Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Team)

10:00am on Tuesday 14 December 2021

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome and Public Questions	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 09 November 2021	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Patient Story - CAMHS New Day Model in Phoenix House	Debbie Fulton, Director of Nursing and Therapies/Matthew Prouse, Service Manager, CAMHS Manager	Verbal
STRATEGY			
7.0	People Strategy Update Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
QUALITY			
8.1	Freedom to Speak Up Guardian's Six Monthly Update Report	Mike Craissati, Freedom to Speak Up Guardian	Enc.
8.2	Quality Assurance Committee – 16 November 2021 a) Minutes of the Meeting b) Learning from Deaths Quarterly Report c) Guardians of Safe Working Quarterly Report	David Buckle, Chair of the Quality Assurance Committee Dr Minoo Irani, Medical Director	Enc.
EXECUTIVE UPDATE			
9.0	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			

No	Item	Presenter	Enc.
10.0	Month 07 2021/22 Finance Report	Paul Gray, Chief Financial Officer	Enc.
10.1	Month 07 2021/22 Performance Report	Paul Gray, Chief Financial Officer	Enc.
10.2	Board Vision Metrics Report	Alex Gild, Deputy Chief Executive	Enc.
STRATEGY			
11.1	Strategy Implementation Plan Update Report	Alex Gild, Deputy Chief Executive	Enc.
CORPORATE GOVERNANCE			
12.0	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
12.1	Trust Seal Report	Paul Gray, Chief Financial Officer	Enc.
Closing Business			
13.	Any Other Business	Martin Earwicker, Chair	Verbal
14.	Date of the Next Public Trust Board Meeting – 08 February 2022	Martin Earwicker, Chair	Verbal
15.	**CONFIDENTIAL ISSUES:** To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	Verbal

Berkshire Healthcare NHS Foundation Trust

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday 09 November 2021

(Conducted via Microsoft Teams)

Present:	Martin Earwicker	Chair
	David Buckle	Non-Executive Director
	Naomi Coxwell	Non-Executive Director
	Rajiv Gatha	Non-Executive Director
	Mark Day	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Chief Financial Officer
	Dr Minoo Irani	Medical Director
	David Townsend	Chief Operating Officer
	Paul Gray	Chief Financial Officer
	Heidi Ilsley	Deputy Director of Nursing *(deputising for Debbie Fulton, Director of Nursing and Therapies)*
In attendance:	Julie Hill	Company Secretary
	Linda Nelson	Lead Nurse for Professional Practice

21/189	**Welcome and Public Questions** (agenda item 1)
	The Chair welcomed everyone to the meeting. The Chair particularly welcomed Rajiv Gatha, Non-Executive Director who was attending his first public Trust Board meeting. There were no public questions.
21/190	**Apologies** (agenda item 2)
	Apologies were received from: Mehmuda Mian, Non-Executive Director and Debbie Fulton, Director of Nursing and Therapies.
21/191	**Declaration of Any Other Business** (agenda item 3)

	There was no other business.
21/192	**Declarations of Interest** (agenda item 4)
	i. **Amendments to Register** – none
	ii. **Agenda Items** – none
21/193	**Minutes of the previous meeting – 14 September 2021** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday 14 September 2021 were approved as a correct record.
21/194	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board:** noted the action log.
21/195	**Case Study – Urgent Community Response (**agenda item 6.0)
	The Chair welcomed Emma Tomkins, Advanced Nurse Practitioner. Ms Tomkins gave a presentation on the community Rapid Response Team and Rapid Response and Treatment in Care Homes Team working together and highlighted the following points: • The Rapid Response Team and Rapid Response and Treatment in Care Homes Team services had come together to form a single service whose primary objective was hospital admission avoidance for older people. • The service provided short-term intervention to manage acute needs and provided a multi-disciplinary team approach to focus on managing the individual needs of the patient. The service could also refer patients to other services, for example, social services and community matrons if appropriate. Ms Tomkins provided a case study of a 90 year old woman who was referred to the Rapid Response Team for therapy and an equipment assessment by the Accident and Emergency Department following a fall. Ms Tomkins said that after an initial nurse assessment, the woman's medication was changed, there was regular liaison with her GP, the wounds from her fall were treated, she had occupational health and physio-therapy assessments, her continence was discussed and advice given and there was a daily assessment of the woman's needs and support was provided to the family. Ms Tomkins reported that the woman was able to remain at home and the service received rapid results to assessments and tests facilitating timely treatment. There was instant input from the multi-disciplinary team coordinated by one service offering consistent and comprehensive care and support to the whole family. The service liaised with social services for the future provision of care and/or residential placement if required.

	The service also had an open discussion with the GP to ensure that information was communicated effectively and the patient was managed appropriately. Further details of the case study are attached to the minutes. Ms Tomkins spoke about the challenges of the new service which included upskilling the team which had taken time. The service operated extended hours (8am to 8pm seven days a week and this presented a challenge in terms of filling rotas although new staff had now been recruited to the service. It was noted that some staff had initially been resistant to the new ways of working. The service often had difficulties in accessing patients' GPs in a timely manner. As the service liaised with a wide range of health and social care staff from other organisations across Berkshire and neighbouring areas there were issues around accessing timely information from the various electronic record systems. David Buckle, Non-Executive Director said that with an aging population there were an increasing number of frail older people who would benefit from the service and asked about the timeframe for patients being discharged from the service. Ms Tomkins reported that it was a maximum 10 day service after which patients would be transferred back to the care of their GP. Aileen Feeney, Non-Executive Director asked why some staff had initially been resistant to the new service. Ms Tomkins explained that some staff had been anxious about having to acquire new skills and knowledge and to work within a much larger service. The Chief Executive said that the Connected Care system used across Berkshire enabled different organisations to access patients' health and social care records and asked for more information about the issues around accessing patient records. Ms Tomkins explained that the service sometimes needed to access patient records held outside of Berkshire, for example, if patients had had treatment at the Great Western Hospital, Swindon or Basingstoke and North Hampshire Hospital who were not part of the Connected Care system. In addition, patient records and GP care plans were not always kept up to date. The Chair thanked Emma Tomkins for her presentation and for sharing the case study. The Chair commented that it would be helpful for the Trust Board to have a better understanding of the IT and data management issues experienced by the service. **Action: Deputy Chief Executive**.
21/196	**Patient Experience Report Quarter 2** (agenda item 6.1)
	The Deputy Director of Nursing presented the paper and highlighted the following points: • During quarter 2, 61 complaints were received (including re-opened complaints). 3 of the formal complaints were about or mentioned COVID-19 • CAMHS services were the only services where the number of complaints received for this quarter differed significantly from the number in any of the previous quarters over the last year. The CAMHS complaints were however spread across different pathways. CAMHS services also generated the most MP enquires with these being

	predominantly about the Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder pathway. • Oakwood unit had generated the most complaints of any ward over the last quarter (5) although the reasons for the complaints varied. The Trust was conducting a deep dive exercise into the complaints to understand more about the issues raised. • The 15 Step visits had restarted during quarter 2 and reporting on these visits would be included in the next quarterly report. • The new patient experience tool would start to be introduced across the Trust from the beginning of December 2021. The Chair reported that he had recently conducted his first in person visit to Prospect Park Hospital since the start of the COVID-19 pandemic. The Chair reported that he had visited Oakwood, Bluebell and the Learning Disability wards. The Chair said that he was particularly struck by the resilience of the staff and how committed they were to the patients despite the challenges. The Chief Executive reported that he had also recently had an unannounced visit to Oakwood ward and had spoken to eight patients who were all very complimentary about the care they were receiving. The Chief Executive commented that he was pleased that further work was being undertaken to gain a better understanding of the nature of the complaints relating to Oakwood ward. Mark Day, Non-Executive Director noted that the CAMHS complaints related to a number of different pathways but asked whether there were any common themes. The Deputy Director of Nursing confirmed that the complaints related to completely different pathways and issues. **The Trust Board**: Noted the report
21/197	**Six Monthly Safe Staffing Report** (agenda item 6.2)
	The Deputy Director of Nursing presented the report and reported that the ongoing COVID-19 pandemic and the impact that it had had on staffing had meant that the 6 months covered in the report (April 2021-September 2021) had continued to be challenging across all wards. The Deputy Director of Nursing referred to the Safe Staffing Declaration by the Director of Nursing and Therapies and Medical Director (page 92 of the agenda pack) which stated that whilst there had been no correlated link between staffing levels and patient safety incidents, workforce pressures had remained one of the Trust's most significant risks and there was limited assurance that care was always of high quality. It was also possible that patient experience may have been compromised due to the high temporary staffing on some shifts and some gaps in staffing that were unable to be filled. The Deputy Director of Nursing said that assessment of staffing using available tools had indicated that current ward establishments (if all posts were filled) alongside other professionals who provided patient care and treatment into the wards and the availability of temporary staff to meet the need for fluctuating ward acuity and one to one observation was able to provide safe staffing levels across all wards. The Chair asked for more information about the staffing tools to work out safe staffing used in the report.

	The Deputy Director of Nursing explained that the Trust used a number of staffing tools, for example, care hours per patient, benchmarking against the model hospital, a dependency tool and would be using a new safe care tool which would be used to assess patient acuity and their actual care needs. Naomi Coxwell, Non-Executive Director reported that the Director of Nursing and Therapies had informed the Finance, Investment and Performance Committee that the Trust was pulling together examples of good practice during the COVID-10 pandemic for a book as part of the Trust's work to celebrate success. The Chair referred to the Model Hospital benchmarking data on page 81 of the report and noted that the Trust was an outlier in terms of the average length of stay and asked whether this was because the Trust had a higher acuity threshold for admission. The Deputy Director of Nursing said that there were a number of different factors which impacted on the average length of stay but confirmed that average length of stay was monitored at an individual ward level. **The Trust Board**: noted the report.
21/198	**Executive Report** (agenda item 7.0)
	The Executive Report had been circulated. The following issues were discussed further: **a) COVID-19 Staff Vaccinations** Naomi Coxwell, Non-Executive Director said that it was likely that the Secretary of State for Health and Social Care would announce that COVID-19 vaccinations would be made mandatory for all NHS staff in patient facing roles (unless medically exempt) and asked whether this was a cause for concern for the Trust. The Deputy Director of Nursing said that the legislation requiring staff working or going into care homes to have received both first and second doses of the COVID-19 vaccine would come into force on 11 November 2021. The Deputy Director of Nursing reported that the Trust had had individual conversations with staff and reported that less than five members of affected staff had not been vaccinated. The Director of Nursing said that it was disappointing that it was not expected that the Secretary of State would make the flu vaccination mandatory for clinical staff. The Medical Director said that given the significant workforce constraints, making the COVID-19 vaccination mandatory was a cause for concern if this resulted in staff leaving. It was noted that around 92% of Trust staff had received both does of the COVID-19 vaccination. The Chief Executive said that given the number of people who had acquired COVID-19 in healthcare and care home settings, it was understandable why the Secretary of State was expected to introduce mandatory COVID-19 vaccinations for patient facing staff. Ms Coxwell commented that she welcomed the Trust's empathetic and supportive approach to encouraging staff to take up the COVID-19 vaccination. **The Trust Board**: noted the paper.

21/199	**Month 06 2121-22 Finance Report** (agenda item 8.0)
	The Chief Financial Officer presented the paper and highlighted the following points: • The Trust had reported a £1m surplus against the requirement to breakeven in the first half of the financial year (H1).This was a strong position and would help with the delivery of the financial plan for the second half of the financial year (H2) • The Trust had reported a £0.4m deficit against a £0.1m deficit financial plan for September 2021 • In Quarter 2, the financial plan had assumed that Service Development and Spending Review Funding would be recognised, matching planned increases in expenditure. Costs had not materialised as planned and this had resulted in £2.6m of income being deferred into the second half of the year. • The Trust had originally agreed to undertake capital to revenue transfers of £2.7m as part of the financial plan to deliver the capital programme within the Integrated Care System control total. Due to a late change, this had reduced to £1.7m with both income and expenditure being accounted for in full in month 6. • The estates and IM&T schemes that were due to be funded from the Elective Recovery Fund were behind plan, but it was expected that the position would be recovered by the end of H2. • Marginal costs attributable to COVID-19 continued to be lower than anticipated and this was adding to our better than planned performance • Both income and pay costs showed substantial increases in September 2021 due to the payment and funding of the 2021/22 pay award and the recognition of Elective Recovery Income and associated accrued costs. • Overall workforce growth was lower than planned, with elements of investment income deferred as a result. • Planned capital expenditure year to date is £2.5m, £1.1m behind plan. • Cash balances remained strong at £47.8m • In terms of non-pay, the main issue continued to be the cost of Out of Area Placements which had increased between August and September 2021. The Chair said that the staffing shortfall compared with the financial plan was a cause for concern. The Chief Financial Officer said that given the national shortage of qualified staff, recruitment to the new posts would be challenging. **The Trust Board:** noted the report.
21/200	**Month 06 2121-22 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Month 06 "True North" Performance Scorecard had been circulated. The Chief Financial Officer presented the report and highlighted that performance in relation to the physical health checks indicator had improved from 19% in May 2021 to 68% in September 2021. It was noted that self-harm incidents on mental health inpatient wards (excluding learning disabilities) and physical assaults on staff were RAG rated red, but performance had continued to improve over recent months. The Chief Financial Officer reported that the

	number of Inappropriate Out of Area Placements had increased and bed closures due to COVID-19 outbreaks had impacted performance. **The Trust Board:** noted the report.
21/201	**Finance, Investment and Performance Committee** (agenda item 8.2)
	Naomi Coxwell, Chair of the Finance, Investment and Performance Committee reported that the meeting held on 28 October 2021 had received an update on the Trust's work to improve recruitment and onboarding of staff. It was noted that the Trust had welcomed its first international nurse and that other international nurses would be joining the Trust in the new year as part of a pilot. Ms Coxwell reported that the Trust would learn from the pilot before considering whether or not to scale up international recruitment. Ms Coxwell reported that the Committee had also discussed the financial plan for the second half of the 2021-22 financial year and the first iteration of the draft financial plan for 2022-23. **The Trust Board**: noted the minutes.
21/202	**Audit Committee Meeting Held on 27 October 2021** (agenda item 9.0)
	Rajiv Gatha, Chair of the Audit Committee presented the minutes of the Audit Committee meeting held on 27 October 2021. **The Trust Board:** noted the minutes of the Audit Committee held on 27 October 2021.
21/203	**Council of Governors Update** (agenda item 9.1)
	The Chair reported that the Governors were very supportive and commented that the Trust had a positive relationship with the Governors.
21/204	**Appointment of a New Vice Chair** (agenda item 9.2)
	The Chair reported that the Council of Governors had appointed Mehmuda Mian, Non-Executive Director as the Trust's new Vice Chair.
21/205	**Trust Seal Report** (agenda item 9.3)
	The Chief financial Officer reported that the Trust's seal had been affixed to leases in relation to three residential properties in Reading ((75 Kings Road, RG4 8DS, 222 Goshawk Road, RG4 8BL and 351 Goshawk Road, RG4 8DY) to Dimensions (UK) Ltd to Dimensions (UK) Ltd.

	Naomi Coxwell, Non-Executive Director asked what the properties would be used for. The Chief Financial Officer explained that Dimensions supported people with learning disabilities, autism and complex needs out of institutions, helping them lead ordinary lives in their local communities. **The Trust Board**: noted the report.
21/206	**Any Other Business** (agenda item 10)
	There was no other business.
21/207	**Date of Next Public Meeting** (agenda item 11)
	The next Public Trust Board meeting would take place on 14 December 2021.
21/208	**CONFIDENTIAL ISSUES:** (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 November 2021.

Signed…….. Date 14 December 2021

(Martin Earwicker, Chair)

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Urgent Community Response

Rapid Response and RRaT Working Together

CareQuality Commission Inspected and rated Outstanding

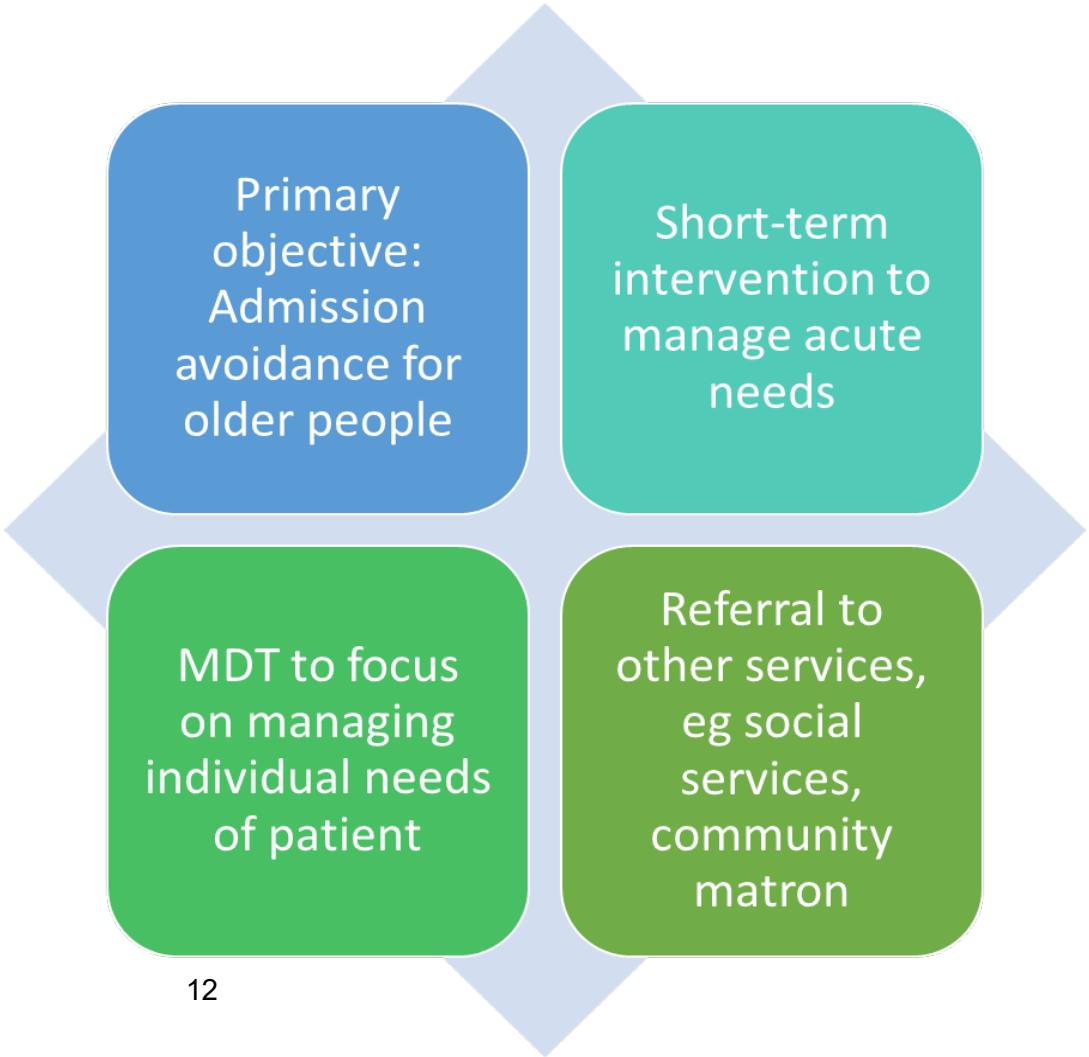
Diversity and Inclusion bringing us together

GDE Digital solutions for outstanding healthcare

Berkshire West Integrated Care Partnership

Emma Tompkins

Service Specification



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Service Merger Between:

Berkshire Healthcare NHS Foundation Trust

Rapid Response and Treatment in Care Homes Team

- 24/7 community consultant for older people
- Advanced nurse practitioners
- Specialist nurses including mental health and health promotion experts
- Speech and language specialist

Rapid Response Team: Initially set up for provision of care and therapy needs in peoples own home

- Specialist nurses
- Nurses and paramedics
- Occupational therapist
- Physiotherapist
- Carers

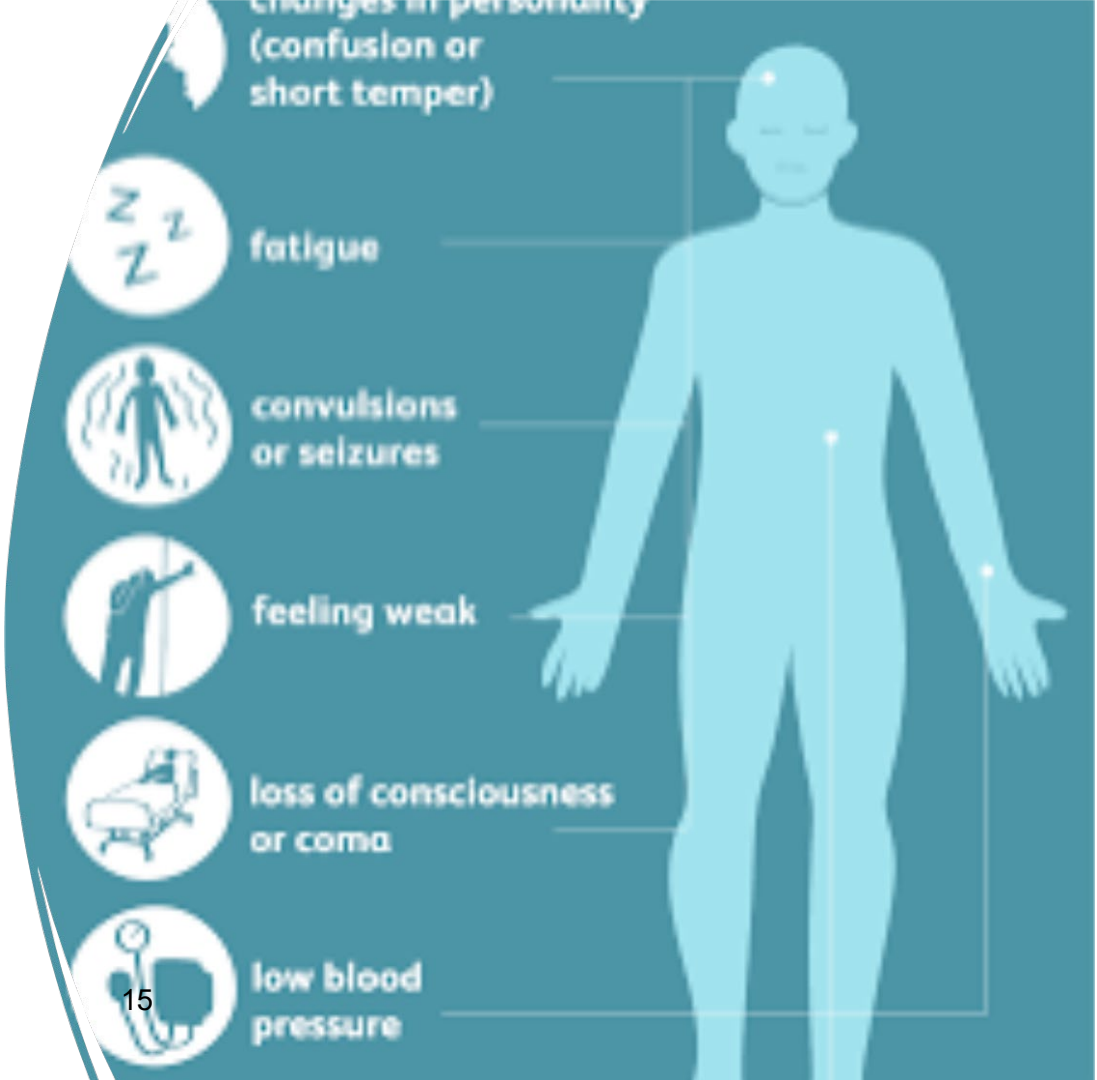
Case Study; 90 year old female at home

Berkshire Healthcare NHS Foundation Trust

- Initially referred to Rapid Response for therapy and equipment assessment by A&E following admission for a fall caused by a suspected UTI, found to be hypotensive and hyponatraemic.
- PMH: hypertension, bil hip replacement and wet macular degeneration, discharged on paracetamol, ramipril. Omeprazole, simvastatin and atenolol had been stopped.
- Social: lives in an annexe with son who provides significant care. Private POC 3 mornings a week. Son finding it more difficult to cope and manage his mother's needs as she is becoming less mobile and her sight is deteriorating. He works away from home 3 days per week and is currently unable to leave her. This is causing him stress.
- Initial nurse assessment: raised BP with no postural drop, on treatment with oral antibiotics for UTI and fluid restriction to 1.5 litres to correct low sodium.

Symptoms of Hyponatraemia

Our patient was confused, fatigued and had a noticeable reduction in her mobility including falls. She was also noted to have a low blood pressure on admission to A&E and so her anti-hypertensive medications were stopped.



Additional findings and actions 1

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Medical ANP actions: daily assessment with regular blood tests to support diagnosis, liaison with GP

- Constipation initially – aperients prescribed
- Hypertension – re-instated atenolol and subsequently amlodipine on regular monitoring
- Pain following fall – had been advised codeine or ibuprofen - Ibuleve gel prescribed in preference due to side-effects of oral alternatives
- LRTI subsequently developed – doxycycline prescribed
- Potential for further interventions could include s/c and IV medications if required

Additional findings and actions 2

Berkshire Healthcare NHS Foundation Trust

- Nursing involvement
- Management of wounds developed when patient fell
- Daily assessment of patient's needs and support to family, co-ordination of services required and involvement of other specialists
- OT assessment
- Profiling bed ordered for next day delivery
- Walking assessed – walking frame provided during assessment from stock carried
- Continence discussed and advice given
- Physio assessment
- Advised on posture and exercises

Additional findings and actions 3

Berkshire Healthcare NHS Foundation Trust

- Liaison with GP
- Discussion with GP regarding ACP and Respect form offering to facilitate this discussion but GP visited and discussed with patient and family.
- Discussion and joint working with GP throughout course of CR involvement.
- Access to community consultant for older people for advanced level advice and decision-making

Outcomes

Berkshire Healthcare NHS Foundation Trust

- Patient was able to remain at home and receive rapid results to assessments and tests facilitating timely treatment
- Instant input from multi-disciplinary team co-ordinated by one service offering consistent and comprehensive care and support to whole family
- Potential for further advanced assessments and treatment if required
- Liaison with social services for future provision of care/residential placement if needed
- Open discussion with GP to ensure information is communicated effectively and patient is managed appropriately
- Support for son to ensure his mother's needs were met with minimum intervention from him

Feedback

Berkshire Healthcare NHS Foundation Trust

- Family – son: found it difficult to come to terms with the speed of the decline and was undecided about the best way to support a plan moving forward and found the urgency of the situation and change in plan stressful. Was grateful to the team for the support around decision-making

- Team OT - From a therapeutic perspective, it was a difficult conversation to have asking the Patient's son for a plan – though this was driven by the significant risk that the Patient would have additional unwitnessed falls and further injury.

- Patient – was confused and anxious about the whole episode of intervention. She was ideally wanting to return to Scotland but this was not realistic. She is settling into the care home.

Benefits of the service

Berkshire Healthcare NHS Foundation Trust

- Admission avoidance for frail older people who are vulnerable to rapid deterioration when admitted to hospital
- Psychological and social benefits of being in their own home
- Cost benefits of remaining at home
- Frees up GP time by reducing home visiting and lengthy consultations with older people
- Support to family/patient's network and signposting to appropriate agencies such as social services, community consultant

Challenges

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- Upskilling the team with take time and resources/experience of other staff
- Resistance to the process – change management
- GP involvement and communications, often difficult to access GP in a timely manner
- Rota balance - staffing levels
- Communication media – different electronic records that do not link
- Provision of care to ensure patient is safe at home
- There will always be more need than available provision

Thank you

questions…

Berkshire Healthcare NHS Foundation Trust

BOARD OF DIRECTORS MEETING 09/11/21

Board Meeting Matters Arising Log – 2021 – 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
10.12.19	19/248	Vision Metrics	The Deputy Chief Executive to present options for linking True North and the Vision Metrics to the Finance, Investment and Performance Committee.	January 2022	**AG**	This development action is now with Paul Gray, Chief Financial Officer as the new executive lead for performance and vision metrics. Given the time elapsed due to the COVID-19 pandemic, it is proposed that the	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						Finance, Investment and Performance Committee review requirements, linked to the action below regarding expansion of the Vision Metrics to take in system performance.	
12.05.20	20/067	Patient Experience Report	The Director of Nursing and Therapies to consider including more detail of the 15 Step Visit Reports as part of the Patient Experience Report.	February 2022	**DF**	15 Step Visits resumed during Quarter 2 and reporting on these will be included in the Quarter 3 report with more detail on visits included.	
13.07.21	21/119	Freedom to Speak Up Guardian Report	The Freedom to Speak Up Guardian to include some anonymised examples of follow-up actions taken in response to issues raised via the Guardian in future reports.	December 2021	**MC**	Included in the December 2021 Freedom to Speak Up Guardian Report which is on the agenda for the meeting.	
13.07.21	21/130	Vision Metrics	The Vision Metrics to be expanded	January	**PG**	To be reviewed by the Finance, Investment	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			to include System performance.	2022		and Performance Committee.	
09.11.21	21/195	Case Study – Urgent Community Response	The Deputy Chief Executive to update the Trust Board on the IT and data management issues relating to the Urgent Community Response service.	December 2021	**AG**	The Deputy Chief Executive has followed up Advanced Nurse Practitioner and asked her for further detail on patient information sharing/access issues with IT systems, impacting full/timely visibility on patient information for the rapid response care home team. Three issues were flagged: • Access to non-Berkshire acute hospital blood results. Good access to Berkshire pathology system data. • Access to	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						information systems on any acute hospital patient stay. • GP records not always being up to date on primary care out of hours information system (Adastra). Can impact visibility of critical advanced care plan/DNR preferences for patients seen by the team overnight. The Deputy Chief Executive will raise with connected care/digital teams to determine if forward development plan can address these specific issues as referenced in discussion of the Board patient story.	

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Trust Board Paper

Board Meeting Date	14 December 2021
Title	**People Strategy Update**
For Noting	
Purpose	**To provide a status on delivery of each workstream in the People strategy**
Business Area	**People Directorate**
Author	**Jane Nicholson, Director of People**
Relevant Strategic Objectives	True North Goal 2: Supporting our staff. However, the People Strategy supports all of our goals.
CQC Registration/Patient Care Impacts	Deliver safe, compassionate, high-quality care and a good patient experience through a skilled and engaged workforce.
Resource Impacts	The paper references a business case to respond to our workforce challenges.
Legal Implications	N/A
Equality and Diversity Implications	Updates on Equality, Diversity and Inclusion work included in this paper.
SUMMARY	The purpose of this paper is to give the Board oversight of the current People Strategy workstreams led by the People Directorate in support of our workforce challenges.
ACTION REQUIRED	To note the report and seek any clarification.

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People Strategy Update

December 2021

CareQuality Commission Inspected and rated Outstanding

Diversity and Inclusion bringing us together

GDE Digital solutions for outstanding healthcare

People Strategy Dec 2021 Overview

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- The NHS continues to face, both at a national level and at a system level, chronic workforce challenges. In BHFT, workforce shortages are also compounded by:
  - Rising turnover - now at 14.7%
  - Increased sickness levels - now at 4.9%

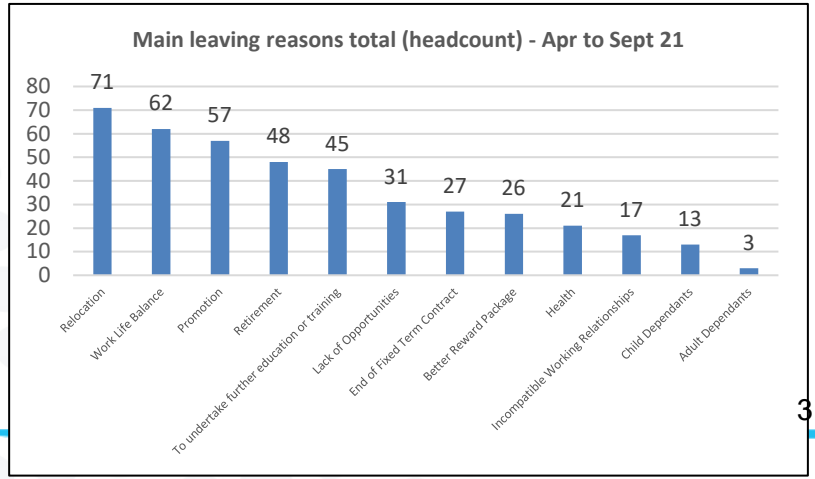
- Shortages mean we are unable to fill many vacancies, despite additional funding being made available.
  - 42% of our vacancies are repeat adverts. From Oct 2020 - Sept 2021 we posted 788 times for a band 5 or 6 nurse which resulted in 133.45 (FTE) external hires - meaning that we advertised around 650 times without hiring an external hire
  - Some roles have been advertised over 8 times, in extreme cases 18 times!

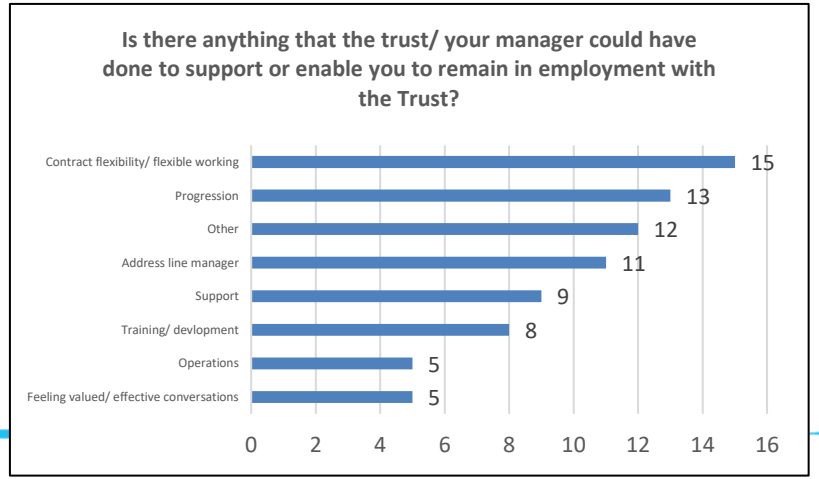
- We are discussing with Finance, the feasibility of an investment model to support clinicians better by:
  - Taking some admin burden away from busy clinical staff and give more time to care by delivering transformation and automation.
  - Investing in additional roles to support extra clinical placements.
  - Supporting opportunities to source and grow our own staff via apprenticeships.

Growing and Retaining

Berkshire Healthcare NHS Foundation Trust

Priority	Ambition and Progress Measure	Status	RAG
Retaining our People 	• Reduce voluntary staff turnover to 11% by March 2023. • Reduce number of staff that leave with less than 12 months service by 50% by March 2022.	• The trust has experienced an upward trend in voluntary staff turnover, at 14.7% in September 2021. In the first 6 months of the 2021 financial year the trust has experienced 421 (Headcount) leavers - an increase of 56 leavers to the previous year. • Leavers survey conducted, 54% response rate. 78 out of the 226 staff surveyed suggested we could have taken action to keep them at BHFT. Learnings and recommendations to be explored. • Early leavers target of reduction by 50% for 2021/22 missed.	





