Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 11 April 2023

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 14 February 2023	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
	QUALITY		
6.0	Patient Story – Community Diabetes Service	Debbie Fulton, Director of Nursing and Therapies/Community Diabetes Service Team	Verbal
6.1	Quality Assurance Committee a) Minutes of the meeting held on 28 February 2023 b) Learning from Deaths Quarterly Report c) Guardians of Safe Working Quarterly Report	Sally Glen, Chair, Quality Assurance Committee	Enc.
	EXECUTIVE UPDATE		
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
7.1	Gender Pay Gap Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
7.2	National NHS Staff Survey Results Report	Alex, Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
	PERFORMANCE		
8.0	Month 11 2022/23 Finance Report	Paul Gray, Chief Financial Officer	Enc.
8.1	Month 11 2022/23 Performance Report	Paul Gray, Chief Financial Officer	Enc.

No	Item	Presenter	Enc.
8.2	Finance, Investment and Performance Committee meeting on 23 March 2023	Naomi Coxwell, Chair of the Finance, Investment and Performance Committee	Verbal
STRATEGY			
9.0	Trust's Green Plan Update Presentation	Paul Gray, Chief Financial Officer	Enc.
CORPORATE GOVERNANCE			
10.0	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
Closing Business			
11.0	Any Other Business	Martin Earwicker, Chair	Verbal
12.0	Date of the Next Public Trust Board Meeting – 9 May 2023	Martin Earwicker, Chair	Verbal
13.0	**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, 14 February 2023

(Conducted via Microsoft Teams)

Present:	Naomi Coxwell	Senior Independent Director (meeting chair)
	Mehmuda Mian	Non-Executive Director
	Mark Day	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Rajiv Gatha	Non-Executive Director
	Sally Glen	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Chief Financial Officer
	Debbie Fulton	Director of Nursing and Therapies
	Paul Gray	Chief Financial Officer
	Dr Nav Sodhi	Associate Medical Director *(deputising for Dr Minoo Irani, Medical Director)*
	Karen Cridland	Director of Children, Young People and Families *(deputising for Tehmeena Ajmal, Chief Operating Officer)*
In attendance:	Julie Hill	Company Secretary
Patient Story:	Polite Tshuma	Service Manager, Mental Health Integrated Community Service (MHICS)
	Bethan Whiteman	Principal Psychologist
	Yasmin Rahman	Assistant Psychologist
	Nathaniel Hatch-Johnson	Community Connector
	Meghna Mareachealee-Sahota	Mental Health Practitioner
	Karis Friend	Performance Manager
Observers:	Ros Crowder	Public Governor
	Tom Lake	Public Governor
	Giles Peel	External Well-Led Reviewer

23/001	**Welcome and Public Questions** (agenda item 1)
	Naomi Coxwell, Senior Executive Director chaired the meeting in the absence of the Chair who was unwell. The Senior Independent Director welcomed everyone to the meeting. The Senior Independent Director particularly welcomed the observers to the meeting.
23/002	**Apologies** (agenda item 2)
	Apologies were received from: Martin Earwicker, Chair, Dr Minoo Irani, Medical Director and Tehmeena Ajmal, Chief Operating Officer
23/003	**Declaration of Any Other Business** (agenda item 3)
	There was no other business.
23/004	**Declarations of Interest** (agenda item 4)
	i. **Amendments to Register** – none
	ii. **Agenda Items** – none
23/005	**Minutes of the previous meeting – 13 December 2022** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday, 13 December 2022 were approved as a correct record.
23/006	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board:** noted the action log.
23/207	**Board Story – Mental Health Integrated Community Service (MHICS) (**agenda item 6.0)
	The Independent Director welcomed members of the Mental Health Integrated Community Service (MHICS), Polite Tshuma, Service Manager, Bethan Whiteman, Principal Psychologist, Yasmin Rahman, Assistant Psychologist, Nathaniel Hatch-Johnson, Community Connector, Meghna Mareachealee-Sahota, Mental Health Practitioner and Karis Friend, Performance Manager. Bethan Whiteman gave a presentation and highlighted the following points: • The Mental Health Integrated Community Service (MHICS) was a new primary care based collaborative service in Berkshire West. The service was made up of mental health professionals, including Specialist Mental Health Practitioners and

	Psychologists, Community Connectors with support from Pharmacy and Psychiatry support • The service was available for anyone over 18 years old who was experiencing significant mental health difficulties which were impacting upon their lives and provided holistic support • MHICS was just one part of the Trust's wider transformation of mental health services • The most common presenting problems related to anxiety disorders followed by depressive disorders. A number of people accessing the service had co-morbidities, including physical health conditions, issues around managing pain, alcohol and substance abuse and/or were neurodiverse. • The service was using Quality Improvement methodology to reduce the number of people not attending their first appointment. The countermeasures included sending out text reminders and ensuring that appointment cancellations were correctly entered onto the Rio (patient electronic record system) Polite Tshuma presented a patient story and highlighted the following points: • The patient story concerned a young man with a trauma background who had difficulties with emotional regulation. The patient also had a recent additional significant trauma following an accident which had impacted on his physical health needs and his ability to work. • The patient was referred to the service by their GP for support with his mental health presentation • The patient wanted support with managing his emotions, support with managing pain whilst his physical health issues were investigated and wanted some coping skills. The patient also wanted support with his job situation • The patient received support from the Individual Placement and Support Service and psychoeducation around identifying and managing emotions. The patient was taught various coping skills to help manage and contain their trauma. The patient was also reassured around his anxieties of pain and physical health concerns and was signposted to potential support other services could offer • The patient's feedback about the support he had received was very positive with the patient reporting that his mental health was the strongest it had ever been • Staff experiences of being part of developing a brand new service were also very positive Sally Glen, Non-Executive Director asked whether the focus of the MHICS was around providing mental health support to people who would not meet the threshold for secondary care. Bethan Whitehead explained that the MHICS service worked closely with GPs and was a primary care service which provided a full holistic assessment of the person and the issues which were most affecting their mental health at the moment and which may be getting in the way of them accessing the most appropriate mental health pathway. This may include providing help and support around managing drug and alcohol issues, physical health concerns and problems with family relationships etc. The Chief Executive thanked the MHICS for their excellent presentation. The Chief Executive commented that over the next twelve months, the Trust was reviewing its mental health services with the aim of ensuring that patients were referred to the most appropriate service and were not bounced from one service to another.

	The Senior Independent Director referred to the patient story and commented that pain management was a key factor and asked whether the Trust was working with GPs around providing pain management support. Bethan Whitehead said that the wider commissioning of physical health support was a complex issue and said that patients often had to wait for pain management support. The Independent Director thanked members of the Mental Health Integrated Community Service (MHICS), Polite Tshuma, Service Manager, Bethan Whiteman, Principal Psychologist, Yasmin Rahman, Assistant Psychologist, Nathaniel Hatch-Johnson, Community Connector, Meghna Mareachealee-Sahota, Mental Health Practitioner and Karis Friend, Performance Manager for attending the meeting. The presentation slides are attached to the minutes.
23/008	**Patient Experience Quarterly Report (including the NHS Community Mental Health Benchmarking Report 2022 (agenda item 6.1)**
	The Director of Nursing and Therapies presented the report and highlighted the following points: • There were no new themes or trends identified from the patient experience data within the report. Wait times especially for CAMHS services were continuing to feature across both formal and informal complaints, local resolution and MP enquires. This was not a new theme and there were initiatives in place to support reduced waiting times particularly for neurodiversity pathways • As services started to embed the use of the I Want Great Care tool, the Trust was continuing to see an increase in the numbers of responses received, the 4,580 this quarter was up from 4,024 in Quarter two. • The increased feedback would support areas for improvement alongside hearing the patient voice both where the experience was good and where improvements could be made. Services were using the information to make improvements and some services were displaying the changes made in response to feedback to encourage other patients to submit their comments • The overall positivity score was 93.3% this Quarter which was slightly lower than 95% in Quarter 2 and 94% in Quarter 1, however the star rating had not materially changed at 4.75 compared with 4.77 in Quarter 2 and 4.75 in Quarter 1. • The Annual Community Mental Health Survey Benchmark Report 2022 was attached at appendix 4 of the report. The survey covered the period September-November 2021. Mark Day, Non-Executive Director referred to the Annual Community Mental Health Survey Benchmark Report and commented that he was surprised that the Trust's two lowest scores related to support and wellbeing and asked whether there was learning from the Trust's staff health and wellbeing support that could be applied to patients. The Director of Nursing and Therapies said that the Trust was undertaking a lot of work within the Community Mental Health Teams and in new services such as the Mental Health Integrated Community Service around supporting patients. In addition, Care Co-Ordinators had a key role in providing wider wellbeing support. The Director of Nursing and Therapies also pointed out that the Trust's equality, diversity and inclusion work included both staff and patients.

	Sally Glen, Non-Executive Director noted that one of the areas where the Trust scored lower compared with the national average was in relation to medication advice and asked whether the Trust needed to do more in this area, especially given the potential for adverse side effects associated with some medication. The Director of Nursing and Therapies agreed that this was an area for further improvement and said that additional support was going into the Mental Health Crisis Teams around medicine management. The Associate Medical Director said that the Trust was undertaking work around "making every contact matter" which included ensuring that all Mental Health Workers, including Care Co-ordinators etc were confident in having discussions about issues with medication and then depending on the outcome of those discussions, sign posting the patient to the right person for further help, for example, the GP or to a medicine's prescriber. The Chief Executive reminded the meeting that he signed off all complaint and letters to MPs and said that the key issues were around waits. The Chief Executive said that the Trust had undertaken a significant amount of work to reduce waits, particularly for children's neurodiversity diagnostics. The Chief Executive said that the second area for complaints was around people being bounced around the Trust's internal services, particularly mental health services and children and young people services. The Director of Children, Young People and Families added that children's services were particularly complex because the Trust did not provide all the services. It was noted that the Trust was working with the voluntary sector and with local authorities to ensure that children were referred to the most appropriate services. The Senior Independent Director said that the Patient Experience Report was helpful in providing an overview of patient experience and enabled the Trust to "get under the skin" of issues. The Senior Independent Director added that she was pleased that services were continuing to implement changes in response to patient feedback. **The Trust Board**: noted the report.
23/009	**Executive Report** (agenda item 7.0)
	The Executive Report had been circulated. The following items were discussed further: **a) District Nursing Numbers** The Chief Executive said that the national shortage of District Nurses was concerning especially as initiatives such as Virtual Wards and the Urgent Community Response Teams relied heavily upon District Nurses. It was noted that the Board would have an opportunity to find out more about the Trust's Virtual Ward initiative at the March 2023 Trust Board Discursive meeting. **b) Staff Flu and COVID-19 Vaccination Programme** Aileen Feeney, Non-Executive Director asked whether the Trust's Staff Flu and COVID-19 Vaccination Programme performance was satisfactory. The Director of Nursing and Therapies reported that the Trust's performance was better than many other NHS organisations but said that she was disappointed by the vaccine

	take up. It was noted that staff had been surveyed about why they were not taking up the vaccination offer and vaccine fatigue was a key reason. Mark Day, Non-Executive Director requested that in future reports, it would be helpful to include the take up vaccination rates for the same period in the previous year. The Director of Nursing and Therapies said that in recent years, the Trust's performance was around 65-70% and agreed to include comparison figures in future reports. **Action: Director of Nursing and Therapies** **c) Modern Day Slavery Statement 2022-23** The Trust's Modern Day Slavery Statement 2022-23 was attached at appendix 1 of the report. **d) NHS England's Infection Prevention and Control Board Assurance Framework** NHS England's Infection Prevention and Control Board Assurance Framework had been updated. The Trust's self-assessment against the updated framework was attached at appendix 2 of the report. The review did not identify any significant gaps in assurance that required action. **The Trust Board**: a) Noted the paper; and b) Approved the Trust's Modern Day Slavery Statement 2022-23 which would be published on the Trust's website and in the Trust's Annual Report 2022-23
23/010	**Month 09 2122-23 Finance Report** (agenda item 8.0)
	The Chief Financial Officer presented the report and highlighted the following points: • The Trust was reporting a £0.4m surplus against a year to date deficit plan of £0.9m. • The Trust had agreed to change its forecast outturn to a surplus. This would happen at month 10. • In line with NHS England guidance, the system was expected not to claw back £800k of the unspent elective recovery funding • Pay costs in month were £20.3m, which was broadly in line with plan but within that there was a higher than planned pay award offsetting overall expenditure on substantive and temporary staffing which was lower than planned. The Trust was continuing to offset in part, substantive vacancies with higher levels of temporary staffing. Both bank and agency expenditure had increased in month linked to additional shifts worked over the bank holiday period, particularly across WestCall, 111 and inpatient services. • The Trust's cash balance remained strong with a closing balance of £56.1m as at 31 December 2022. • The Trust was reporting £2.7m capital expenditure against a year to date plan of £6.8m. There was a £3.5m year to date underspend against the limit set by the Integrated Care Board but it was expected that the Trust would fully recover this slippage by year end

