly felt.
22. It is perhaps because of this that we felt that the dynamic is sometimes rather understated. There is not a great amount of overt challenge around the table, it is always very calm and considered, and it was not always easy to see where the real decisions are made. The answer is that it is a mixture, sometimes this happens in committee and sometimes the decisions are included in a subtle way in the papers that the Board “notes”. We got no sense that any director is inhibited, quite the contrary, and the Chair and CEO both clearly encourage debate and discussion. However, it might be useful for the Board to reflect on how business flows up to its level, and what decisions it should, and needs to, reserve to itself.
23. In terms of skills mix, the question was put to each board member at interview. We received consistent replies that future NED recruitment might usefully focus on areas such as commercial negotiation, innovation, joint ventures, partnership working, strategy, people and workforce. This is as much to reflect known departures from the Board as future intentions.

## Emerging themes

24. Throughout the course of our work some themes emerged that we wish to highlight. These are not listed in any order of importance; we merely want to set out views that were expressed in the course of our work.

### Risk

25. There is a comprehensive Board Assurance Framework which was often quoted, and we received a consistent picture of principal risks from interviews. These were stated as workforce, the emerging system position and its likely effects, failure to innovate, and then strategy, which we address below. So, we felt that the risk picture is well understood, and the thought processes around it are aligned across the membership of the Board. The one area to reflect on is the extent to which the risk appetite of the Trust is agreed. This came across as a serious of concerns about where best to target resources towards the clinical and quality issues that could be tackled next. We felt that the Board could spend useful time debating and agreeing its risk appetite. One other minor comment is that in the observations of meetings, we rarely heard anyone speak explicitly about risks or risk implications.

### Management Information

26. This was a concern of almost all the NEDs, who felt that the size of board packs and the length of papers all conspire to make their role more difficult. Some NEDs talked about the difficult task of sifting the real information from the broader whole, which takes time and risk missing a key metric. This was not a criticism of the performance regime, which gets widespread praise – we had a strong impression that the Board has a highly accurate picture of clinical risk and patient safety. It is more a case of changing custom and practice. There is some irony here in that the Trust is a digital exemplar, but the Executives might want to reflect on this area and the Board to debate it in a specific session, and then agree on what management information it requires.

### Strategy

27. This topic came up time and again and represented the only obvious divergence of views between EDs and NEDs that we encountered in our review. Summarised simply, the NEDs are keen to get a more tangible outcome from the highly praised work done on strategy so far, converting it into outputs and a smaller number of focused strategic objectives. There is a clear desire here to attach more substance to the excellent horizon scanning work carried out to date. We sense that there needs to be a frank board discussion in this area before too much longer.

### Clinical leadership and quality improvement

28. There is a high degree of cooperation across all the clinical specialities led by the Director of Nursing and Medical Director. There is much to commend in their approach to clinical risk and the ‘ground up’ rather than ‘top down’ approach. The benchmark for this approach is of course Virginia Mason Institute programmes in the USA, which some other NHS Trusts and third sector charities have specifically undertaken. The work of Don Berwick in the aftermath of Mid Staffs is another strong pointer for good practice. Our message is that while quality improvement is approached rigorously in this Trust, there are lessons to be learnt from other sectors as well as the NHS, particularly in how best to deliver improvements at scale. With the geographical dispersion of a community and mental health trust this is always a bigger challenge, but one the Trust must keep in mind. Users of the services are consulted through regular feedback but are not as involved, as far as we have observed, in the design of digital services. This is an area for development, perhaps using patient-centred design, and links to our next point on digital health. One additional point, worth making, it is very rare for us to interview a deputy CEO, who as a former CFO had such good insight into clinical risk; this is testament to a highly functioning board which is not just focused on finance as a priority.

### Innovation and digital services

29. Innovation and how best to encourage and exploit it is another cross-cutting theme here. It comes across as a concern that the Trust needs to do more with partners, as well as the desire to exploit the digital reputation of the Trust. The Trust has an excellent record in developing a digital platform for patient notes, internal communication and the reporting of incidents. It is also active in the development of an ICS wide digitally enhanced offer to patients. Most organisations have developed e-learning and video portals for staff and patients to improve access in the wake of the recent pandemic. The Trust is taking this further by developing its own digital strategy. As the demands of medicine increase with little increase in resources, digital offers a cost-effective solution for many services. The digital strategy needs to be bold and should have the joint aims of improving patient access and reducing demand especially for high-cost care pathways, requiring admission. Virtual wards and care are examples of a national strategy usually aimed at the acute sector, but it was very encouraging to see the Trust considering these as part of service improvement and research at the Discursive Board meeting. It now needs to be bold in taking the initiative, perhaps by engaging with a digital partner in another sector?