Growing and Retaining

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NHS Foundation Trust

Priority	Ambition and Progress Measure	Status	RAG
Training and Clinical Education 	• Complete a review of our learning and development programme to meet the needs of our workforce. We will deliver our plan by the end of quarter three 2021. • Develop a strategy to increase our recruitment pipeline through clinical student placements, staff conversion programmes, apprenticeships, and international nurse programmes so that we have a minimum 50 extra clinical candidates per year available for recruitment into various roles.	• **Service transformation & business plan (**2021-23) has been developed. Phase 1: A series of student, physical health and MH learner surveys, programme reviews and engagement meetings completed. Action plans being implemented. Phase 2: to commence January 2022 (on target)**.** • **Student placement** targets of increase by 25% have been partially met; however ongoing staffing challenges makes further expansion difficult. Rotational nurse degree apprenticeships candidates (n=6) started their training with Open University in February 2021. • **International nurse onboarding & OSCE:** Programme outline and OSCE training arrangements are ready. One of the10 candidates has arrived. Others are undergoing recruitment, with 9 planned to join by March 2021. Through our pilot, we recognise that we will need dedicated resource to work on IR going forward (partially met). We have started the discussion to plan for delivering in-house OSCE programme pending funding availability for additional resources. • **PIN programme** 8/11 candidates have passed OET and currently undergoing OSCE training. • **Return to practice** 10 candidates supported, with 5/10 recruited at BHFT. • **T-level programme** 5/8 candidates started in Nov 2021, the other 3 are postponed currently due to risk assessment issues (Partially met). • **ACP programme** 3/9 candidates are ready for recruitment into ACP roles. The other 6 are continuing on the programme. Candidates who have completed the programme have been notified of the ACP roles currently available within BHFT. • **Social Work programme** 1 candidate has been trained and recruited into BHFT this year. (All	

Looking After our People

Berkshire Healthcare NHS Foundation Trust

Priority	Ambition and Progress Measure	Status	RAG
Wellbeing and Rewards 	Increase the percentage of people reporting that the organisation takes positive action on health and wellbeing from 33% in 2019 to at least 55% by 2022 and to be best in class for health and wellbeing in the Staff Survey within next 3 years.	• The first National Quarterly Pulse Survey results were published with all 9 engagement questions scoring higher than the Picker average. We remain the highest in the country for similar community and mental health trusts and the highest within both ICS. • National Staff Survey now closed – 57.1% response rate (to date, however paper forms will continue to be collated). • Menopause APP launched last month.	
Just Culture 	To reduce the number of disciplinary cases that involve BAME staff from 65% in 2019 to 30% by 2022 as first step to reducing any unwarranted disciplinary action and disproportionate sanctions for all staff, whatever their characteristics.	• Just Culture principles are now embedded and 3 Independent Investigators in place. • Half Year report published resulting in a reduction in the number of full investigations under our disciplinary and early resolution policies, with a significant number of concerns being closed after the initial fact find stage, and the emphasis being on learning and process improvement. • However, 56% of all disciplinaries cases involved BAME members of staff in the last six months so further work, supported by the Frimley ICS is needed to address this.	

Belonging to the Trust

Berkshire Healthcare NHS Foundation Trust

Priority	Ambition and Progress Measure	Status	RAG
Talent and Leadership 	• To increase our position in the NHS Staff Survey to best in class within the 'immediate manager theme' by focusing on improving the leadership behaviours in those areas of our trust with lower leadership scores.	• Due to team members leaving or moving on to new roles, we have started the recruitment process to backfill. We currently have cover to deliver EMP up to and including cohort 91 (29 Nov - 9 Feb 22) and have paused cohort 92 and 93 until recruitment is confirmed. We have agreed to pause the review of the Leadership Development offer due to the wider workforce issues. • The OD steering Group has gathered interest and pace resulting in several teams with complex workforce and people management issues coming forward asking for support. A business case is in progress to create and recruitment to a Band 8b OD Lead post to support or lead on this work.	
Differentials in Experience 	• That no one in our trust experiences bullying or harassment and by 2023 we have eliminated the differential in experience between staff with identified inequalities.	• Conversations underway with the new Divisional Director at PPH to include all 3 BAME Transformation workstreams in ongoing work e.g. the Racial Abuse project. • We have now developed a letter from Julian, as CEO, to go to patients of the behaviours that we expect from them towards staff and are trialling at PPH.	

New Ways of Working

Berkshire Healthcare NHS Foundation Trust

Priority	Ambition and Progress Measure	Status	RAG
Digital Systems Transformation 	• To agree and deliver a plan to streamline those people processes that involve the most waste, duplication of effort or potential for error, releasing the administrative burden on our people and allowing more time to care for our patients.	• High level HR recruitment processes mapped and analysis underway. More detailed process mapping currently taking place with automation quick wins being explored. • Draft business case developed in collaboration with IMT to go to TBG in December. • We are continuing to engage with the Royal Free, London, to understand learnings from their RPA programme.	
Response to Covid 	• To understand the impact on the recent government announcement that Covid vaccinations to be mandatory for patient facing staff from spring 2022 and put plans in place to support our people and the organisation.	• Survey sent out to all areas to understand the number of staff who are unvaccinated. • To date (29 Nov) 188 staff have confirmed that they are not vaccinated. 298 are yet to confirm and 129 are on maternity leave so we do not know their vaccine status yet. • Divisional Directors informed regarding staff in their area and those on maternity leave have received written communications.	

People Strategy - Key Risks

NHS
Berkshire Healthcare
NHS Foundation Trust

Key Risks	Consequences	Status	Rating
• Our workforce is tired post Covid. All services are reporting tired staff, who in some cases are 'dreading the winter'.	• This is impacting sickness- currently at 4.7%- stress/anxiety/ depression forms in excess of 30% of absences. • Mandated vaccinations for staff working with patient/in patient areas will exacerbate workforce pressures further.	• We are doing a piece of work to identify where we have specific workforce problems. • We are reviewing the impact for BHFT. We want BHFT to be an outstanding place to work for all our staff, through the People strategy delivery.	
• National terms and conditions and limited opportunities to offer increased salaries impact attracting new talent into the organisation. High employment and local housing costs compound this.	• This is impacting on our ability to attract the right people in the right roles at the right time and at the right cost. • The financial constraints imposed on the Trust may limit our ability to adopt invest to save models of staffing.	• We are preparing a joint BOB and Frimley report on the lack of a high cost living allowance and the link to high vacancies in the Thames Valley	
• National shortage of qualified staff and trainees. • NMC requirements necessitate learners on the nurse degree programme being supernumerary and Nursing Associates to have agreed protected learning. Levy funds only pay for course fees, not salaries/backfill.	• Commissioner or national priorities may impact workforce supply/security.	• A three year strategy and programme of work in the ICS to address workforce issues. The commissioning document is being developed and we will then look for a partner to do this work. • Maximising benefits of the apprenticeship levy to support an 'invest to grow' model will help fill long term clinical gaps as part of our workforce strategy.	
• Current recruitment processes are onerous which places additional pressure on stretched services. • Through the DPO, we have identified a risk with our recruitment system which shares unnecessary levels of candidates data to interviewers.	• The current processes do not support getting candidates into the organisation quickly enough. This adds pressure on services with staff shortages affecting patient care. • This could be in breach of data protection/privacy regulations.	• As part of the HR Business Process transformation work, we will improve processes and set up to reduce burden on clinical services and deliver a better candidate experience. • We are now working with the DPO and the provider to find a system solution.	
• Due to a unilateral increase in bank and agency rates by neighbouring trusts has forced us to increase rates in order to align, we need to improve agenda spend controls.	• An increase in agency costs.	• BHFT are participating in an ICS led initiative to harmonise reward for temporary staff across the system, and create a more flexible and agile workforce whilst improving financial control.	
• Due to increased demand for support to address workforce challenges and national priorities our current People team is struggling to deliver against those demands.	• We are already over headcount, covered through short term funding, but this will be an issue as we move into SIPs next year.	• Review of current People directorate workforce is underway with Finance looking at costs to agree how we fund work or look to re-prioritise or delay.	

Outstanding for Everyone

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	Tuesday 14th December 2021
Title	**Freedom to Speak Up Report**
	ITEM FOR NOTING
Purpose	To update the Trust Board on the work of the Freedom to Speak Up Guardian over the last 6 months.
Business Area	Corporate
Author	Freedom to Speak Up Guardian – Mike Craissati
Relevant Strategic Objectives	To strengthen our highly skilled and engaged workforce and provide a safe working environment
CQC Registration/Patient Care Impacts	The Care Quality Commission assesses Trust's Speaking Up Culture as part of its Well-Led Inspection
Resource Impacts	None
Legal Implications	All UK NHS Provider organisations are required to appoint a Freedom to Speak Up Guardian
Equality and Diversity Implications	Good links have been maintained during the period with the 3 Staff Networks, 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 and is a member of various EDI Groups or Committees. Guardian involvement in specific EDI related workstreams: • Joint Lead, BAME Transformation Taskforce – Bullying & Harassment, Microaggressions. • Tackling racial abuse towards staff at Prospect Park Hospital, QI workstream and Rapid Improvement Event. • Racial abuse and Microaggressions survey for CRHTT (East).
SUMMARY	The post of Freedom to Speak up Guardian was a recommendation of the Freedom to Speak up Review by Sir Robert Francis published in 2015. The Freedom to Speak up Guardian (FTSUG) came into post in this Trust in March 2017. This is a report directly to the Trust Board for July 2021 – December 2021 and contains data for Q1 and Q2 FY 2021/22 & FY 2020-21 The paper includes: • a summary of communication activity being undertaken by the FTSUG • data from the most recent reports to the National Guardians Office • Feedback received from those who have raised concerns during the period

	• key points about improving FTSU culture • recommendations from the Freedom to Speak Up Guardian who will be attending the Trust Board meeting to present the report.
Impact of Covid-19	Throughout the period, July 2021 to December 2021, all FTSU activity has continued as much as possible including • Promotion of Freedom to Speak Up and a "Speak Up" culture • Responding to concerns raised • Feeding back to the Organisation on lessons learnt/trends etc.
ACTION REQUIRED	The Trust Board is asked: a) to note the contents of this report by the Freedom to Speak Up Guardian; and b) to provide support for the Guardian's recommendations detailed in this report

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

Freedom to Speak up Guardian - Report for July 2021 – December 2021

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 is being reviewed with an update due for March/April 2022.

As part of our regular policy review process, the FTSU policy has been 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
- Presence at Essential Knowledge for New Managers training
- Supporting all EDI/Staff Networks as an Ally.
- Membership of the Safety Culture Steering Group, OD Steering Group, Diversity Steering Group amongst others
- Co-Lead for Microaggressions and Bullying & Harassment workstreams for the BAME Transformation Group
- Promoting awareness of FTSU during Freedom to Speak Up month – October 2021 & anti-bullying awareness week – mid November 2021
- Professor Megan Reitz all staff event, "Speaking and Listening Up – Talking Truth to Power" attracted some 300 attendees

Contribution to the Regional and National Agenda

The Guardian is Chair of the South East Regional FTSU Guardian Network consisting of all NHS Trusts and private providers (including Primary Care) this numbers some 125 Guardians representing 85 Organisations and provides input to quarterly meetings between the NGO & regional Chairs.

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

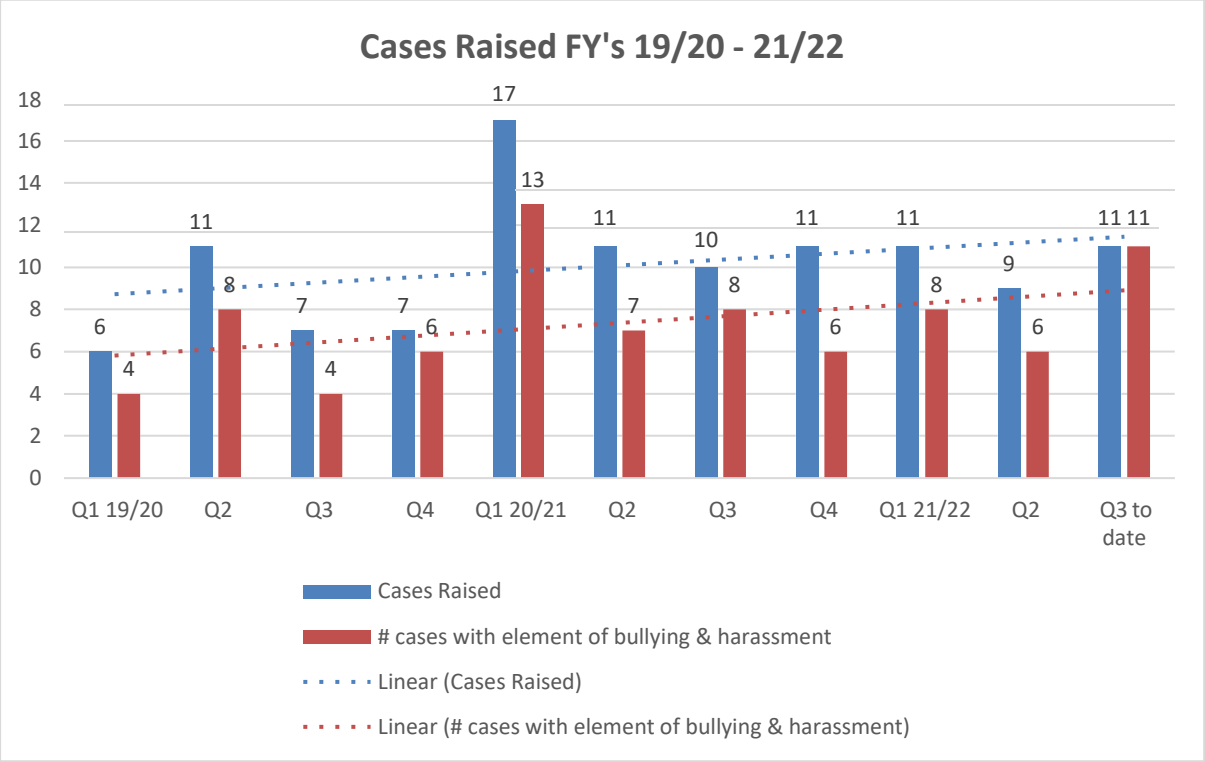
The NGO requests and publishes quarterly speaking up data.
Contacts are described as "enquiries from colleagues that do not require any further support from the FTSUG".

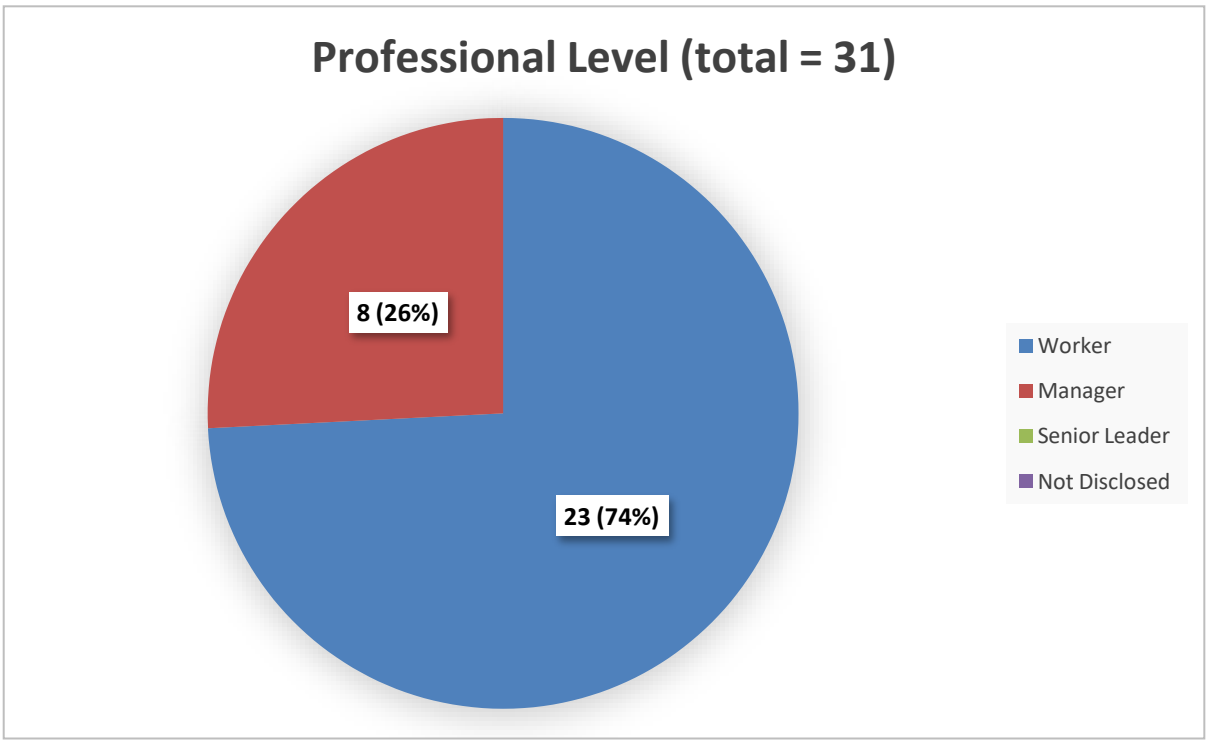
Cases are described as "those concerns raised which require action from the FTSUG".

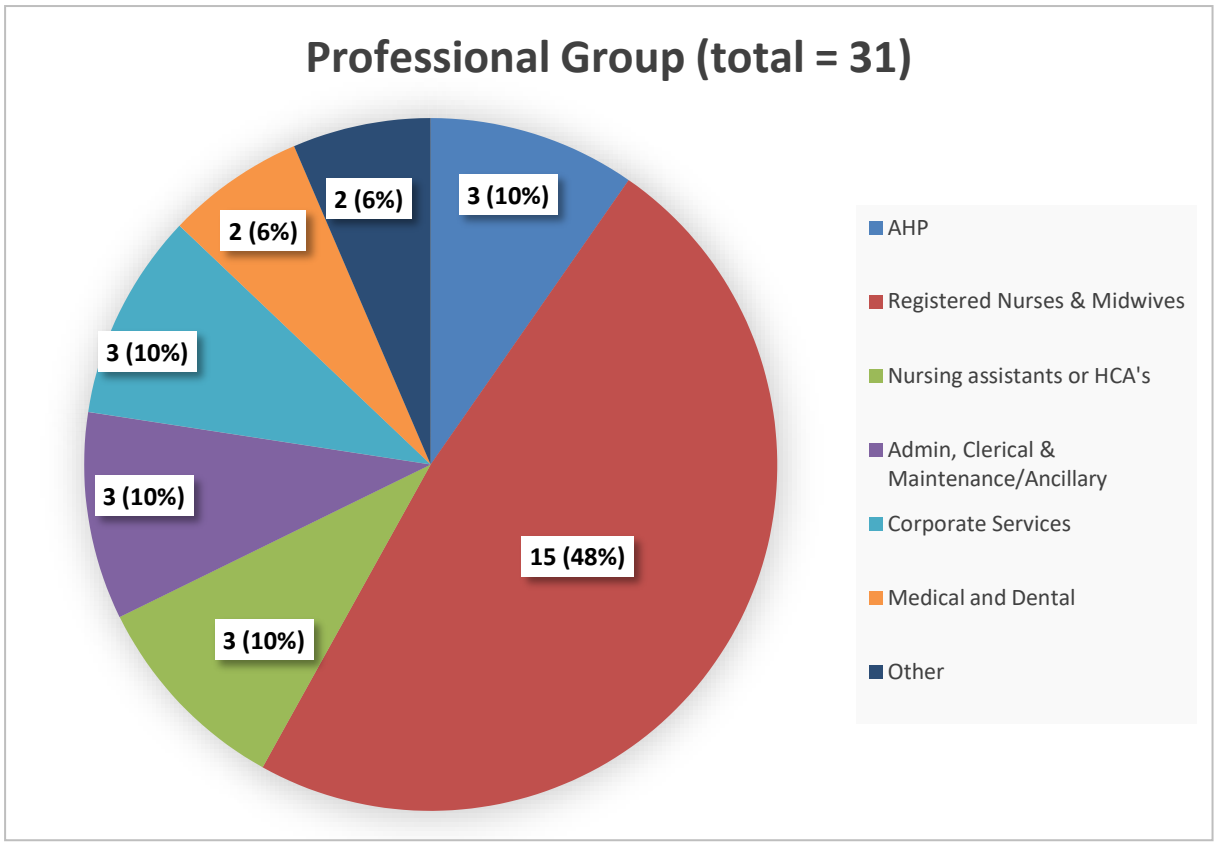
Outlined below are BHFT submissions to the NGO for Q1 & Q2 (plus cases raised Q3 to date).

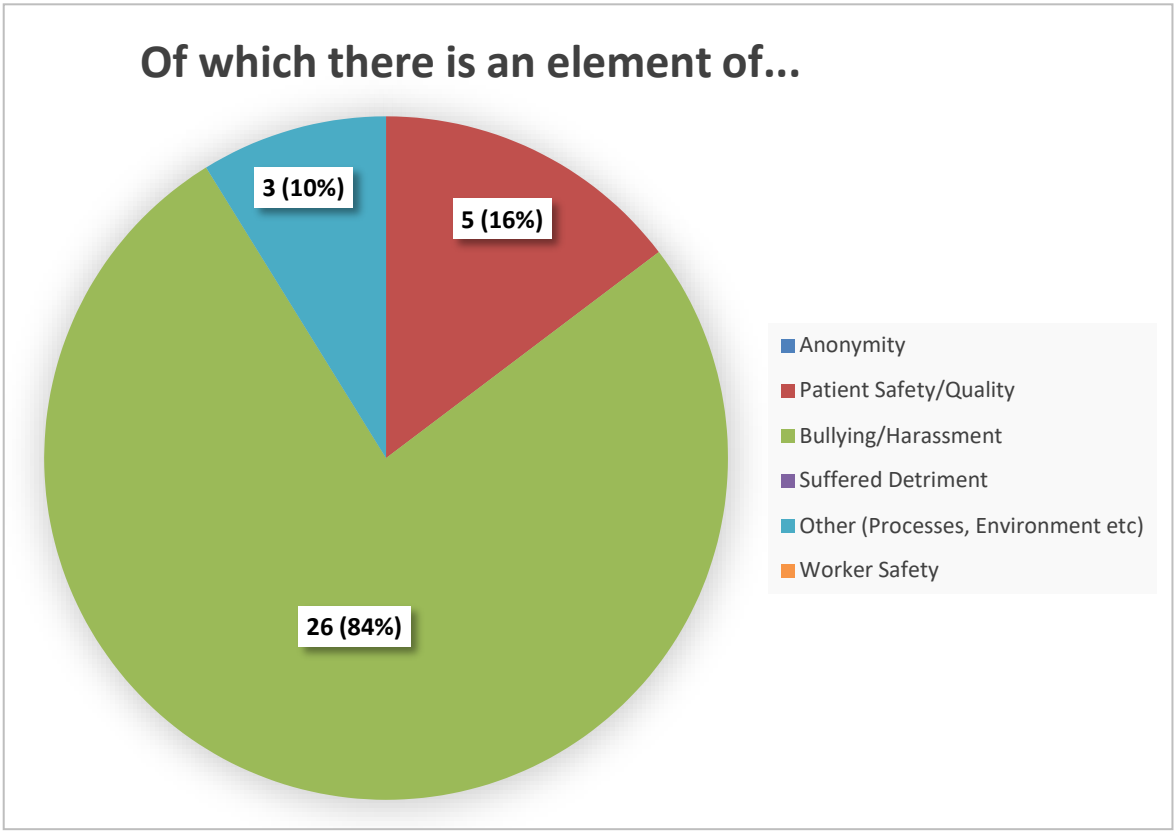
It's difficult to make comparisons with other similar organisations as the data does not provide a narrative regarding how many guardians or champions there are, how many days a week they work and if they have recorded both cases and contacts. All cases and contacts at Berkshire Healthcare are reported.

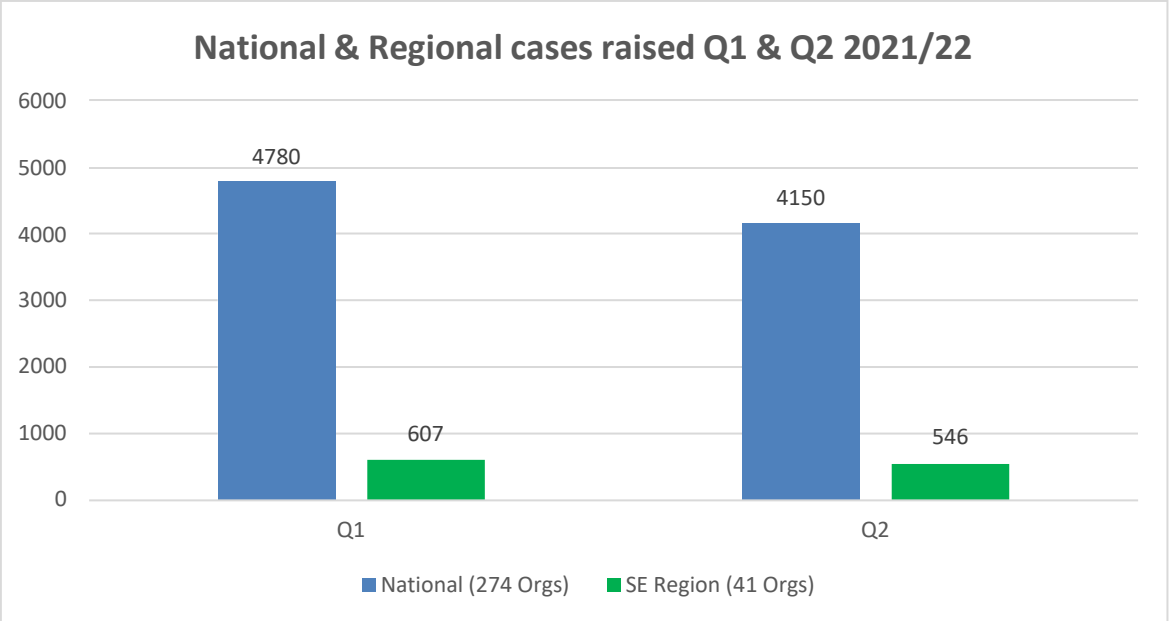
The total number of cases raised for FY 2020/21 to date = 31




Professional Level (total = 31)
8 (26%)
23 (74%)
Worker
Manager
Senior Leader
Not Disclosed


Professional Group (total = 31)
3 (10%)
15 (48%)
3 (10%)
3 (10%)
3 (10%)
2 (6%)
2 (6%)
AHP
Registered Nurses & Midwives
Nursing assistants or HCA's
Admin, Clerical & Maintenance/Ancillary
Corporate Services
Medical and Dental
Other


Of which there is an element of...
3 (10%)
5 (16%)
26 (84%)
Anonymity
Patient Safety/Quality
Bullying/Harassment
Suffered Detriment
Other (Processes, Environment etc)
Worker Safety


National & Regional cases raised Q1 & Q2 2021/22
6000
5000
4000
3000
2000
1000
0
4780
607
4150
546
Q1
Q2
National (274 Orgs)
SE Region (41 Orgs)

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 5 cases were raised via FTSU which contain an element of patient safety, the Board can be assured that any 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 no 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).
- Of the total number of “staff experience” concerns raised, it’s estimated that, during the period, 5% come from staff of a BAME background and none of those concerns relate to BAME issues such as exclusion or perceived racial prejudice or bullying.
- 1 concern was raised which could be attributed to a negative perception of disability and 1 concern around an LGBTQ+ issue.

Impact of Covid-19

From July – December 2021, FTSU activities have continued as before (wherever possible) to ensure “business as usual”.

- **Promotional work** – Awareness has continued via Social Media, Corporate Induction, Intranet, Covid-19 weekly emails, direct meetings with services, use of MS Teams etc
- **Response to concerns –** As per usual, it has been easier for staff to communicate with the Guardian in confidence as many staff are working from home and there is no requirement to meet off site.
- During this time the Guardian supported the wellbeing hub and HR function to ensure staff were aware of FTSU support available.
- Feedback to the Organisation on cases, lessons learnt, and any trends continued as normal.

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 are planning to release a series of E-Learning packages, there will be 3 packages aimed at various levels within the Organisation.

The first two modules, Speak Up and Listen Up, have recently been released and are available for staff on the Trust Nexus e-learning platform, Totara. The third package is due for release early January 2022.

- **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.

National Guardian's Office

- National Guardian, Henrietta Hughes stepped down from the post in September 2021 and following a national recruitment campaign, her replacement, Dr Jayne Chidgey-Clark was appointed in November and is now in post. Dr Chidgey-Clark is a clinical leader and registered nurse, with more than 30 years' experience in the NHS, higher education, voluntary and private sectors. Her most recent roles include as non-executive director at NHS Somerset Clinical Commissioning Group (CCG) where she was a Freedom to Speak Up Guardian.
- Freedom to Speak Up Month – Nationally, the awareness campaign can be broken down as follows:
    - #FTSU hashtag mentioned 3,700 times
    - #SpeakUpListenUpFollowUp mentioned 3,600 times
    - NGO social media followers increased by 14%
    - YouTube channel got 1,500 views
    - 1st two e-Learning packages were accessed 4,900 times
- The National FTSU Policy is currently under review and is expected to be published in March/April 2022
- This annual review, which aims to score Trusts against the 4 questions within the national NHS Staff Survey (16 a & b, 17 a & b), has been suspended by the National Guardian's Office (NGO) as these questions have been changed and so no year-on-year comparison is possible. It's not certain what actions the NGO will take to replace this.

Feedback

All of those who contact the Guardian are asked to complete a feedback form outlining their experience of the FTSU process and how they felt they were supported (or otherwise), a selection of responses is shown below:

1. Given your experience of raising a concern with the Freedom to Speak Up Guardian, would you speak up again?

More Details Insights

Yes	14
No	0
Maybe	0
Don't know	1

3. How easy was it to make initial contact?

More Details Insights

15
Responses

9.40 Average Rating

4. How did you find the initial response from the Freedom to Speak Up Guardian?

More Details Insights

15
Responses

9.53 Average Rating

5. Did you feel that your concern(s) were taken seriously?

More Details Insights

Yes	15
No	0

6. Did you receive regular feedback from the Guardian about your concern?

More Details Insights

Yes	14
No	1

7. Has your concern been addressed?

More Details Insights

Yes	9
No	1
Partially	5

8. Did you feel that your contact and concerns were treated confidentially?

More Details Insights

Yes	14
No	0

A selection of free text comments:

"Speaking to the Guardian was very reassuring that It wasn't me who was wrong. The guidance given was great and I think the final outcome will be very positive. Thank you."

"I believe the involvement of the Guardian may have caused the SLT to take my concerns more seriously than they might have done; a document I produced was certainly used as the basis for what might prove to be helpful liaison"

"I feel that it was only after approaching the guardian and then the issue being taken to a much higher level that things were finally sorted. I think that up until this point the issue was being kept

quiet and was being dealt with by a select few that were keeping it from being exposed in the correct way."

"The freedom to speak up process is a very good process and tool, as long as it is always followed."

"Very grateful for the input and support"

"The process from FTSU is perfect and I am highly happy with the way it was dealt with/processed. Improvement suggestion: For managers to complete training/awareness of how to support colleagues through complaints, having a process to follow and taking physical threats more seriously."

Learning – Some follow up actions from cases raised

- All cases are audited on a quarterly basis to ensure any learning is actioned.
- During the period 2 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. It is likely that a 3rd service will get this support during Q4.
- 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.
- In one case a line manager wasn't brought back into a service, due to concerns from staff, but was offered a role without line management responsibilities.

Recommendations from the FTSU Guardian

The Trust Board is asked to support the following:

- Support and encourage initiatives to address "Staff Experience" concerns, specifically those that include an element of bullying & harassment and those concerns that may affect Network members.
- 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.
- Note, learn, and consider appropriate changes from feedback given.

Author and Title:

Mike Craissati - Freedom to Speak Up Guardian

December 2021

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 December 2021
Title	**Quality Assurance Committee – 16 November 2021**
	ITEM FOR NOTING
Purpose	To receive the unconfirmed minutes of the meeting of the Quality Assurance Committee of 16 November 2021
Business Area	Corporate
Author	Julie Hill, Company Secretary for David Buckle, Committee Chair
Relevant Strategic Objectives	To provide good outcomes from treatment and care.
CQC Registration/Patient Care Impacts	Supports ongoing registration
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equalities and Diversity Implications	N/A
SUMMARY	The unconfirmed minutes of the Quality Assurance Committee meeting held on 16 November 2021 are provided for information. 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: • Learning from Deaths Quarterly Report • Guardians of Safe Working Hours Quarterly Report
ACTION REQUIRED	The Trust Board is requested to: 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.

Berkshire Healthcare
NHS Foundation Trust

Minutes of the Quality Assurance Committee Meeting held on Tuesday, 16 November 2021

(the meeting was conducted via MS Teams)

Present:	David Buckle, Non-Executive Director (Chair) Aileen Feeney, Non-Executive Director Mehmuda Mian, Non-Executive Director Julian Emms, Chief Executive *(present until 10.30)* David Townsend, Chief Operating Officer Dr Minoo Irani, Medical Director Debbie Fulton, Director of Nursing and Therapies Guy Northover, Lead Clinical Director *(present until 10.30)* Amanda Mollett, Head of Clinical Effectiveness and Audit
In attendance:	Julie Hill, Company Secretary Ian Greggor, Director of Estates and Facilities *(present for agenda item 5.1)* Daniel Badman, Deputy Director of Nursing Cassie Finnegan, Mental Health Act Improvement Manager *(present for agenda item 5.3)* Joanna May, Advanced Mental Health Practitioner *(present for agenda item 6.1)* Garyfallia Fountoulaki, Clinical Director Mental Health East *(present for agenda item 6.1)* Nav Sodhi, Associate Medical Director *(present for agenda items 5.2 and 6.1)*

Opening Business

1 Apologies for absence and welcome

There were no apologies. Due to other meeting commitments, Julian Emms, Chief Executive and Guy Northover, Lead Clinical Director gave apologies for having to leave the meeting at 10.30.

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 24 August 2021

The minutes of the meeting held on 24 August 2021 were confirmed as an accurate record of the proceedings.

4.2 Matters Arising

The Matters Arising Log had been circulated and no matters required discussion.

Patient Safety and Experience

5.1 Single Room and Therapeutic Environment at Prospect Park Hospital - Presentation

The Chair welcomed Ian Greggor, Director of Estates and Facilities..