	The Chief Executive commented that other than the £800k of elective recovery funding which the Trust was able to retain, there was not much change between the financial plan 2022-23 and the year-end forecast. The Deputy Chief Executive asked moving forward, whether it was likely that the system would provide incentives, such as additional capital funding to providers with sound financial performance. The Deputy Chief Executive commented that the Trust had received an additional £800k and had strong cash reserves but was very constrained around strategic capital investments. The Chief Financial Officer said that there was room for discussion in this area and said that the system's ability to allocate more capital funding to individual NHS organisations would depend on whether there was slippage in the overall system's capital programme. The Senior Independent Director commented that the Trust's capital programme for 2022-23 was backend loaded with many key schemes due to be completed in Quarter 4. The Chief Financial Officer explained that the Trust had received confirmation of its capital allocation for the forthcoming year from the system very late which had impacted on the Trust's ability to start programmes early in the year. In addition, some of the key programmes were scheduled to be completed by Quarter 4 but this was not reflected in the financial plan. **The Trust Board**: noted the report.
23/011	**Month 09 2122-23 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Chief Financial Officer presented the paper and highlighted the following points: • The number of self-harm incidence in month was 37 compared with 78 in the previous month. This was a volatile target as the number of incidents tended to be driven by a small number of individuals. However, the statistical process control chart on page 188 of the agenda pack highlighted the significant progress that had been made in reducing the number of self-harm incidents which was below the target of 42 incidents per month for the first time • The I Want Great Care positive score was 91.6% against a target of 95% • Overall staff turnover remained high at 16.52% against a target of 16%. In some clinical areas staff turnover was around 20% compared with around 9% for corporate roles • Performance in respect of the proportion of patients referred for audiology diagnostic tests who had been waiting for less than 6 weeks had been at 35% in September 2022 but this had improved to 82.8% (against a target of 95%) in December 2022. The trajectory was that performance would be back on track by year end • The number of delayed transfers of care was higher than target and reflected the pressure on the system Sally Glen, Non-Executive Director referred to the physical health check for people with severe mental illness metric which had changed from a 90% target to a 95% stretch target and asked whether it would be better to focus on the Slough area which was struggling to meet the 90% target rather than changing the target to 95%.

	The Director of Nursing and Therapies confirmed that the Trust was continuing its work to improve performance in the Slough area. The Senior Independent Director commented that there were a number of targets which were RAG rated red, but pointed out that as a high performing Trust, it was important to have stretching and ambitious targets. The Senior Independent Director also stressed the importance of looking at trends rather than focusing on monthly changes in performance. **The Trust Board**: noted the report.
23/012	**Finance, Investment and Performance Committee Meeting 26 January 2023** (agenda item 8.2)
	The Senior Independent Director and Chair of the Finance, Investment and Performance Committee reported that the meeting on 26 January 2023 had reviewed the month 9 financial position and had discussed the draft Financial Plan for 2023-24. The Senior Independent Director paid tribute to the Chief Financial Officer and his team for their work in developing the draft financial plan which would give the divisions accountability for managing their income streams. The Senior Independent Director reported that the meeting had also received a report on the Trust's work to support staff during the cost of living crisis and pointed out that some of the initiatives would continue as part of the Trust's staff retention work. It was noted that the meeting had also received a paper on how the Trust was developing and using the nationally mandated Patient Level Information Costing System (PLICS) to gain a better understanding of costings. **The Trust Board**: noted the update from the Senior Independent Director.
23/013	**Quarterly Status Report on Key Trust Initiatives** (agenda item 9.0)
	The Deputy Chief Executive presented the paper which provided assurance and oversight of the Trust's Strategic Initiatives and Projects that would deliver the Trust's True North and Strategic Priorities. The report also provided a status update on the Trust's combined programme, projects, strategy implementation and highlighted new schemes which were moving to business as usual or recently closed, together with key risks of those in progress. The Deputy Chief Executive reported that the format of the report now included updates on the Trust's Reducing Health Inequalities and Provider Collaborative work. The Deputy Chief Executive said that the RAG rated amber projects mainly related to resourcing issues and the need to adjust timescales. It was noted that the Development of East Community Hospitals Project was RAG rated red due to significant concerns about the affordability and achievability of the project. The Redevelopment of the East Berkshire Community Hospitals was a Frimley system initiative to establish Integrated Care Hubs across the Integrated Care System and included new build and refurbishments of NHS community estate. It was noted that the Trust had been supporting the project team (particularly regarding financials) and outline business cases had been developed for all schemes. The Deputy

	Chief Executive explained that there are significant concerns about affordability and achievability, particularly considering reduced access to central capital. Consideration of alternative schemes/approaches was likely to be required. Mark Day, Non-Executive Director suggested that the Finance, Investment and Performance Committee meeting in March 2023 have a more in-depth discussion about the East Berkshire Community Hospitals scheme. The Senior Independent Director and Chair of the Finance, Investment and Performance Committee agreed that it would be helpful to have an update on the East Berkshire Community Hospitals scheme. **Action: Chief Financial Officer** **The Trust Board**: noted the report.
23/014	**Annual Health and Safety Report** (agenda item 10.0)
	The Chief Financial Officer presented the paper and highlighted the following points: • The Trust had received no Enforcement Notices from the Health and Safety Executive or from the Local Authorities during 2022 • There were four incidents reported under RIDDOR Regulations in 2022, showing a decrease of 50% compared to 2021 • During 2022, the Trust reported 930 physical assaults against staff. The Trust also reported 1,077 non-physical assaults against staff. There were 159 hate crime incidents reported during 2022 • There was a significant body of work underway to support the Trust's Violence, Prevention and Reduction programme. Working Groups had been set up and the Trust are working effectively with our Integrated Care Board colleagues to develop strategies, policies and training programmes to support the needs of the services. This involved targeted work at Prospect Park Hospital to address the high levels of racial abuse and offering greater post incident support to all Trust staff to support their health and wellbeing. • During 2022, the Royal Berkshire Fire and Rescue Service undertook eight fire safety visits to ensure the Trust is compliant with the Regulatory Reform (Fire Safety) Order 2005. • There was one case of arson reported for 2022 and ten cases of a risk of fire being identified. • Compliancy in statutory fire awareness training had increased with the number of staff trained throughout 2022 averaging 91.67%, a 2.5% increase from 2021. This fell short of the Trust's target of 95% compliance • The overall sickness rate for 2022 was 4.68%, an increase from 4.26% in 2021. The most common reason for absence remained anxiety/stress/depression, accounting for 24.7% of all sickness in the 12-month period. Covid related sickness accounted for 21.9% of all sickness in 2022, an increase from 16.5% in 2021. • The total number of full-time equivalent days lost to sickness in 2022 had increased by 12.9% when compared to 2021. If Covid related sickness was excluded from the figures, the overall sickness rate for 2022 was 3.65%, a slight increase from 3.56% in 2021. The Senior Independent Director asked whether the Trust provided support to staff who were experiencing anxiety/stress and/or depression as this was the most common cause of staff sickness absence.

	The Deputy Chief Executive said that the Trust's health and wellbeing offer to staff included support for staff with anxiety, stress and/or depression, including access to the Employee Assistance Programme and Counselling. Mark Day, Non-Executive Director reported in his capacity as Staff Health and Wellbeing Champion, he had met with Bridget Gemal, Head of Psychological Therapies who was leading a lot of the Trust's health and wellbeing work and confirmed that the Trust provided a comprehensive range of support to staff. Mr Day added that during visits to services, those staff who had accessed health and wellbeing services were very complimentary about the support they had received. The Chief Executive added that a key focus for the Trust was around prevention which included getting the basics right in terms of good supervision and appraisals which resulted in teams being better able to manage stress. **The Trust Board**: noted the report.
23/015	**Annual Declarations of Interest and Fit and Proper Persons Test Report** (agenda item 10.1)
	The Company Secretary presented the paper and reported that its purpose was to provide assurance to the Trust Board that individual members of the Trust Board continued to meet the Fit and Proper Person requirements. The Company Secretary reported that it was also an opportunity for the Board to review the individual Board members' declarations of interests. **The Trust Board**: noted the report.
23/016	**Audit Committee Minutes – 26 January 2023** (agenda item 10.2)
	The minutes of the Audit Committee meeting held on 26 January 2023 had been circulated. **The Trust Board**: noted the minutes of the Audit Committee meeting held on 26 January 2023.
23/017	**Council of Governors Update** (agenda item 10.3)
	The Senior Independent Director reported that she had attended the Joint Non-Executive Directors and Council of Governors meeting on 1 February 2023 and said that there were two excellent presentations on the Trust's Research and Development work and on how the Trust was using Intelligent Automation to improve efficiency. The Senior Independent Director said that the results of the Council of Governors' review of effectiveness had been presented to the meeting and commented that Governors had made some useful and insightful suggestions for further improvement. The Senior Independent Director added that there had been lively discussion and debates in the Non-Executive Director breakout sessions.

23/018	**Annual Trust Board Meeting Planner** (agenda item 10.4)
	The Annual Trust Board Meeting Planner 2023 had been circulated. **The Trust Board**: noted the report.
23/019	**Any Other Business** (agenda item 11)
	There was no other business.
23/020	**Date of Next Public Meeting** (agenda item 12)
	The next Public Trust Board meeting would take place on 11 April 2023.
23/021	**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.