## Conclusions

30. This is a very high-performing and competent Trust, rightly proud of its reputation. The following points are made in the spirit of challenge and in recognition that lesser performing organisations would not be able to contemplate such improvements. The Board is providing leadership in an environment of turbulence and change, and in an emerging system that is complex and not fully formed, with plenty of fragmentation in terms of geography and organisation. The next programme of board development could usefully provide an even better visibility of system issues, reflections on challenge and decision-making as a board, and the delivery of a strategy for real change underpinned by quality improvements and innovation. The following conclusions are offered:
- A. Translating the efforts that have led to the Trust's Outstanding rating (and the reputation that goes with it) into a very different world of complex health system negotiation and collaboration across five counties is a major new challenge
  - B. The Executive team present an excellent picture to the Board in a polished and well-thought through approach (including the widely quoted True North Goals), synonymous with an Outstanding Rated Trust – however this does not always reflect the NEDs' wishes or provide the fullest picture of the world the Trust faces in system terms
  - C. In terms of strategy and design of services, the Trust could do more to engage with service users and other stakeholders at an earlier stage
  - D. The Council of Governors are supportive but feel disempowered in terms of their public role and in terms of building stronger relationships with NEDs – physical engagement has not recovered from Covid
  - E. The Trust is a net contributor to the system, but this approach is led by the Executives rather than the Board. Is there any role for the NEDs in this area?
  - F. Board (in Public and In Committee) and Committee meetings are collegiate, but from documentary evidence they can sometimes appear to lack substance and challenge with many agenda items included for the Board to note. This evidence trail does not always make it clear where the substantial discussions are being held or where the decisions are made, and at what level. In future, minutes could better reflect the challenge and direction that are offered to the executives by the Board
  - G. There is strong evidence that the Board Committees cover a range of key performance issues and accept this responsibility enthusiastically
  - H. The private Trust Board Discursive Meetings have wide ranging agendas and offer good opportunities for the Board to get into reasoned consideration of key issues, helping to build understanding
  - I. There will always be a risk of complacency in such a high-performing organisation – the Board must continue to acknowledge this and be ready to challenge it wherever it appears
  - J. The organisation is “data heavy” and it requires some effort to sift through briefing packs to receive the key messages and derive conclusions. This is ironic for an organisation that is lauded as a Digital Exemplar, and may need to be reviewed further to develop innovation, especially in clinical practice
  - K. The Trust has not quite decided on the amount of face-to-face contact time it wishes to have between Board members or with other stakeholders such as Governors – it is not clear if the Trust thinks that this is a major issue but for some it is, and needs to be addressed
  - L. Specific challenges that the Board currently faces include:
    - Bed numbers, ward sizes and high occupancy rates
    - Highly complex entry and discharge routes
    - Disparity in workloads across specialty teams
    - Building an accurate picture around equality data
    - Abuse of BAME staff by service users
    - Obtaining a detailed picture of workforce issues from Board Committee work up to the Board itself
    - Digital inequality in terms of access
  - M. There was a strong feeling observed that talent management could be accelerated across the Trust, particularly to encourage BAME staff to progress in terms of senior leadership roles across the Trust and elsewhere. One way of achieving this would be to establish a shadow board to track the work of the real board and to expose younger members of staff to the responsibilities of senior leadership roles

## Recommendations:

- I. Strategy development needs more specificity, to allow the NEDs to engage and to translate the aspirations of the Trust into concrete plans over a 5-year timeframe and led by the Trust Board. From this can follow harder-edged strategic objectives
- II. A board development plan is now needed to cover a variety of new areas and to reflect gaps in knowledge on the part of NEDs. Areas to cover include:
  - Developing a risk appetite
  - A better understanding of system working and the impact of working with two very different ICSs, now that they are up and running
  - Understanding the potential for collaboration with stakeholders such as Local Authorities, the Voluntary Sector and Private healthcare, and how best to negotiate this
  - A dedicated programme to pursue innovation and ideas generation
- III. The Trust is capable of more innovation, especially in the digital area, and the Board should discuss faster progress as part of its strategy, and consider taking on a digital partner
- IV. The Board should consider how best to support the Governors over their Public duty and to look for opportunities to work with NEDs
- V. The Trust should consider establishing a shadow board to expose suitable candidates to the work of senior leadership, and promote diversity