The Director of Estates and Facilities gave a presentation and highlighted the following points:

- The Care Quality Commission's Report *State of Care in Mental Health Services 2014-17* highlighted the importance of mental health inpatients being accommodated in single rooms.
- Prospect Park Hospital had three remaining shared bedrooms which were too small to divide into single rooms. These rooms were being re-purposed and priority for these larger single rooms would be given to those requiring more space such as people with mobility issues bariatric patients. At the end of the calendar year, there would be no shared accommodation at Prospect Park Hospital.
- The Patient Led Assessment of Care Environments (PLACE) inspections provided an external assessment against set national criteria. The PLACE inspections were paused during the COVID-19 pandemic but were expected to resume in 2022.
- In the last PLACE assessment in 2019, the Trust received the second highest average score amongst all mental health Trusts and the ninth highest across all 209 Trusts. Prospect Park Hospital was one of the highest performing facilities in the Trust
- The Trust had a number of recent large-scale estate improvement projects at Prospect Park Hospital including the transfer of the Learning Disabilities Unit from Campion to Jasmine Ward, improvements to patient and visitor wi-fi and air handling and conditioning in clinic rooms and dining rooms.
- There had been significant investment in making Prospect Park Hospital safer including a new misting system to improve fire safety, the installation of new call bells and swipe access across the site for bedrooms to improve privacy and dignity.
- The Trust's new Place of Safety facility was planned for 2022.

Aileen Feeney, Non-Executive Director noted that the remaining shared rooms at Prospect Park Hospital would be used as single rooms by patients with mobility issues and asked how the needs of this cohort of patients were addressed previously.

The Chief Executive said that in the past, the Trust had not always offered the right standard of care for patients with disability issues. It was noted that there were relatively low numbers of patients in wheelchairs but having the option of accommodating them in one of the larger single rooms would provide them with a better patient experience.

The Chair said that moving to single room accommodation at Prospect Park Hospital was a sensible move but commented that it was important that before making any significant changes to the physical environment that Trust carefully thought through any implications.

The Chair thanked the Director of Estates and Facilities for his presentation.

The Committee noted the presentation.

5.2 Getting It Right First Time Update Report

The Lead Clinical Director reminded the meeting that Getting It Right First Time (GIRFT) was a national programme designed to improve the treatment and care of patients. The GIRFT programme involved an in-depth review of services, benchmarking and presenting a data driven evidence base to support change through national data packs and local clinically led reviews of services.

It was noted that the Trust had been part of three mental health GIRFT workstreams:

- Crisis and Acute Adult Mental Health
- Urgent Care and Crisis Pathways for Children and Young People
- Adult Rehabilitation Pathways

The Lead Clinical Director explained that the GIRFT visits had been well received by services and learning had been taken on board. It was noted that the relevant actions from the GIRFT visits had been taken forward within existing projects or programmes.

Mehmuda Mian, Non-Executive Director commented that the GIRFT programme sounded very useful but asked whether that was a danger of duplication and over burdening of staff.

The Lead Clinical Director said that the key reason why the Trust had not developed bespoke GIRFT action plans was to integrate any actions into existing work programmes.

The Medical Director thanked Ms Mian for her question and said that even though the GIRFT programme was around promoting best practice rather than introducing more regulation, it inevitably resulted in additional workload pressure for Operational Teams. The Medical Director thanked the Lead Clinical Director for co-ordinating the GIRFT programme for the Trust.

The Chair explained that he had requested the update on the GIRFT programme because it was one of the few Quality Improvement Programmes being rolled out nationally. The Chair said that he would be happy to join one of the GIRFT deep dive visits when these resumed in the new year.

The Committee noted the report.

5.3 Mental Health Act Function, Governance and Assurance

The Chair welcomed the Associate Medical Director and Head of Mental Health Act. The paper provided a comprehensive review of all the Mental Health Act functions across the Trust and set out how the Mental Health Act team supported these functions together with areas for further improvement. The paper also set out the governance systems and processes for the Mental Health Act work across the Trust.

Mehmuda Mian, Non-Executive Director and Mental Health Act Manager commented that in the past the Mental Health Act Managers had raised issues around the administration of Mental Health Act hearings. Ms Mian thanked the Associate Medical Director and Head of Mental Health Act for their work in improving systems and processes.

Aileen Feeney, Non-Executive Director reported that she had recently become a Mental Health Act Manager and had not experienced any issues with the administration of the hearings.

The Medical Director pointed out that the Trust's Mental Health Act compliance included a broad range of services and that the administration of the Mental Health Act Office was only a small part of the process. The Medical Director pointed out that Operational teams had a key role to play in ensuring compliance with the requirements of the Mental Health Act.

The Chair said that the paper provided the Committee with assurance that there were robust systems and processes in place to ensure compliance with the Mental Health Act.

The Committee noted the report.

5.4 National Patient Safety Report

The Deputy Director of Nursing presented the paper which provided an update on the current national and local position in relation to the National Patient Safety Strategy. It was noted that the National Patient Safety Strategy was launched in 2019 but the COVID-19 pandemic had delayed its implementation. The three strategic aims of the National Patient Safety Strategy were to:

- Improve understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight)
- Equip patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement)
- Design and support programmes that deliver effective and sustainable change in the most important areas (Improvement)

The Deputy Director of Nursing reported that the Trust had appointed two National Patient Safety Specialists, Tiziana Ansell and Helen De Gruchy. It was noted that the Patient Safety Specialists would be presenting the Trust's patient safety culture work to the Trust Board in January 2022.

The Deputy Director of Nursing reported that the Trust would be establishing a Patient Safety Strategy Implementation Group to promote a joined-up approach to the implementation of the National Patient Safety Strategy to reduce duplicated effort and to unlock any unnecessary barriers. The Group would provide quarterly updates to the Quality and Performance Executive Group.

The Deputy Director of Nursing reported that the Patient Safety Incident Framework would replace the current Serious Incident Framework and there would be a strong focus on selecting incidents for investigation based on the opportunities they gave for learning rather than necessitating all serious incidents to be investigated. It was noted that this was a welcomed development and represented a significant change in practice and that this would need to be communicated to the Coroner.

The Committee noted the report.

5.5 Quality Concerns Status Report

The Director of Nursing and Therapies reported that three new Quality Concerns had been added into Quality Concern Number 10 – Outpatient Services since the last Register was last received by the Committee. These were:

- Speech and Language Therapy in relation to urgent dysphagia assessments wait times because of a combination of increased urgent referrals and team vacancy resulting in demand outstripping capacity. This had the potential to result in patient harm
- Pulmonary Rehabilitation in relation to extended waits which had the potential to result in harm and avoidable deterioration.
- WestCall Out of Hours services due to demand and staffing challenges

The Director of Nursing and Therapies also reported that the following action summaries had been re-written to provide clarity on the current actions and progress:

- Number 1 – Workforce vacancies
- Number 4 – Common point of Entry, Crisis Resolution Home Treatment Team and Community Mental Health Team
- Number 11 – Safety on Acute Mental Health Wards for Working Age Adults

Mehmuda Mian, Non-Executive Director asked whether there were any reasons behind the big influx in the number of new referrals to the Speech and Language service.

The Director of Nursing and Therapies said that the reasons behind the increase in referrals were unclear but could be the result of people delaying seeking treatment because of the COVID-19 pandemic.

The Committee noted the report.

5.6 Serious Incidents Report

The Director of Nursing and Therapies presented the paper and reported that there were a total of 13 Serious Incidents initially reported during Quarter 2 with one downgraded during the quarter. There were also 23 incidents investigated through internal review.

The Committee noted the report.

5.7 Learning from Deaths Quarterly Report

The Medical Director presented the paper and reported that he had shortened the report and had made it more user friendly for a non-clinical audience.

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

- 875 deaths were recorded on the clinical information system (RiO) during Quarter 2 where a patient had been in contact with a Trust service in the year before they died.
- Of these 128 met the criteria to be reviewed further. All 128 were reviewed by the Executive Mortality Review Group and the outcomes were as follows:
    - 70 were closed with no further action
    - 58 required ‘second stage’ review (using an initial finding review/ Structured Judgement Review methodology).

    - Of the 58, 6 were classed as Serious Incident Requiring Investigation
- During Quarter 2, the Trust Mortality Review Group received the findings of 41 2nd stage review reports, of which 15 related to patients with a learning disability (these are cases reviewed in Quarter 2 and will include cases reported in previous quarters)
- There were no lapses in care during Quarter 2
- There was one inpatient death from COVID-19 during Quarter 2 where the infection was acquired prior to admission
- There was ongoing learning with regards to compliance with the standards set out within the Care Programme Approach (CPA) policy, recurring themes have been identified from a review of previous serious incidents, the lessons from these were being taken forwards for improvement.
- Communication with the family was a theme in complaints received on inpatient wards, And learning has been shared with staff.

The Committee noted the report.

5.8 CQC "Must Do" and "Should Do" Action Plans

The Director of Nursing and Therapies presented the paper and reported that the Prospect Park Hospital environmental works were now almost complete and other work was progressing.

The Committee noted the report.

5.9 Response to the Pascoe Report

The Director of Nursing and Therapies presented the paper which set out the recommendations and learning points from the Stage 2 Independent Investigation into five deaths from 2011 to 2015 at Southern Health NHS Foundation Trust together with the outcome of the Trust's review of its own systems and processes in relation to the recommendations.

The Director of Nursing and Therapies reported that there were some recommendations that could not be fulfilled until elements of the National Patient Safety Strategy were in place, for example, the new Patient Safety Framework was yet to be released. However robust planning was in progress to be able to implement the components of the strategy as they became available.

The Director of Nursing reported that where gaps had been between identified in relation to the recommendations and the Trust's processes, there was already improvement work in progress, such as the implementation of the new Carer's Strategy or through implementation of the national Patient Safety Strategy.

The Committee noted the report.

5.10 Liberty Protection Safeguards Report

The Director of Nursing and Therapies presented the paper and reported the current Deprivation of Liberty Safeguards (DoLS) system would be changing to Liberty Protection safeguards (LPS), which put greater legal responsibilities on organisations. It was noted that the introduction of Liberty Protection Safeguards had been delayed until October 2022 due to the COVID-19 pandemic.

The Director of Nursing and Therapies reported that the Trust's current state was that staff were not identifying all patients who met the requirements for a Deprivation of Liberty Safeguard and further work was required to support staff, particularly the

community in-patient wards with this. It was noted that the requirements around the new Liberty Protection Safeguards may result in the number of applications increasing from what the Trust was currently managing with the Deprivation of Liberty Safeguard process.

Mehmuda Mian, Non-Executive Director noted that the new Liberty Protection Safeguards would also apply to 16–17-year-olds and asked whether this would be an issue for the Trust.

The Director of Nursing and Therapies explained that now that the Trust did not provide in-patient services for children and young people it was very unlikely that a Liberty Protection Safeguard for a 16- to 17-year-old would be required.

The Committee noted the report.

5.11 Response to the Report on ECT usage, demographics, consent and adherence to national guidelines and the principle of informed consent – Prospect Park Hospital

The Associate Medical Director presented the paper and reported that an internal multi-disciplinary review of ECT clinic leaflets, consent procedures and adherence to other national and local standards was carried out recently in response to a Freedom of Information based external “Independent Audit”. The audit report authors had emailed the Trust’s Chief Executive and Chair in June 2021 recommending that the Trust stopped using its internal ECT leaflet and advised against using the Royal College of Psychiatrist’s leaflet claiming multiple inaccuracies and omissions in both.

It was noted that the Trust’s review had led to several changes being made to the Trust’s ECT information leaflet that was given to patients for whom the treatment was proposed.

The Associate Medical Director reported that the most recent internal audit of consent and the use of the Mental Health Act showed full adherence to all 13 standards set out in the audit. It was noted that the ECT service will continue to review its performance to ensure that latest evidence and standards of practice were applied in all areas of ECT administration.

Mehmuda Mian, Non-Executive Director commented that she had not been aware of the Trust’s use of ECT and commented that she was instinctively nervous about the use of ECT. Ms Mian said that she had reviewed the patient leaflet and was assured that patient’s received the right level of information.

The Chair said that ECT was only used when there were no other options available and that there were risks associated with its use and potential cognitive deficit.

Aileen Feeney, Non-Executive Director said that in her role as a Mental Health Act Manager she had attended a number of hearings where the patient had received ECT, and it was having a positive effect. Ms Feeney said that she was reassured that the Trust was using ECT appropriately and had the necessary safeguards in place.

The Associate Medical Director confirmed that in addition to the leaflet, patients had an opportunity to discuss ECT treatment with clinical staff.

The Chair thanked the Associate Medical Director for attending the meeting.

The Committee noted the report.

5.12 COVID-19 Related BAF and CRR Risks

The Director of Nursing and Therapies presented the paper and reported that Risk 8A (COVID-19 pandemic) had been widened to include the risks around managing COVID-19 infections alongside other winter viruses such as Norovirus and Flu.

Mehmuda Mian, Non-Executive Director asked for an update on the Trust's Staff Flu Campaign.

The Director of Nursing and Therapies reported that the take up of the flu vaccination was around 50% of staff. It was noted that some staff had opted for flu vouchers but had not yet had their vaccination. The Director of Nursing and Therapies also reported that prior to the COVID-19 pandemic, many staff would have received their flu vaccination when attending large Trust events, but these were currently being held virtually. It was noted that the Staff Flu Vaccination Programme would run until the end of December 2021 and work was ongoing to encourage more staff to get their flu vaccination.

Ms Mian also asked about staff COVID-19 booster vaccination take up.

The Director of Nursing and Therapies reported that around 40% of staff had received their COVID-19 booster vaccination but pointed out that many staff were not eligible for the booster because you had to wait six months after receiving the second dose of the vaccine.

Aileen Feeney, Non-Executive Director asked whether the Trust was confident that it had recorded staff vaccinations and reported that she had had her COVID-19 vaccinations at Wokingham Hospital, but she had recently received an email from the Trust informing her that her vaccine status was not recorded on the Trust's reporting system.

The Director of Nursing and Therapies explained that Staffside had expressed concerns about the Trust accessing staff's vaccination status via the Electronic Staff Record system. The Trust had therefore amended the COIVD-19 risk assessment form to include COVID-19 vaccinations. Staff who had completed the original COVID-19 risk assessment form had received an email inviting them to update their COVID-19 vaccination status.

The Chair commented that it was unclear whether the mandatory COVID-19 vaccination requirement for NHS staff would be extended to non-NHS staff, for example, Charities who worked in healthcare settings.

The Director of Nursing and Therapies reported that the national guidance around the mandated COVID-19 vaccination for NHS staff had not yet been published.

The Committee noted the report.

Clinical Effectiveness and Outcomes

6.0 Quality Accounts Report 2021-22

The Quarter 2 Quality Accounts Report 2021-22 had been circulated. The Head of Clinical Audit and Effectiveness reminded the meeting that the Quarter 3 version of the Quality Accounts would be shared it stakeholders.

The Chair proposed that the Committee review the Quarter 3 report which would be submitted to the March 2022 meeting in more detail.

The Chair said that he welcomed the opportunity to review the development of the Quality Accounts quarterly.

The Committee noted the report.

6.1 Clinical Audit Report

The Medical Director reported that the paper provided a summary of the findings of the national clinical audits the Trust has participated in during 2020-21 as follows:

- National Diabetes Audit Reports: four national reports published in August 2021
- National Clinical Audit of Psychosis – Early Intervention in Psychosis Audit
- POMH Use of Clozapine (re-audit)

The Medical Director reported that the outcomes of the audits had been positive.

Mehmuda Mian, Non-Executive Director referred to the Early Intervention in Psychosis re-audit and noted the positive improvement in the scores when compared with the original audit in 2019-20.

Joanna May, Advanced Mental Health Practitioner said that the service was pleased by the results of the re-audit but commented that the service continually sought to improve its services for patients.

The Committee noted the report.

Update Items for Information

7.0 Guardian of Safe Working Hours Quarterly Report

It was noted that during the reporting period (4 August 2021 to 31 October 2021) there were no “hours and rest” exception reports and no “education” reports.

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 15 September 2021 had been circulated.

The Committee noted the minutes.

7.2 Quality and Performance Executive Group Minutes – August 2021, September 2021 and October 2021

The minutes of the Quality and Performance Executive Group meetings held on 16 August 2021, 20 September 2021 and 18 October 2021 had been circulated.

The Committee noted the minutes.

7.3 Council of Governors Quality Assurance Group – Visits to Services

The Chair had agreed that in future, governor reports on their visits to clinical services would be presented to the Committee for information. There were no governor reports for this meeting.

Closing Business

8.0 Quality Assurance Committee Horizon Scanning

The Chair commented that nationally the NHS was under significant pressure with significant staff vacancies and waiting lists approaching 6 million. The Chair said that the mental health impact of the COVID-19 pandemic was unknown but inevitably there would be an increase in the demand for services.

Aileen Feeney, Non-Executive Director asked whether the Trust had captured all the services under particular pressure on the Quality Concerns and Risk Registers.

The Director of Nursing and Therapies confirmed that the Quality Concerns were reviewed and updated monthly and included all services which were causing concern. Divisional Risk Registers captured local risks which would be escalated to the Quality Concerns if necessary.

The Chair said that the Trust had robust processes for managing clinical risks but he his concern was more around supporting staff through what was likely to be a challenging winter.

The Chief Operating Officer reminded the meeting that the Committee's forward plan included a post COVID-19 lock down review and its impact on the Trust's demand for services (particularly mental health services) which was scheduled for March 2022 (or later if the COVID-19 pandemic was still in its acute phase).

The Chief Operating Officer reported that the next meeting of the Committee would receive an update on Eating Disorders and the Tissue Viability Service.

8.1. Any Other Business

There was no other business.

8.2 Meeting Review

The Chair thanked report authors for their papers.

The Chair said that it had been particularly helpful for the Committee to receive assurance on national initiatives, such as the Patient Safety Culture and the "Getting It Right First Time" programme both of which had been delayed because of the COVID-19 pandemic.

8.3. Date of the Next Meeting

The next meeting is scheduled to take place on 1 March 2022 at 10am.

These minutes are an accurate record of the Quality Assurance Committee meeting held on 16 November 2021.

Signed:-

Date: - 1 March 2022

QPEG / QAC/ Trust Board	November2021
Title	**Learning from Deaths Quarter 2 Report 2021/22**
Purpose	To provide assurance to the Trust Board that the trust is appropriately reviewing and learning from deaths
Business Area	Clinical Trust Wide
Authors	Head of Clinical Effectiveness and Audit, Medical Director
Relevant Strategic Objectives	1 – To provide accessible, safe, and clinically effective services that improve patient experience and outcomes of care
Resource Impacts	None
Legal Implications	None
Equality Diversity Implications	A national requirement is that deaths of patients with a learning disability are reviewed to promote accessibility to equitable care. This report provides positive assurance of learning from these deaths
Summary	875 deaths were recorded on the clinical information system (RiO) during Q2 where a patient had been in contact with a trust service in the year before they died. Of these 128 met the criteria to be reviewed further. All 128 were reviewed by the Executive Mortality Review Group (EMRG) and the outcomes were as follows: • 70 were closed with no further action • 58 required 'second stage' review (using an initial finding review (IFR)/ Structured Judgement Review (SJR) methodology). • Of the 58, 6 were classed as Serious Incident Requiring Investigation (SI) During Q2, the trust mortality review group (TMRG) received the findings of 41 2nd stage review reports, of which 15 related to patients with a learning disability (these are cases reviewed in Q2 and will include cases reported in previous quarters). **Lapse in care (LIC)** No deaths were identified as lapse in care in Q2. **COVID 19 reported inpatient deaths in Q2.** 1 death inpatient death occurred where the infection was acquired prior to admission. **Learning from deaths** • There is ongoing learning with regards to compliance with the standards set out within the Care Programme Approach (CPA) policy, recurring themes have been identified from a review of previous serious incidents, the lessons from these are being taken forwards for improvement. • Communication with the family is a theme in complaints received on inpatient wards, and learning has been shared with staff.
ACTION REQUIRED	The committee is asked to receive and note the Q2 learning from deaths.

1.1 Figure 1. Summary of Deaths and Reviews completed in 2021/22.

Figure 1	18/19 total	19/20 total	20/21 total	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Total 21/22
Number of deaths seen by a service within 365 days of death	3961	3884	4805	858	**875**	-	-	**1733**
Total deaths screened (Datix) 1st stage review	320	406	510	110	**128**	-	-	**238**
Total number of 2nd stage reviews requested (SJR/IFR/RCA)	134	198	269	50	**58**	-	-	**108**
Total number of deaths reported as serious incidents	40	43	48	10	**6**	-	-	**16**
Total number of deaths judged > 50% likely to be due to problems with care (lapse in care)	3	3	1	3	**0**	-	-	**3**
Number of Community Hospital Inpatient deaths reported (Including patients at the end of life and unexpected deaths)	144	124	185	37	**41**	-	-	**78**
Total number of deaths of patients with a Learning Disability (1st stage reviews)	28	47	53	12	**13**	-	-	**25**
Total number of deaths of patients with LD judged > 50% likely to be due to problems with care	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

1.2 Total Deaths Screened (1st stage review)

128 (Q1 110) deaths were submitted by services through the trust Datix reporting system for a first stage review by the EMRG. Of these 128 deaths reviewed, EMRG advised closing 70 cases, 6 were referred for SI investigation, and 52 were referred for a second stage review.

1.3. 2nd Stage Reviews Completed

The Trust-wide mortality review group (TMRG) meets monthly and is chaired by the Medical Director; 41 second stage reviews have been received and considered by the group in Q2. Figure 2 details the service where the review was conducted.

Figure 2: 2nd Stage Reviews Completed in Q2

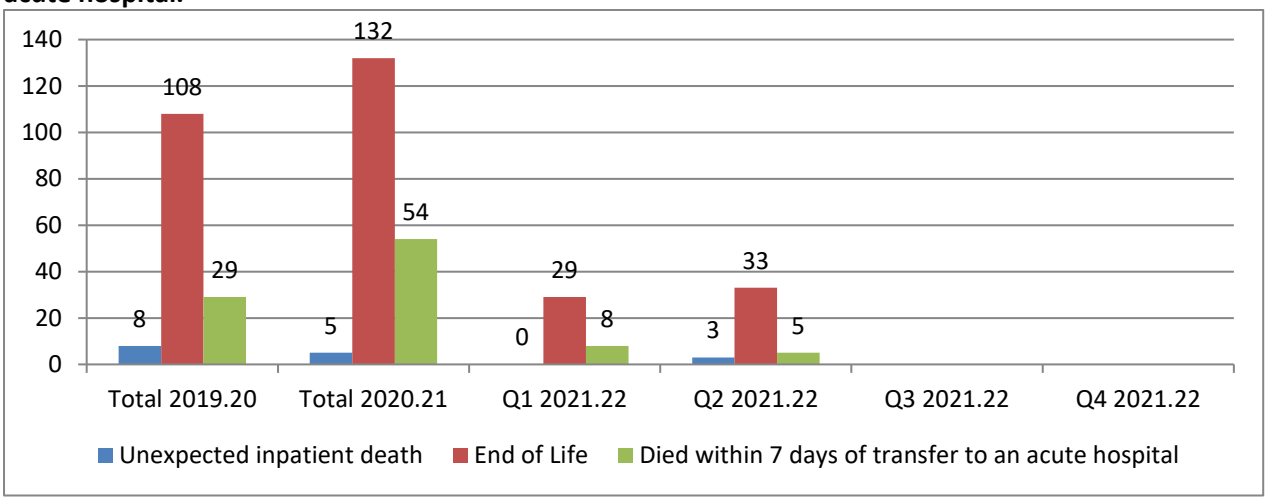
Month	Total Number:	Divisions
July 2021	5 SJR 1 IFR **6 Total**	Learning Disabilities: 3 SJR West Physical Health: 2SJR 1 IFR Complaint: 0
August 2021	12 SJR 6 IFR **18 Total**	Learning Disabilities: 5 SJR East Physical Health: 1 IFR West Physical Health: 4 SJR and 1 IFR East Mental Health: 1 IFR West Mental Health: 3 SJR and 3 IFR
September 2021	13SJR 4 IFR **17 Total**	East PH: 1 SJR, 1 IFR West MH: 2 IFR East MH: 5 SJR, 1 IFR Learning Disability: 7 SJR

2. Concerns or Complaints

In Q2 2 complaints in total were received from families following the death of a relative, 2nd stage reviews were requested for all. None of the complaint related SJR reviews at TMRG raised concern about a lapse in care (LIC).

3.1 Deaths of patients (including palliative care) on Community Health Inpatient Wards
For community health 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 the community health inpatients wards or following deterioration and transfer to an acute hospital.



In Q2 there were 41 deaths reported by Community Inpatient Wards, of which:

- 33 were expected deaths and related to patients who were receiving end of life care (EOLC).
- 8 were classed as unexpected deaths due to ill health deterioration where they were transferred to an acute hospital and died within 7 days.

Of the 33 EOLC deaths reviewed by the EMRG, all were closed at 1st stage review.

Of the 8 unexpected deaths, 2nd stage reviews were requested for all.

3.2 Covid-19 Inpatient deaths.
1 inpatient death occurred in Q2 where the patient was positive for Covid 19 on admission, a 2nd stage review has been requested.

4. Deaths of Children and Young People
In Q2, 3 deaths were submitted as a Datix for 1st stage review. All 3 cases were closed at EMRG following 1st 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.

5. Deaths of adults with a learning disability
In Q2 the Trust Mortality Review Group (TMRG) reviewed a total of 15 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 15 deaths there were no identified lapses in care provided by Berkshire Healthcare. *The deaths were attributed to the following: Of the confirmed causes of death none were attributed to Covid 19.*

Immediate cause of death	Number of deaths
Diseases of the respiratory system	4
Cancer	4
Diseases of the heart & circulatory system	2
Diseases of the genitourinary system	1
Infections - Sepsis of Unknown Source	1
Other	2
Not known - cause of death yet to be confirmed	1

Demographics:

Gender:

Female	7
Male	8

Age:

The age at time of death ranged from 38 to 89 years of age (median age: 62yrs)

Severity of Learning Disability:

Mild	5
Moderate	1
Severe	1
Profound	1
Not Known	6

Ethnicity:

White British	15

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 line with Trust SI policy and Learning from deaths policy)

In Q2, 6 deaths were reported as serious incidents.

7. Lapse in Care

A lapse in care is defined as greater than 50% likelihood that problems in care of the patient could have contributed to the death of the patient.

Of the 41 second stage reviews received by the TMRG in Q2 (and using the current definition for lapse in care), 0 deaths were confirmed as a lapse in care.

8.Learning from Deaths

The aim of the trust policy and process is to ensure that we learn from deaths and improve care even when the death may not be due to a lapse in care. The following section details areas of quality improvement identified in Q2.

8.1 Learning from Serious Incidents (SI)

Please refer to Q2 SI Report

8.2 Learning from deaths of patients with a learning disability (LD)

Actions and learning identified during the previous quarter have been completed and shared.
There was ongoing evidence of good MDT working and communication with families, support staff and across local services. There was also ongoing evidence to show BHFT services were responsive to people's needs and that care was delivered in a timely way.

The Learning Disability service continues to provide regular updates to staff via the monthly operational leadership meeting and bi-monthly Learning Disability Service Patient Safety Quality meeting in order to share learning and promote good practice. Feedback is also provided to the relevant teams regarding any lessons learned, following completion of the CRG and TMRG processes.

8.3 Learning from Mental Health Services

- To consider referral for the next of Kin to a suicide bereavement support organisation.

- The safety plan was found to be lacking in detail in one case and this should have been more robust to prepare for discharge. The learning has been shared with services to form part of ongoing training regarding safety planning.

The Medical Director commissioned a review of the learning from serious incidents (SI's) related to standards set out withing the Care Programme Approach (CPA) policy, which identified a range of recurring themes as shown below:

- 5 cases with a lack of adherence to planned/unplanned leave (sickness) guidance
- 15 areas of concern regarding risk formulation and safety planning
- 7 cases identified poor transfer both externally and in-house
- 2 cases with concerns regarding management of pain, physical health, and medication
- 21 incidents where process concerns were identified
- 12 incidents of poor care planning and Care Programme Approach Compliance
- 7 cases where alternatives were used to Care Co-ordination
- 1 area where concerns from others were not acted upon

An action plan has been developed and will be taken forward by the Clinical Directors for their divisions together with operational support.

8.4 Learning from Community Physical Health

Consideration and documentation for the rationale for oral versus IV antibiotics has been identified as an area of learning for inpatient wards.

Learning from complaints identified that communication between the ward staff and the family of patients is an ongoing theme which is being addressed.

9. Medical Examiner Process and Requirements

The pilot of the medical examiner process will start on 1st November will the full roll out across all inpatient wards expected in December.

10.Conclusion

During Q2, the trust mortality review group (TMRG) received the findings of 41 2nd stage review reports.

Lapse in care (LIC)

Of the 41 reviews received by the TMRG in Q2 and using the current definition for lapse in care, 0 deaths were confirmed as a lapse in care.

COVID 19 inpatient deaths.

1 inpatient death reported in Q2 where Covid 19 infection was acquired prior to admission.

Berkshire Healthcare NHS Foundation Trust

Quality Assurance Committee Paper

Meeting Date	November 2021
Title	Guardian of Safe Working Hours Quarterly Report (August to October 2021)
Purpose	To assure the Trust Board of safe working hours for junior doctors in BHFT
Business Area	Medical Director
Author	Dr Marjan Ghazirad, Ian Stephenson
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and safe patient care
Resource Impacts	Currently 1 PA medical time
Legal Implications	Statutory role
Equalities and Diversity Implications	N/A
SUMMARY	This is the latest quarterly report for consideration by Trust Board from the Guardians of Safe Working. This report focusses on the period 4th August to 31st October 2021. Since the last report to the Trust Board, we have received no exception reports. 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.
ACTION REQUIRED	The QAC/Trust Board is requested to: Note the assurance provided by the Guardians

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

This report covers the period 4th August to the 31st October 2021

Executive summary

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

This report focusses on the period the period 4th August to 31st October. Since the last report to the Trust Board, we have received no *'hours & rest'* exception reports and no '*education*' reports.

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.

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): 43 (FY1 – ST6)

Included in the above figure are 2 MTI (Medical Training Initiative) trainees.

Number of doctors in training on 2016 TCS (total): 43

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*')**

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

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY1	0	0	0	0
CT	0	0	0	0
ST	0	0	0	0
Total	0	0	0	0

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

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
FY1	0	0	0	0
CT1-3	0	0	0	0
ST4-6	0	0	0	0
Total	0	0	0	0

In this period, we have received no '*hours and rest'* exception reports where the trainees worked hours in excess of their work schedule.

Exception reporting is a neutral action and is encouraged by the Guardian and Director of Medical Education (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 has been the opinion of Medical Staffing and the Guardian of Safe Working that in most cases "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 4th August to 31st October 2021)

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
	97	92	32	60	0					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
Gap	58	56	23	33	0	601	590	258.5	331.5	0
Sickness	39	36	9	27	0	427.5	397	98.5	298.5	0
Maternity	0	0	0	0	0	0	0	0	0	0
Total	97	92	32	60	0	1028.5	987	357	630	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 continues operating at 1:11 and our system for cover continues to work as normal, with gaps generally being quickly filled. Although we have had 5 unfilled gaps this rotation, which is very unusual for the Trust, patient safety was not an issue and we always had one junior doctor on duty out of hours.

Our bank doctors in particular have continued to be an asset, and we continue to increase this pool.

No immediate patient safety concerns have been raised to the guardian in this quarter.

Issues arising

Exception reporting remains at a level consistent with previous GOSW Board reports. None of these reports indicate problems with posts that have required the work schedules to be reviewed. 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 February 2022.

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 Guardian 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. They 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 Guardian ask the Board to note the report and the assurances given above.

The Guardian make no recommendations to the Board for escalation/further actions.

Report compiled by Dr Marjan Ghazirad, GOSW, & Ian Stephenson, Medical Workforce Manager.

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.

Appendix B

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*.
A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours, and • a second 30 minute paid break for a shift rostered to last more than 9 hours.	A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours • a second 30 minute paid break for a shift rostered to last more than 9 hours • 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.

*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.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 December 2021
Title	**Executive Report**
	For Noting
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Meeting 14 December 2021

EXECUTIVE REPORT

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. New Patient Experience Measure

A new patient experience measure was launched across all services in Berkshire Healthcare on 1 December 2021

Over the past 8 months, in conjunction with I Want Great Care, we have worked with our clinicians, managers, patients and other key stakeholders, to develop a new patient experience measure that will enable us to consistently collect anonymous patient feedback in a standard way across all services. This will provide us with a much greater understanding of our patients' experience with visibility of this at service, division and trust level. The provision of more meaningful real-time feedback will support ongoing improvement as well as the ability to share our progress with patients, carers, and wider communities.

Patients will be able to give feedback in multiple ways including accessing the surveys on their own device using a QR code, giving feedback on iPads or kiosks when visiting a Berkshire Healthcare site, paper surveys and SMS. The online surveys are available in over 50 languages, with a read aloud and easy read version.

All services will have real time access to their patient feedback via Tableau dashboards and collated information will start to be reflected in/inform our quarterly Patient Experience Report from Quarter 4.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3. People at the Heart of Care: Adult and Social Care Reform White Paper

On 1 December 2021, the Government published the Social Care Reform White Paper, People at the Heart of Care, which sets out a 10-year vision for transforming and supporting care in England. This vision was developed following engagement

with the social care sector, and the government will continue to engage with partners to support its delivery. Key points to note are as follows:

- The White Paper follows several recently announced changes to the social care system, including a £86,000 cap on lifetime care costs, a more generous means test, and £5.4bn of additional funding for three years (raised by the new health and social care levy).
- The Government's 10-year vision for social care provides a number of objectives including: choice, control and independence; high-quality personalised care; and a fair and accessible system.
- At this stage, there is no new funding recurrently underpinning the proposals. With £3.6bn of the £5.4bn raised for social care by the levy going towards funding the cap and means test, the White Paper sets out how the remaining £1.7bn will be spent over three years. This includes £300m to increase the range of supported housing options, and £150m to improve digital technology.
- The White Paper sets out some proposals to address recruitment and retention of the social care workforce, including a skills framework and digital hub, and repeats the previously announced £500m for workforce training and development.

Executive Lead: Julian Emms, Chief Executive

4. Health and Care Bill

Ahead of the second reading of the Health and Care Bill in the House of Lords, which aims to legislate for an NHS system based on collaboration rather than competition, NHS Providers published a joint publication with Hempsons Solicitors offering a guide to the evolving system based landscape and the factors behind successful partnerships. A copy of the document which sets out the central elements of the bill is included in the appendix.

The report outlines the broad roles of Integrated Care Boards, Integrated Care Partnerships, Provider Collaboratives and Place–Based Partnerships, and the main governance issues that Trusts and Foundation Trusts will need to take account of. It also addresses some of the key workforce issues, including finding ways to reduce obstacles to working across organisations.

In setting out these challenges, the report concludes that good relationships will remain central to making systems work and partnerships succeed. It also says that while complexity may be necessary, simplicity is nearly always preferable and should be the objective in developing the new relationships and governance arrangements.

Executive Lead: Julian Emms, Chief Executive

5. The Messenger Review of NHS Leadership

The review of NHS Leadership was which was announced by the Health and Social Care Secretary of State in October 2021, will examine the 'pay and incentives'

offered to the service's most senior figures. It will also look into "effective systems for intervention and recovery in both providers and integrated care systems" to ensure that there are "the right incentives for the best leaders and leadership teams to take on the most difficult leadership challenges".