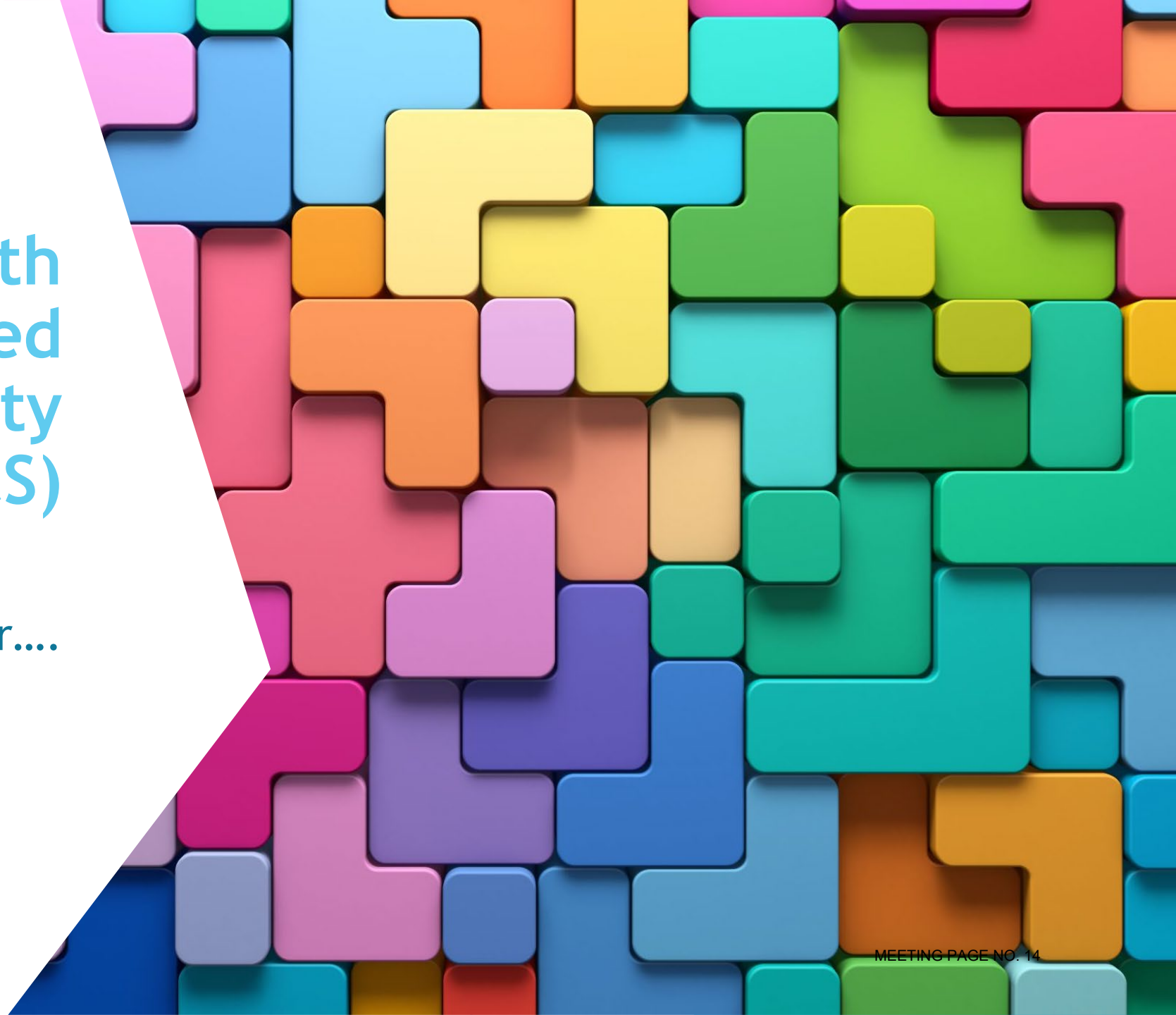
I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 14 February 2023.

Signed……. Date 11 April 2023

(Martin Earwicker, Chair)

Mental Health Integrated Community Service (MHICS)

Our story so far….



Polite Tshuma – Service Manager

Bethan Whiteman – Principal Psychologist

Meghna Mareachealee-Sahota – Mental Health Practitioner

Nathaniel Hatch-Johnson – Community Connector

Yasmin Rahman – Assistant Psychologist

Karis Friend – Performance Manager

Who we are…..

A new collaborative service in Berkshire West

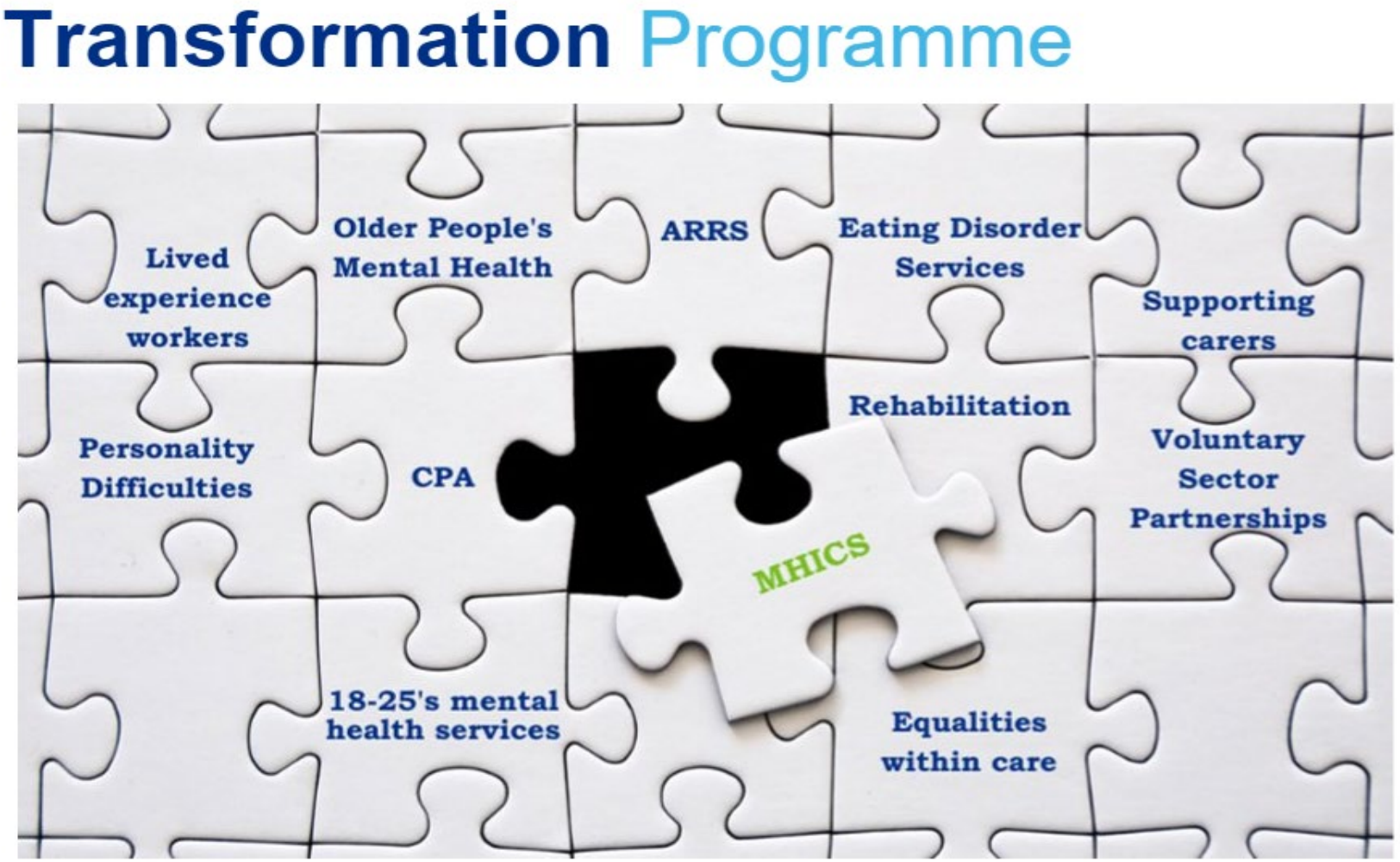
MHICS is made up of mental health professionals working together. The service includes:

- *Specialist Mental Health Practitioners*
- *Psychologists*
- *Assistant Psychologists*
- *Community Connectors*
- *Pharmacist support*
- *Psychiatrist consultation*

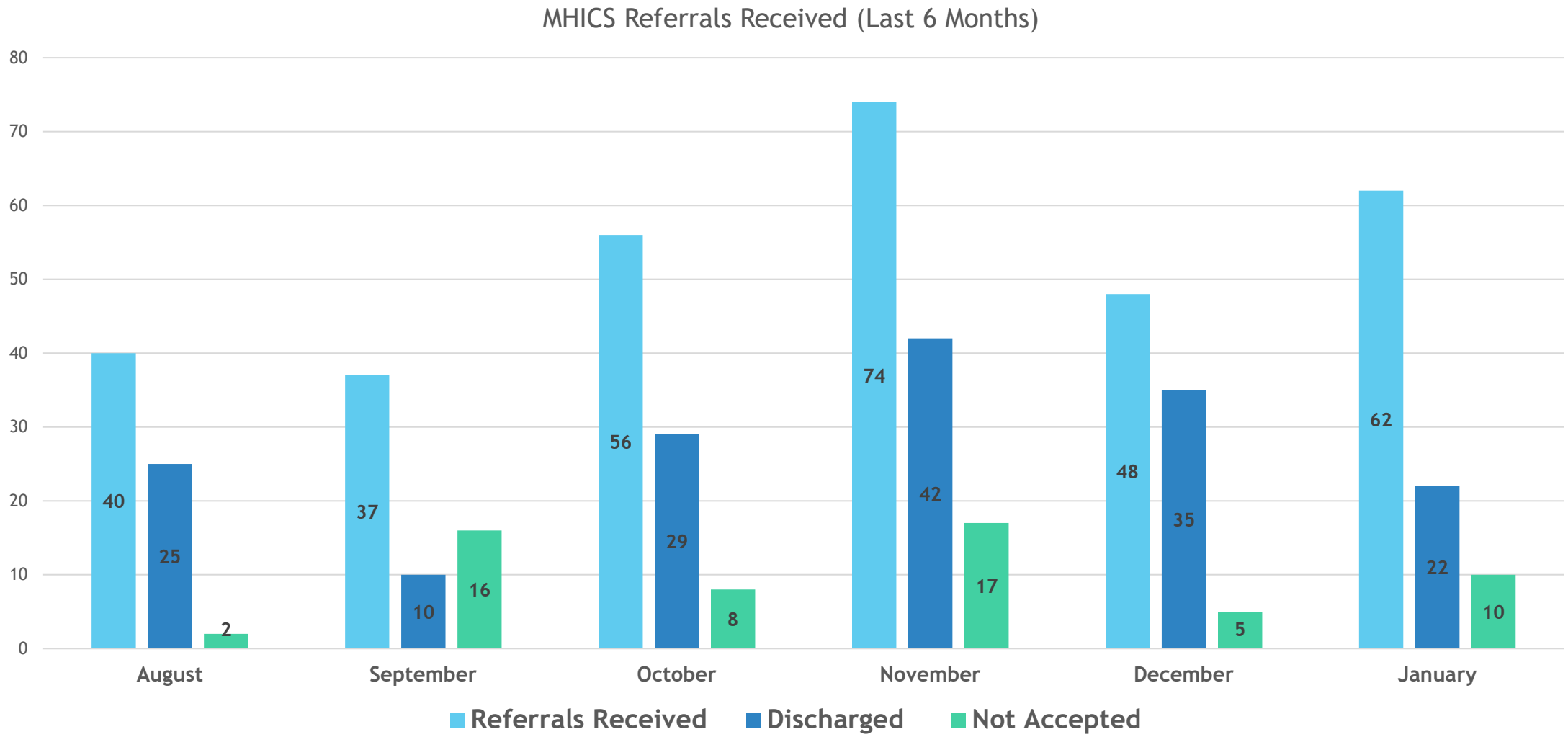
MHICS is available for anyone over 18 years who is experiencing significant mental health difficulties impacting upon their life.

We understand that people's mental health problems often co-exist with other social, emotional, and physical health issues, and that support needs to be focussed on understanding the whole needs of the individual.

MHICS is just one part of the wider transformation of Mental Health services…..