# Appendix 1

## List of documents reviewed





## Appendix 1 – List of documents reviewed

N0	Title	Folder No	Folder Name
1.	Stakeholder Survey 2022	1	Board Assessment and Stakeholder Survey
2.	Trust Board Annual Review of Effectiveness 2022	1	Board Assessment and Stakeholder Survey
3.	Well-Led Framework Self-Assessment 2021	1	Board Assessment and Stakeholder Survey
4.	QAC meeting papers – March 2022	2	QAC minutes and papers
5.	QAC March 2022 Presentation	2	QAC minutes and papers
6.	QAC meeting papers – June 2022	2	QAC minutes and papers
7.	QAC meeting papers – August 2022	2	QAC minutes and papers
8.	QAC meeting papers – November 2022	2	QAC minutes and papers
9.	QAC November 2022 Presentation	2	QAC minutes and papers
10.	QAC November 2022 – Minutes	2	QAC minutes and papers
11.	BAF and CRR – December 2022	3	Trust Board (Private) and BAF CRR
12.	In Committee Board Minutes – July 2022	3	Trust Board (Private) and BAF CRR
13.	In Committee Board Minutes – Sept 2022	3	Trust Board (Private) and BAF CRR
14.	In Committee Board Minutes – Nov 2022	3	Trust Board (Private) and BAF CRR
15.	TB Discursive Notes – October 2022	3	Trust Board (Private) and BAF CRR
16.	TB Discursive Notes – June 2022	3	Trust Board (Private) and BAF CRR
17.	TB Discursive Notes – March 2022	3	Trust Board (Private) and BAF CRR
18.	TB April 2022 - Strategic Plan Review	4	Strategy
19.	TB Discursive Meeting – June 2022	4	Strategy
20.	TB September 2022 – Strategy Refresh	4	Strategy
21.	TB Discursive meeting – October 2022	4	Strategy
22.	TB July 2022 – ICB Briefing	5	ICS
23.	Annual Report 2021-22	6	Annual Report and QA 2021-22
24.	Quality Accounts 2021-22	6	Annual Report and QA 2021-22
25.	Board Paper Register 2022	3	Trust Board (Private) and BAF CRR



## Appendix 2

### List of interviewees and meetings observed



## Appendix 2 – List of interviewees and meetings observed

### Interviews:

Martin Earwicker, Chair

Julian Emms, CEO

Rajiv Gatha, NED and Chair of Audit Committee

Naomi Coxwell, NED and Chair of FIP Committee

Sally Glen, NED and Chair of Quality Assurance Committee

Mehmuda Mian, NED

Aileen Feeney, NED

Mark Day, NED

Alex Gild, Deputy CEO

Debbie Fulton, Director of Nursing

Minoo Irani, Medical Director

Paul Gray, CFO

Tehmeena Ajmal, COO

Steve McManus, CEO Bucks, Oxs and Berks ICB (and CEO RB NHSFT)

Fiona Edwards, CEO Frimley ICB

### Observations:

Council of Governors Focus Group - 27 January

Trust Board meeting (in Public and Private) - 14 February

Trust Quality Assurance Committee - 28 February

Trust Board Discursive meeting - 14 March



**Trust Board Paper**

<b>Board Meeting Date</b>	13 July 2023
<b>Title</b>	<b>Use of Trust Seal</b>
	<b>ITEM FOR NOTING</b>
<b>Purpose</b>	This paper notifies the Board of use of the Trust Seal
<b>Business Area</b>	Corporate
<b>Author</b>	Company Secretary
<b>Relevant Strategic Objectives</b>	N/A
<b>CQC Registration/Patient Care Impacts</b>	N/A
<b>Resource Impacts</b>	None
<b>Legal Implications</b>	Compliance with Standing Orders
<b>Equalities and Diversity Implications</b>	N/A
<b>SUMMARY</b>	<p>The Trust's Seal was affixed to:</p> <p>An Agreement for Lease commitment to enter into two 10 year leases with Wokingham Brough Council of a retail unit at 20 Denmark Street and the part ground floor and 1<sup>st</sup> floor offices at Resource House, Wokingham. The Leases will be entered into following completion of the Landlord's refurbishment works.</p> <p>The lease acquisitions are to provide alternative accommodation in central Wokingham for the CMHT and other services that need to be relocated from The Old Forge, before our leases expire in October 2023. It will include the integrated health and social care team that will occupy circa 50% of the space.</p>

<b>ACTION</b>	To note the update.
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