The terms of the review which were published at the end of November 2021 state that the review will be delivered to the Health and Social Care Secretary of State "after four months and will be followed by a delivery plan with clear timelines on implementing agreed recommendations". The terms confirm that the review will be led by General Sir Gordon Messenger, former Vice Chief of the Defence Staff. He will be supported by Leeds Teaching Hospital Trust Chair, Dame Linda Pollard. General Messenger and Dame Linda recently published an open letter to the service about the review (Included as an appendix) .

They write that the review: "will be conducting a comprehensive programme of engagement events, including site visits, webinar-style outreach, workshops and personal interviews, and aim to access as many viewpoints and diverse communities as we can. General Messenger and Dame Linda say their work will be guided by three factors:

- "the importance of collaborative, systems leadership"
- "shared vision and ownership at all levels within a system", and
- "the need to address the variation in our national provision of health and social care."

In summary the review will look at:

- "The drivers of performance and the standards expected of good leaders and leadership teams
- What further powers may be needed to drive real and sustained change, including effective systems for intervention and recovery in both providers and (ICSs)
- How to help health and care leaders collaborate for more integrated care for citizens
- Proposals for ensuring the right incentives for the best leaders and leadership teams to take on the most difficult leadership challenges
- How to more rapidly foster and replicate the best of examples of leadership
- How to support and improve the skills of all leaders and managers throughout their careers and encourage the best leaders within the system to rise
- How to draw new expertise and talent into leadership roles in the health and care systems (including the NHS Management Graduate Trainee Scheme)
- How to ensure the right training, opportunities and support for clinicians to take on management roles throughout their careers

- Whether the right pay and incentives are in place to foster good and excellent performance and recruit and retain the best leaders from start of career to retirement; (and)

- Driving up efficiency — to support leaders, managers, clinicians and wider staff, creating the space and time for them to focus as much time as possible on delivering for patients and care users."

The review will not examine leadership in NHS England and other arm's length bodies.

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

6. Staff Vaccination Programme 2021 – December 2021 Update

Introduction

Seasonal influenza and COVID-19 have the potential to add substantially to the winter pressures the NHS usually faces, particularly if infection waves from both viruses coincide. The timing and magnitude of potential influenza and COVID-19 infection waves for winter 2021/22 are currently unknown, but mathematical modelling indicates the 2021/22 influenza season in the UK could be up to 50% larger than typically seen and it may start earlier than usual. The uptake ambitions for this coming season set out in the national flu letter reflect the importance of protecting people against flu this winter and should be regarded as the minimum level to achieve.

The staff flu programme commenced late September as in previous years, a decision by the Joint Committee of Vaccinations and Immunisations (JCVI) on the COVID booster programme was approved and commenced at the end of September.

Health and Social Care staff are part of the priority grouping for both the flu vaccine and the Covid boosters, all Covid vaccines were expected to be delivered to Health and social care staff by 17th October 2021 although there was also a requirement that the COVID booster was not to be given before 182 days post 2nd dose and therefore not all staff were legible for the booster before 17th October. This has since been revised by JCVI, with their advice in response to the emergence of the B. 1. 1.529 (Omicron) variant: next steps for deployment set out in a letter dated 3rd December 2021 which includes reduction of timescale between 2nd dose and booster to no less than 3 months.

Staff who did not receive the booster through our clinic are accessing it through the national booking system and some provision has also been provided to support staff still requiring 1st, 2nd, or Booster doses.

The Flu Letter of 17th July 2021 highlighted that flu vaccinations should be offered to 100% of frontline and patient facing staff, with an ambition of vaccinating at least 85% nationally.

As in previous years all board members are expected to have the flu vaccination, and this has been achieved.

Monthly reporting on vaccination uptake will be provided to the Board and Divisional Directors and weekly figures will be shared weekly throughout the campaign and we continue to actively promote of the vaccines.

Flu uptake as of 3rd December 2021:

All staff 58.7%
(it is possible that this is higher where staff have received outside of the Trust and not yet informed us)

Table 1: Uptake by Directorate

Directorate	Staff vaccinated as a %
Inpatient (MH) Services	62.1%
Children, Young People and Families Services	59.1%
Community Health East Services	53.7%
Community Health West Services	59%
Corporate Services	55.4%
Mental Health East Services	42.2%
Mental Health West Services	44.9%
Other Health Services	54.8%

Table 2: Uptake by staff group

Staff Group	Staff vaccinated as a %
Additional Clinical Services	47.4%
Allied Health Professionals	64.8%
Add Prof Scientific and Technic	48.6%
Students	60.9%
Medical and Dental	56.9%
Healthcare Scientists	46.2%
Nursing and Midwifery Registered	55.1%
Admin and Clerical	58.8%
Estates and Facilities	21.6%

Covid Booster uptake figures as of 3rd December 2021:

All staff 42.1%

(it is possible that this is higher where staff have received outside of the Trust and not as yet informed us)

Table 3: Uptake by staff group

Staff Group	% Compliance
Additional Clinical Services	26%
Allied Health Professionals	48.6%
Estates and Ancillary	16.2%
Administrative and Clerical	46.4%
Nursing and Midwifery Registered	41.5%
Healthcare Scientists	7.7%
Medical and Dental	46.5%
Students	26.1%
Add Prof Scientific and Technic	39%

Mandated Covid vaccination for health and social care staff

The legislation around the need for staff working and going into care homes to have received both 1st and 2nd doses of the Covid vaccine came into force from 11th November. Whilst there are some staff who are yet to receive both doses, there are less than 5 staff who could not be accommodated in their current service and therefore are being redeployed.

The consultation to extend this requirement to wider health and social care staff closed on 22nd October 2021 and we are now aware that this is expected to go through parliament and become legislation for wider health and social care staff effective from beginning April 2022. There will be a 12-week grace period from legislation being passed to enforcement to allow for staff not yet vaccinated to receive their vaccination. The April 1st deadline means that staff must have received at least their 1st dose by 3 February 2022 to have received both doses by 1 April 2022. Current compliance is approximately 90% of all Berkshire Healthcare staff; work is ongoing to raise this further with continued support for those yet to receive the vaccine but who are not exempt.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

Presented by Julian Emms
Chief Executive
December 2021

Department of Health & Social Care

The Review of Health and Social Care Leadership
An Open letter to all those who work in health and social care

With the Leadership and Management Review now underway, we wanted to write to introduce ourselves, and to set out some thoughts on the approach we will be adopting as we take forward this important work. If we could start by seeking to reassure:

- We fully recognise the complexity of the task ahead, and the need to engage comprehensively to get your views on how leadership and management, at every level, could be strengthened to ensure better outcomes - both for the public and for everyone who works in health and social care, regardless of your seniority or role. In the coming months, we will be conducting a comprehensive programme of engagement events, including site visits, webinar-style outreach, workshops and personal interviews, and aim to access as many viewpoints and diverse communities as we can.

- Equally, we are mindful of the strain that you are working under, no more so than at present. Conscious of the potential for "review fatigue", we will do all we can to avoid adding to that pressure during both the engagement and the implementation phases of our work.

- We very much want the Review to be regarded by you as an opportunity. Our starting premise is that the NHS and social care are staffed by a hugely impressive, dedicated, well-motivated workforce which deserves a system and a culture where its full talent and experience can flourish and where the right skills can be applied to where they are needed most. We acknowledge that the excellent leadership and management currently evident across many parts of the system can be built upon to the benefit of all.

The Terms of Reference explicitly ask us to focus on leadership and management, at all levels and across the breadth of primary care, secondary care and social care. This is a significant remit, and we will inevitably find ourselves narrowing in on priority areas where the potential for betterment is likely to have most impact. We have an open mind on where these areas might be, and are actively looking for proposals that could strengthen, broaden and deepen the leadership and management skills base across all components and all levels of our healthcare and social care. We will be shaped by the following factors:

- The importance of collaborative, systems leadership at every level, reinforced by the requirement to adapt the style and context of leadership as the ICS and other local partnership models are introduced.

- The impact of shared vision and ownership at all levels within a system, in order to empower decision-making and problem-solving appropriately, and to reinforce the

sense of value across the workforce. Working together with NHS senior leadership, our collective goal is to create a culture where anyone can aspire to leadership roles, and which encourages personal development for all.

- The need to address the variation in our national provision of health and social care; to build appropriate leadership and management incentives and structures to ensure that the right skills are targeted at our most pressing challenges.

- We will be focusing early on the challenges of successful implementation to ensure that our recommendations lead directly to better care and outcomes, for patients and staff alike.

Thank you in advance for your patience and support for this important piece of work, with its unifying objective of delivering better outcomes in population health for the nation and its NHS and social care services. We look forward to meeting as many of you as possible in the weeks ahead. If you would like to get in touch with us, please e-mail us at leadershipreview@dhsc.gov.uk.

General Sir Gordon Messenger
23rd November 2021

Dame Linda Pollard

HEMPSONS

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Trust boards and systems:
the key issues

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Foreword

The focus on collaboration between local NHS and care organisations and local government as the core driver of improvement within the health and care sector is now well established.

This has been an evolution. Trust chairs and local authorities were initially asked to produce strategic transformation plans to promote integration in the provision of healthcare and social care. In due course, plans became partnerships and partnerships transformed into more complex systems. This was all undertaken within the existing legislative framework that was designed for a different type of NHS, driven by competition rather than collaboration.

It was therefore inevitable, and right, that we would see new legislation to align the law with practice on the ground. We therefore have a new Bill. If it passed in its current form, the ensuing Act will create a new statutory ICS tier that will provide formal legislative underpinning for local collaboration. But, in many ways, the work local leaders are undertaking now to tackle the care backlog, reduce health inequalities, integrate services and transform care pathways will remain much the same.

Good relationships will remain central to making systems work and partnerships succeed. Good governance – leadership and direction – will remain important at ICS, place and individual organisational levels. However, we know from past experience that the good relationships that make good governance a reality need constant, hard work and real effort– they don't happen by accident.

We also know that provider organisations, including NHS trusts and NHS foundation trusts, will remain pivotal, not least because their boards remain accountable for frontline service delivery. Finally, local leaders will need to make the new pattern of system, place, provider collaboration and individual institutions work effectively to drive real improvements in patient care and health outcomes.

With thanks to colleagues at NHS Providers and Hempsons for their contributions, I hope you find this short summary of the issues at hand helpful as you develop your own collaborative arrangements.

Chris Hopson
Chief executive, NHS Providers

Introduction

As system working becomes embedded and ICSs are placed on a statutory footing, all trusts and their partners will be working together to consolidate current effective partnerships and establish new collaborations which better serve patient populations.

In this short publication aimed primarily at colleagues serving within trust boards, we have sought to highlight some of things that we believe will facilitate good system working. Since one size does not fit all we have not sought to be comprehensive or prescriptive. As trends emerge more detailed advice will become necessary, but for now we have sought to be concise and to make the case that you are already doing most of what is envisaged in the new legislation.

The Bill

The long-awaited Health and Care Bill was published in July and is now working its way through parliament. Much of what was in the Bill was, as anticipated, based on the proposals, the White Paper and NHS England's recommendations to the Government in 2019 on legislating for Integrated Care Systems. The Bill itself is wide ranging, covering a range of provisions, and legislative tweaks. Its stated intention however, and a core focus throughout, is to legislate for an NHS system that supports collaboration rather than competition.

The Bill's six parts and 16 schedules and the steadily growing collection of guidance published by the Department of Health and Social Care and NHS England will potentially have dramatic impacts on the health service. In many respects the Bill is introducing expected, and welcome, technical changes, such as allowing for wider joint decision making. These changes reflect the practice on the ground where workarounds such as committees in common have been used where joint committees were not permissible. Such technical legal changes may have little noticeable impact on how decisions are made in reality, but will simplify the legal processes of making them. Other changes, such as the replacing of competition with, build on changes that have been underway since the Five Year Forward View was published (if not before).

As was expected, the Bill will transfer commissioning functions from Clinical Commissioning Groups (CCGs) to statutory Integrated Care Boards (ICBs). There will also be some transfers from NHS England's commissioning responsibilities. ICB bodies will be responsible for their geographic region, and no two ICBs can have overlapping regions. Much like CCGs today, the ICB will be governed by a constitution, a model form having been developed.

The ICB will be a body corporate -ed by a unitary board with a constitution approved by NHS England and they will be accountable to NHS England.

ICB duties will include:

- Developing a population health plan
- All CCG functions and some NHS England direct commissioning
- Allocating resources and ensure contracts/agreements are in place with providers
- Joint work on procurement/estates
- Improvement of the quality of care
- Leading People Plan agenda.

The board of the ICB will, as a minimum, include a chair, the chief executive and members from NHS providers, general practice and local authorities and two other non-executive directors. Beyond that, ICBs will have the flexibility to determine governance arrangements in their area. This will include the ability to create committees and delegate functions to them.

Key issues

The key issues from the Bill concerning ICBs and guidance are:

- Local flexibility as to the governance of the ICB and
- The concept of subsidiarity

The Bill will make joint committees, as between commissioners and providers and between providers possible to set up. Although the final regulation on the extent of delegation of decision making from the ICB is awaited, it is clear that the intention is that there should be scope for delegation to the appropriate "level". *The Interim guidance on the functions and governance of the integrated care board* published by NHS England and NHS Improvement states that "*arrangements should be designed to facilitate decisions being taken as close to local communities as possible, and at a larger scale where there are clear benefits from collaborative approaches and economies of scale*".

This flexibility has been broadly welcomed, but it will be for systems to determine:

- Who are the right participants on the board of the ICB (taking into account prescribed roles)
- How to manage conflicts of interest
- Where should decisions on local issues be made – place, neighbourhood or system
- What will effective and appropriate committee structures look like

Other key points of interest from the Bill

- CQC ratings for ICS were not included in the draft Bill, but we expect this to be included during the process by amendment
- As has been widely commented on, the Bill introduces a power for the Secretary of State to issue guidance on the duty of cooperation between NHS bodies
- A power for the Secretary of State to direct NHS England (which will be the legally unified body of NHS England and NHS Improvement)
- A new role for the Secretary of State to call in service reconfigurations which are "complex, a significant cause for public concern, or where Ministers can see a critical benefit to taking a particular course of action". As drafted, the legislation is not limited to the requirement to notify the Minister of such "major" transactions, as the definition covers a much broader range of changes which reduce the services available or change to how these are delivered
- New duty to meet the "Triple Aim" will require health bodies, to ensure they consider the three aims of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources. In the Bill it is expressed as the "duty to have regard to wider effect of decisions". This may add a layer of additional complexity for consideration for boards when making decisions.

Other ICS Infrastructure

System split into Integrated Care Boards (ICBs) discussed above and Integrated Care Partnerships (ICPs).

The ICP will bring together NHS organisations, local government and other partners to align ambitions, purpose and strategies. It will facilitate joint action on tackling health inequalities and addressing the wider determinants of health. It will also have a specific responsibility to develop an integrated care strategy.

Provider collaboratives are two or more trusts and/or foundation trusts working across multiple places to realise benefits of mutual aid and working at scale and address unwarranted variation and inequalities. All acute, specialist and mental health trusts and foundation trusts are expected to join collaborative arrangements from April 2022, where they have not done so already. Community trusts and ambulance trusts should be part of collaboratives where this would benefit patients and makes sense for the providers and systems. In practice, we expect all trusts providing community services to be partners in multiple partnerships at different levels of populations.

Each provider collaborative will agree specific objectives with one or more ICB. They will facilitate the work of alliances and clinical networks.

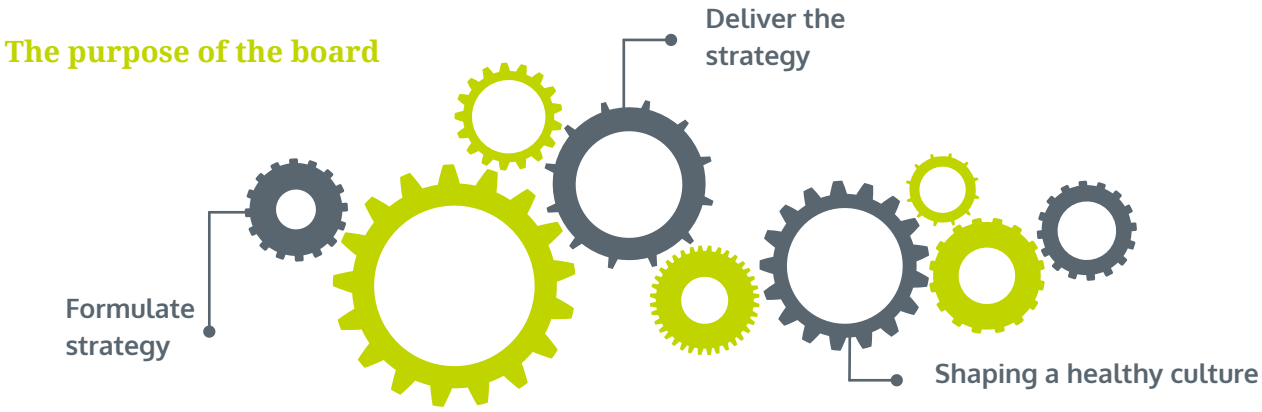
Ambulance trusts and specialist trusts, but also many mental health, community and other trusts will relate to multiple ICBs which brings an added layer of complexity, so on paper at least this looks like an increasingly complex system.

Governance

We know that NHS England has released extensive guidance on system working covering the minimum requirements for each system and its component parts. It is not our intention to duplicate that guidance here or reinterpret what we already know. Rather, we have sought to highlight the governance issues that trusts and foundation trusts will need to take account of in system working. Where these issues lend themselves to generic solutions we have suggested ways forward. It is unlikely that one size will fit all, but trends will arise over time that will require detailed advice and guidance.

Key issues

- The vast majority of healthcare will continue to be provided at organisational level by primary care and by NHS trusts and foundation trusts
- Each of the partners will be responsible for delivering their part of the project in collaborative work, which means that responsibility and liability lies with the trust or foundation trust board
- The implication for boards is that their well tested governance processes of formulating strategy, overseeing the executive to manage risk and deliver strategy and setting and shaping the right culture will continue to apply



- The principles of governance between organisations will continue to apply, relying on strong relationships and tried and tested governance arrangements
- All available evidence suggests that it is the quality of relationships within the leadership of systems and their constituent organisations that will determine the scope for long term success
- It would be a mistake to imagine that good relationships will always persist or will survive a change of personnel. In the absence of proper planning care and attention, the collective leaderships of organisations and systems need to develop a strategy owned by all to foster the continuation of good relationships over time and they should not overly rely on the structural approaches envisaged in legislation
- The objective for collaborations should be the virtuous circle of respect, trust, openness, candour and the free sharing of information
- The NHS has not always been a comfortable place in which to dissent or challenge the prevailing trends and climate, but boards will need to. However, the scope for principled, but robust challenge needs to be carried from trust board into partnerships, collaboratives and systems and needs to be accepted as being absolutely essential to good decision making
- Making space to consider what constitutes solid ethical behaviour when working in collaboration and how that can be maintained as circumstances and personnel change is not always easy

Building and maintaining shared cultures so that 'how we do things here' becomes 'how we do things together' is likely to be essential to the medium-term cohesion of systems.

- There is a need to ensure that those who take decisions in systems will be responsible for the outcomes so that decision making is linked to accountability
- Individuals and organisations should not be unduly pressurised to sign up to things that they do not believe they can achieve within a given timescale
- There is a plethora of evidence that cognitive bias is ubiquitous, and we need to guard against this to ensure decision making is as good as circumstances allow
- Challenge is part and parcel of guarding against flawed decisions so systems need to find a way of involving independent non-executive directors at the point of decision making at all levels from ICB down to relatively small collaborations, with proper assurance that risk is being manged being the outcome

There should be no taboo subjects that remain unaddressed and nothing should be exempt from constructive challenge.

Workforce

In terms of managing the workforce challenges the “HR framework for developing integrated care boards” document and the “Building strong integrated care systems everywhere: guidance on the ICS people function” have a few core themes:

- Collaborative working at all levels
- A more flexible workforce (“one workforce”)
- Minimising disruption in managing the change from CCGs to ICBs
- Recognising that senior CCG leaders will be displaced
- Retaining talent
- Managing the transition in accordance with the People Plan and the People Promise

Staff will transfer under a transfer scheme and will be in line with the obligations under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (“TUPE”) and the Cabinet Office Statement of Practice (“COSOP”).

There is an employment commitment to “lift and shift” CCG staff below board level which is intended to limit the amount of organisational change required.

Whilst the emphasis is upon maintaining continuity and causing a minimal amount of workforce disruption, it is inevitable that there will be significant change required to make the new structures work.

The People Plan sets out the desire to have a flexible workforce that can easily move across organisations. The level of integration associated with the new structures will require this as well as a degree of cultural change.

Key issues

The key issues in relation to workforce are:

- Implementation of the “one workforce” approach and finding ways to reduce obstacles to working across organisations. This is likely to require clear and effective contractual arrangements
- Retain talent and ensure that key staff are not lost in the displacement
- The application of the principle of subsidiarity is likely to mean that, subject to national guidance and requirements, the workforce structure will vary from ICS to ICS
- A focus on ensuring the change is conducted in accordance with the People Plan

Conclusions

As we stated earlier, good relationships will be at the heart of making systems work. This implies inclusion, listening and seeking to reach consensus. It also implies an acceptance of challenge as a positive input, rather than a threat with a place for well-reasoned dissent at every level of each system. Good relationships don't happen by accident, they take planning and work to maintain them. They also require mutual respect, acknowledgement of roles and responsibilities and an understanding that the buck will stop with providers and their boards when it comes to service delivery.

Complexity may be necessary, but simplicity is nearly always preferable and should be the objective in developing the strong working relationships and the governance arrangements that will make systems work.

Perhaps most importantly, we need to remember, that as Bill Moyes, the former executive chair of Monitor, said back in 2004: "there is no such thing as a perfect organisation. The best we can ever hope for is that an organisation is self-aware, recognises its issues, and deals with them effectively". The same is true of systems.

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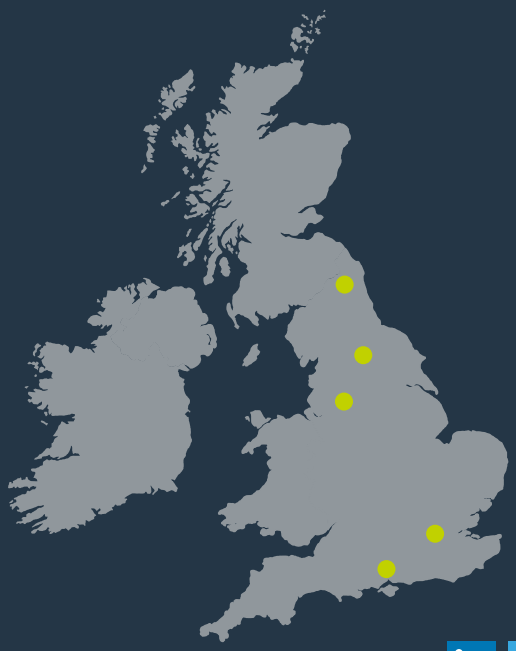

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Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14th December 2021
Title	Financial Summary Report October 2021
	ITEM FOR NOTING
Purpose	To provide the Trust Board the financial position for the period ending 31 October 2021.
Business Area	Finance
Author	**Chief Financial Officer**
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
Equalities / Diversity Implications	N/A
SUMMARY	The Trust submitted its financial plan for the remainder of 21/22 forecasting breakeven for the year overall. Income and expenditure plans for the remainder of H2 have been adjusted to reflect run rates from H1, resulting in the lowering of anticipated workforce growth and recognized investment income. The Trust is reporting a surplus of £0.6m to the end of October 2021, £1.1m better than planned. Financial performance in October was a £0.4m deficit. October reflects the transfer of BHFT estate and facilities staff to NHSPS from the 1st October, most clearly evident in the workforce charts. We continue to defer investment income due to workforce availability. Planned capital expenditure year to date is £2.6m, £2.4m less than planned. £1.0m of this relates to delayed IM&T procurement which has since occurred. Cash balances remain strong at £47.4m

ACTION REQUIRED	The Board is invited to note the report.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year Ending 2021/22

October 2021

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 31 October 2021.

Document Control

Version	*Date*	*Author*	*Comments*
1.0	15/11/2021	Rebecca Clegg	Draft
2.0	17/11/2021	Paul Gray	Final

Distribution

All Directors

All staff needing to see this report.

Contents

1.0 Income & Expenditure

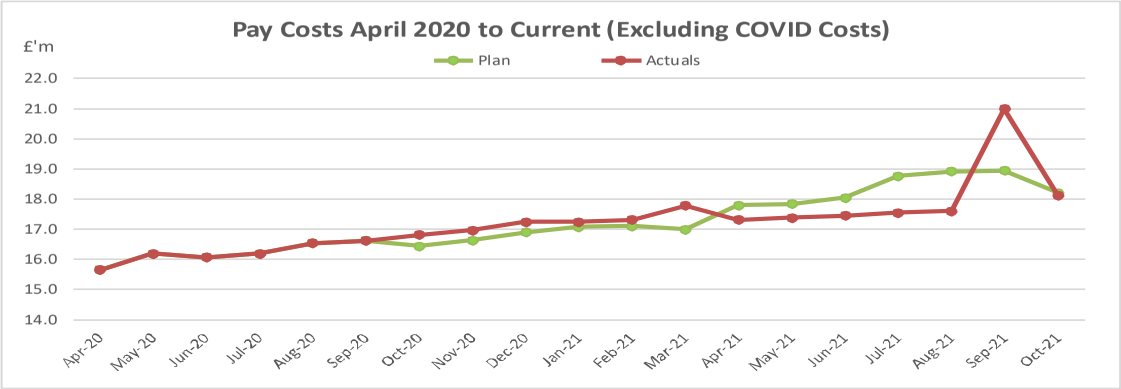
Oct-21	In Month Act £'m	In Month Plan £'m	In Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m	21/22 Plan £'m
Operating Income	23.6	23.8	(0.2)	167.7	168.2	(0.5)	289.3
Elective Recovery Fund	0.0	0.0	0.0	1.7	1.7	0.0	1.7
Top Up Funding	0.4	0.4	0.0	3.5	3.9	(0.4)	5.9
COVID Funding	0.7	0.7	0.0	5.5	6.2	(0.7)	9.7
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	***24.8***	***24.9***	***(0.1)***	***178.4***	***180.0***	***(1.6)***	***306.7***
Staff In Post	16.0	16.4	(0.4)	113.1	116.1	(2.9)	200.1
Bank Spend	1.8	1.4	0.4	11.3	10.2	1.1	17.1
Agency Spend	0.5	0.4	0.1	3.0	2.2	0.8	3.9
Total Pay	***18.2***	***18.2***	***(0.0)***	***127.4***	***128.5***	***(1.0)***	***221.1***
Purchase of Healthcare	1.8	2.0	(0.2)	12.0	12.0	(0.1)	21.4
Drugs	0.5	0.5	(0.0)	3.2	3.3	(0.1)	5.6
Premises	1.3	1.3	0.0	11.0	12.0	(1.0)	18.4
Other Non Pay	1.8	1.8	(0.0)	12.6	13.3	(0.7)	24.9
PFI Lease	0.5	0.5	0.0	3.7	3.7	0.0	3.2
Total Non Pay	***5.9***	***6.1***	***(0.2)***	***42.5***	***44.3***	***(1.8)***	***73.5***
Total Operating Costs	***24.1***	***24.3***	***(0.2)***	***170.0***	***172.8***	***(2.8)***	***294.6***
EBITDA	***0.7***	***0.6***	***0.1***	***8.5***	***7.2***	***1.2***	***12.1***
Interest (Net)	0.3	0.3	0.0	2.3	2.3	0.0	3.8
Depreciation	0.7	0.7	0.0	4.8	4.7	0.1	8.2
Disposals	0.0	0.0	0.0	0.0	0.0	0.0	(1.2)
PDC	0.1	0.1	0.0	0.8	0.8	0.0	1.3
Total Financing	***1.1***	***1.1***	***0.0***	***7.9***	***7.8***	***0.1***	***12.1***
Reported Surplus/(Deficit)	***(0.4)***	***(0.5)***	***0.1***	***0.6***	***(0.5)***	***1.1***	***(0.0)***

Key Messages

The table above gives the financial performance against the Trust's plan as at 31 October 2021. The final plan for the second half of the year (H2) has not yet been submitted to NHSE&I and may be subject to some final minor adjustments which are still being worked through with the ICS and CCGs. It is not expected that the planned breakeven position for the year will change as a result of these final adjustments. Further work is being undertaken to ensure that the efficiency requirement of £2.2m for H2 can be delivered recurrently.

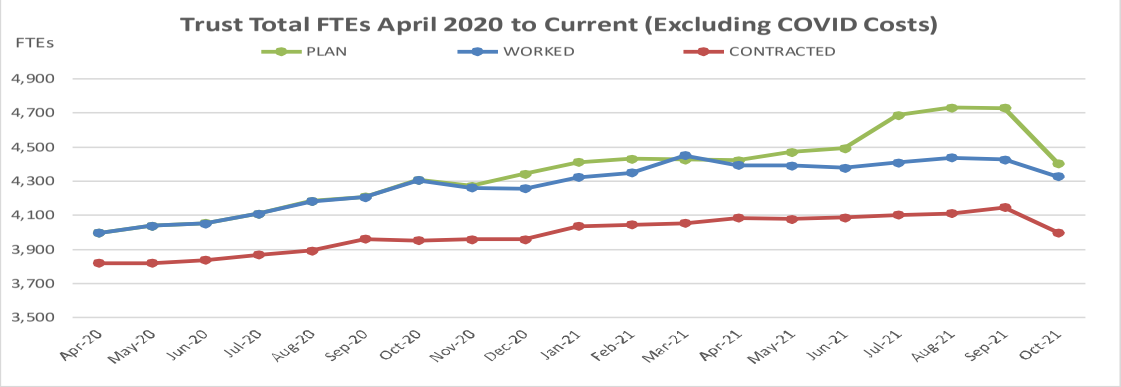
In the second half of the year the Trust is not expecting to receive any additional Elective Recovery Fund due to changes to the way this funding is calculated. COVID and Top up funding has been reduced and an efficiency target of 0.78% has been applied to the main commissioner contracts. October performance is a £0.4m deficit against a £0.5m deficit plan with minimal variances across pay, non-pay and income. As in the first half of the year the plan assumed that Service Development and Spending Review Funding would be recognised, matching planned increases in expenditure but costs have not materialised as planned and this has resulted in further deferral of income, which is now at £2.7m year to date.

Workforce



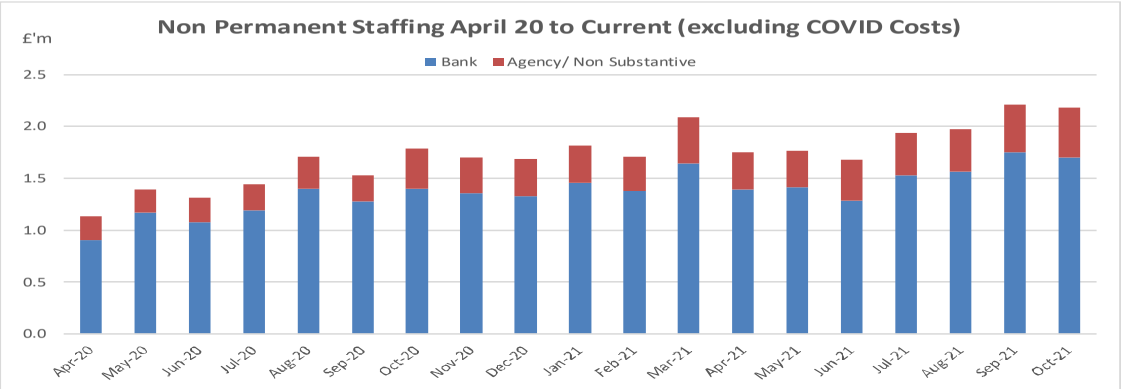
Staff Costs

YTD	£'m
2021/22	126.3
2020/21	114.0
▲	11%
Prior Yr	**£'m**
Oct-21	18.1
Oct-20	16.8
▲	8%



FTEs

Prior Mth	CFTE	WFTE
Oct-21	3,996	4,325
Sep-21	4,144	4,423
	-4% ▼	-2% ▼
Prior Yr	**CFTE**	**WFTE**
Oct-21	3,996	4,325
Oct-20	3,950	4,302
	1% ▲	1% ▲



Staff Costs

YTD	Bank £'m	Agency £'m
2021/22	10.6	2.9
2020/21	8.4	1.9
	26% ▲	52% ▲
Prior Yr	**Bank £'m**	**Agency £'m**
Oct-21	1.7	0.5
Oct-20	1.4	0.4
	22% ▲	23% ▲

Key Messages

Pay costs in October were £18.1m (excluding COVID costs). This is lower than in September when the pay award including back pay was made.

Underlying pay excluding COVID costs has risen monthly, with costs in October c£0.8m higher than April.

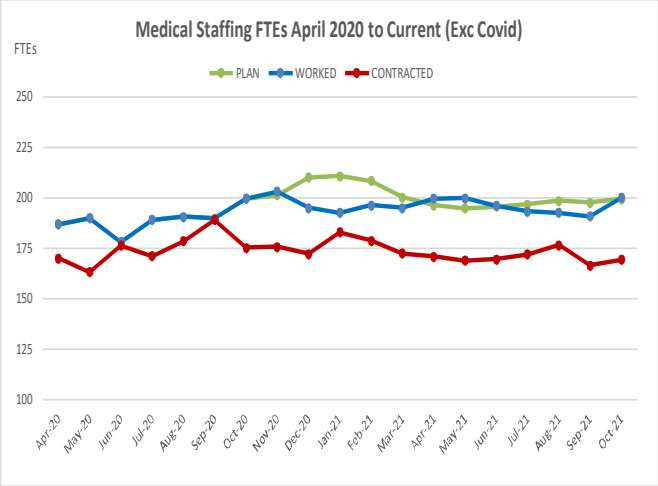
Non Permanent staffing costs are consistent with the previous month.

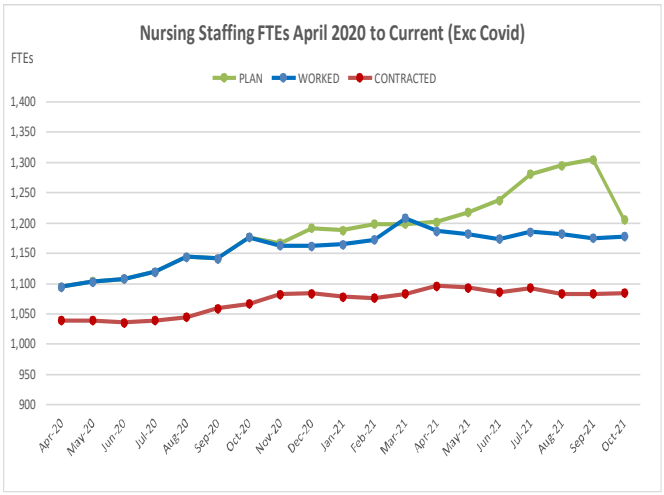
The level of staffing costs attributable to COVID was below £0.1m in October following an increase in September.