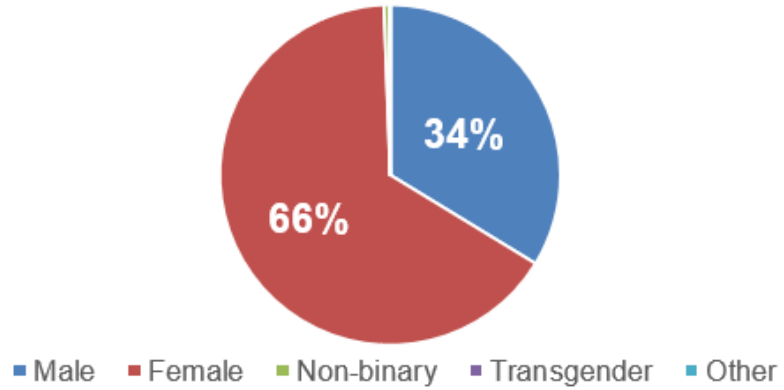


What we've achieved so far …

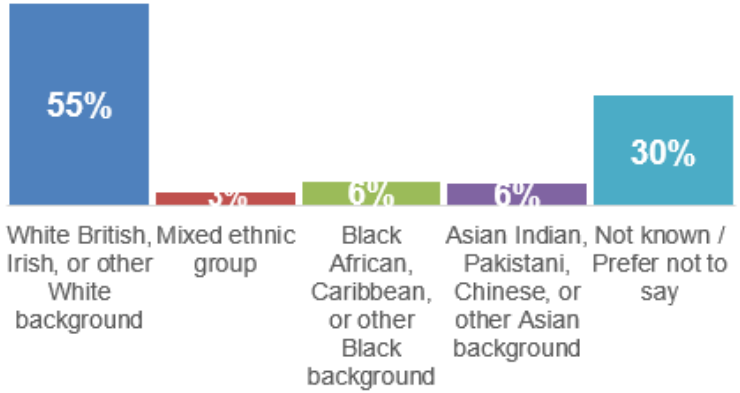


Demographics

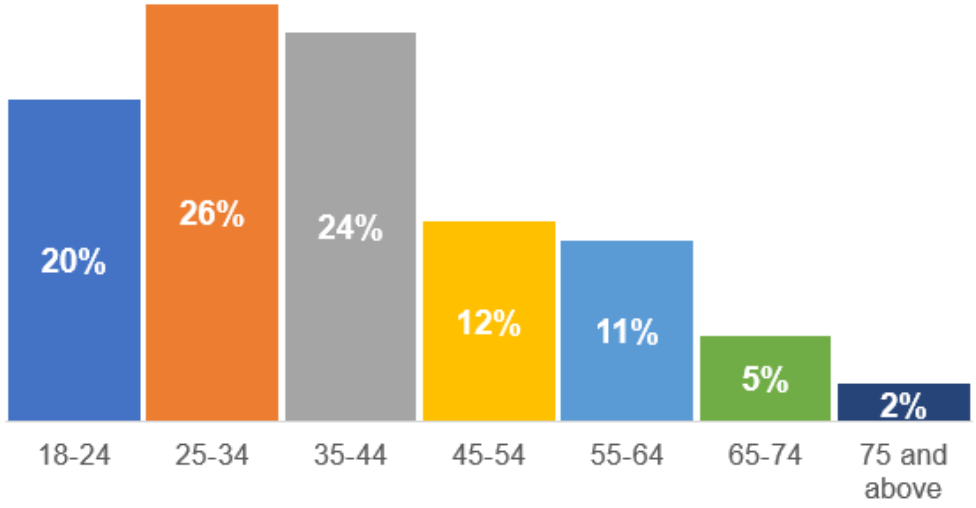
Gender

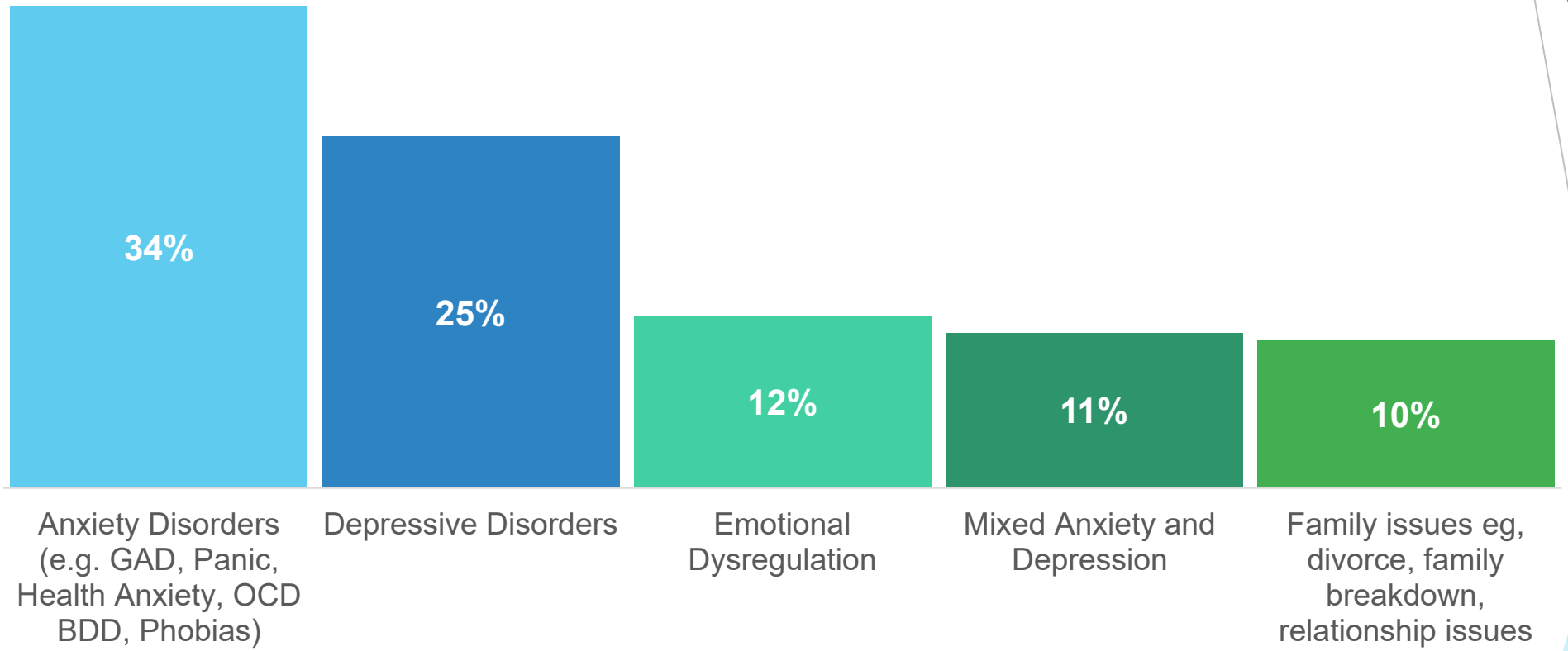


Ethnicity



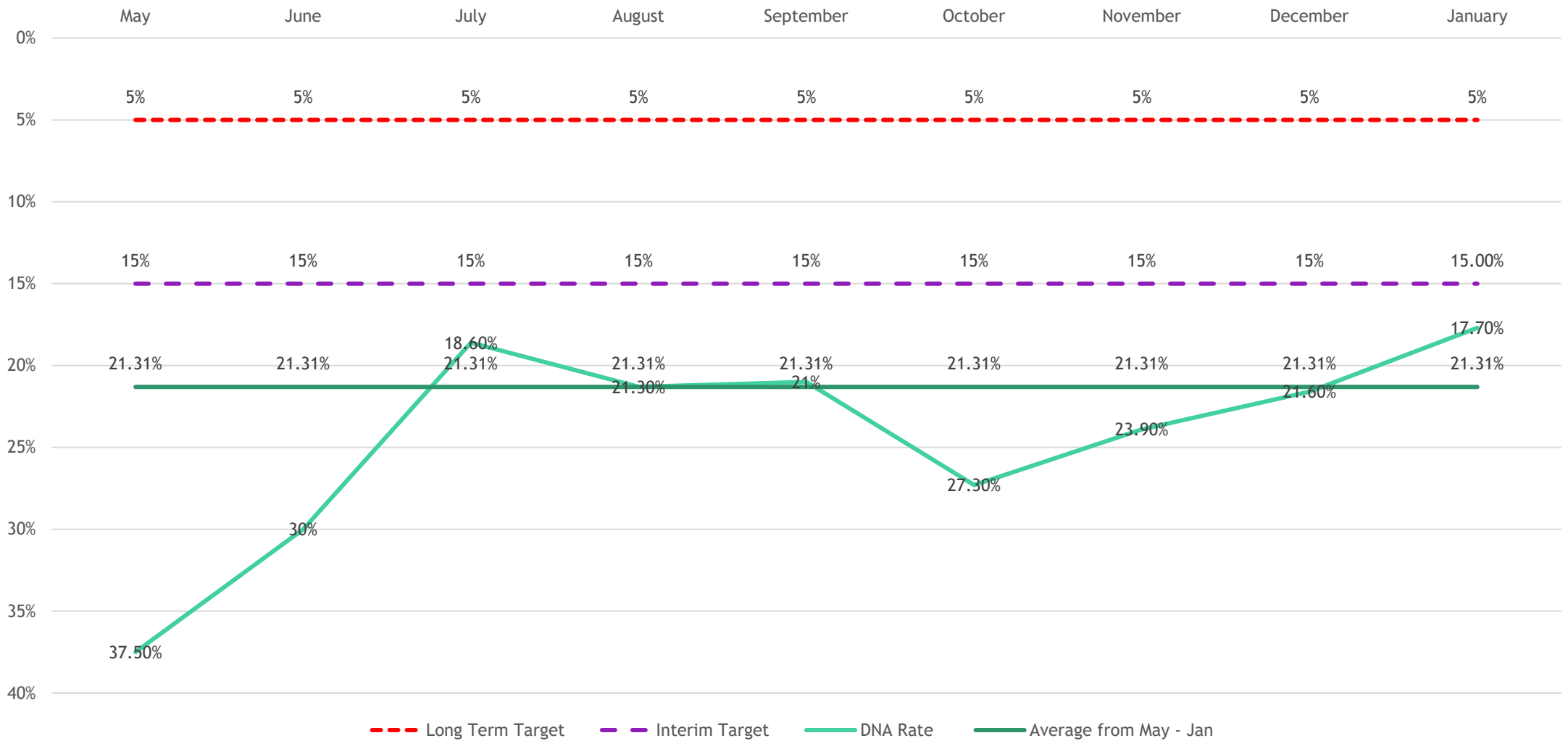
Age





Most common presenting problems

QMIS Driver – Reducing DNA's



Patient Story

Patient is a young man with trauma background, difficulties with emotional regulation, and a recent additional significant trauma following an accident which impacted on physical health needs and ability to work. Referred by GP for support with mental health presentation.

What Support I Wanted

- I wanted to manage my emotions better.
- I wanted support to manage my pain whilst waiting for my physical health issues to be investigated.
- I wanted some coping skills.
- I wanted support with my job situation.

Support I Received

- IPS support for my employment situation. Future support has been offered when needed.
- Psychoeducation around identifying and managing emotions.
- Various coping skills to help manage my emotions and contain my trauma.
- Reassurance around my anxieties of pain and physical health concerns.
- Information about the process and potential support other services can offer.

Outcome Measures

ReQoL

Pre – 18 Post – 19

Similar responses, however reported would improve further once receiving the appropriate support for pain and physical health issues.