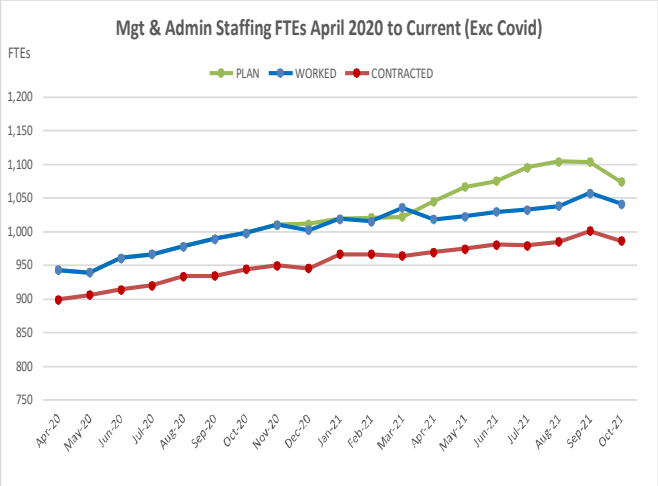
Contracted WTEs decreased by 147 in September and worked WTEs reduced by 98. The decreases were largely the result of the transfer of staff from the Trust to NHS Property Services. This was offset by worked WTE increased in medics (9 WTEs), nursing (3 WTEs) and other clinical staff (4 WTEs).

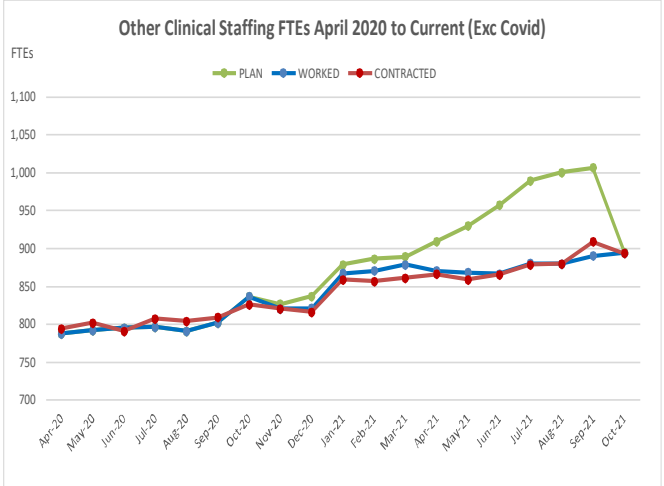
In H1, pay costs were running significantly behind plan, so work has been undertaken to reset the starting point for H2 pay plans to be closer to actual WTEs and costs. This means that the variance between plan and actual is minimal at the start of H2 but as plans increase over the course of the year, the variance will grow again if plans to recruit to vacancies do not deliver.

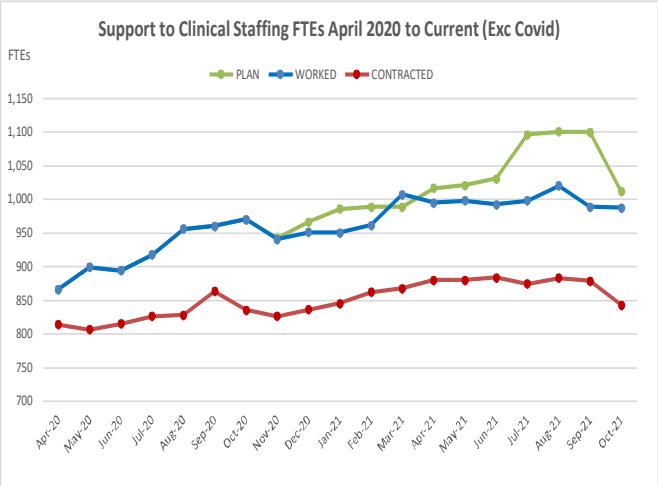
Staffing Detail

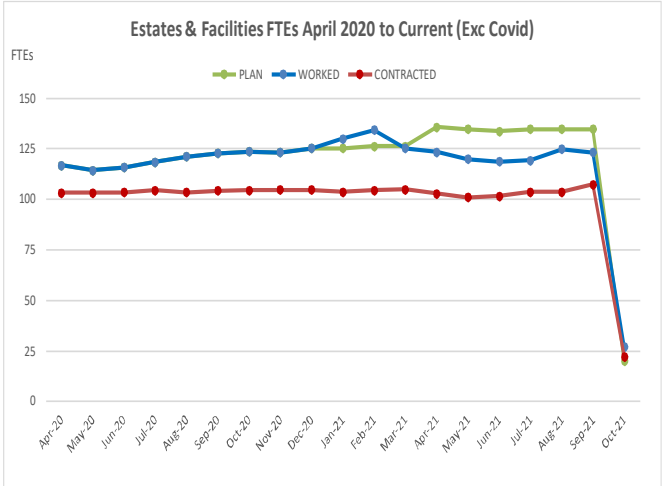










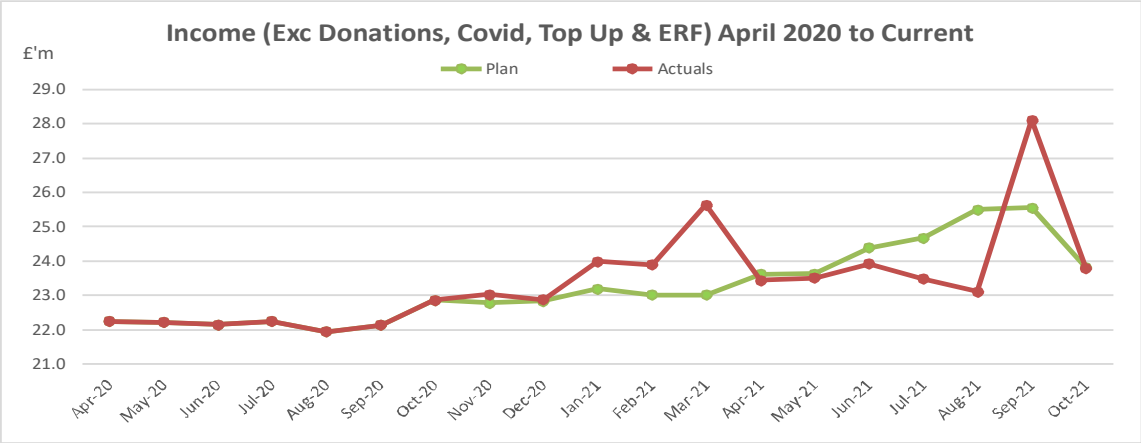


Key Messages

The tables above provide current staffing numbers broken down into core staffing groups. The planned levels reflect assumptions on underlying recruitment, as well as an expectation of staffing increases funded through commissioner investment.

This month there were increases in contracted numbers and worked WTEs across medics, nursing and other clinical staff offsetting the reduction in staff as a result of the transfer to NHSPS, most of which can be seen in the final graph. As a plan has been developed for the second half of the year, in many cases, the plan is closer to the actual worked WTEs than it was in previous months.

Income & Non Pay



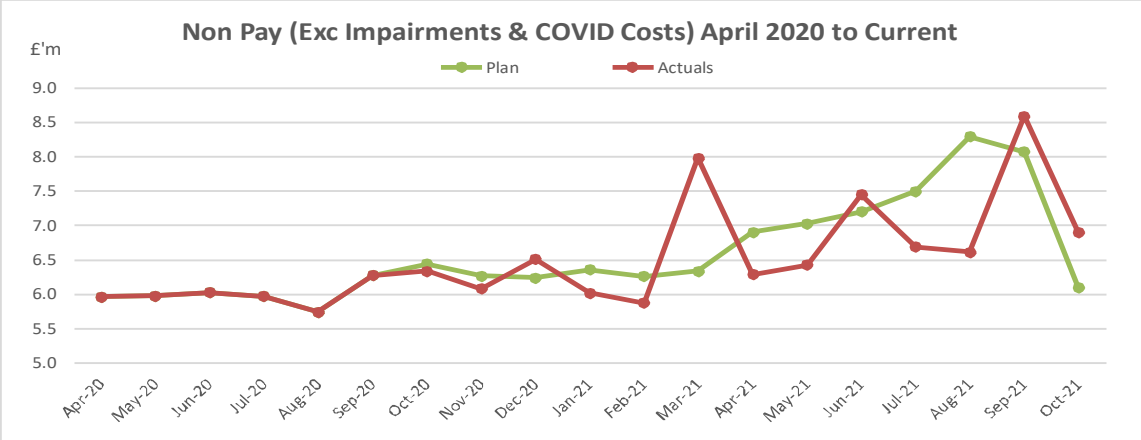
Income	
YTD	£'m
2021/22	167.7
2020/21	155.7
▲	8%
Prior Yr	£'m
Oct-21	23.6
Oct-20	22.9
▲	3%

Key Messages

The graph above reflects the Trust's planned and actual income excluding COVID, top up and Elective Recovery Funding for the year to date. The Trust's final H2 plan is due to be submitted to NHSE&I in November but it is not expected to change.

In the second half of the year, the Trust is not planning to earn any Elective Recovery Fund income due to changes in the way the scheme works with a focus on completed pathways.

The Trust continues to defer income into later months of the year as a result of recruitment against the investments funded from Service Development and Spending Review Funding has been below plan.



Non Pay	
YTD	£'m
2021/22	48.9
2020/21	42.3
▲	16%
Prior Yr	£'m
Oct-21	6.9
Oct-20	6.3
▲	9%

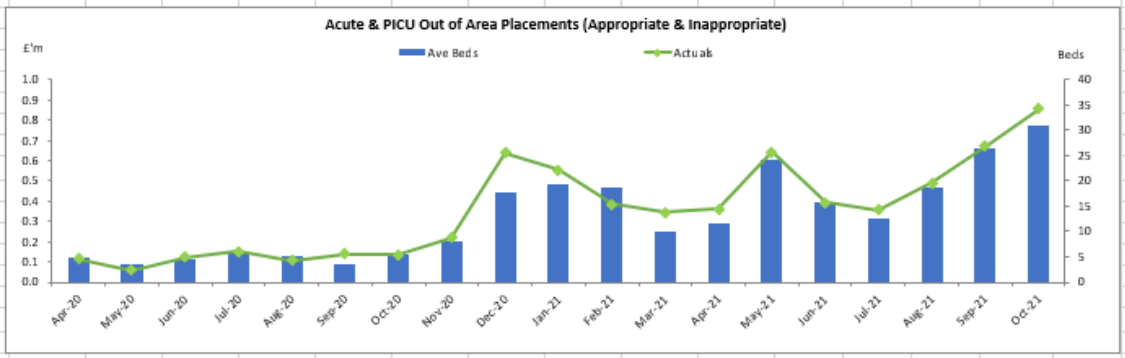
Key Messages

Non Pay spend was £5.9m in month, which was £0.2m below plan. Variances in month were low, which is to be expected given the recent H2 planning exercise. The main variance to plan relates to OAPs where the Trust continues to experience pressure. In October an average of 31 beds were used at a total cost of £0.9m compared with an average of 26.4 beds costing £0.7m in September. Further analysis and narrative can be found on the next page.

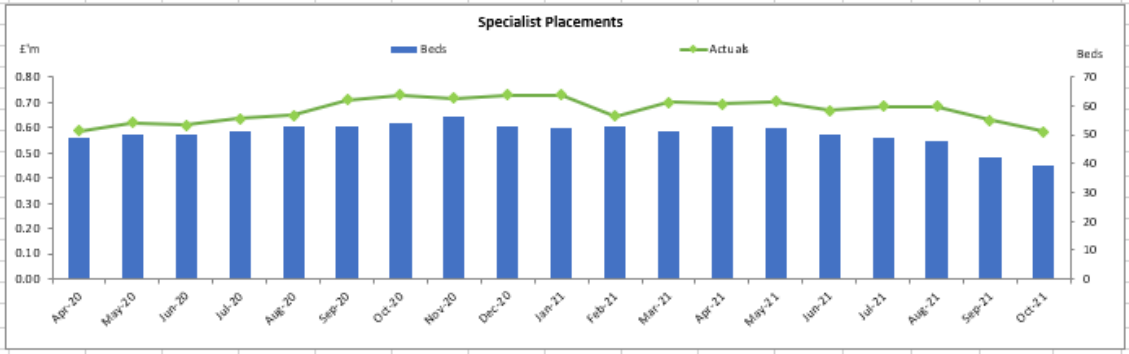
Negotiations are ongoing with NHS Property Services regarding the recharging of costs related to the estates and facilities management services which the Trust continues to provide. An estimate of the benefit has been made and it will form part of the Trust's efficiency plan once agreed.

COVID related costs were very low in month at £41k.

Non Pay Expenditure: Placement Costs



Non Pay	
YTD	£'m
2021/22	3.8
2020/21	0.8
▲	353%
Prior Yr	£'m
Oct-21	0.9
Oct-20	0.1
▲	531%



Non Pay	
YTD	£'m
2021/22	4.6
2020/21	4.5
▲	2%
Prior Yr	£'m
Oct-21	0.6
Oct-20	0.7
▼	-20%

Key Messages

Out of Area Placements. The average number of placements increased in September from 26.4 to 31 with costs increasing from £0.7m per month to £0.9m per month.

Specialist Placements. The number and cost of placements has reduced in month with lower bed numbers due to reducing requirements as we improve review processes and step patients down to less restrictive options.

Since July 2021 we have seen a substantial increase of demand upon our PPH bed base alongside a reduction in availability due to COVID related closures. These two occurrences have seen an increased need for out of area placements. We have managed to purchase 8 additional Extra contractual Acute beds and 5 PICU beds and these have been in place since July and have been fully occupied since August 2021. This means that we are able to meet the continuity principle set by NHSE&I and therefore these beds are not recorded as inappropriate OAPs, but whilst this helps with our trajectory to zero it still leaves us with a financial cost pressure. Furthermore with a worsening position in September 2021 and a lack of out of area provision we have looked to purchase an additional 6 beds and will fill these.

We have reset a programme board and this will look at 2-3 areas that are felt to have the biggest potential to address the continued pressure. Three of the six localities are in escalation (this is an increased scrutiny position) and whilst this is helping in terms of identifying any blockages it cannot mitigate fully the increased pressures through demand at the front door and reduced bed capacity in PPH due to COVID closures. The Programme Board, in the first instance, would want to concentrate efforts on bringing the numbers back into line with PPH bed base and the additional 13 beds.

2.0 Balance Sheet and Cash

Balance Sheet	20/21 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m
Intangibles	5.4	4.1	4.3	(0.2)	4.1	4.3	(0.2)
Property, Plant & Equipment (non PFI)	38.4	37.7	39.5	(1.8)	37.7	39.5	(1.8)
Property, Plant & Equipment (PFI)	55.5	55.3	55.7	(0.4)	55.3	55.7	(0.4)
Total Non Current Assets	**99.3**	**97.1**	**99.6**	**(2.4)**	**97.1**	**99.6**	**(2.4)**
Trade Receivables & Accruals	9.4	14.8	9.4	5.5	14.8	9.4	5.5
Other Receivables	0.2	0.2	0.2	(0.0)	0.2	0.2	(0.0)
Cash	39.1	47.4	37.3	10.1	47.4	37.3	10.1
Trade Payables & Accruals	(30.1)	(33.5)	(29.1)	(4.4)	(33.5)	(29.1)	(4.4)
Current PFI Finance Lease	(1.6)	(1.6)	(1.6)	(0.0)	(1.6)	(1.6)	(0.0)
Other Current Payables	(6.2)	(13.8)	(6.7)	(7.2)	(13.8)	(6.7)	(7.2)
Total Net Current Assets / (Liabilities)	**10.9**	**13.4**	**9.4**	**4.0**	**13.4**	**9.4**	**4.0**
Non Current PFI Finance Lease	(25.5)	(24.5)	(24.5)	(0.0)	(24.5)	(24.5)	(0.0)
Other Non Current Payables	(2.5)	(3.5)	(2.5)	(0.9)	(3.5)	(2.5)	(0.9)
Total Net Assets	***82.0***	***82.6***	***81.9***	***0.6***	***82.6***	***81.9***	***0.6***
Income & Expenditure Reserve	30.0	30.6	30.5	0.1	30.6	30.5	0.1
Public Dividend Capital Reserve	20.0	20.0	20.0	0.0	20.0	20.0	0.0
Revaluation Reserve	32.0	32.0	31.4	0.6	32.0	31.4	0.6
Total Taxpayers Equity	***82.0***	***82.6***	***81.9***	***0.6***	***82.6***	***81.9***	***0.6***

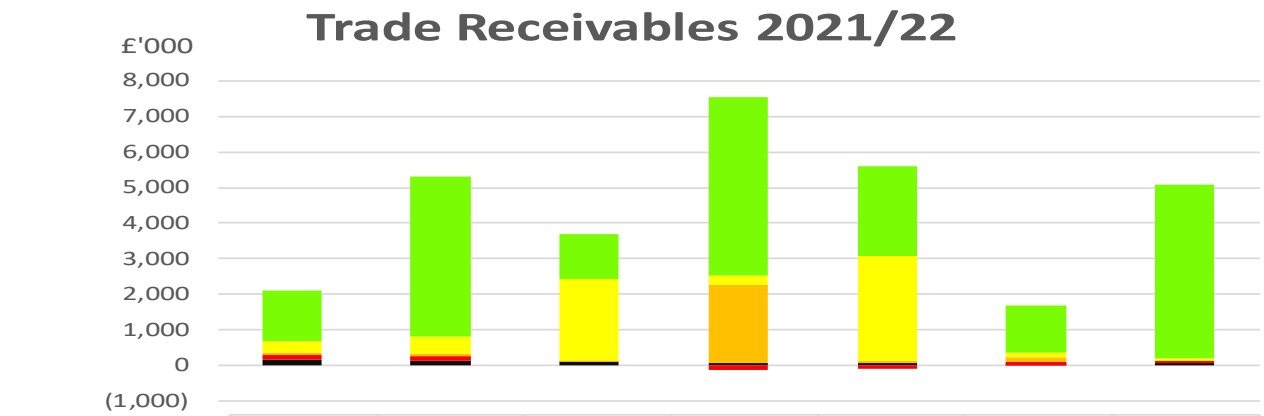
Cashflow	20/21 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m
Operating Surplus/(Deficit)	5.8	0.0	0.3	(0.3)	3.7	3.1	0.6
Depreciation and Impairments	9.4	0.7	0.7	0.0	4.8	4.7	0.0
Operating Cashflow	***15.2***	***0.7***	***1.0***	***(0.2)***	***8.5***	***7.8***	***0.7***
Net Working Capital Movements	***11.0***	***(0.3)***	***0.1***	***(0.4)***	***7.1***	***(0.6)***	***7.7***
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)	(7.9)	(0.3)	(1.4)	1.2	(3.8)	(5.6)	1.8
Investments	***(7.9)***	***(0.3)***	***(1.4)***	***1.2***	***(3.9)***	***(5.6)***	***1.7***
PFI Finance Lease Repayment	(1.5)	(0.1)	(0.1)	(0.0)	(0.9)	(0.9)	0.0
Net Interest	(4.0)	(0.3)	(0.3)	(0.0)	(2.3)	(2.3)	(0.0)
PDC Received	0.8	0.0	0.0	0.0	0.0	0.0	0.0
PDC Dividends Paid	(1.0)	(0.0)	(0.2)	0.2	(0.2)	(0.2)	(0.0)
Financing Costs	***(5.7)***	***(0.5)***	***(0.7)***	***0.2***	***(3.4)***	***(3.4)***	***0.0***
Other Movements	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash In/(Out)Flow	***12.7***	***(0.3)***	***(1.1)***	***0.8***	***8.3***	***(1.8)***	***10.1***
Opening Cash	26.4	47.7	38.6	9.1	39.1	39.1	0.0
Closing Cash	***39.1***	***47.4***	***37.5***	***9.9***	***47.4***	***37.3***	***10.1***

Key Messages

The Trust's closing cash balance for October 2021 was £47.4, which is £10.1m above plan but represents a reduction in the closing cash balance since last month of £0.3m. Contributing to the cash position are a net inflow of cash related to income received in advance of anticipated activity and a net increase in working capital balances.

The first half surplus of £1m and slippage against capital expenditure of £1.9m are both adding to the current cash surplus. It is anticipated that the capital underspend will continue to reduce through the second half of the year. A revised cash forecast is in development and will be available at month 8 once the H2 planning process has concluded.

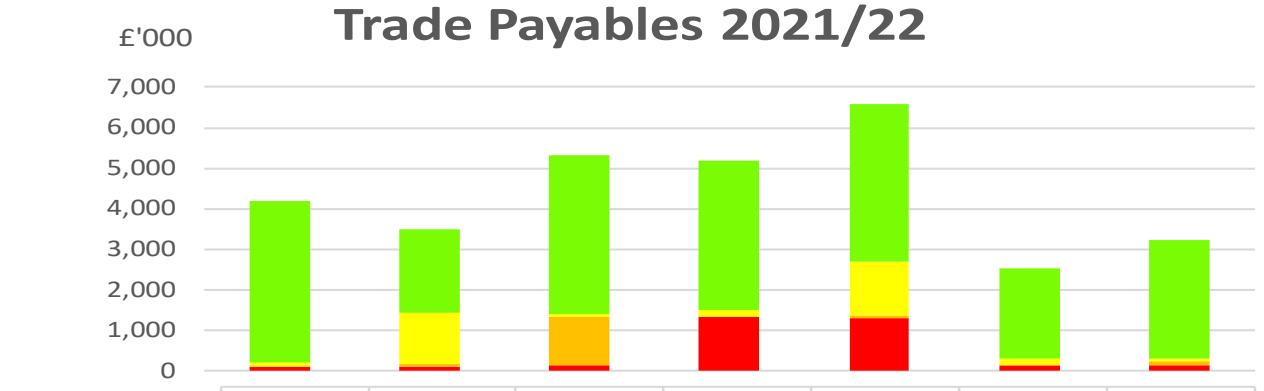
Cash Management



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
<30 Days	1,413	4,488	1,270	5,029	2,507	1,329	4,868
>30 <60 Days	316	472	2,289	262	2,966	121	72
>60 <90 Days	73	77	22	2,193	62	139	6
>90 < 180 Days	131	124	22	(139)	(84)	70	73
>180 Days	163	139	90	69	64	13	55

Key Messages

Overall debtors balances increased by £3.4m, mainly due to an increase in current balances. Balances over 60 days remain at the similar low level to prior months. We continue to pursue settlement of the older balances and do not consider the balances to be at risk.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
<30 Days	3,976	2,070	3,920	3,697	3,890	2,223	2,948
>30 <60 Days	88	1,266	63	152	1,311	143	59
>60 <90 Days	12	54	1,187	21	60	23	96
>90 days	109	111	136	1,322	1,309	126	140

Key Messages

Overall Creditors increased by £0.7m, mainly due to increase in current balances (£0.7m) and a small increase in over 60 days balances (£0.1m). This was partly offset by decrease in 30 to 60 days balances (£0.1m). The queries on the older balance are being looked at and we are hoping these will be cleared during this quarter.

3.0 Capital Expenditure

Schemes	Current Month			Year to Date			FY
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000
Estates Maintenance & Replacement Expenditure							
Erlegh Road (LD etc works)	0	15	(15)	0	58	(58)	135
Other Trust Owned Properties	4	0	4	37	0	37	0
Leased Non Commercial (NHSPS)	35	43	(8)	156	143	13	370
Head Office Relocation	0	96	(96)	0	288	(288)	800
Leased Commercial other	0	16	(16)	0	51	(51)	135
Wokingham Willow House Projects	10	0	10	768	950	(182)	950
Environment & Sustainability	1	5	(4)	15	24	(9)	49
Various All Sites	26	13	13	34	60	(26)	130
Statutory Compliance	0	23	(23)	(0)	121	(121)	240
Subtotal Estates Maintenance & Replacement	**77**	**211**	**(134)**	**1,011**	**1,695**	**(684)**	**2,809**
IM&T Expenditure							
IM&T Business Intelligence and Reporting	0	0	0	(0)	0	(0)	0
IM&T Refresh & Replacement	(27)	856	(884)	922	1,886	(964)	2,102
IM&T System & Network Developments	43	49	(6)	183	209	(26)	466
IM&T GDE & Community Projects	34	39	(5)	180	259	(79)	465
Subtotal IM&T Expenditure	**49**	**944**	**(896)**	**1,286**	**2,354**	**(1,069)**	**3,033**
Subtotal CapEx Within Control Total	**126**	**1,155**	**(1,030)**	**2,296**	**4,049**	**(1,753)**	**5,842**
CapEx Expenditure Outside of Control Total							
PPH - LD to Jasmine	1	0	1	144	131	13	131
PPH Fire Doors	0	0	0	95	116	(21)	116
PPH Place of Safety	0	19	(19)	0	102	(102)	200
PPH Zonal Heating Controls	0	44	(44)	0	121	(121)	350
PPH Ward Bedroom Door Mechanisms (Swipe Access)	0	27	(27)	60	180	(120)	320
Service change/redesign (not included in ICH)	0	27	(27)	0	54	(54)	200
Other PFI projects	(29)	73	(102)	36	252	(216)	631
PPH Elimination of Dormitories - PDC Funded	0	15	(15)	0	41	(41)	120
Donated Assets	0	0	0	8	0	8	0
Subtotal Capex Outside of Control Totals	**(28)**	**205**	**(233)**	**343**	**997**	**(654)**	**2,068**
Total Capital Expenditure	**98**	**1,360**	**(1,263)**	**2,639**	**5,046**	**(2,407)**	**7,910**

Key Messages

The Trust has a capital control total of £5.8m, in addition to the £2.1m of spend outside of system control total, with the overall plan being £7.9m. Year to date spend is £2.4m behind plan.

Estates, Maintenance and Replacement is £0.7m behind plan, year to date with £0.5m relating to the profiling of expenditure on the Willow House and Head Office Relocation schemes. The majority of the work on Willow House has now been completed and the remaining spend is expected to happen by end of this quarter. There is a delay in the Head Office Relocation project, which means that some of the planned £0.8m spend may slip into next year. The remaining underspends relate to IM&T various projects (£1.1m) and PFI schemes (£0.7m). The underspend against IM&T mainly relates to delay in delivery of a mobile equipment replacement order (£0.8m), which is now expected to be delivered in November.

The underspend against PFI schemes is due in part to the Ward Bedroom Door Mechanism project (£0.1m) which is expected to be completed by the end of Q3. Other PFI projects such as Zonal Heating Controls (£0.1m) and most of the Other PFI projects (£0.1m) are in the feasibility phase.

It continues to be important to have a realistic forecast outturn in place for all schemes not yet completed as the ability to undertake capital expenditure is constrained within the ICS and we make best use of our capital control total.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper - Public

Board Meeting Date	14th December 2021
Title	**True North Performance Scorecard** **Month 7 (October 2021) 2021/22**
	ITEM FOR NOTING
Purpose	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 2021/22.
Business Area	Trust-wide Performance
Author	Chief Financial Officer
Relevant Strategic Objectives	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care, and consistently meet or exceed the standards of Care Quality Commission (CQC) and other stakeholders.
CQC Registration/Patient Care Impacts	All relevant essential standards of care.
Resource Impacts	None.
Legal Implications	None.
Equality and Diversity Implications	None.
Summary	The True North Performance Scorecard for Month 7 2021/22 (October 2021) 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 different 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. **Note** - several indicators have been temporarily suspended nationally or locally due to the COVID-19 pandemic. These are highlighted in grey to indicate this status. **Month 7** **Performance business rule exceptions, red rated with the True North domain in brackets:** **Driver Metrics** Context and update to driver performance to be provided in discussion of counter measure action and development: • Falls incidents in Community & Older Adult Mental Health Inpatient Wards **(Harm Free Care) –** red at 33 against a target of 20. Red for 4 months against a stretch target. Oakwood (11), Donnington (6), Henry Tudor (4) were the highest contributors. Existing countermeasures are in place, but additional activities are being implemented: o Celebrate success – Orchid and Rowan have reduced their falls along with Ascot and Windsor wards all achieving their target. o 55% of falls happened on wards with occupancy over 80%. o Oakwood and Donnington have significant staffing challenges. Oakwood 2 patients experienced 4 falls each despite being in a 'high risk' room and having 1:1 supervision.

	Counter measures are additional staffing placement, therapy lead and starting to use volunteers. ○ Community East identified the drug trolly as a contributory factor, so reviewing more effective solutions for congested bays and greater visibility on wards. ○ Increasing use of activity coordinators and volunteers. ○ Rapid Improvement Event scheduled for 24/25 November 2021 to support this breakthrough objective. • Self-harm incidents on mental health wards (excluding LD) **(Harm Free Care)** – 132 incidents against a target of 42. Snowdrop ward was the highest contributor with 38 incidents followed by Bluebell (37), Rose (31) and Sorrel (24). Headbanging and ligature were the highest contributory self-harm types on Snowdrop and Bluebell. Five patients were involved in the majority of incidents. Countermeasures remain the same; 'Safe wards' interventions are being used such as the 'Zen den', a 'getting to know you folder' and self-soothing bag on admission, patient held safety crosses to achieve 'harm free days'. Safety huddles continue. Currently developing a support pack for patients that self-harm. • Patient Friends and Family Test (FFT) recommend rate: **(Patient Experience)** - at 89% against a 95% target. There is a project underway to implement a new system, so this measure will be reviewed in Q4. • Patient Friends and Family Test (FFT) response rate: **(Patient Experience)** - at 6% against a 15% target. There is a project underway to implement a new system, so this measure will be reviewed in Q4. • Mental Health Clustering **(Patient Experience)** - at 79.4% against an 80% target. Services are operating in a challenging environment which is impacting their ability to keep above target. There has been a significant improvement in performance but remains below target. Action plans are in place to improve this metric. • Physical assaults on staff **(Supporting our Staff)** – at 85 incidents against a target of 44. Rose (32), Sorrel (13) and A Place of Safety (APOS) (12) were the highest contributors this month. On Rose ward there were 32 staff assaults in 17 incidents. Counter measures

	remain as; work on tackling racial abuse, yellow belt projects on restrictive practices (i.e., restraint, rapid tranquilisation and observations). Sorrel ward has introduced a new countermeasure based on analysis of their data by implementing a review and planning process prior to seclusion. • Fire Evacuation training for Inpatient staff **(Supporting our Staff)** – a recent review of the fire metric has split inpatient staff training from other staff. Currently at 89.9% against a 95% target. • Mental Health: Acute Average Length of Stay (bed days) **(Money Matters)** – at 53 days against a target of 30 days. Pressures continue, and length of stay remains a focus for teams. An improvement project is also underway. A number of pre-commissioned beds are available in the short-term to mitigate some of the pressures. • Staff turnover (including fixed-term posts **(Money Matters)** – 16.4% against a 16% target. A challenging area which remains a focus for the organization. • Inappropriate Out of Area Placements **(Money Matters)** – at 288 days against a quarter 3 target of 220 days. Pressures continue but there is an improvement project underway. Pre-commissioned beds should mitigate some of the pressures. **Tracker Metrics (where red for 4 months or more)** • Statutory Training: Information Governance **(Supporting our Staff)** – at 91.6% against a 95% target, with 9 months red although was suspended temporarily due to the COVID pandemic, so will be challenging to regain compliance rate. • Sickness rate **(Regulatory Compliance)** – red at 4.87% against a target of 3.5%. This is not a "hard" compliance focus with NHSI but is tracked. Four months red, but within the seasonally higher period. • Children and Young People (CYP) referred for an assessment or treatment of an Eating Disorder (ED) will access NICE treatment <1 week (Urgent) **(Regulatory Compliance)** – red at 50% against a 95% target by 2021. This is a newly introduced target. • Children and Young People (CYP) referred for an assessment or treatment of an Eating

	Disorder (ED) will access NICE treatment <4 weeks (Routine) **(Regulatory Compliance)** – red at 53.3% against a 95% target by 2021. This is a newly introduced target. • Community Health Services: 2 Hour Urgent Community Response. **(Regulatory Compliance – System Oversight Framework)** – red at 74.5% against an 80% target. This is a newly introduced target as part of the Aging Well programme.
Action	The Board is asked to note the new True North Scorecard.

True North Performance Scorecard – Business Rules & Definitions

The following metrics are defined as and associated business rules applied to the True North Performance Scorecard:

Driver - True North / break through objective that has been prioritised by the organisation as its area of focus	**Tracker Level 1-** metrics that have an impact due to regulatory compliance	**Tracker -** important metrics that require oversight but not focus at this stage in our performance methodology

Rule #	Metric	Business Rule	Meeting Action
1	**Driver** is **Green** in current reporting period	Share success and move on	**No action** required
2	**Driver** is **Red** in current reporting period	Share top **contributing reason**, the amount this contributor impacts the metric, and **summary of initial action(s)** being taken	Standard structured **verbal** update
3	**Driver** is **Red** for **2+** reporting periods	Produce full structured **countermeasure summary**	Present full written **countermeasure analysis and summary**
4	**Driver** is **Green** for **6** reporting periods	Retire to **Tracker** level status	Standard structured **verbal** update and retire to **Tracker**
5	**Tracker 1 (or Tracker)** is **Green** in current reporting period	**No action** required	**No action** required
6	**Tracker** is **Red** in current reporting period	Note metric performance and move on unless they are a **Tracker Level 1**	If **Tracker Level 1,** then structured **verbal** update
7	**Tracker** is **Red** for **4** reporting periods	Switch to **Driver** metric	Switch and replace to **Driver** metric (decide on how to make capacity i.e. which **Driver** can be a **Tracker**)

Harm Free Care

Metric	Target	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	20 per month	22	24	46	26	25	37	17	23	27	33	36	33
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	42 per month	76	46	110	127	177	76	42	128	124	56	51	132
Pressure ulcers acquired at BHFT due to lapse in care - Grade 3 & 4 (Cumulative YTD)	<18 per year	0	1	1	1	0	0	0	0	0	0	0	0
Number of suicides (per month)	Equal to or less than 3 per month	3	1	1	4	3	2	1	4	0	2	1	0
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	50% by 30th September 2021, then 60%							19%	31%	43%	52%	68%	67%
Gram Negative Bacteraemia	1 per ward per year	0	0	0	0	0	0	0	0	0	0	0	0

Patient Experience

Patient FFT Recommend Rate: %	95% compliance	87%	78%	85%	88%	93%	90%	92%	79%	89%	85%	89%	
Patient FTT response rate: %	15% compliance	87%	4%	3%	6%	5%	5%	5%	6%	6%	6%	6%	
Mental Health Clustering within target: %	80% compliance	80.9%	78.5%	75.7%	76.2%	74.9%	73.9%	73.5%	71.5%	77.2%	80.4%	78.7%	79.4%

Performance Scorecard - True North Drivers (October 2021)

Supporting our Staff

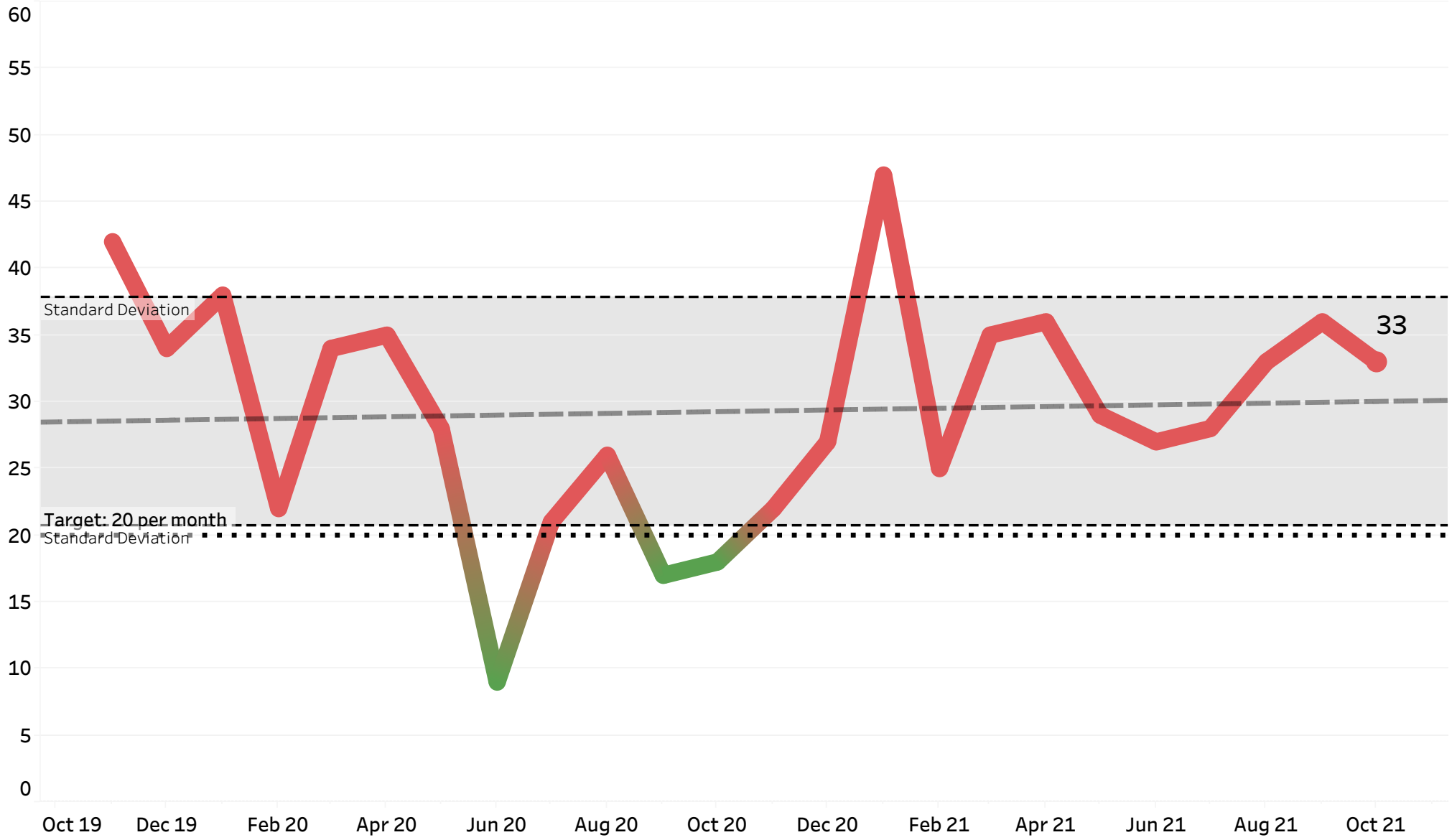
Metric	Target	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
Physical Assaults on Staff	44 per month	44	73	58	52	55	54	42	50	66	75	80	85
Staff Engagement Score (Annual Staff Survey) [Suspended centrally in April due t..	Score of 10	7.40	7.40	7.40	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
WRES and WDES outcome improvement	TBC												
Fire Evacuation training for inpatient staff	95% compliance											87.9%	89.9%

Money Matters

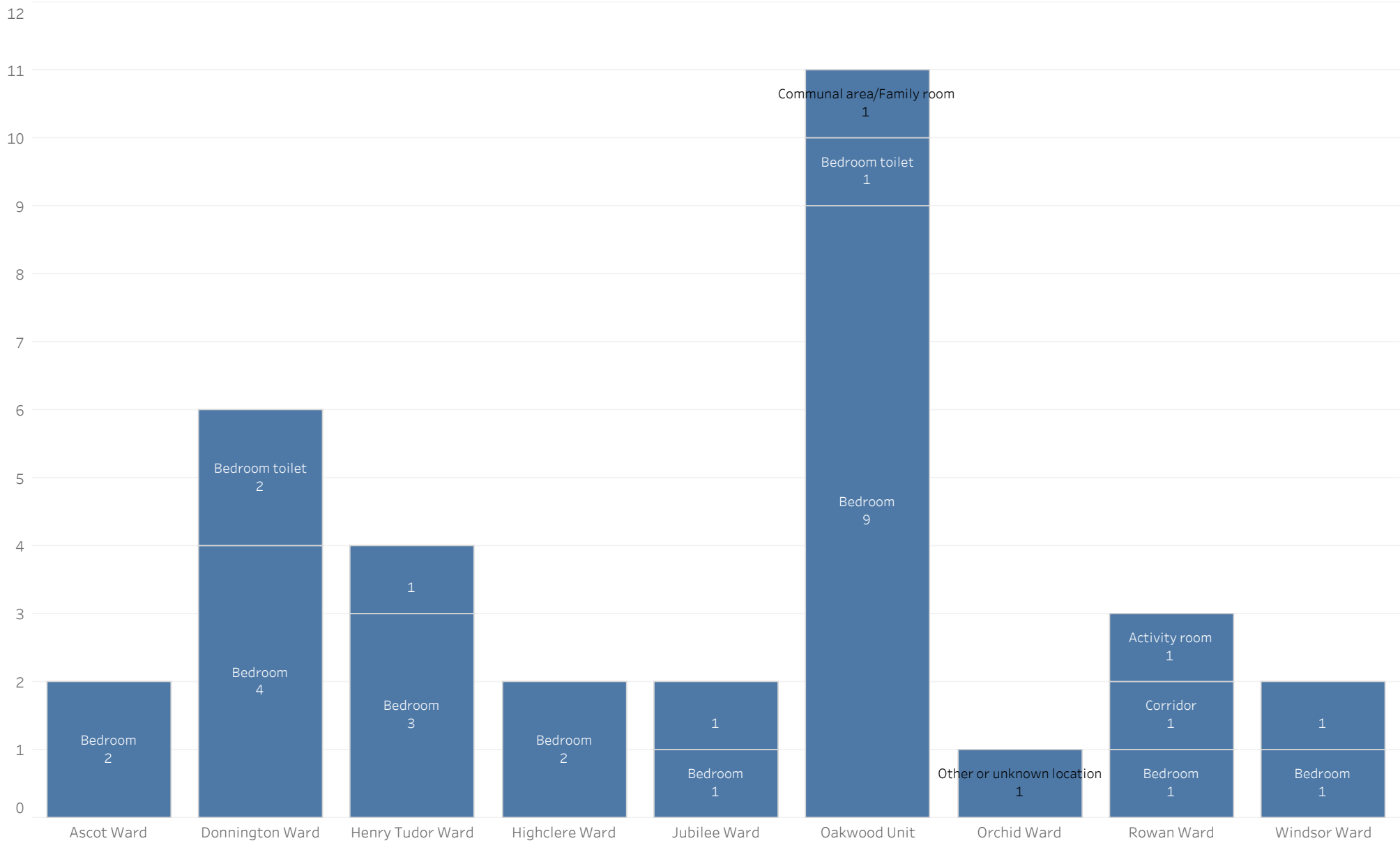
CIP target (£k): (Cumulative YTD)													
Financial surplus £k (excl. STF): (Cumulative YTD to plan) [Suspended centrally due to COVID]													
Mental Health: Acute Occupancy rate (excluding Home Leave): % [Suspended centrally due to COVID]	85% Occupancy	90.5%	91.8%	83.3%	86.1%	91.9%	97.4%	97.5%	96.0%	96.0%	90.6%	93.1%	91.2%
Control total target (£k): (Cumulative YTD)	TBC												
Mental Health: Acute Average Length of Stay (bed days)	30 days	43	46	45	42	46	47	50	50	49	50	52	53
Staff turnover (excluding fixed term posts)	<16% per month	13.7%	13.1%	13.1%	13.0%	12.4%	12.5%	12.5%	13.1%	13.8%	14.2%	14.6%	15.4%
Staff turnover (including fixed-term posts)	<16% per month	16.9%	16.4%	15.4%	15.3%	14.7%	14.7%	14.6%	15.3%	15.8%	15.1%	15.6%	16.4%
Inappropriate Out of Area Placements	220 Cumulative Total Q3	174	515	379	766	957	160	587	856	168	437	717	288

Harm Free Care Driver: Fall incidents in Community & Older Adult Mental Health Inpatient Wards (Nov 19 to Oct 21)

Any incident (all approval statuses) where sub-category excluding Sat or lowered to floor & near miss, Location exact excluding Patient/staff home and incident type = patient

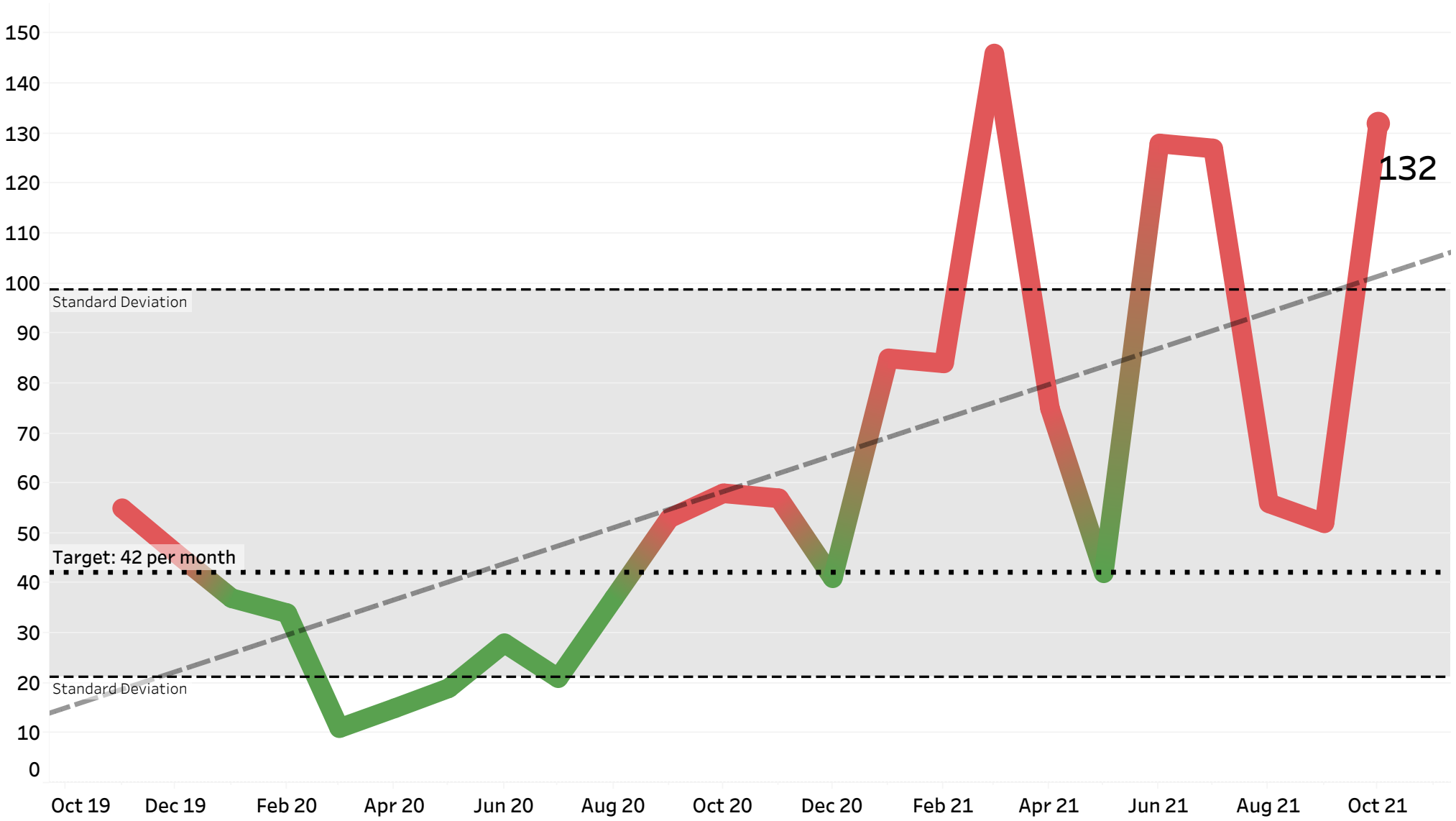


Harm Free Care Driver: Fall incidents in Community and Older Adult Mental Health Inpatient Wards (October 21)

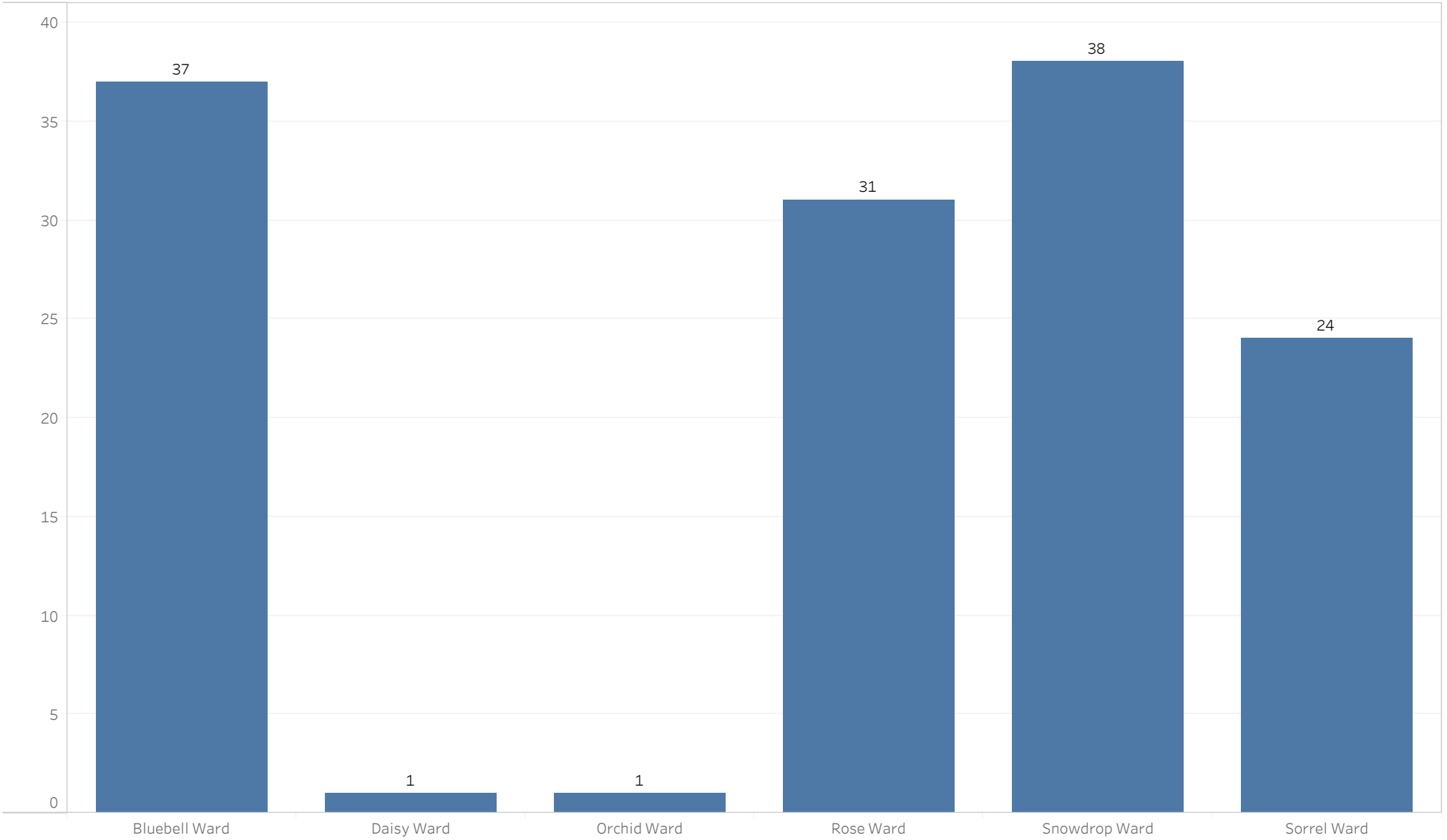


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) (Nov 19 to Oct 21)

Any incident (all approval statuses) where category = self harm

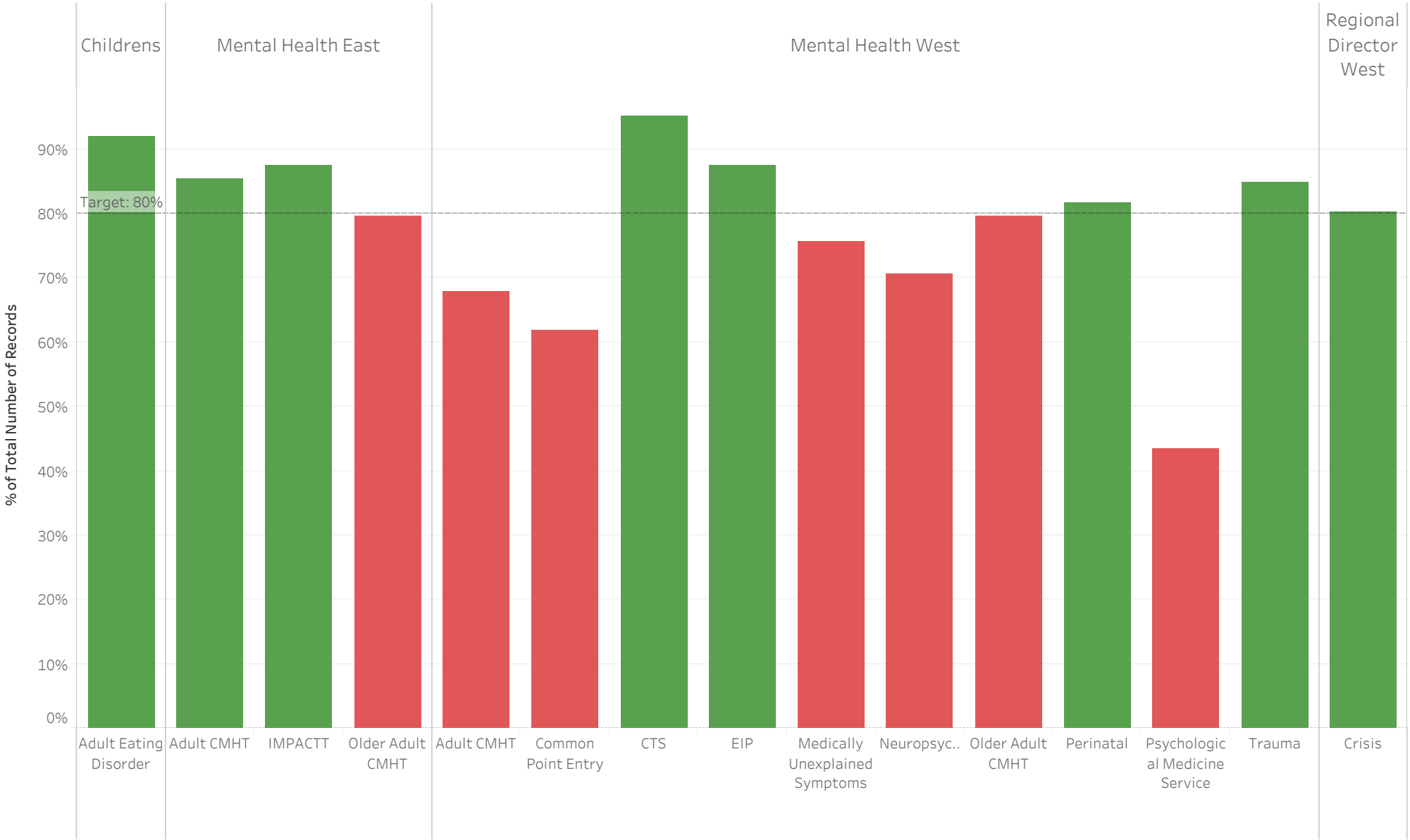


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (October 21)



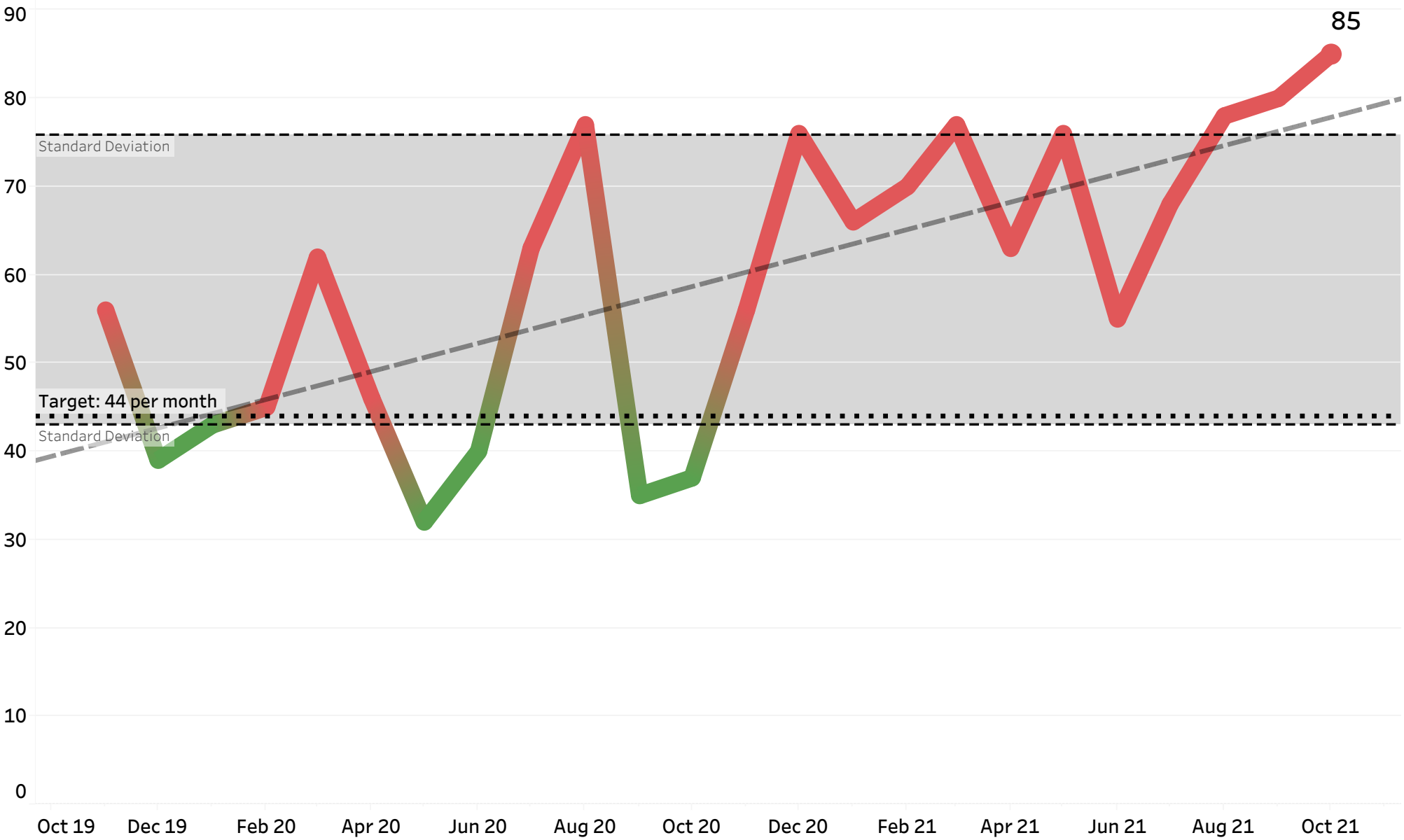
Patient Experience: Clustering breakdown (October 2021)

Outpatient Cluster Status (by Service)

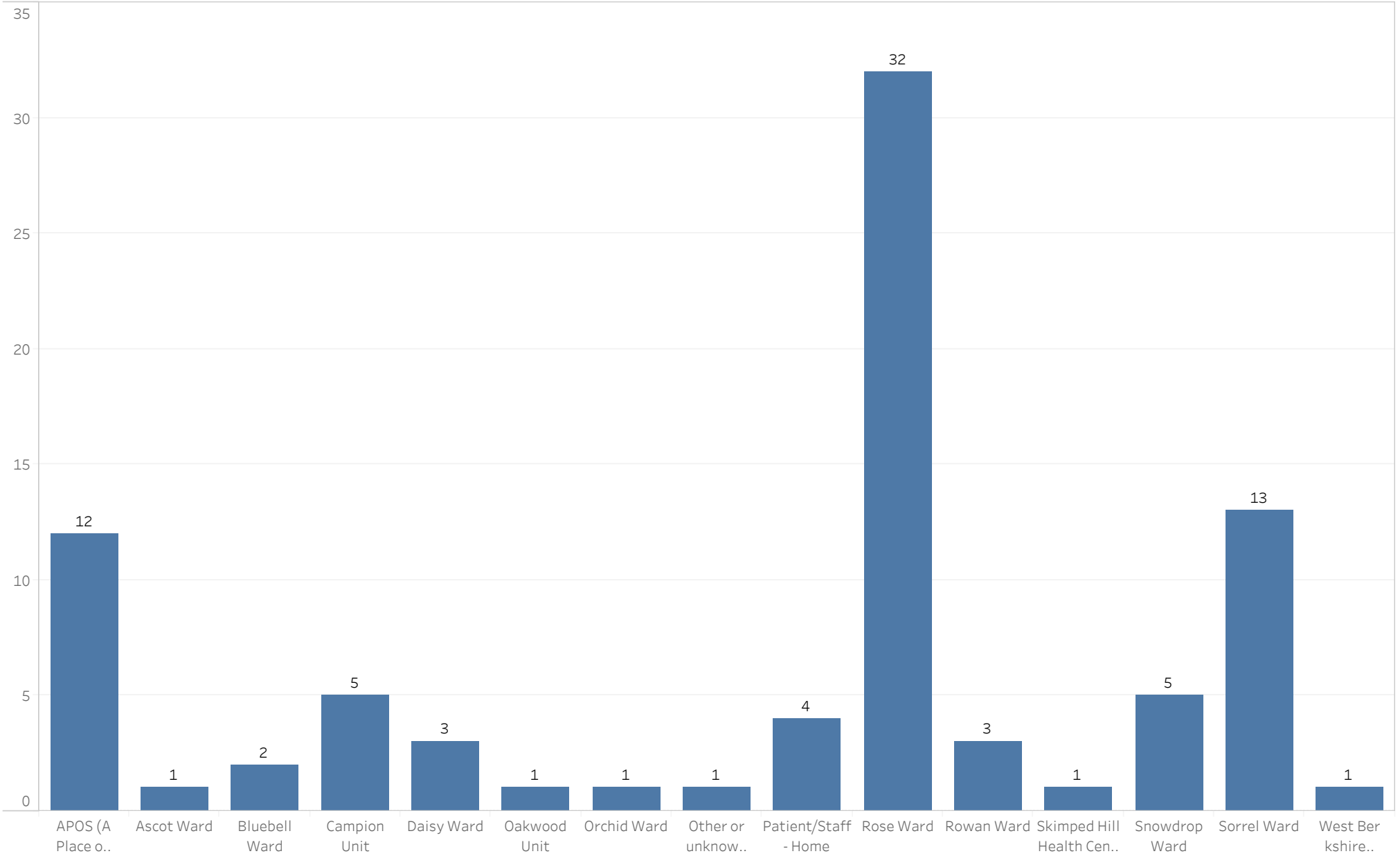


Supporting Our Staff Driver: Physical Assaults on Staff (Nov 19 to Oct 21)

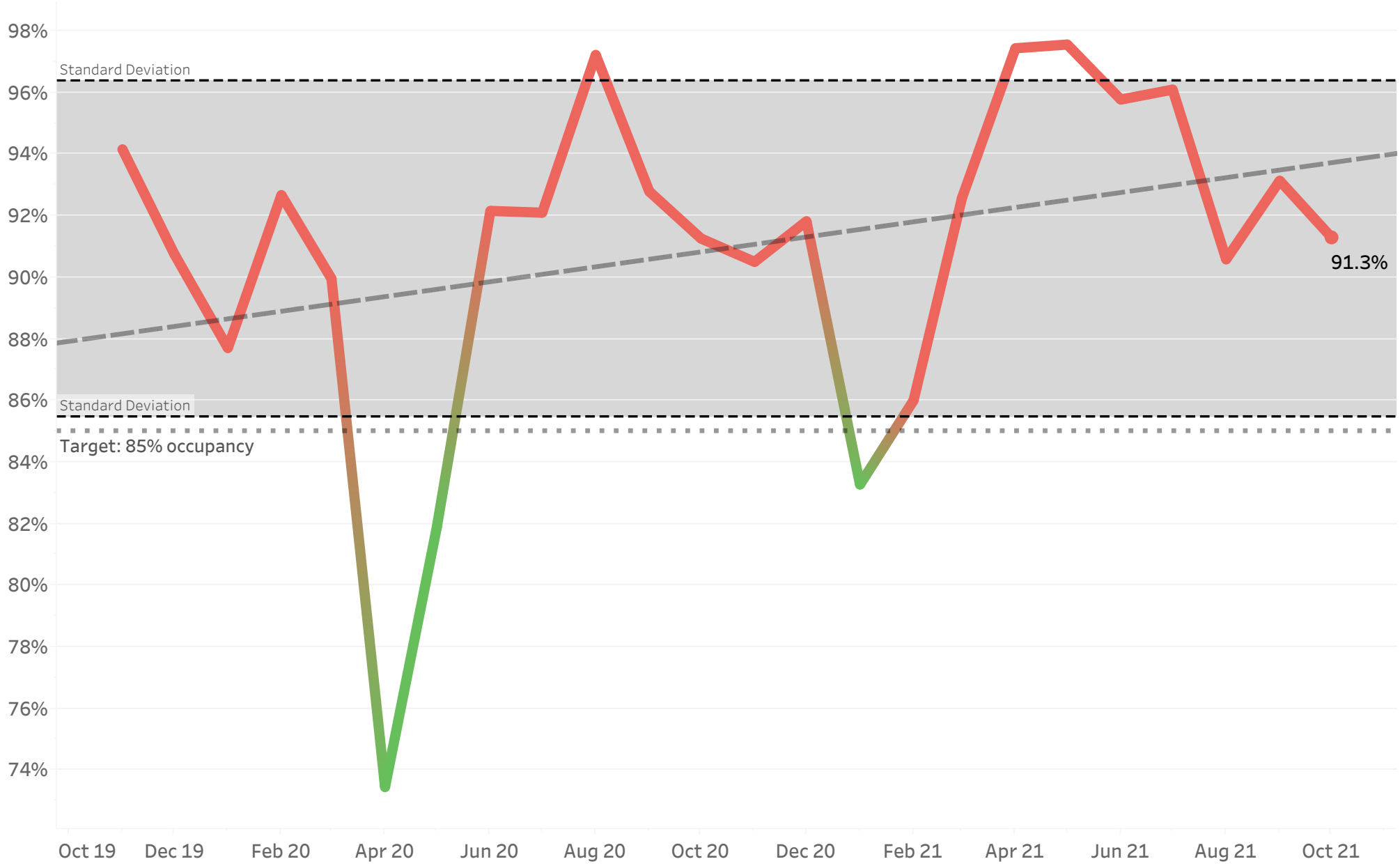
Any incident where sub-category = assault by patient and incident type = staff



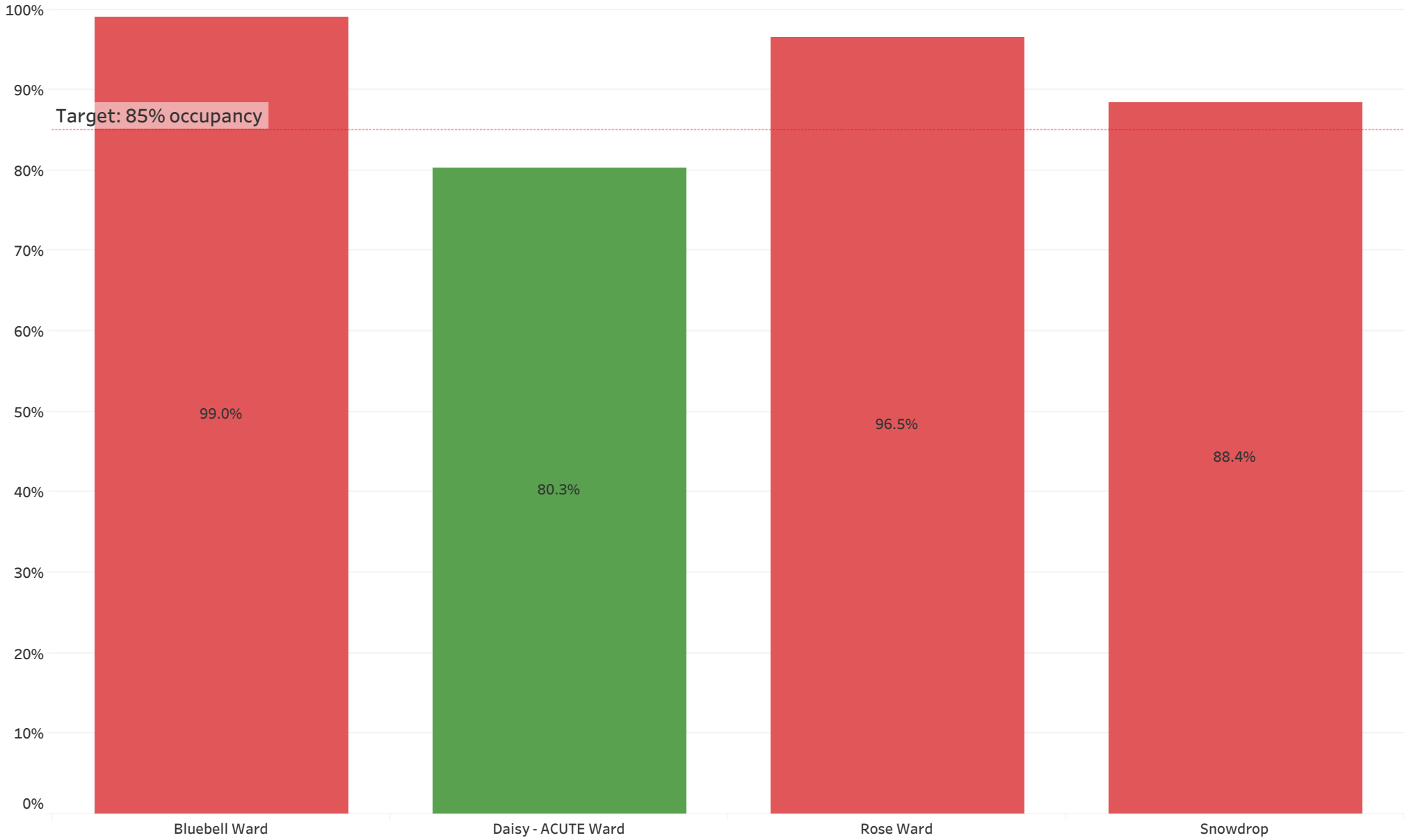
Supporting Our Staff Driver: Physical Assaults on Staff by Location (October 2021)