Dialog

Most areas similar or had improved – most significantly around leisure activities, medication, practical help received and meetings with mental health professionals.

Decreased satisfaction with job situation related to physical health.

Feedback

PEQ

Responses all positive - has seen an improvement in all areas.

Mental health reported to be the strongest it has ever been and feels things will continue to improve once receiving physical health support.

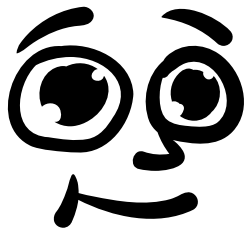
“They helped me to understand things I didn't quite understand. I felt listened to and felt they were on my side and not against me, we worked together and there was consistency which I did not have with other services.”

Other Patient Experience Questionnaire (PEQ) Responses

I have received all the support that can be given. If I need anymore I know where to come. they have been very helpful in trying to put me in the right direction.

The people I worked with were lovely. I want to go back!

Happy with the service and the support from staff



Yasmin was brilliant; the experience changed my life

Great Practical advice on how to deal with issues at work and in the home with a holistic yet practical approach

Paula was excellent with helping me with all my problems

Staff experiences of being part of developing a brand new service……

Polite – Being part of a team, driven by a desire to make a difference, has been fulfilling.

Meghna – I felt privileged to be part of the developing stage coming from past services that were already set up and seen how our new service progressed for the past year

Nat – Rewarding and dynamic work with a really strong team!

Bethan – It's been an honour to be at the forefront of dissolving barriers for those needing support.

Yasmin – It's been fulfilling to be a part of a service that opens closed doors for so many clients

Karis - I have enjoyed the challenge of setting up a new service to support our clients that have previously struggled to access Mental Health Services

Any Questions?

Thank you for listening ☺

Berkshire Healthcare NHS Foundation Trust

BOARD OF DIRECTORS MEETING 11.04.23

Board Meeting Matters Arising Log – 2023 – Public Meetings

Key:

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

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
13.09.22	22/150	Performance Report	The Performance Report to re-introduce the information about the number of individuals who made up the self-harm incidents.	May 2023	**PG**	The Performance Team are ingesting the new format data extract and working on replacing this with the old one and map to all the report outputs. The plan is to have this in place for April reporting in May.	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
13.09.22	22/150	Performance Report	The Finance, Investment and Performance Committee to receive an update on the project on reducing the average length of stay for mental health patients	June 2023	**TA**	The March 2023 Trust Board Discursive meeting discussed the Trust's commitment to reducing the average length of stay as part of the bed modelling item. An update will be presented to the Trust Board in due course.	
13.12.22	22/218	Freedom to Speak Up Guardian Report	The Freedom to Speak Up Guardian to include some anonymised examples of instances where staff have used the Speak Up function and positive changes had been made as a result in the next report.	July 2023	**MC**		
13.12.22	22/223	Performance Report	A report on the Trust's bed optimisation work to be presented to a future Trust Board meeting.	March 2023	**TA**	Bed Modelling Paper was presented to the March Trust Board Discursive meeting	
13.12.22	22/224	People and EDI Strategies Update Report	A paper on which options were most success in terms of addressing the Trust's workforce challenges to be presented to a future FIP Committee	July 2023	**JN**		

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			meeting.				
13.12.22	22/228	Trust's Constitutional Changes	The changes to the Trust's Constitution to be ratified at the next Annual Members' Meeting in September.	September 2023	**JH**		
14.02.23	23/009	Executive Report	Future updates to include the previous year's vaccination uptake figures as a comparison.	April 2023	**DF**	This will be included as part of next year's reporting. The Staff Vaccination Programme for this year is now completed	
14/02/23	23/013	Quarterly Status Report on Key Initiatives	An update on the East Community Hospitals Project to be presented to the March 2023 Finance, Investment and Performance Committee meeting.	April 2023	**PG**	An update will be presented to the April 2023 FIP Committee meeting.	

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	11 April 2023
Title	**Quality Assurance Committee – 28 February 2023**
	ITEM FOR NOTING
Purpose	To receive the unconfirmed minutes of the meeting of the Quality Assurance Committee of 28 February 2023
Business Area	Corporate
Author	Julie Hill, Company Secretary for Sally Glen, 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 28 February 2023 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, 28 February 2023

(the meeting was conducted via MS Teams)

Present:	Sally Glen, Non-Executive Director (Chair) Mark Day, Non-Executive Director *(deputising for Aileen Feeney, Non-Executive Director)* Naomi Coxwell, Non-Executive Director (*deputising for Mehmuda Mian, Non-Executive Director)* Minoo Irani, Medical Director Debbie Fulton, Director of Nursing and Therapies Tehmeena Ajmal, Chief Operating Officer Guy Northover, Lead Clinical Director Amanda Mollett, Head of Clinical Effectiveness and Audit
In attendance:	Julie Hill, Company Secretary Daniel Badman, Deputy Director of Nursing Sara Johnson, Older People Mental Health Team *(present for agenda item 6.0)* Camilla Sowerby, Early Intervention Psychosis Team Pharmacist *(present for agenda item 6.0)*

Opening Business

1 Apologies for absence and welcome

Apologies were received from: Aileen Feeney, Non-Executive Director, Mehmuda Mian, Non-Executive Director and Julian Emms, Chief Executive.

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 29 November 2022

The minutes of the meeting held on 29 November 2022 were confirmed as an accurate record of the proceedings.

4.2 Matters Arising

The Matters Arising Log had been circulated.

The action log was noted.

Patient Safety and Experience

5.1 Quality Concerns Register Status Report

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

- There were no new Quality Concerns since the Quality Concerns Register was last presented to the Committee
- As reported at the last meeting, there was an overlap between Quality Concerns No 4: Common Point of Entry, Crisis Resolution at Home Team and Community Mental Health Team interfaces; No 9: Record Keeping in Mental Health Services, particularly in relation to risk and safety planning and No 15: CMHT's and therefore these had now all been combined into the Quality Concern No 15: Community Mental Health Team concern
- The concerns relating to Speech and Language Therapy and CAMHS Rapid Response had come off the Quality Concerns Register as a result of stability over last few months. The CAMHs Rapid Response had been very successful in recruiting to roles required to achieve stability. The Speech and Language Therapy service was now able to deal with routine as well as urgent cases
- Most of the Quality Concern descriptions had been rewritten in January 2023 to ensure that there was clarity about the current risk/situation and mitigation/work in progress

The Chair referred to Quality Concern No 15 (Community Mental Health Team) and reported that there would be an update on the Trust's Community Mental Health Team transformation work going to the March 2023 Trust Board Discursive meeting.

The Chair commented that despite the challenges, the NHS Community Mental Health Survey Benchmark Report 2022 which was presented to the February 2023 Trust Board meeting did not suggest a drop in satisfaction amongst users of the service.

The Chair asked whether the Community Nursing Demand and Capacity Quality Concern No 11 was due to the high level of vacancies.

The Director of Nursing and Therapies explained that in addition to the national shortage of Community Nurses which made it difficult to recruit to posts, there was also an increase in the acuity and complexity of patients being cared for at home. In order to respond to increased demand over the winter months, patients were being discharged from hospital sooner and therefore visits were often taking longer and other visits were needing to be re-scheduled.

The Director of Nursing and Therapies said that concern no 11 was broader than the challenges around recruiting to vacant posts and explained that traditionally Community Nursing had attracted more experienced staff, but now with a younger and less-experienced workforce, additional support was going into the service to ensure that urgent and non-urgent cases were appropriately identified in terms of scheduling and re-scheduling appointments.

Naomi Coxwell, Non-Executive Director reminded the meeting that she was a member of the Audit Committee and commented that there was good alignment around the Quality Concerns Register and the risk based Internal Audit Programme.

The Chair thanked Ms Coxwell for providing assurance around the horizonal integration between the Quality Assurance Committee and the Audit Committee.

The Committee noted the report.

5.2 Serious Incidents Report

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

- During Quarter 3, there were a total of 14 Serious Incidents initially reported (comparable with Quarter 2), with no serious incidents downgraded during the quarter There were also 22 incidents investigated through internal learning review (this was 10 more than in Quarter 2 and was seen as a positive in terms of review of incidents with the purpose of continuous improvement).
- The Trust had been involved in 17 inquests during the quarter. There were no Preventing Future Death reports issued to the Trust following these.
- Progress had been made with the Co-Occurring Mental Health, Alcohol and Drug Disorders Improvement Project and training offered across Mental Health Services continued to be developed and delivered focussing on safety planning, risk assessment and responsibilities for multi-disciplinary teams for documenting their decision making and taking responsibility for their plans
- The Trust employed a Family Liaison Officer who worked alongside the Patient Safety Team and Clinical Services to provide support to families who were bereaved by an unexpected death usually in our Mental Health Services. The support she provided was very much dependent on the circumstances of each case and the needs of the family.

The Chair commented that she was pleased that the Trust had a Family Liaison Officer in post and said that this would be even more important within the context of the new National Patient Safety Strategy.

Mark Day, Non-Executive Director asked about the support provided to the Family Liaison Officer given that their role would be to provide support to bereaved families.

The Director of Nursing and Therapies confirmed that the Trust was fully aware of the emotional impact of the role and said that the Family Liaison Officer had regular supervision sessions with her line manager and was also part of a network of family Liaison Officers which met regularly and provided mutual support. The Director of Nursing and Therapies said that she would speak to the Head of Psychological Therapies to ask if there was any additional support for the Family Liaison Officer and for the wider Patient Safety team.

Action: Director of Nursing and Therapies

Mr Day suggested that the Family Liaison Officer attends a future meeting so she could explain more about her role.

Action: Director of Nursing and Therapies/Company Secretary

The Chair also welcomed the work to improve support to people with a dual diagnosis, for example, people with drug and alcohol issues and pointed out that this group of people were at higher risk of suicide.

The Chair noted that within the reporting period, staff had accessed the Staff Support Post Incident Service following 19 incidents. The Chair commented that she was pleased that the Trust recognised the importance of providing support to staff post incident.

Naomi Coxwell, Non-Executive Director asked whether there was an update on the Daisy Ward serious incident which involved the non-collapsible shower rail.

The Director of Nursing and Therapies explained that the Daisy Ward serious incident would be included in the Serious Incident Quarter Four Report as it occurred in December 2022. The Director of Nursing and Therapies reported that the Trust had commissioned its own external investigation which was in addition to the external investigation commissioned by the PFI Provider. It was noted that immediately after the incident, shower rails at Prospect Park Hospital were load tested and had collapsed at a lighter weight than they were required to and all the additional non-collapsible shower hooks were replaced to prevent another similar incident.

The Director of Nursing and Therapies confirmed that the individual had physically recovered from the incident and had been discharged home from Prospect Park Hospital. It was noted that the family were being kept fully informed about the ongoing investigations. The family had also been invited to contribute to the internal review of the individual's clinical care.

The Chair thanked the Director of Nursing and Therapies for her comprehensive update to the Committee.

Naomi Coxwell, Non-Executive commented that the interface between the Trust and the PFI Provider added complexity and in her experience this could lead to "things falling between the cracks". Ms Coxwell added that she was pleased that the Trust was adopting a holistic review of the incident which went beyond the immediacy of the failed shower rings. Ms Coxwell said that she looked forward to the Trust Board receiving the outcome of the investigations.

Action: Director of Nursing and Therapies

The Chair referred to the serious incident involving a patient who suffered a cardiac on Rose Ward, Prospect Park Hospital and asked whether how the resuscitation was handled would form part of the review.

The Director of Nursing and Therapies explained that the patient had recently transferred to Prospect Park Hospital from the Royal Berkshire Hospital and said that the review was also being looked at from Royal Berkshire Hospital perspective and would review all aspects, including resuscitation. The Director of Nursing and Therapies added that Trust staff started the resuscitation process promptly.

The Committee noted the report.

5.3 Learning from Deaths Quarterly Report

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

- During quarter 3, 113 deaths had met the criteria to be reviewed further
- All 113 deaths were reviewed by the Executive Mortality Review Group and the outcomes were as follows:
    - 66 were closed with no further action
    - 42 required "second stage" reviews (using an initial finding review/structured judgement review methodology)

    - Of the 42 deaths requiring further review, 8 were classified as Serious Incidents requiring investigation and 5 cases were awaiting further information
- During Quarter 3, the Trust Mortality Review Group had received the findings of 31 second stage review reports of which 13 related to patients with a learning disability
- There were “no lapses in care” identified from the Quarter 2 reviews which were undertaken
- 4 cases have been escalated for further review during Quarter 3, following discussion at the Trust Mortality Review Group and the outcome of these in-depth reviews would be available in due course
- All 27 inpatient deaths had been independently scrutinised by a Medical Examiner. In 22 cases, the medical certificate of cause of death was agreed and processed. 5 cases were referred by the Medical Examiner to the Coroner

The Chair asked the Medical Director whether the Medical Examiner referring 5 out of 27 cases to the Coroner was about the number that was expected.

The Medical Director explained that rather than deaths being referred to the Coroner as the first port of call, the role of the Medical Examiner was to scrutinise deaths and only refer those deaths where there was a question about the cause of death to the Coroner.

The Committee noted the report.

5.4 National Patient Safety Strategy Implementation Report

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

- The Patient Safety Specialist roles were now well established in the Trust
- The old National Reporting Learning System was being replaced by the new Learning from Patient Safety Events system. The implementation of the new system was delayed from April 2023 to September 2023 due to concerns raised nationally about the impact of the changes on the DATIX (online incident reporting) system
- 75% of the Trust (which included both clinical and non-clinical staff) had completed the mandatory Patient Safety Syllabus Level 1 training.
- Around 75-80 staff from across the Trust had attended an engagement event as part of the orientation and diagnostic phase of the implementation of the National Patient Safety Strategy

The Chair asked how many Patient Safety Partners the Trust was hoping to recruit.

The Deputy Director of Nursing confirmed that there were currently six Patient Safety Partners and pointed out that this was in addition to the group of people with lived experience. The Deputy Director of Nursing said that the Trust did not have an optimal number of Patient Safety Partners in mind but wanted to make sure that there was diversity amongst the group to ensure that there was a wide range of voices. It was noted that the next phase would involve working with the Third Sector to link into “hard to reach” communities.

The Chair commented that she found the presentation on the implementation of the National Patient Safety Strategy at the January 2023 Trust Board Discursive meeting very informative.

On behalf of the Committee, the Chair thanked the Deputy Director of Nursing and his team for their hard work in preparing for the implementation of the National Patient Safety Strategy.

The Committee noted the report.

5.5 Developing the Trust's Patient Safety Culture Work Report

The Director of Nursing and Therapies reported that the national Patient Safety Strategy was underpinned by the two foundations of a patient safety culture and a patient safety system. Without a culture of psychological safety, fear and blame prevailed and undermined any attempts to improve patient safety.

The Director of Nursing and Therapies reported that the Trust had established a Safety Culture Steering Group which provided oversight of the Trust's initiatives to continually improve the culture within the Trust. The Group was chaired by the Director of Nursing and Therapies and its members included the Medical Director, Deputy Director of Nursing for Patient Safety and Quality, Human Resources, the Freedom to Speak Up Guardian, Director of Psychological Therapies, Staff Side,, Operational and Clinical Directors. Communications and the Trust Personal Safety Lead.

Naomi Coxwell, Non-Executive Director commented that it was challenging to sustain positive cultural norms when pockets of the organisation came under real stress and said that there was a danger that cultural norms drifted very quickly and were replaced with less positive behaviours.

The Director of Nursing and Therapies agreed and said that additional support was put into teams who were experiencing additional pressure. It was noted that the Community Mental Health Teams were under a significant amount of pressure due to increased demand, but the latest national NHS Staff Survey Results for the service were really positive. The Director of Nursing and Therapies said that high quality leadership training for new managers was really important in ensuring that managers had the skills to lead and support their teams. The Director of Nursing and Therapies said that Trust's Freedom to Speak Up work, NHS National Staff Survey and quarterly Pulse Surveys all provided valuable intelligence about teams which may require additional support.

The Chair asked whether the Chief Executive received many anonymous complaints.

The Director of Nursing and Therapies confirmed that the Chief Executive received very few anonymous complaints. The Director of Nursing and Therapies said that staff could raise concerns directly with their line manager or with the Freedom to Speak Up Guardian and said that she was pleased that staff raised concerns with the Chief Executive rather than feeling that they had to raise their concerns to an external body.

The Committee noted the report.

5.6 Sexual Safety on the Wards Six Monthly Update Report

The Director of Nursing and Therapies presented the report which provided an update on the Trust's work around improving sexual safety on the Trust's Mental Health wards.

It was noted that the data showed a significant increase in the number of sexual safety incidents across 2022-2023 and that this related to the change in data collection to include both physical and non-physical sexual safety related incidents

across all Mental Health In patient services at Prospect Park Hospital. The Director of Nursing and Therapies said that the data also highlighted that more staff were reporting non-physical sexual incidents, for example, inappropriate verbal exchanges.

The Director of Nursing and Therapies commented that it was difficult to ascertain whether there was an increase in the number of patient on staff sexual safety related incidents or whether the increase reflected greater awareness amongst staff about what constituted a sexual safety incident. The Director of Nursing and Therapies said that the Trust's sexual safety included work to reduce sexual assaults on both patients and staff.

Mark Day, Non-Executive Director referred to the location of physical sexual assaults on staff chart on page 62 of the agenda pack and noted that a relatively high proportion of incidents took place in the Place of Safety. The Director of Nursing and Therapies said that she would find out more information about the Place of Safety sexual safety incidents and update the Committee.

Action: Director of Nursing and Therapies

Naomi Coxwell, Non-Executive Director drew a parallel with the Trust's zero tolerance for racial abuse work and asked whether there was learning that could be applied to reducing sexual safety incidents against staff.

The Director of Nursing and Therapies agreed and pointed out that when the work started, the focus was around keeping patients safe from other patients who may be sexually disinhibited due to their mental health presentation but said that the work had now expanded to include a focus on reducing patient sexual safety incidents on staff.

The Chair asked whether the Trust had a policy on admitting trans men and women on wards. The Director of Nursing and Therapies confirmed that the Trust did have a policy.

The Committee noted the report.

5.7 Quarterly Infection Prevention and Control Report

The Quarterly Infection Prevention and Control Report had been circulated. It was noted that the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections had been updated in December 2022. The Director of Nursing and Therapies reported that the Infection Prevention and Control Team were currently reviewing the updated Code of Practice and any required changes would for part of the 2023-24 Infection Prevention and Control Annual Plan. It was noted that the updated Infection Prevention and Control Board Assurance Framework was presented at the February 2023 Trust Board meeting.

The Director of Nursing and Therapies reported that there had been a high incidence of Flu, COVID-19, RSV and Norovirus on the wards during the quarter.

The Chief Operating Officer thanked the Infection Prevention and Control Team who had worked exceptionally hard over the last few weeks.

The Chair added her thanks to the Infection Prevention and Control Team for their work over the last three years in responding to the COVID-19 pandemic.

The Committee noted the report.

5.8 Government Rapid Review Mental Health Inpatient Services Terms of Reference

The Director of Nursing and Therapies presented the paper and reported that following a number of tragic and high-profile alleged failures in Mental Health Inpatient Units in England, the Department of Health and Social Care announced in January 2023 that they would be undertaking a rapid review with a focus on the data and evidence available to healthcare service, including from families and patients and how it can be used to identify patient safety risks more effectively.

The terms of reference for the rapid review had been circulated.

Naomi Coxwell, Non-Executive Director asked whether the Trust would be expected to forward a significant amount of data for the rapid review.

The Director of Nursing and Therapies explained that the rapid review would use nationally published data from a number of different sources, including the NHS National Staff Survey Results, Restrictive Practice Complaints and the Care Quality Commission's Insight Report etc and therefore the impact on the Trust would be minimal at this stage. The Director of Nursing and Therapies said that the rapid review was interested in identifying warning signals around organisations with poor and closed cultures etc.

The Medical Director reported that he had attended a meeting of mental health Medical Directors at which Dr Geraldine Strathdee who is leading the review had posed a number of pertinent questions, for example, do Trusts look at inpatient data daily, including the bed state, the quality of care and the therapeutic care that was being provided to patients. Dr Strathdee also asked whether Trusts reviewed the causes of inpatient mental health deaths over the last ten years as a theme and then designed safety protocols accordingly. The Medical Director reminded the meeting that following a cluster of three choking incidents in 2017, the Trust had commissioned an external thematic review and had implemented a range of actions to reduce the choking risk.

The Lead Clinical Director reported that he had also recently met with Dr Strathdee as part of his Getting it Right First Time work.

Mark Day, Non-Executive Director said that the rapid review seemed to be focussed on quantitative processes and there was a concern that the more qualitative processes relating to culture and how things were done would not be picked up by the data.

The Chair agreed and commented that patient, carer and staff stories were often very powerful at bringing to life examples of good practice.

The Committee noted the report.

5.9 Recent National Inquiries Assurance Report

The Director of Nursing and Therapies presented the paper and reminded the meeting that she had presented individual assurance reports to the Trust Board and to the Committee in respect of the "Out of Sight – Who Cares?" CQC report, the Ockenden Report and in response to the Panorama Programme which was aired on 28 September 2022. It was noted that these all had open and safe cultures at the heart of their investigations and alongside this had included the importance of hearing and acting on the voice of patients, families, carers and staff. The Director of Nursing and Therapies pointed out that there was considerable overlap in terms of the identification of additional actions and involvement work to address any gaps or

weaknesses in process and assurance. The Director of Nursing and Therapies explained that she had therefore developed a combined response to the recommendations made in respect of the various investigations.

The Chair said that she had picked up in the Quality and Performance Executive Group minutes that the Group had discussed the use of body cameras and asked for more information.

The Medical Director reported that the Trust had installed CCTV in communal areas at Prospect Park Hospital but the routine use of body cameras was more controversial. The Medical Director said that the Trust had agreed that subject to information governance approval, that body cameras could be used in certain defined circumstances, for example, in the Psychiatry Intensive Care Unit, Seclusions and when patients requested that a body camera was worn.

The Committee noted the report.

Clinical Effectiveness and Outcomes

6.0 Clinical Audit Report

The Chair welcomed Sara Johnson, Older People Mental Health Team and Camilla Sowerby, Early Intervention Psychosis Team, Pharmacist to the meeting.

The Medical Director presented the paper and reported that three national clinical audit reports and one re-audit requested by the Committee had been received since the last meeting of the Committee and had been presented to the Clinical Effectiveness Group:

- National Audit of Dementia Memory Services Spotlight Audit Report
- National Audit of Inpatient Falls Annual Summary Report (no trust level data)
- SSNAP – Sentinel Stroke Annual Report (no trust level data)
- Trust re-audit of Early Intervention in Psychosis (EIP) outlier metrics

a) National Audit of Dementia Memory Services

The Medical Director reported that audit was a one off spotlight audit for community memory services and was aligned with NHS England's Dementia objectives to ensure equal access to diagnosis for everyone and every person diagnosed with dementia having meaningful care following their diagnosis. The results provided an overview and benchmarking position against other trusts. It was noted that following the publication of the benchmarking report, the service had identified four areas for further improvement: increasing the percentage of people who were newly referred having an initial contact within two weeks of referral, recording of a falls history during the initial assessment, capturing discussions on hearing and vision and reducing wait times.