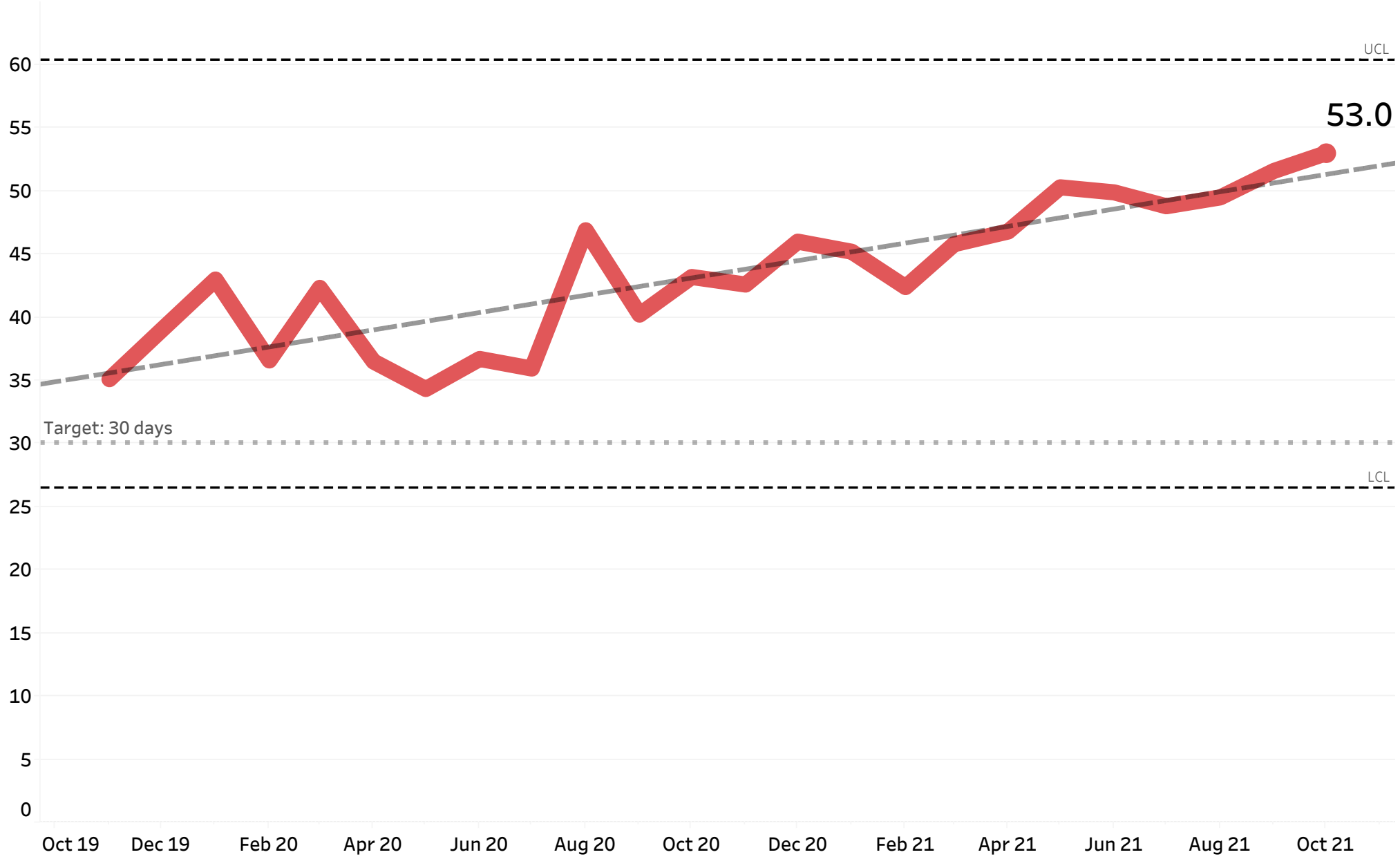
Money Matters: Mental Health Acute Bed Occupancy Rate (Nov 19 to Oct 21)



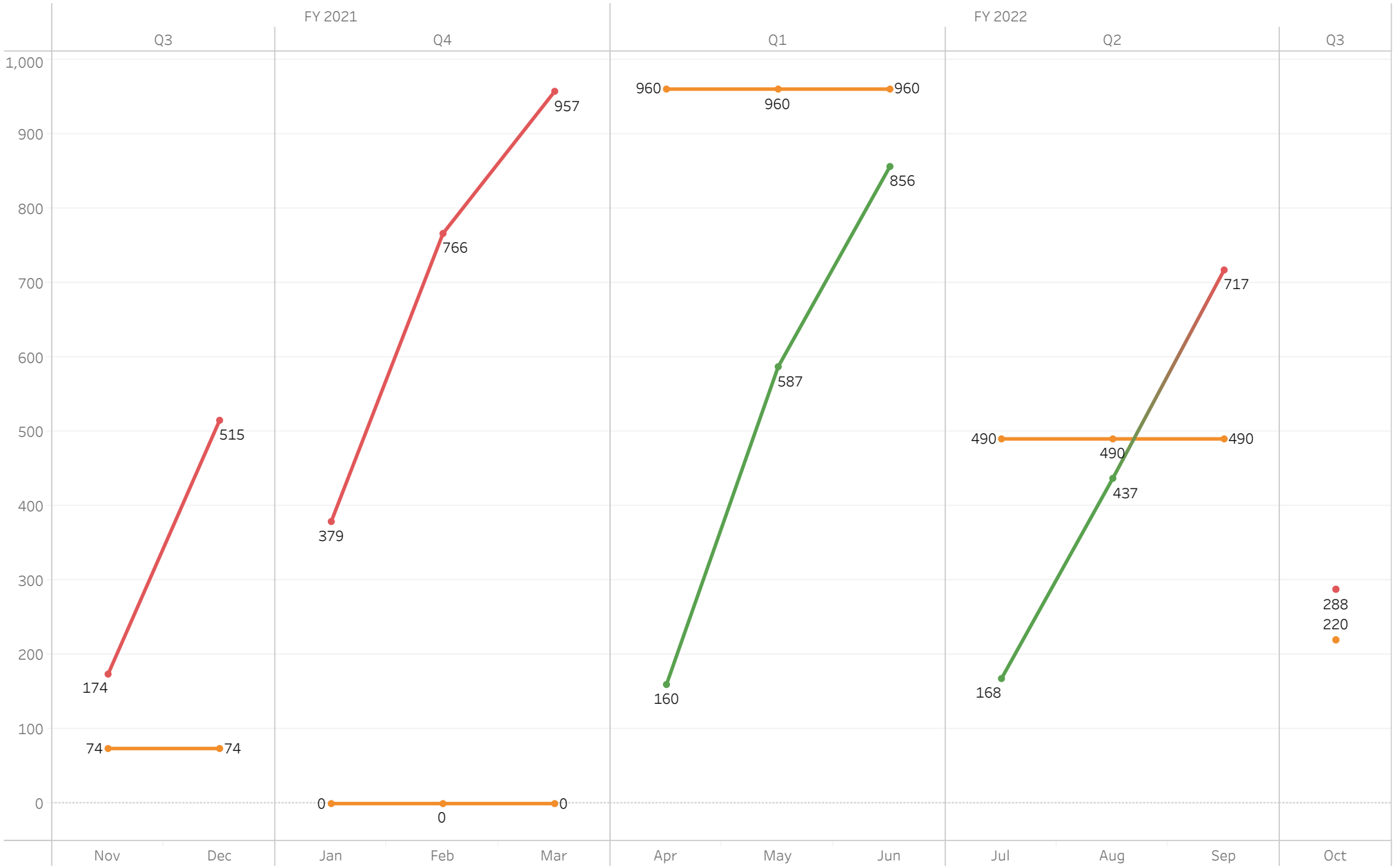
Money Matters Driver: MH Acute Bed Occupancy by Unit (October 2021)



Money Matters: Mental Health: Acute Average Length of Stay (bed days) (Sept)



Money Matters Driver: Inappropriate Out of Area Placements



True North Harm Free Care Summary

Tracker Metrics

Metric	Threshold / Target	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
Pressure ulcers acquired due to lapse in (Inpatient Wards)	<10 incidents	0	0	1	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community East)	< 6 incidents	0	2	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	16 per month	9	3	3	2	10	5	3	4	8	5	9	7
Mental Health: Absconsions on MHA section(Excl: Failure to return)	8 per month	3	0	9	10	4	5	11	13	9	7	17	7
Mental Health: Readmission Rate within 28 days: %	<8% per month	6.65	5.89	7.09	8.59	8	6.60	7.29	8.40	8.30	6.70	5.09	4.29
Patient on Patient Assaults (LD)	4 per month	3	0	3	1	1	0	0	1	1	0	2	0
Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019[Suspended c..	15% by March 2020; 20% by June 2021	12.6%	12.9%	13%	12.9%	13.9%	14.4%	14.2%	13.1%	13.8%	13.6%	14.0%	13.7%
Suicides per 10,000 population in Mental Health Care (annual)	8.3 per 10,000	5.2	5.2	5.2	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9
Self-Harm Incidents within the Community [Suspended centrally due to COVID]	31 per month	1	0	1	0	1	2	2	0	0	0	13	12
Smoking Status Recorded	55% until Sept 2021							48%	60.1%	65.4%	73.0%	74.5%	69.9%

True North Patient Experience Summary

Tracker Metrics

		Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
Mental Health: Prone (Face Down) Restraint	4 per month	5	1	6	7	9	4	3	9	5	3	2	4
Patient on Patient Assaults (MH)	38 per month	14	11	9	25	8	18	17	15	16	23	21	15
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	92.0%	91.2%	94.5%	95.0%	91.2%	88.2%	94.3%	94.1%	96.7%	93.7%	90.6%	91.3%
Mental Health: Uses of Seclusion	13 in month	11	9	4	12	4	11	15	13	15	11	15	10

True North Supporting Our Staff Summary

Tracker Metrics

		Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
Gross vacancies: % [Suspended centrally due to COVID]	<10%												
Statutory Training: Fire: %	90% compliance	91.1%	92.3%	91.5%	85.0%	83.7%	90.2%	91.5%	91.5%	90.8%	90.7%	90.9%	91.2%
Statutory Training: Health & Safety: %	90% compliance	95.0%	95.9%	95.7%	92.5%	92.5%	95.1%	95.1%	95.1%	95.0%	95.0%	95.3%	95.5%
Statutory Training: Manual Handling: %	90% compliance	93.1%	94.0%	93.8%	86.0%	95.0%	87.8%	88.6%	88.9%	90.0%	90.0%	91.2%	91.2%
Mandatory Training: Information Governance: %	95% compliance	94.8%	95.2%	93.8%	89.0%	88.4%	92.0%	91.9%	94.7%	92.0%	94.6%	94.8%	91.6%
PDP (% of staff compliant) Appraisal: %	95% compliance 'by 30th June 2021'	94.4%	91.9%	88.9%	88.1%	86.1%	10.0%	74.4%	90.7%	95.4%	93.6%	92.6%	90.7%

True North Money Matters Summary

Tracker 1

		Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
Mental Health: Delayed Transfers of Care (NHSI target) Monthly and Quarterly [Suspended centrally due to COVID]	7.50%	4.29	3.59	3.30	2	3.50	3.10	3	4	5.09	4.39	1.89	1.40

Tracker Metrics

CHS Inpatient Occupancy	80-85% Occupancy	72.7%	79%	83.5%	75.0%	70%	82.0%	83.5%	86%	85%	83%	88.2%	85.5%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): % [Suspended centrally due to COVID]	80% Occupancy	65.10%	66.21%	73.42%	73.04%	69.89%	74.37%	77.48%	78.36%	86.46%	86.46%	88.89%	92.09%
DNA Rate: % [Suspended centrally due to COVID]	5% DNAs	4.39%	4.20%	4.29%	4%	4.29%	4.5%	4.29%	7.5%	4.90%	4.70%	4.79%	4.59%
Community: Delayed transfers of care Monthly and Quarterly [Suspended centrally due to COVID]	7.5% Delays	2.5%	7.29%	10.6%	6.70%	10.6%	7.79%	7.19%	5.60%	9.70%	7.79%	3.59%	5%

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
C.Diff due to lapse in care (Cumulative YTD)	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) infection rate	tbc	1	0	1	2	0	1	1	2	0	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	2 in East; 4 in West	0	0	0	0	1	0	0	0	1	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	0	0	0	0	0	0	0	0	1	0	0	0
Count of Never Events in rolling six- month period (Safe Domain)	0	0	0	0	0	0	0	0	0	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	100	88.9	75	88.9	90.9	75	80	50	100	100	60
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	98.6	98.0	98.9	98.0	99.2	98.4	99.3	99.3	98.9	98.8	99.2	99.8
People with common mental health conditions referred to IAPT 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 IAPT will be treated within 6 weeks from referral: %	75% treated	98	98	98	98	99	98	98	98	98	98	98	98
People with common mental health conditions referred to IAPT completing a course of treatment moving to recovery: %	50% treated	60.5	53.3	54.9	52.7	53.8	54	55.0	54	54	55.9	52	55.0
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): % [Suspended centrally due to C..	99% seen	100	99.5	99.6	99.1	99.6	99.3	99.2	99.7	100	99.7	99.1	98.2
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	100	100	100	98.6	100	98.0	100	94.6	96.7	98.9
Sickness Rate: %	<3.5%	4.29	4.08	4.73	3.50	3.04	3.46	3.43	3.83	4.17	4.47	4.87	
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95% (by 2021)	71.4%	69.1%	66.7%	44.4%	64.7%	0%	0%	33.3%	50%	60%	50%	50%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95% (by 2021)	62.1%	68.1%	45.5%	45.8%	48.5%	8.33%	50%	50%	54.5%	34.7%	38.7%	53.3%
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	Target	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
Community Health Services: 2 Hour Urgent Community Response %.	TBC						63.2%	66.7%	72.7%	72.5%	73.5%	74.2%	74.5%
Community Health Services: Inpatient Number of Discharges by 5pm	TBC						397	499	474	566	514	199	124
E-Coli Number of Cases identified	TBC						1	1	2	0	0	2	0
CHS: VTE Risk Assessment	TBC												
A&E - % Face to Face Assessment within 1 hour	TBC						90.2%	90.4%	88.5%	92%	96%	98.5%	98%
Crisis Response Times % 1 hour	TBC										18%	35.5%	17.8%
Crisis Response Times % 4 hours	TBC										44%	26.9%	23%
Crisis Response Times % 24 hours	TBC												
4 Week Access Target for Children's Mental Health Services	TBC												
4 Week Access Target for Adults' mental health services	TBC												
4 Week Access Target for Older Person's mental health services	TBC												
Personality Disorder Services	TBC												
Adult Eating Disorder Services	TBC												
Community Rehabilitation Pathways	TBC												
Expand Early Intervention in Psychosis	TBC												
Individual Placement Support - Access Target	TBC												
Number of people with SMI having an annual physical health check	TBC										22%	31%	67%
Potential under reporting of NRLS Safety Incidents	TBC												
Ethnicity and most deprived quintile proportions across service restoration and NHS Long Term Plan metrics	TBC												
From Data Sets - Proportions of patient activities with an ethnicity code	TBC												
Proportion of staff who say they have a positive experience of engagement	TBC										7.5%	7.5%	7.5%

Regulatory Compliance - System Oversight Framework

Metric	Target	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
Number of people working in the NHS who have had a flu vaccination	TBC												
Proportion of staff in senior leadership roles who are from a BME background	TBC												
Proportion of staff in senior leadership roles who are women	TBC												
CQC - Quality of Leadership	TBC												
Aggregate score for NHS Staff Survey questions that measure perception of leadership culture	TBC												
People promise index	TBC												
Health and wellbeing index	TBC												
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from (a) managers	TBC										6.70%	6.70%	6.70%
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues,	TBC										6.70%	6.70%	6.70%
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from (c) patients/ service users, their relatives or other members of the public in the last 12 months	TBC										7.90%	7.90%	7.90%
Proportion of people who report that in the last three months they have come to work despite not feeling well enough to perform their duties	TBC										43%	43%	43%
Percentage of staff who say they are satisfied or very satisfied with the opportunities for flexible working patterns	TBC										70.1%	70.1%	70.1%
% of jobs advertised as flexible	TBC												
Staff retention rate (all staff)	TBC			86.7%	86.7%	87.5%	87.4%	86.5%					
Performance against Financial Plan	TBC												
Underlying Financial Position	TBC												
Run Rate Expenditure	TBC												
Overall trend in reported financial position	TBC												
Mental Health 72 Hour Follow Up	TBC					86%	84%	84%	87%	85%	86.2%	88.5%	98.1%

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14th December 2021
Title	Board Vision Metrics Update
	ITEM FOR NOTING
Purpose	To provide the board with a performance update on metrics agreed in measuring progress towards achieving our vision: ***"To be recognised as the leading community and mental health service provider by our staff, patients and partners"***
Business Area	Performance
Author	Paul Gray, Chief Financial Officer
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
Equalities and Diversity Implications	N/A
SUMMARY	• The Trust achieved the top score in its peer group for Staff Engagement in the 2020 National Staff Survey • No inpatient death from self-harm since October 2018. • Prior to suspending FFT collection due to the pandemic, response rate was inconsistent. A project has introduced a new system for collecting patient experience information across

	Mental Health and Community services. 'Soft go live' on 1 December 2021. • CQC overall rating of "Outstanding" achieved in March 2020, including "Outstanding" for well led. Ratings report included six "must do" compliance actions, noted here in the vision metrics update. • Segment 1 regulatory autonomy maintained since segmentation began. Trust financial position delivering lowest financial risk rating of 1 YTD as planned to end of May 2020. Rating performance now suspended due to covid financial regimes. • Benchmark positions refreshed for 2019/20 data recently published. Ranking deterioration noted for falls and use of restraint (now retired as a driver metric due to sustained performance improvement). Improvement in patient on patient assaults and patient on staff assaults.
ACTION REQUIRED	The Board is asked to note the update.

Board Vision Metrics: Performance Update to end October 2021

Supporting Delivery of the Trust's Vision

Trust Board – Public Meeting

Paul Gray, Chief Financial Officer
30th November 2021

Purpose

Update the Quality and Performance Executive Group (QPEG) and Trust Board on Vision Metrics.

Document control

Version	*Date*	*Author*	*Comments*
1.0	30/11/2021	I Hayward & C Magee	

This document is *BHFT staff only* and is therefore restricted to current BHFT employees only.

Distribution

Trust Board

Document references

Document title	*Date*	*Published by*

Contents

1. Introduction

Background

1.1. Our vision is:

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

1.2. The Board Vision metrics monitor the Trust's progress across key indicators of vision delivery, split into the following sections:

- Quality
- Safety
- Engagement
- Regulatory Compliance

1.3. These sections cover the key indicators in order to assure the Trust on its progress towards the vision.

1.4. This is a performance update as per the quarterly interval (or as agreed with the Board). A number of the indicators are annual, so updates will occur when information is available via a dashboard, see Appendix 1.

1.5. The national benchmarking network has expanded participants in the Mental Health project to include providers from Wales, Northern Ireland, the Channel Islands and Scotland. The data here shows the rankings against the 57 English providers and the 29 Combined Mental Health and Community Trust respondents. Indicator performance has been updated to the latest available.

2. Rationale for Metric Inclusion

Sections

2.1. By dashboard section (Appendix 1) the following metrics were identified as having an impact on assessing our level of performance in delivering our vision. These metrics were agreed with the Board and the first performance report provided to the April 2017 committee Board meeting. Supporting vision transparency and accountability, this paper is the first-time vision delivery performance is reported to the Board in public, alongside the usual Board summary performance report.

Quality

2.2. Key quality metrics that indicate how well we treat and care for our patients, predominantly focused on care experience metrics for mental health inpatients and uses our benchmarked scores.

2.3. A long-term stretch performance measure is maintained in the dashboard to achieve top 3 ranking of all Mental Health service providers in the national benchmarking cohort, however, where data is available we have shown how we compare to the combined community and mental health trust cohort in the descriptions below. The 2020/21 benchmarking results for Adult Mental Health Acute Inpatient Services have been updated to the dashboard as follows:

- **Mental Health Patient on Patient Physical Assaults** – The benchmark position target shown here is a long-term stretch target. The Trust was above the mean and median for 2020/21 at 46 incidents per 10,000 occupied bed days excluding leave and is ranked 36th out of 57 English mental health trusts and is an improvement on 2019/20 where the Trust ranked 52nd out of 57. In 2020/21 the Trust was ranked 19th out of 29 combined mental health and community trusts which is an improvement from our 2019/20 position of 28th.

- **Mental Health Patient on Staff Assaults** – The benchmark position target shown is a long-term stretch target. The Trust was above the mean and median for 2020/21 at 260 incidents per 10,000 occupied bed days and 31st out of 57 English Mental Health Trusts; this is an improvement from 2019/20 where the Trust was ranked 50th. The Trust is ranked 22nd out of 29 joint community mental health and was 27th in 2019/20.

- **Mental Health Use of Restraint** – The benchmark position target shown here is a long-term stretch target. The Trust was in the upper quartile for 2020/21 at 204 uses per 10,000 occupied bed days and is ranked 30th out of 57 English mental health trusts; a worsening from the Trust's position of 18th for 2019/20. The Trust ranks 22nd out of 29 joint trusts which is a worsening from 2019/20 when the Trust was 5th.

- The Trust's reporting of the incidents in these categories has increased because of the focus on QI and Harm Free Care and priorities set out in the Annual Plan.

- The next update on this section will be Quarter 4 2022/23.

Safety

2.4. Key metrics that indicate how safe our services are, performance being within our control and influence:

- **Falls –** where the fall results in significant harm due to a lapse in care. The process for identifying where falls with significant harm have been the result of a lapse in care was developed and approved by the Safety Experience and Clinical Effectiveness Group in April 2017. Two incidents have been identified, one on Oakwood ward and one on Orchid Ward. There was 1 incident in 2020/21, none in 2019/20. Reduction in falls is a focus for a QI programme breakthrough objective.

- **Mental Health Inpatient Deaths because of self-harm –** the metric has been updated to zero mental health inpatient deaths resulting from self-harm within a 12-month period. The last

incident of an inpatient death from self-harm was in October 2018. The metric requires further consideration to confirm inclusion and definition of inpatient deaths from lapse in care, and whether this covers patients who were expected to be on a ward at the time of death. Reduction of all self-harm is a QI programme breakthrough objective.

- **Mental Health Bed Occupancy** for mental health acute beds. The figure shown is the October 2021 reported occupancy rate at 91% against a target of 85%. This is a decrease from 98% in May 2021.

- **Never Events –** This is all never events that occur in the Trust. None have been reported in the year to date to October 2021.

- **Suicide Rate -** By 2020/21, the Five Year Forward View (FYFV) for Mental Health set the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2015/16 levels. The 2020/21 suicide rate was 5.7 per 10,000 people in contact with Mental Health services which is an increase from 2019/20 suicide rate of 4.9 per 10,000 people in contact with mental health services. This local target was based on a 10% reduction on the 2015/16 suicide level of 9.2 per 10,000 people under mental health care and the Trust had achieved a 46.7% reduction on this rate. The next update will be in Quarter 4 2021/22. Our zero-suicide initiative and QI programme around self-harm provide complementary improvement activity in this critical safety area.

Engagement

2.5. Key metrics on how our patients, carers, staff and stakeholders view us and our contribution to the local system and performance:

- **Commissioner Satisfaction - Net Commissioner Investment Maintained –** for 2021/22, the Trust has agreed investment with commissioners across all expected priorities including mental health (national investment standard and Long-term Plan), COVID-19 response, Ageing Well and community transformation programmes.

- **Stakeholder Satisfaction - Survey of System Partners –** Last survey completed pre-COVID pandemic (December 2019), but showed positive stakeholder satisfaction results across all partners. Next survey to be completed during 2021/22.

- **Patient Friends & Family Test Response Rate –** This was suspended at the start of the pandemic and formal reporting restarted in December 2020, therefore as this is below the 15% target at 5% this which is the same as when last reported in May 2021. This is a QI driver metric and a project to introduce a new standard method of data collection is underway.

- **Staff Survey Engagement Rating –** latest available performance ranking published on 11th March 2021. Our position remains unchanged from last year but Trust Staff Engagement Score of 7.5 is an increase from 7.4 in 2019/20. The next update will be in Quarter 4 2021/22. The Trust has the highest score amongst peers and is ranked 1st.

Regulatory Compliance

2.6. Key metrics on how we are measured nationally based on external assessment:

- **Care Quality Commission Rating –** Outstanding rating achieved in March 2020.
- **NHSI Segmentation -** maintained segment 1 of the Oversight Framework in latest assessment. Highest level of autonomy, with no NHSI support required.
- **Number of CQC Compliance Actions –** There remains 6 compliance actions from the most recent CQC inspection, which are as follows:
    - **CAMHS** - The provider must continue to work with commissioners to ensure waiting times are not excessive, thereby putting young people waiting to receive treatment at increased risk. Particular attention needs to be paid to ensuring timely access to services for those referred to the attention deficit hyperactivity disorder (ADHD) pathway and autism assessment pathway.
    - **Adult Acute Wards -** The trust must ensure that ligature risks are managed appropriately (Regulation 12). *This was in relation to fire doors with hinges on the wards*
    - The trust must ensure that the ward environment is always adequately furnished and maintained. (Regulation 15).
    - The trust must ensure that patients are kept safe. For example, promoting the sexual safety of people using the service (Regulation 12).
    - The trust must ensure restrictions are necessary and proportionate responses to risks identified for individuals (Regulation 13).
    - The trust must ensure an alarm system is easily accessible to patients and visitors and that they are made aware of how to use them (Regulation 12).

3. Quality Improvement Programme: supporting delivery of our vision

3.1. The Quality Involvement programme (QI) aims to improve the services we provide to our patients and their families, and will help us achieve our vision, which is to be recognised as the leading provider of community and mental health services.

3.2. The QI programme is being introduced to implement sustainable changes to the way we work. QI is about empowering and enabling staff to make improvements and feel they can make a difference at work; it is a bottom up process which equips people with the tools and techniques they need, making sure the Trust is aligned in its work and focused on achieving key objectives.

3.3. The QI programme consists of four work streams:

3.3.1. Strategy deployment – making all staff aware of our key priorities

3.3.2. Quality Management and Improvement System (QMIS) (phased approach) – daily changes in the way we work, reinforced by nine integrated tools and techniques

3.3.3. Quality improvement projects (on-going) – significant and complex change projects

3.3.4. QI Office – a team dedicated to the sustainability of the programme

All four work streams will link in to the four Trust priorities that we have identified (otherwise known

as ‘True North’), these will translate into the four primary goals of our annual plan. True North domains are:

3.3.5. To provide ‘harm free care’ with a focus on reducing self-harm and physical harm

3.3.6. To improve our ‘staff experience’ by focusing on staff engagement and reducing violence and aggression from patients

3.3.7. To improve the ‘patient experience’, evidenced by an increase in the number of returned Friends and Family Tests and improve results

3.3.8. To support financial sustainability across the organisation ‘money matters’, by improving net surplus performance.

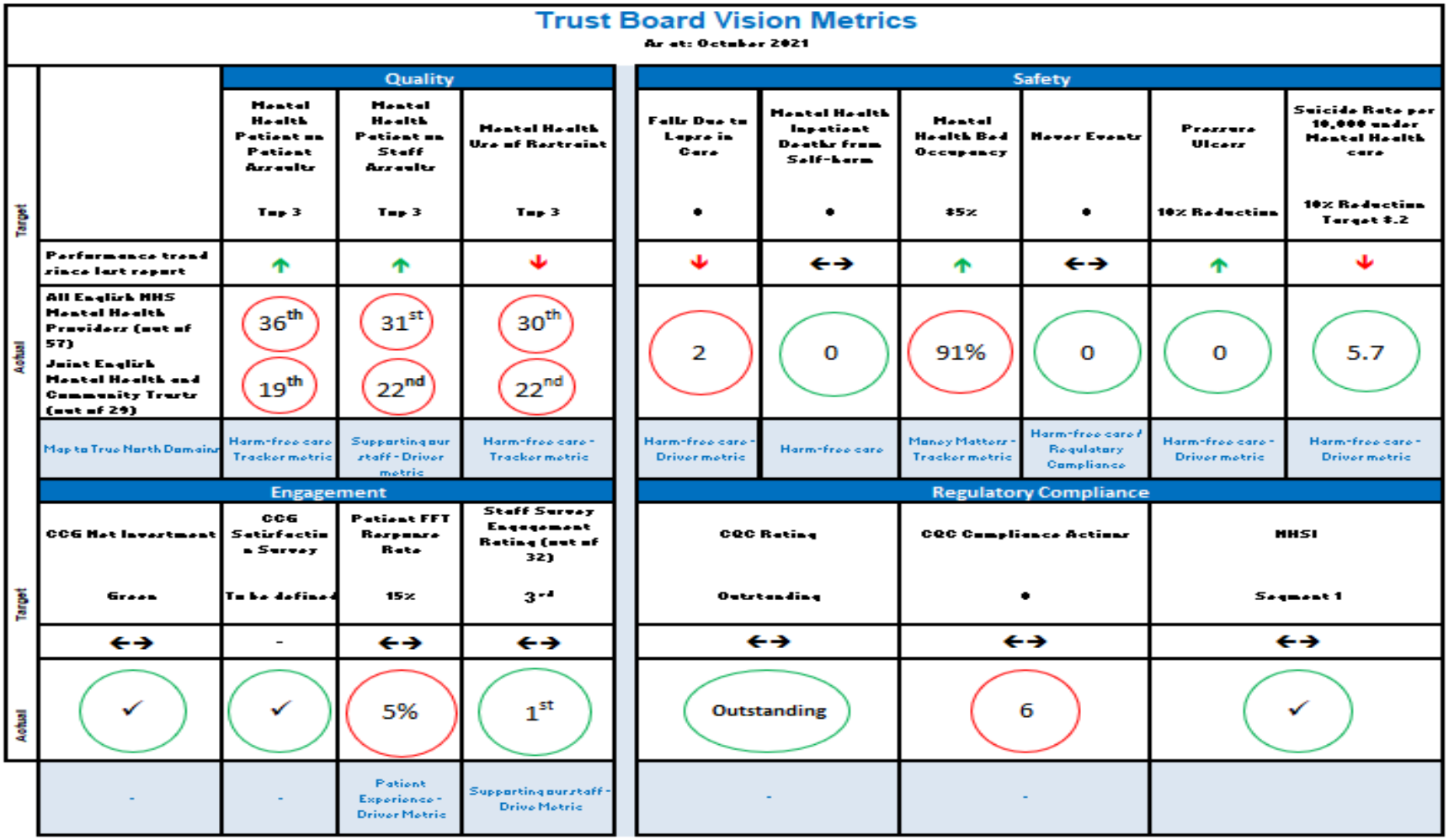
3.4. As the QI programme develops during 2020/21, the underpinning driver and tracker metrics aggregating to the performance view of True North delivery will be integrated into the Trust Board’s summary performance reporting, supported by review at Finance Investment and Performance (FIP) committee.

3.5. It is not surprising that a number of our QI / True North metrics align with the Trust’s vison metrics in Appendix 1, given True North’s purpose is to align quality improvement activity to delivery of our vision. It is anticipated there will be iterations to the True North Performance Scorecard as the process is refined.

3.6. One new driver metric was added to the Harm Free care bundle for 2021/22. The Smoking Status metric was introduced as a new tracker to Harm Free Care as it has a significant impact on physical health:

3.6.1. The number of mental health service users to have the 7 physical health checks within 12 months of referral with a serious mental illness (SMI) on the Trust’s caseload. The 7 measures are Body Mass Index (BMI), Blood Pressure- Systolic and Diastolic, Blood Glucose levels (Hb1Ac), total cholesterol, Smoking status, and harmful alcohol consumption.

Appendix 1 – Board Vision Metrics



Trust Board Vision Metrics

As at: October 2021

		Quality			Safety					
Target		Mental Health Patient on Patient Assault Top 3	Mental Health Patient on Staff Assault Top 3	Mental Health Use of Restraint Top 3	Falls Due to Lapse in Care 0	Mental Health Inpatient Deaths from Self-harm 0	Mental Health Bed Occupancy 85%	Never Events 0	Pressure Ulcers 10% Reduction	Suicide Rate per 10,000 under Mental Health care 10% Reduction Target 8.2
	Performance trend since last report	↑	↑	↓	↓	↔	↑	↔	↑	↓
Actual	All English NHS Mental Health Providers (out of 57) Joint English Mental Health and Community Trusts (out of 29)	36th 19th	31st 22nd	30th 22nd	2	0	91%	0	0	5.7
	Map to True North Domain	Harm-free care - Tracker metric	Supporting our staff - Driver metric	Harm-free care - Tracker metric	Harm-free care - Driver metric	Harm-free care	Money Matters - Tracker metric	Harm-free care / Regulatory Compliance	Harm-free care - Driver metric	Harm-free care - Driver metric
		Engagement			**Regulatory Compliance**					
Target		CCG Net Investment Green	CCG Satisfaction Survey To be defined	Patient FFT Response Rate 15%	Staff Survey Engagement Rating (out of 32) 3rd	CQC Rating Outstanding	CQC Compliance Actions 0	NHSI Segment 1		
		↔	-	↔	↔	↔	↔	↔		
Actual		✓	✓	5%	1st	Outstanding	6	✓		
		-	-	Patient Experience - Driver Metric	Supporting our staff - Drive Metric	-	-			

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board meeting date	14th December 2021
Title	Status Report on Trust Strategic Initiatives
	For Noting
Purpose	This document updates Board members on the current status of the Trust's key programmes and projects
Business Area	Corporate
Author	Director of Projects
Presented by	Alex Gild, Deputy Chief Executive
Relevant Strategic Objectives	The portfolio of initiatives addresses all the Trust's True North goals
CQC Registration/Patient Care Impacts	The portfolio of programmes and projects includes activities to maintain our CQC registration and improve standards of patient care, outcomes and experience.
Legal implications	As per individual programmes and projects
Equality & Diversity Implications	Initiatives include those progressing the delivery of our Equality and Inclusion Strategy. Equality and Diversity implications of each initiative are the responsibility of its governing body.
Brief Executive Summary	The report provides a status update on the Trust's combined programme, project and strategy implementation. Since the previous update in September 2021 Three projects have been completed: - EUPD Pathway Implementation - Move of the assessment & treatment unit from Campion to Jasmine Ward - Gateway to all mental health services (some residual elements remain – these are being picked up by the CMH Framework Programme). The status of three projects is at red due to the associated risks involved: - Transfer to EFM services to NHS Property Services

	- East Children's Therapies - Redevelopment of East Community Hospitals (this is a system initiative that is still awaiting national approval) Four projects are currently rated as amber: - People Strategy - CHS ePMA - Delivery of the Trusts Green Plan - Replacement of the Trusts HQ
Recommendation/ Action Required	The Board is asked to note the status of the Trust's key initiatives.