The Chair asked whether it was challenging to meet the national target of six weeks from referral to dementia diagnosis.

Sara Johnson, Older People's Mental Health Team said that it was challenging to meet the national target for a number of reasons, including GPs needing to refer a particular number of people and then the Trust being able to see these patients within the timeframe.

The Chair asked whether it was more challenging to meet the target in areas of high deprivation, for example, Slough and Reading.

Sara Johnson reported that Slough and Reading were not outliers and pointed out that the Memory Clinic was doing a lot of work in Slough and was visiting places of worship and community centres to raise awareness of Dementia services.

The Chair commented that she had visited the Memory Clinic at Prospect Park Hospital and said that she had been impressed by the service.

The Chair thanked Sara Johnson for attending the meeting.

b) National Audit of Inpatient Falls Annual Summary Report (no trust level data)

The Medical Director reported that the National Audit of Inpatient Falls was a high level review which made eight key national recommendations. It was noted that the Trust's Falls Lead had completed a comprehensive review of the national recommendations and had identified one area for future improvement in relation to accurate post-fall checks.

c) SSNAP – Sentinel Stroke Annual Report (no trust level data)

The Medical Director reported that the Sentinel Stroke National Audit was high level review which made five key national recommendations. With 15 individual requirements. It was noted that the Trust's Neuro Rehabilitation Lead had completed a comprehensive review and had identified that the Trust was not meeting the requirement to provide a seven day service, the Trust did not currently provide therapy services at the weekend.

d) **Trust re-audit of Early Intervention in Psychosis (EIP) outlier metrics**

The Medical Director reminded the meeting that in the last national Early Intervention in Psychosis audit, the Trust was an outlier in relation to family interventions and physical health screening. The Medical Director reported that the Trust's local audit had demonstrated improvement in the family intervention standard and based on the score achieved, the Trust would be currently classed as performing well in this area and would not be an outlier. It was noted that the audit had demonstrated a decrease in compliance for physical health assessment. The Trust had identified further actions to mitigate the risk.

The Chair thanked Camilla Sowerby for attending the meeting.

The Committee noted the report.

6.1 Quality Accounts 2022-23 Quarter 3 Report

The Quality Accounts 2022-23 Quarter 3 Report had been circulated. The Chair reminded the meeting that the Quarter 3 Report would be shared with the Trust's stakeholders, including the Governors for their comments and feedback.

The Medical Director presented the report and said that the final Quality Accounts Report would be submitted to the May 2023 Trust Board meeting for final approval.

The Chair commented that it was a helpful document and provided a useful insight into the Trust's Quality work. The Chair queried whether the report was user friendly for the public.

The Head of Clinical Audit and Effectiveness reported that over the years, the Governors had provided feedback on the Quality Accounts Report and a number of

changes had been made to improve its readability and accessibility. It was noted that some sections were nationally mandated but invited members of the Committee to forward any suggestions for further improvements to the Quality Accounts Report.

The Committee noted the report.

Update Items for Information

7.0 Guardian of Safe Working Hours Quarterly Report

The Guardian of Safety Working Hours report had been circulated.

The Medical Director presented the paper and reported that during the reporting period (1 November 2022 to 31 January 2023), there had been one 'hours and rest' exception report and no 'education' reports. The 'hours and rest' report totalled an extra one hour worked over and above the trainee's work schedule and related to work caused by an exceptionally busy day coinciding with staff annual leave on the trainee's ward.

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 16 November 2022 had been circulated.

The Medical Director said that the Trust was reviewing the role of the Place of Safety which was also used as a short term inpatient bed when the wards were full. The Medical Director reported that the practice of using the clinical rooms near the Reception when the Place of Safety was not available had stopped and patients now waiting with Police in the Reception area.

The Chair commented that she had attended the last meeting of the Mental Health Act Governance Board and said that she had found it very informative.

The Chair asked where the Trust's Deprivation of Liberty Safeguards (DoLs) work was reported. The Director of Nursing and Therapies confirmed that DoLs was part of the Trust's Safeguarding work.

Naomi Coxwell, Non-Executive Director referred to the reference to restraint benchmarking data (page 219 of the agenda pack) which identified that the trust was in the upper quartile and commented that she was aware that the Trust had undertaken a significant amount of work around reducing prone restraint and asked for further information.

The Medical Director explained that the benchmarking data was not about the of prone restraint. The Medical Director reported that the Deputy Director of Nursing and undertaken a deep dive exercise to gain a better understanding about the data and had found that the Trust reported all instances of use of force ranging from a friendly guide to go back to the room to a full blown use of force. The Deputy Director of Nursing added that the Trust also recorded each use of force as a separate incident whilst it was apparent that some other trusts had a different reporting regime.

The Committee noted the minutes.

7.2 Draft Mental Health Bill

The Medical Director reported that he would be presenting a summary of the changes in the draft Mental Health Bill to the March 2023 Trust Board Discursive meeting.

The Medical Director reported that the former Prime Minister, Theresa May had commissioned a review of the Mental Health Act following concerns about the increasing number of mental health detentions and the disproportionate number of people from a Black, Asian and Minority Ethnic background who were detained.

It was noted that the Director of Strategic Planning was leading a project using Quality Improvement methodology to gain a better understanding of the Trust's Mental Health Act detentions by ethnicity, gender and locality in order to ascertain whether there was any discrimination. It was noted that the Trust was undertaking some qualitative work with MIND, part of which included conducting interviews with patients.

7.3 Quality and Performance Executive Group Minutes – November 2022, December 2022 and January 2023

The minutes of the Quality and Performance Executive Group minutes for November 2022, December 2022 and January 2023 had been circulated.

The Chair commented that she found the minutes very helpful in providing context for the Trust's Quality related work.

The Committee noted the minutes.

7.4 Council of Governors Quality Assurance Group – Visits to Services

Copies of the Governor Visit Reports to Individual Placements Service and to Community Matrons East had been circulated.

The Chair thanked the Governors for their detailed reports.

The Committee noted the Governors' service visit reports.

Closing Business

8.0 Quality Assurance Committee Horizon Scanning

Naomi Coxwell, Non-Executive Director asked whether the changing role of the Care Quality Commission should be discussed by the Committee.

The Director of Nursing and Therapies said that proposed changes to the Care Quality Commission were reported to the Trust Board. The Director of Nursing and Therapies said that there was nothing new to report in terms of the proposed changes to the inspection regime.

The Chair invited members of the Committee to email her if they had suggestions for future reports.

8.1. Any Other Business

There was no other business.

8.2. Date of the Next Meeting

The next meeting is scheduled to take place on 30 May 2023 at 10am.

These minutes are an accurate record of the Quality Assurance Committee meeting held on 28 February 2023.

Signed:-

Date: - 30 May 2023

Berkshire Healthcare
NHS Foundation Trust

Quality Assurance Committee Paper

QPEG / QAC/ Trust Board	February 2023
Title	**Learning from Deaths Quarter 3 Report 2022/23**
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
Relevant Strategic Objectives	1 – To provide accessible, safe, and clinically effective services that improve patient experience and outcomes of care
Equality Diversity Implications	A national requirement is that deaths of patients with a learning disability & Autism are reviewed to promote accessibility to equitable care. This report provides positive assurance of learning from these deaths.
Summary	113 deaths met the criteria to be reviewed further and were submitted on Datix for review. All 113 were reviewed by the Executive Mortality Review Group (EMRG) and the outcomes were as follows: • 66 were closed with no further action • 42 required 'second stage' review (using an initial finding review (IFR)/ Structured Judgement Review (SJR) methodology). • Of the 42 deaths requiring further review,8 were classed as Serious Incident Requiring Investigation (SI) • 5 cases were awaiting further information During Q3, the trust mortality review group (TMRG) received the findings of 31 2nd stage review reports, of which 5 related to patients with a learning disability. **Lapse in care (LIC)** 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. No lapse in care was identified from the Q3 reviews which were undertaken. 4 cases have been escalated for further review during Q3, following discussion at Trust Mortality Review Group and outcome of these in-depth reviews will be available in due course.. **COVID 19 Inpatient Deaths.** Nine patients tested positive for Covid 19 (positive 28 days before death) or had Covid 19 stated on their MCCD, all were closed at first stage review, the patients were admitted for end-of-life care and were positive for Covid 19 on or prior to admission. Learning from review of deaths is further shared with services by the Clinical Directors through their patient safety and quality groups (PSQs).
ACTION REQUIRED	The committee is asked to receive and note the Q3 learning from deaths.

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

Figure 1	20/21 total	21/22 total	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Total 22/23
Total deaths screened (Datix) 1st stage review	510	467	119	98	**113**		**330**
Total number of 2nd stage reviews requested (SJR/IFR/RCA)	269	209	48	37	**42**		**127**
Total number of deaths reported as serious incidents	48	35	9	4	**8**		**21**
Total number of deaths judged > 50% likely to be due to problems with care (lapse in care)	1	4	0	0	**0**		**0**
Number of Hospital Inpatient deaths reported (Including patients at the end of life and unexpected deaths following transfer)	185	156	43	39	**32**		**114**
Total number of deaths of patients with a Learning Disability (1st stage reviews)	53	51	7	6	**6**		**19**
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

1.1 Total Deaths Screened (1st stage review)

113 deaths were submitted by services through the trust Datix reporting system for a first stage review by the EMRG. Of these 113 deaths reviewed, EMRG advised closing 66 cases, 42 were referred for a second stage review of which 8 were referred for SI investigation. 5 cases require additional information at first stage review.

1.2. 2nd Stage Reviews Completed

The Trust-wide mortality review group (TMRG) meets monthly and is chaired by the Medical Director; 31 second stage reviews have been received and considered by the group in Q3. Figure 2 details the service where the review was conducted.