COMBINED PROJECTS AND SIP REPORT

TRUE NORTH GOALS

1 Harm-free care — Providing safe services

2 Supporting our people — A great place to work

3 Good patient experience — Improving outcomes

4 Money matters — A financially sustainable organisation

INITIATIVE	SUMMARY DESCRIPTION (as required)	Key True North Goal	Planned Completion Date	Lead	Current Status (RAG)	COMMENTARY ON CURRENT STATUS (including new Significant Risks & Issues or change in RAG)	PLANNED ACTIVITY (Including mitigations for emerging risks and issues)	2021/22 Reporting Periods	Date report last updated
Mission Critical Projects / Initiatives (as defined through the Strategic Prioritisation Filter)									
Berkshire West Ageing Well Accelerator Site	To increase the capacity and responsiveness of community health and intermediate care services to provide crisis response within two hours of need and reablement within two days to both avoid unnecessary hospital admission and support early discharge for medically optimised older people to leave hospital on time. BHFT has been appointed as the BOB System-wide lead for the programme.	3	~~Oct 21~~ Mar 22	KM/RS		Overall, UCR scheme is making progress on all deliverables. Draft Healthwatch report completed for review. DoS profile for 111 updated and has gone live. Ongoing work to improve data quality across UCR. Recruitment for additional roles underway, progress has been slow which is a risk, unlikely that additional geriatricians will be in place before March 2022, exploring locum cover to mitigate.. Bids for slippage funding reviewed and agreed by Berkshire West Steering group.	Continue with recruitment campaign for additional roles funded. Continue with remedial action to address any data quality issues. Work up plan for 100 day challenge to scope out opportunity to increase referals from SCAS from Cat 3 & 4 stack. Second UCR improvement lead to review UCR pathways between 2 hour and 2 day services to ensure seamless provision. Ongoing comms with Primary Care to increase awareness of UCR services using a targetted approach. Review draft Healthwatch reports.	Monthly to Nov	Nov-21
CAMHS Clinical Pathways	Formerly "Improving CAMHS waiting times" this initiative is centred around clarifying what should be delivered, where this should be delivered, a review of the current clinical provision and any skills gaps. Several initiatives are being undertaken alongside this project to support the reduction of CAMHS waiting times while the pathways are being implemented.	3	Dec-21	BG with Hayley Clarke		The pathway mapping and skills review work has highlighted that the planned options appraisal for clinical pathway delivery requires staff consultation, rather than the planned consultation with KC/LN. This is taking place over Nov/Dec with the recommendation and next steps to be included in the planned January 2022 closure report. There is a risk that further staff consultation is required but it is deemed that the benefits of doing this collaboratively, outweighs the risk of project slippage by a further month. KN/LN and ME have provided assurance that agreed option will be taken forward by the new Transformation lead for implementation.	**Clinical pathways delivery options appraisal** - task and finish group over the next 4 weeks;staff consultation on the delivery options and then staff and steering group options scoring. Recommendation to steering group of preferred option. **Skills/capacity review** - high level review of required skills vs capcaity in teams currently in progress (using pathways mapping and skills review data). **Transition pathway** - standard work to be agreed by Dec with monthly meetings and membership confirmed by Dec 2021 also. PDSA with SCT and CMHT to commence from Jan 2022. **Pathways on a page** - finalise over Nov/Dec. For staff use, to inform service specs and to develop information sheets for YP and families. **ePathways and ROMS** - demos/testing with staff to enable final review Nov/Dec. Awaiting copyright approval for one ROM and scoring solution for two ROMS (one mandated) underway with Servelec, to replace current spreadsheet used for scoring.	Monthly to Dec	Nov-21
People Strategy	Comparatively, both nationally and regionally our turnover rates are high. Between 40% and 50% of those who leave each year leave within the first two years of joining our Trust. We need to grow and retain our staff for the future. This indicates a need to focus on retaining developing and supporting people in the right roles. Failure to do so will impact safe, compassionate, high-quality care.	2	Mar-23	JN		Overall status at Amber Attracting & retaining staff now Red and Training & Clinical Education rated at Amber. Attracting & Retaining Staff - Turnover has increased to 14.6% in September. This is the fourth monthly increase in a row. Despite record numbers of jobs being advertised (and 40% readvertised), we continue to face workforce shortages due to a lack of available qualified staff both locally and nationally. We propose to focus our efforts on broadening key sustainable pipelines – international nurses, students, growing our own talent e.g. apprenticeships as well as adhoc recruitment. Taking learnings from the pilot project with OH this year and the plan for 2021/22 international recruitment scoped, a collaborative bid has been submitted with OH for 20 nurses – 15 adult and 5 mental health submitted for next year. Training & Clinical Education – Completing a review of our learning and development programme is Green and we will deliver our service transformation plan by the end of quarter three 2021. The project overall is Amber as the trust needs to agree a clear early careers interventions strategy which is due as part of our workforce review. Although we have partially met our student placement targets on this round, there are ongoing challenges such as the impact of the pandemic on clinical services and staffing challenges which will make further expansion difficult. We are engaging with the senior leadership team of the trust and developing a placement innovation plan to meet these challenges. Wellbeing & Rewards - Plan to support people post COVID developed and launched. First Quarterly Pulse survey published. Response rate of 35%. Staff engagement currently at 7.34. All measures above the Picker average. BHFT were once again one of the top performing trusts in the country, and the best performing trust in our two ICSs. Just Culture - A half year report was shared with SPG in November which detailed the positive results achieved. We are seeing a reduction in the number of full investigations under our disciplinary and early resolution policies, with a significant number of concerns being closed after the initial fact find stage, and the emphasis being on learning and process improvement. Resolution times are also below target of average of 53 days for grievance and early resolution cases. Talent & leadership - Part of EDI strategy - Due to the resignation of Lesley Wheeler, the leadership work is being paused as we recruit to this vacancy. Plans to recruit to a talent post in response to the six national EDI priorities. Business case is being progressed.	Following a review of the current People directorate resources and workforce gaps with Finance, a business case is being developed to request additional resource to manage the additional workload demands needed from the People team e.g. Covid vaccinations work, international recruitment, transformation programme etc. Attracting & Retaining Staff – Work to commence on developing key pipelines once additional resources in place. Programme of work in the ICS to address workforce issues that both Frimley and BOB are facing collectively. We have a three year strategy to support workforce issues. The commissioning document is being developed and we will then look for a partner to do this work. Training & Clinical Education - Clinical Training Phase 1 will be completed by Dec 2021. Placement expansion work is ongoing and partially achieved. International Onboarding Programme first draft is ready. New apprenticeship process is being developed. Working with Estates to review training space in the short term with a workshop planned in the New Year to start scoping for longer term transformation requirements. Wellbeing & Rewards - Staff support offer including our wellbeing hubs are fully resourced and now well established. Continue to work with system partners to expand collaboration through the ICS using system funding. BHFT wellbeing plan seeks to address the particular needs of our staff post-Covid and has been aligned with the Every Action Counts and is monitored through the Safety Culture Group. Just Culture - The half year report has highlighted the number of full investigations involving BAME staff remains disproportionate, and we will look to investigate why using QI methodology. Talent & Leadership - Review approach to talent management at other key grades (below senior management) and key groups to ensure we have clear career pathways Disparities of experience - The self assessment of the trust's compliance against the new National Violence Reduction Standards is in progress and will be taken to December QPEG for sign off. Remote working and digital transformation – Business Case for resources being developed for the HR Business Improvement project with IMT. Process mapping for Recruitment continues – currently at a higher level – now moving into more granular detail. Following engagement with the Royal Free,	Monthly to Mar	Nov-21
EDI Strategy	Programme to identify and address some of the health inequalities experienced by the patients and communities who use our services. We are recognised as a CQC outstanding organisation. However, this is not the experience of everyone, due to inequalities and discrimination experienced by our patients and our people with protected characteristics. Programme incorporates - BAME Transformation, Equality Employment Programme, Equatlity Delivery System, Workforce race Equality, Achieving a minimum of Bronze in this years Stonewall submission	3	Mar-23	JN/NZ		Programme incorporates - BAME Transformation, Equality Employment Programme, Equality Delivery System, Workforce Race Equality, Achieving a minimum of Bronze in this years Stonewall submission The strategy was signed off by board in February 2021 with a detailed action plan for our people and patients, agreed by the Diversity Steering Group (DSG) for year 1. DSG provides the oversight of the implementation of both people and patient priorities for the strategy.	EDI strategy has been published and received great engagement at the People and EDI strategy roadshows in July/August 2021 The career progression workstream will align with the 6 national actions and a survey is due to be analysed shortly to understand what staff mean by career progression We have now undertaken a survey on microaggressions and have a better understanding of microaggressions in the workplace and have developed some training that was piloted successfully in Learning Disability. Next steps is to review whether we offer this across the Trust.	Jun / Aug / Oct / Dec Feb	Oct-21

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Transfer of EFM Services to NHS Property Services	To ensure the timely, efficient transfer of the Estates and Facilities Management contract from Berkshire Healthcare NHS FT (BHFT) to NHS Property Services Ltd (NHSPS) with the minimum of disruption for Trust services and the appropriate support for members of the BHFT staff transferring.	2	~~Oct 21~~ Mar 22	SG/IG		Remains Red: We are now 5 weeks post transition and things are settling down. We continue to work through the post-transition list with PS and continue to resolve issues as they arise. The top 5 are CCTV handback, fire response testing, medical gas responsibilities, door access control and the lack of compliance information/PPM schedule. Whilst the operations side of things are feeling more comfortable, the Red status remains as we are still without a firmly agreed specification of service, an agreed SLA or agreement to the costs/charges for the new arrangements. The scope of services transferring has been documented but this needs to be agreed with PS and form part of the service lines within the SLAs. 1.Continued to meet with PS regularly. 2.1 November saw the transition of the Security contract and the Grounds & Gardens. 3.Monitoring of Post Transition Items. 4.Couple of staffing issues have been sorted including lack of enhanced hours pay. 5.Await PS review of the analysed EFM space. 6.IT continue to work with PS IT Dept regarding the door access control. 7.PS are working on CCTV audit to enable handback discussions.	Manage and monitor Post Transfer Items Continue to resolve operational issues as they arise Set up a system to manage billable works Review JDs of those staff retained to align to new structure/base or change in responsibilities Decide how to respond to lack of SLA/contract	Monthly to Jan	Nov-21
East Childrens Therapies	As part of the ongoing work around collaboration across East Berks, the three Directors of Children Services and the CCG have committed to work jointly on exploring opportunities for developing a more integrated approach to the commissioning and delivery of Speech and Language Therapy, Occupational Therapy and Physiotherapy. The Bracknell Forest Commissioning Team will be leading the project management.	3	Mar-23	KC		Project rated at RED due to risks being identified as follows: 1.Project plan and approach to be agreed across partners 2.Aligment of partners to the proposed project approach Discovery phase of project complete; although outcomes of the phase require further clarification to support the modelling, dialogue and testing phase Project SROs currently meeting monthly (1x LA rep, 1x Frimley CCG rep and 1 x BHFT	Clarification of project aim, scope, outcomes and benefits not yet realised but part of project manager's role. Clarification of outcomes of discovery phase required Internal and external communications regarding the agreed way forward and project plan.	Jul / Sep / Nov / Jan / Mar	Nov-21
CAMHS Tier 4 Service Transformation	Following the Commissioner decision not to support the transfer of Willow House to Prospect Park, a new out of hospital service is to established, coordinated with the closure of Willow House on 30th April 2021	3	Nov-21	KC		Willow House closed as an inpatient unit on 30th April 2021 and transitioned to an out of hospital tier 4 unit. There has been a positive recruitment period with the majority of the Willow House staff transferring to the new model, and positive external recruitment to the multi disciplinary team. New staff will be starting by September including psychology, occupational therapy, social worker, psychiatrist and dietician posts offered. However the core CAMHS are having to provide additional support whilst waiting for the new members of the team to start. An ongoing training programme is in place for staff to provide to the new model of care and this is currently being reviewed There are 7 young people attending. Home treatment has not yet started but the service remains on track for current plans The provision will move to Magnolia House on site at Prospect Park Hospital whilst the estates team undertake a plan of major works to be completed during school summer holiday in August which will include sorting the roof issue.	Some outstnading areas of estates work to be completed. Review recruitment process for qualified nurses	May / Jul / Sep / Nov / Jan	Nov-21
Information Technology Architecture Strategy	Implementation of new technology and Cloud computing. Comprises six elements including Office 265 migration to Cloud and movement of departmental systems to Cloud. Email upgrade/replacement and Wide Area Data Network to be completed this financial year.	3	~~Mar 20~~ Oct 21	MD		Rated as amber due to delays being experienced as services dealing with Covid19 do not have the capacity to engage with the programme. Completion date revised in June 21 to October 21 CoIN completed, e-mail migration completed, secure e-mail implemented, Windows 10 migration completed, Home Drive and Outlook Personal folders migrated. Shared Drive & System migrations underway – delays being experienced as services dealing with Covid19 do not have the capacity to engage with the programme and all have differing abilities to deal with the new method of working. 80% of shared drives migrated, with additional training being provided to services.	Completion of migration of Shared Drives to SharePoint / Teams Progress migrations of local clinical systems to their hosted cloud versions in line with the project plan - Audiology remaining. Completion date revised in June 21 to October 21 Projects to move remaining systems such as the Information Data Warehouse will be undertaken as BAU. ITAS Programme expected to close in Dec 21 in preparation for the new Digital Strategy Programme. Project Closure Report due to be presented to Business & Finance Exec in January 2022.	Jun / Sep / Dec	Sep-21
Frimley ICS Community Mental Health Transformation - (phase 2)	Transformation of CMH services in line with LTP and CMH Framework, to re-design place-based, multi disciplinary service across health, social care and VCSE sectors, aligned to PCNs. Improve access to MH service for people with SMI, including provision for people with personality disorder eating disorder and community rehabilitation. Phase 2 – Roll out to remaining five E Berks PCNs, commence implementation of enhanced eating disorder and community rehab elements, and alignment with CMHTs.	3	Mar-22	SY		MHICS - MH Integrated Community service All four first-wave PCNs are now fully live. Patient outcomes continue to be positive although numbers remain low, partly due to MHP retention issues and challenges recruiting to those roles. MHICS has completed QMIS training; 4ww identified as Driver Metric Q2 report submitted to NHSE Roll-out: MHICS is to be implemented in Ascot and Maidenhead PCNs; . Revised timescale due to recruitment slippage: aiming to soft launch during December and fully Go Live in January, depending on recruitment. Good engagement established with Maidenhead PCT, and now also with Ascot PCN Extension to CCG's MoU with Bucks Mind has been confirmed for expansion of voluntary sector roles. IG colleagues are revising DPIA for existing and roll-out sites; to include BHFT-employed administrators being provided access to GP IT systems and, following recent agreement, Community Connectors to be provided with access to Rio. PD - Managing Emotions Programme co-designed with service users and courses offered at all 3 levels under Slough Recovery College. Recruitment to SUN is complete and the service is operational. Primary Care PICT operational, supporting primary care colleagues with training and case management. Eating disorder-FREED pilot is implemented providing earlier access to assessment and treatment; recruitment challenges - skills mix approach has been taken to cover the hard to recruit posts. Rehab - still in initial scoping phase - planned implementation 22/23 CMHT alignment -pathways for 'easy in /easy out' and interface between primary care and CMHT are being worked up	MHICS - Continue recruiting to, and engagement with first two roll out sites - Ascot and Maidenhead; DPIA to be revised and distributed to surgery Caldicott Guardians for sign-off Set up engagement meetings with subsequent three roll-out sites (Central Slough, Spine & Shape); already advertising to recruit to these MHICS Teams With IG colleagues, progress proposed solution to Community Connector Rio access Continue to seek solutions to MHICS Administrators' access and IT issuesRecruitment, engagement for roll out sites - Ascot and Maidenhead Scheduled meetings with NHSE for monitoring and assurance Finalise scope for Independent Evaluation, supported by Kent, Surrey & Sussex and Oxford AHSNs. Seeking solutions to Community Connector/Admin access and IT issues Primary Care PD services - Continued implementation / recruitment to key posts; Eating disorder -continued recruitment drive Rehab - continued scoping of programme plans and reporting milestones; visits to other sites to review community rehab initiatives CMHT alignment Finalise the management structure for Place based models, support QI approach to review interface between primary and secondary care and implications of the CMH Framework for CMHTs.	Aug / Oct / Dec / Feb	Oct-21

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BOB Community Mental Health Transformation	Region wide transformation programme to improve access to Mental Health Services for people with SMI. Although regionally focussed, the programme is place-based and ensuring it meets the needs of patietns in the Berkshire West Catchment. By 2023/24, the Community Mental Health Framework Delivery Group will ensure that Berkshire West has a Community Mental Health Framework that breaks down the current barriers between: mental health and physical health, health, social care, Voluntary, Community and Social Enterprise (VCSE) organisations and local communities, and primary and secondary care; to deliver integrated, personalised, place-based and well-coordinated care, in line with the NHS Long Term Plan for Mental Health.	3	Mar-23	TW		Transformation remains focussed on the detail of the model with a final draft of the core model function in place. Currently focussed on the interdependent pathways leading in/out of the model for deeper integration into existing services and voluntary organisations. Ambitions of Q3 implementation into the first 5 PCNs has been delayed until Q4, mostly due to the poor recruitment uptake. Engagement within the PCNs remains a priority, with a recruited GP leading on this. Pilots are taking place in the community with Psychological Interventions for Community Nursing Clients (PINC), launching November and Refuge, launch date pending recruitment and procurement, further proposals are under review. Personality Disorder – Pilot to start Managing Emotions Programme course 1 in Q3/4 dependent upon recruitment through voluntary organisation Together. Eating Disorders – Recruitment commenced for roles to commence SHaRON, FREED, and an all-age service Recruitment remains high risk however mitigation to encourage applicants has been completed and interviews are in the coming weeks. Estates – there is currently no base for the Yr 1 team to sit due to PCN capacity reducing due to ongoing COVID restrictions. A temporary provision has been developed, however a location is needed for the success of this project. Financial underspend for year one has been scrutinised by NHS England, mitigation to spend the funding during early 22/23 has been accepted.	Development workshop to be held in December to update current position and coproduce the detail of the model and its impacts. Recruitment remains high priority and focus on an induction booklet to support the candidates understanding of the project on commencement. Commencement of a Clinical Transformation Manager role to support the clinical leadership of the project. Implementation plans are to be finalised with each PCN to ensure it meets the individual needs. Further Proposals for community voluntary sector to be agreed. Digital Transformation to be explored	Jul / Aug / Sep / Nov / Jan / Mar	Nov-21
Quality Improvement Programme (inc QMIS)	Introduction of quality improvement systems and methodology via the following work streams: QI Office; Strategy Deployment; Quality Management & Improvement System (QMIS); Improvement Projects.	1	Dec-21 (for transition)	DT/MI		**TRANSITIONING TO BUSINESS AS USUAL.** Activities to complete the transition were submitted in the QI plan in April 2021 these will be undertaken to Sept 21 with a target for transition to business partnering model as Dec 21. Activities in the QI Plan include support to stratgic initiatives inc. the implementation of elements of the People Strategy, access & flow, plus QI itself;	Completion of activities to move to Business as usual as laid out in the QI Plan update submitted in July 21. Transition to business partnering model Dec 21. The QI programme continues to run all workstreams and rated green on all Road map milestones for 2021. The QI team capacity (previously 50% which create challenges in capacity and demand) is now at full strength. The new team members will undertaken a develoment programme until January when they start taking QI work on.	Jul / Sep / Nov / Jan	Oct-21
Reducing MH Pressures (J20)	The project looks to build on the work previously focused on eliminating the use of Out of Area beds and reducing length of stay locally due to current pressures	4	TBC	JR/EN		Following a sustained period of increased demand for acute and PICU MH beds, leading to rising and maintained high levels of OAPs beds, there has been a slight decrease in our current bed numbers out of area, however we are still consistently utilising a greater number of OAPs bed than pre-Covid and are unlikely to meet the trajectory based on current bed usage. The length of stay in PPH is currently 50 days and occupancy rates are putting pressure on the staffing teams. A Key facts document was submitted in September but was put on hold pending further information - this will be available in October. Reporting periods will be reviewed once the project is prioritised.	The project has identified a number of quick wins to support the bed management team and inpatient wards; block booking of OAPs beds, daily Partnership Post Admission Reviews to ensure inpatient stay purpose was understood. Recommendations for a number of longer term objectives aiming to reduce Length of Stay in the form of QI informed workstreams to consolidate the efforts to address the length of stay and need for additional capacity as well as internal challenges within PPH. Project management resources will be required to support the leads of the following potential workstreams: - Contributors to length of stay/outliers from GIRFT report. This needs to be a medical lead piece of work of pathways. - RC challenges; longer term piece of work to be addressed due to recruitment challenges and consideration of alternatives. - Consideration of ward size and impact on LOS.	Monthly Dec - Mar	
CMH Framework Programme (Trusted Assessment, Formulation and Safety Plan)	Project to implement changes to assessment, formualtion and safety plans. The aim is for standardised content to be shared nationally on the NHS spine so that if a patient is presenting outside of their locality/region clinical and emergency services can access the crisis/safety plan. The ask is that all patients under secondary mental health care co design their plan with a key worker using a standard template. The project also incorporates the national requirement to the shift away from CPA classification so that everyone in need of mental healthcare has a named key worker and a high quality co produced holistic approach to their care (including risk and safety planning)	1	Sep-22	SM		This is two key programmes of work that are nationally mandated which are overlapping; national community mental health frame work and the national safety plan. This will see a large cultural shift for the organisation. The main measure is the planning phase for the system framework proposal which must be finalised by 2022. This is externally mandated and will be moving quickly to be a CQC must do. The programme also incorporates the Re-cap project and will address outstanding items from the Gateway project.	Project is in start up and planning is underway. Quarterly progress reporting will commence in December.	Quarterly Dec / Mar	
Important Projects / Initiatives (as defined through the Strategic Prioritisation Filter)									
Connected Care - BOB and Frimley STP areas	The project is a key part of Berkshire's strategic response to transform the delivery of health and care services in England, and is being coordinated through NHS England South, Central and West Commissioning Support Unit (SCW), enabling a full package of programme management.	3	Dec-21	MD		GP Transfer of Care notification to be embedded in Shared Care Record and available for use; Initiation of CareFlow Connect to support hospital discharge opportunity; Ongoing development and planning for BHFT API's - Assessment Form and Progress Notes; Further progression of Children's Social Care engagement and IG; Transfer of care concept agreement from stakeholders; BUPA engagement to progress access to Shared Care Record; Engagement with Community Pharmacy Progress regarding pathology functionality is unlikely to resumed for another year, given the commitments of the pathology laboratories with regard to COVID activities and the impact of COVID on other activity.	A new delivery roadmap is being produced to close the gaps in the shared records coverage and develop new functionality. Working with CIPHA on Suicide prevention analysis Trial loading data into LHCRE, including consultation notes into the record, etc.	Jul / Sep / Nov	Nov-21
Patient Experience Measure	Project to improve the measurement, analysis and dissemination of patient feedback. BHFT has contracted with I Want Great Care to develop a patient experience measurement to be used across all services in community and mental health. This will complement the Friends and Family Test (FFT) which is nationally mandated, as well as any other national patient survey programmes the Trust participates in. **The project reports to QPEG quarterly**	3	Mar-22	NZ/AJ		Core questions for all services have been agreed and the survey build is in progress. Ther is a delay in the completion of the service set up spreadsheet , the paper surveys will now be available from the 9th December. There is delay in receiving the 90 service ipads due to a global shortage of chips - decision made to continue the soft launch with QR codes and paper copies - RAG rating is threfore remaining at Green.	Develop education materials for service users / assisted responders - to aid understanding of the need for feedback System set up and development of Tableau reporting Direction to services on the Trusts expectations re response rate and quantity of feedback required to be effective. Soft launch date will be postponed to the 1st dec - pre launch training will continue over the next few weeks. Creation of the bespoke landing page will be done during Oct/Nov Device set up and Web app set up planned for Nov	Qtrly	Nov-21

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CHS ePMA	Project to extend the use of ePMA into community health wards following the successful implementation at PPH and Willow House.	1	~~Mar 22~~ Sep 22	CP/AW		A high level plan was submitted in April 21 outlining the phases to go live which includes transformation and pre go-live activities, template building, system configuration, user acceptance testing and CHS ward go-live activities.	Nov 2021 Update: Since last update, have agreed to run project to Sept 2022. Project staff all in post and making progress. The EPMA maintenance release go-live has been delayed again by the supplier (EMIS), and is not now due to happen until early 2022. At present we are scoping the impact on the timeline of the CHS project, as it may/may not add delay. Aug 2021 Update: project start somewhat delayed by recruitment of project staff and two changes of project manager, but most significantly by a) Pharmacy service vacancies impacting ability to support the project team, and b) a maintenance release/update of the EPMA software programme (the first we've done since go-live on MH wards in 2017) that should have completed in Summer 2020 and is now due in Oct 2021. This will be followed by another, albeit smaller, upgrade in early 2022, to update essential security settings). Both updates are necessary for the CHS EPMA project to proceed, and to support the existing MH wards EPMA. We are currently scoping out the impact of these delays and the impact on the timelines and milestones, any additional resources required (including enhanced pharmacy recruitment proposals). The Project Board met on 9th August and agreed in principle that the Go-Live moved by 6 months, from March to September 2022, and this is now being discussed with stakeholders.	Aug / Nov / Feb	Nov-21
Safety Strategy	To ensure that the organisation is compliant with the national Patient safety strategy and to promote delivery of an improved safety culture across the organisation, through ensuring a consistent restorative approach to learning , that promotes an environment where we put equal emphasis on accountability and learning and foster a culture that instinctively asks in the case of an adverse event: "what was responsible, not who is responsible ; improve consistency in staff experience of learning processes both when things go wrong and when things go well, ensuring that staff feel safe in decision making/ positive risk taking and are able to be open and honest when things go wrong. Alongside this at its core, a positive culture requires kindness and civility. There are a number of pieces of work already in progress that support this including the people plan, bullying and harassment, well-being and staff support initiatives **The project reports to QPEG quarterly**	1	Mar-22	DF/Dan Badman		National progress with the Patient Safety Strategy has been significantly hindered by the Covid- 19 pandemic. However, progress with key elements such as the syllabus and PSIRF are now gathering pace. We now have two Patient Safety Specialists in place who we play a key role in the delivery of the strategy. However as set out with this paper a joined-up approach to its delivery will be essential if we are to maximise the opportunities on offer to improve patient safety. We have now appointed two Patient Safety Specialists. In January they will be providing a presentation to the Trust Board detailing the key elements of the Patient Safety Specialist role and how it will function to drive forward patient safety in the organisation A new Patient Safety Strategy Implementation Group is being established to govern progress with the strategies implementation and support a joined-up approach across departments The trust is engaged in a range of Patient Safety Specialist Networks A National evaluation of the Patient Safety Incident Response Framework- Early Adopters is underway and a range of actions have been taken to gather intelligence and prepare the trust for its launch Actions to continue to enhance the trusts safety culture continue Level 1 (Essentials) and level 2 of the National Patient Safety Syllabus are due for launch from the national team in October 2021	Establish the Patient Safety Strategy Implementation Group. Presentation to the Trust Board planned for January detailing the key elements of the Patient Safety Specialist role and how it will function to drive forward patient safety in the organisation. Deputy Director of Nursing- Patient Safety and Quality is coordinating a Mental Health Provider Patient Safety Specialist Network where sharing of learning and good practice will be facilitated. The first of these meetings is planned for late November with Oxford Health, Southern Health, Avon and Wiltshire Trust and Sussex Partnership committed to be part of this. Patient Safety Specialist have begun to pull together key stakeholders to develop an approach which maximises opportunities for learning. Structured plan for promotion of the safety culture charter to be developed with MARCOMMS Fedback from half day taster sessions held in Sept is being collated Patient Safety Specialists will begin working with the Head of Service Engagement and Experience to develop the role which will either be building on existing roles or identifying our approach to developing an entirely new role. Continue monitoring updates from the National Team on the approach to roll-out and next steps.	Jul / Oct / Jan	Oct-21
Neurodiversity Strategy	Project to develop, and operationalise a strategy that addresses the health inequalities, both physical and mental, that exist in service users with diagnosed or suspected neurodiversity. This will improve patient experience, make all services more effective and efficient whilst driving quality.. There is a requirement to have a strategy under diversity legislation and in addition, the NHSE autism strategy has a deadline between 2021 (short term) and 2024 (long term) with current EOI's for sensory environment and improvement to diagnostic pathways.	3	Dec-22	ME		It is proposed that by developing a comprehensive strategy along with an operational plan to implement it will drive higher quality, more effective and efficient care. The project has completed its initial scoping phase and is now ready to move towards the implementation phase. In addition, the Trust has been identified as an NHS pilot site for the Oliver McGowan autism training with 5 sessions booked for September October - initial feedback is very good. Worksteams have been identified to look spcifically at Access to services, Training and awareness and Workforce - these groups are now commencing A3 development to understand the problem and identify countermeasures. Draft communication plan is in place and being initiated	Development of the full strategy (outline strategy in place) is now underway. Recruitment (secondment) of a band 5/6 project support officer. Scoping and initial A3 development for the greenbelt elements of the project Scope the requiremnets for the creation of an Expert by Experience advisory board. Develop and adapt learning materials for staff Develop a Neurodiversity directory & Tool Kit Commence A3 development (Problem statement and current situation) for workstreams.	Monthly to Mar	Nov-21
Delivery of the Trust's Green Plan	Formulate and implement the Trust's Green Plan to affect change that will result in a more sustainable and environmentally responsible healthcare provision by the Trust. This will directly contribute to NHS England's for a greener NHS programme and the Net Zero carbon emissions 2045 target.	4	Mar-25	JR/ Paul Harrison		NHS England launched it's For a Greener NHS programme in January 2020 and one of the principle outcomes from this new approach to sustainability across the NHS is that all Trusts require a Green Plan, which will provide a clear strategic pathway to facilitate change leading to net zero and a sustainable NHS. NHS England launched in September 2020 a strategy entitled Delivering a Net Zero NHS, which commits the NHS to a net zero carbon emissions target by 2045. The work will focus on the removal of greenhouse gas emissions from the Trusts operational activities and ensure that it will have as minimal an impact upon the environment as is realistically possible.	Plant Tiny Forest 26th Nov - volunteers being sourced Continue with quarterly green group meetings increasing to bi-monthly 2022/23 Prepare a draft Green Plan for consolation and adoption by the Trust - The green plan guidance was released on the 24th June 2021 and is now be utilised to produce a draft plan for consultation. Review impact on the Trust of changes as a result of COP 26 and the letter to all Trust CEO's from the Secretary of state for health and social care (dated the 8th Nov 2021). Further announcements are expected and will impact the Trusts Green Plan. The Trust will need to be clear on all of its targets. Determine the climate emergency declaration and net zero target date (dependent on the Trust agreeing and setting a target date).	Apr / Jul / Nov / Feb	Nov-21
Key Capital Programme Schemes									
Redevelopment of East Community Hospitals (Frimley ICS integrated care hub programme)	Delivery of the Integrated Care Hubs across the ICS to enable the implementation of the ICDM. Projects include ICHs or equivalent in Fleet (NE Hants), Surrey Heath, Ascot, Bracknell, Windsor, Slough, Maidenhead. These will be a mixture of new build and refurbishments with NHS and partner assets used	4	end 2024	IG		Project status is red. PBC is not yet approved nationally. Understand that STP capital awarded must be spent by March 2024 or will be lost to system. ICS requiring an OBC for Upton, Bracknell & SMH by Mar 2022, KEVII later. Projects underway with OBCs available for comment in January	It is understood that the OBCs are required to be submitted by the centre by March 2022 (KEVII may be later) and that the capital needs to be spent by March 2024. this will be challenging. The commissioned consultants are developing project plans and action lists. For a robust OBC they will require at least the following at this stage; oService model and activity (especially projected), oFinancial and contractual implications of service model, oSchedule of accommodation and outline design of premises works, oCost (capital and revenue) of premises works, oTown & Country Planning advice and Environmental assessment (BREEAM), oMonetisation of benefits and risks to enable option assessment, oNotion of the communication and consultation required. BHFT Board will be asked to consider the OBC by February 22 at the latest, requiring Executive approval in January if not before to ensure that it can be submitted in Mar 22.	Monthly	Nov-21
Replacement for Fitzwilliam House including Trust Headquarters	Replacement accommodation for the services and functions currently based at Fitzwilliam House prior to expiry of lease arrangements or notice period (if served). Includes Acquisition, fit out and move to a suitable office space. Introduction of smarter working practice and new workplace strategies; specialist design, tender, build & commissioning of thebuilding; supporting the	4	Early 2022 (Previously mid 2021)	IG/Lee Dougal		OBC approved. Outline design complete and stakeholder engagement on detailed plans. Due diligence delayed on preferred option but should be complete in November. Currently rechecking need following post pandemic experience at FWH	Design phase with stakeholder engagement and contractor appointed. Currently waiting to undertake due diligence with landlord advising this should be possible last week in October. •Access to carry out due diligence on the site still being pursued. •Current FWH lease runs out in March. MP meeting with landlord to discuss extension.	Monthly	Nov-21

INITIATIVE	SUMMARY DESCRIPTION (as required)	Key True North Goal	Planned Completion Date	Lead	Current Status (RAG)	COMMENTARY ON CURRENT STATUS (including new Significant Risks & Issues or change in RAG)	PLANNED ACTIVITY (Including mitigations for emerging risks and issues)	2021/22 Reporting Periods	Date report last updated
Reading Estates (part 2) Reading Review	To review the estate and supporting infrastructure required to support services located and / or operating in the Reading area. Overarching objectives: Improve the efficiency of the estate, including better utilization Support changing service models, especially in the light of greater use of digital Ensure a higher quality estate, including improved environmental performance Provide greater direct influence and control of the estate Creating facilities with greater flexibility to reflect likely changes in need Accommodate space requests from service expansion and required relocations	3	TBC	IG/Colin Almond		The premises included within the review have a running cost of over £0.6m pa and they cover 2,600m2 of space	Major strategic review of accommodation in Reading underway and business case in development. Finalise selection of options. As properties come on and off the market constantly, we will use mean numbers where more than one property exists for an option in the OBC. The FBC will have the final absolute costs. OBC / FBCs expected Oct / Nov 21. Subsequently FBC(s) will be produced for however many schemes are approved. These are likely to be presented in mid 2022 with new premises realized by mid 2023.	Monthly	Nov-21
Other Initiatives (That are not on the prioritisation board or are awaiting prioritisation)									

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 December 2021
Title	**Use of Trust Seal**
	For Noting
Purpose	This paper notifies the Board of use of the Trust Seal
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Compliance with Standing Orders
Equalities and Diversity Implications	N/A
SUMMARY	The Trust's Seal was affixed to: The transfer of a small parcel of land (40m2) from Royal Berkshire NHS Foundation Trust (RBFT) to BHFT at nil cost, which lies within the planning application and sale site of 3-5 Craven Road, Reading. The Trust's Seal was also affixed to the sale agreement of 3-5 Craven Road, Reading.
ACTION	To note the update.