Figure 2: 2nd Stage Reviews Completed in Q3

October 2022	5 SJR 9 IFR **14 Total**	Learning Disabilities: 3 SJR West Mental Health: 5 IFR East Mental Health: 1 SJR, 1 IFR West Physical Health: 1 SJR, 2 IFR East Physical Health: 1 IFR
November 2022	4 SJR 1 IFR **5 Total**	West Mental Health: 1 IFR West Physical Health: 3 SJR East Physical Health: 1 SJR
December 2022	9 SJR 3 IFR **12 Total**	Learning Disabilities: 2 SJR West Mental Health: 1 SJR, 1 IFR East Mental Health: 1 SJR, 2 IFR West Physical Health: 4 SJR East Physical Health: 1 SJR

2. Concerns or Complaints

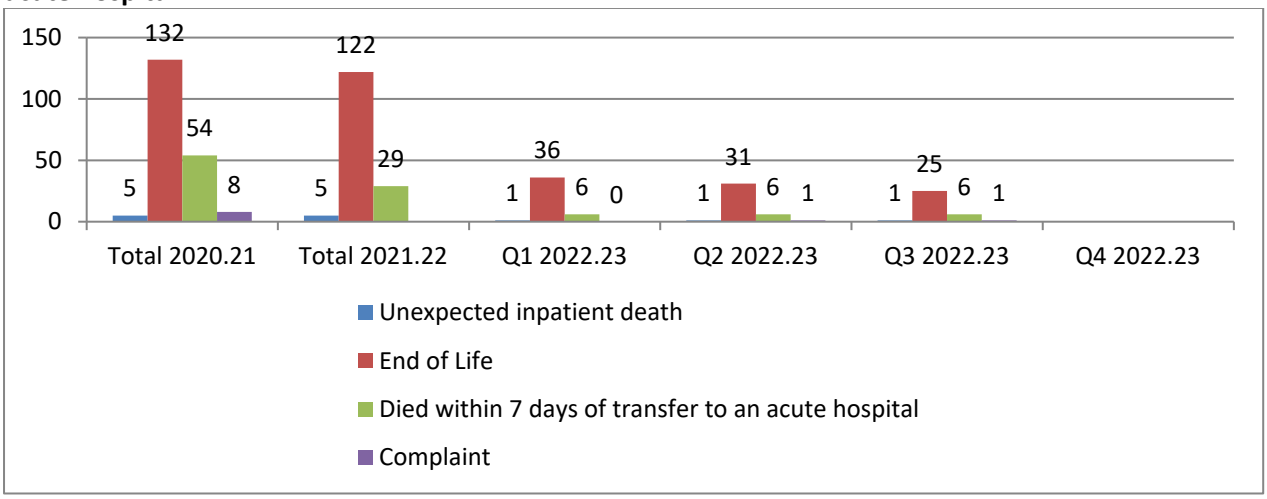
In Q3, 5 complaints were received from families following the death of a relative, 2nd stage reviews were requested for all and one is being progressed as an SI.

- Attitude of staff when verifying a death (Westcall)
- Communication, Management of Pain & Mental Health (Community Inpatients EOL)
- Clinical Care / Wound Management (District Nursing)
- Clinical Care / Wound Management (District Nursing) being progressed as an SI
- Management of equipment and impact on patient care (District Nursing)

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

3.1 Deaths of patients (including palliative care) on 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 Q3 there were 31 deaths reported by Community Inpatient Wards, of which:

- 25 were expected deaths and related to patients who were receiving end of life care (EOLC). All were closed at 1st stage review.
- 6 unexpected deaths due to ill health deterioration where they were transferred to an acute hospital and died within 7 days

In addition to the 31 community inpatient ward deaths there was 1 unexpected death on a mental health inpatient ward, this will be investigated as a serious incident.

One complaint was received (noted in section 2) for an inpatient who received care in Q2.

2nd stage reviews were requested for all 6 unexpected deaths and the complaint which was received.

3.2 Covid-19 Inpatient deaths.
From the deaths noted above, 8 patients who died had tested positive for Covid 19 within the 28 days prior to their death, of these:

- All were closed at first stage review, the patients were admitted for end-of-life care and were positive for covid 19 on or prior to admission, Covid 19 was stated on medical certificate of cause of death (MCCD) for 6 of these patients.

1 patient admitted for EOL care had Covid 19 stated on the MCCD and were post 28 days positive.

3.3 Medical Examiner

RBFT provide this service for the Trust and all BHFT inpatient deaths (since December 2022) have been scrutinised through the RBFT Medical Examiner's Office.
Subject to parliamentary process this will become a statutory requirement in April 2023.

All 27 inpatient deaths have been independently scrutinised by a Medical Examiner. In 22 cases, the medical certificate of cause of death (MCCD) was agreed and processed. 5 cases were referred by the ME to the coroner, of these 3 resulted in 100a form and MCCD was agreed, 1 is subject to inquest and 1 required a post mortem and will progress to an inquest.

The ME process allows for the Medical Examiner to also recommend cases for structured judgement review and notify us of any family concerns, one (Mental Health Inpatients) case was identified by the ME as requiring a SJR for which we are completing an SI.

4. Deaths of Children and Young People

In Q3, 11 deaths were submitted as a Datix for 1st stage review. All 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 (CDOP).

5. Deaths of adults with a learning disability

In Q3 the Trust Mortality Review Group (TMRG) reviewed a total of 5 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 5 deaths there were no identified lapses in care provided by Berkshire Healthcare.

The deaths were attributed to the following causes:

Immediate cause of death	Number of deaths
Diseases of the respiratory system	2
Cancer	2
Heart and circulatory system	1

No deaths were attributable to COVID 19 in Q3

Demographics:

Gender:

Female	0
Male	5

Age: The age at time of death ranged from 34 to 66 years of age (median age: 62 yrs.)

Severity of Learning Disability:

Moderate to Severe	1
Severe	2
Profound	1
Not Known	1

Ethnicity:

White Irish	1
White British	4

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 Q3, 8 deaths were reported as serious incidents (See SI Q3 report for details).

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. No lapse in care was identified from the Q3 reviews which were undertaken.

8.Learning from Deaths

Learning from Serious Incidents is summarised in Q3 SI report.

Immediate learning from all deaths is shared by Clinical Directors and Governance Leads through locality governance and quality meetings. Where the need for more substantial learning is identified from initial review, an Internal Learning Review is facilitated by the Patient Safety Team.

Thematic learning from mortality reviews will be summarised after Q4 for the trust clinical Circulation brief to all staff.

9.Conclusion

During Q3, the trust mortality review group (TMRG) received the findings of 31 2nd stage review reports. All hospital inpatient deaths were reviewed by a medical examiner.

No lapse in care were identified.

Nine patients who died had tested positive for Covid 19 within 28 days prior to death or had Covid 19 stated on their MCCD, all were closed at first stage review, the patients were admitted for end-of-life care and were positive for Covid 19 on or prior to admission.

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

Berkshire Healthcare NHS Foundation Trust

Quality Assurance Committee Paper

Meeting Date	February 2023
Title	Guardian of Safe Working Hours Quarterly Report (November 2022 to January 2023)
Purpose	To assure the Trust Board of safe working hours for junior doctors in BHFT
Business Area	Medical Director
Author	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 Guardian of Safe Working report for consideration by Trust Board. This report focusses on the period 1st November 2022 to 31st January 2023. Since the last report to the Trust Board, we have received one exception report. 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 Medical Workforce Manager.

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

This report covers the period 1st November 2022 to 31st January 2023

Executive summary

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

This report focusses on the period the period 1st November 2022 to 31st January 2023. Since the last report to the Trust Board, we have received one '*hours & rest'* exception report and no '*education*' reports.

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

Introduction

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

High level data

Number of doctors in training (total): 48 (FY1 – ST6)

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

Number of doctors in training on 2016 TCS (total): 48

Amount of time available in job plan for guardian to do the role: 1PA

Admin support provided to the guardian (if any): Medical Staffing

Amount of job-planned time for educational supervisors: 0.25 PAs per trainee

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

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Psychiatry	0	1	1	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
FY	0	1	1	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	1	1	0

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
FY	1	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 one '*hours and rest'* exception report where the trainee worked hours in excess of their work schedule. This totaled an extra one hour worked over and above the trainee's work schedule. The report was not related to work on the out-of-hours rota. It was related to work caused by an exceptionally busy day coinciding with staff annual leave on the trainee's ward.

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

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

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

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

b) Work schedule reviews

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

Work schedule reviews by grade	
CT1-3	0

ST4-6	0

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

c) **Gaps**

(All data provided below for bookings (bank/agency/trainees) covers the period 1st November 2022 to 31st January 2023)

Psychiatry	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
	87	85	3	82	0	889.5	871.5	29.5	842	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	29	29	1	28	0	299.5	299.5	5.5	294	0
Sickness	58	56	2	54	0	590	572	24	548	0
Maternity	0	0	0	0	0	0	0	0	0	0
Total	87	85	3	82	0	889.5	871.5	29.5	842	0

d) **Fines**

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

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

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

Qualitative information

The OOH rota is currently operating at 1:14 and our system for cover continues to work as normal, with gaps generally being quickly filled. Our bank doctors continue to be an asset, and we continue to increase this pool. We have had 2 unfilled gaps in this period; however, patient safety was not an issue and we always had one junior doctor on duty out of hours.

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

The Guardian of Safe Working, Dr Marjan Ghazirad, has resigned and left the Trust at the end of January. We are holding interviews for a new Guardian, and they will be in post later this month.

Issues arising

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

Actions taken to resolve issues

Next report to be submitted May 2023.

Summary

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

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

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

Questions for consideration

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

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

Report compiled 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	11 April 2023
Title	**Executive Report**
	Item for Noting and to approve the Modern Day Slavery Statement
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	The Trust Board is requested to: a) To note the report and seek any clarification. b) Approve the Trust's Modern Day Slavery Statement

Berkshire Healthcare
NHS Foundation Trust

Trust Board Meeting – 11 April 2023

EXECUTIVE REPORT – Public

1. Never Events

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

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

2. Update on Care Quality Commission's (CQC) Changes to the Inspection Regime

Summary of Changes

- introducing a new regulatory approach for health and care providers, integrated care systems and local authorities
- establishing a new Regulatory Leadership team to shape our priorities and drive improvement
- changing how our operational teams are structured to better deliver our regulatory activity
- delivering a new and improved provider portal.

Time scale for changes

The new assessment approach was due to be implemented for providers in January 2023, following a review this will now not happen until later in 2023. This is as a result of listening to feedback from limited roll out of changes in 2022 and consideration of pace of implementing complex changes to enable smooth transition.

From Spring:

- The CQC will be making sure the technology needed is in place and tested with providers
- The CQC will be confident that the new regulatory approach is ready to launch.
- The new Regulatory Leadership team will set out their priorities across their sectors, including thematic reviews

- The CQC will start to understand more about what is happening locally and start looking at how care is provided at a system level

Knowing that services are under pressure, the CQC will minimise the changes made and focus on mainly internal priorities.

From Summer:

- new online provider portal will be launched in stages with provider support and guidance. In the first stage providers will be able to submit statutory notifications
- The CQC will improve how the enforcement process works

This is the start of gathering evidence in a new and structured way that will help inform assessments, making it much easier for providers to interact with CQC. It also allows the CQC to test and refine how the provider portal and their internal technology.

Towards the end of 2023 the CQC will gradually start to carry out assessments in the new way. This means using the new assessment framework. Providers will be able to apply to register with us and make ongoing changes to registration through the portal. By this point online interactions with providers will be on the portal.

Current Inspection/ monitoring approach

A pragmatic and risk-based approach is continuing to be taken regarding the current inspection programme as is has been taken though the pandemic whilst the new approach is developed. This includes:

- The national programme of inspections in maternity services.
- Continuing coordinated inspection activity over the coming months with 4 UEC pathways across the country being undertaken to see how well providers are being supported and encouraged across key areas.
- Continuing to complete monthly reviews of services. These are based on information known / available about a provider and in some cases will indicate further regulatory action is required. In 2022, almost 7,000 direct monitoring calls with services were carried out and this will continue until the new assessment approach is introduced.

Changes in structure

During this period providers will not see any changes to our local relationship managers and how they work with us. We have been advised that our current relationship manager will remain our contact until September 2023.

From September the CQC will be bringing together their specialist sector teams (adult social care, hospitals, primary medical services) into one Operations group. The aim of this is to break down barriers that previously separated the different sectors. The teams will work across four geographic

areas or ‘networks’. They will be responsible for carrying out our assessments of quality. The four networks are:

- London and East of England
- Midlands
- North
- South

Our new senior leadership team leads our Operations group. This team comprises director roles that replace previous deputy chief inspector roles.

As part of this wider Operations group, we are also establishing a National Operations directorate. This will include registration and national operations teams, for example oral health and children’s services.

The roles and responsibilities involved in carrying out assessment will be split, and the 4 networks detailed above will be divided into local teams. These teams will include colleagues with a mix of expertise and experience of different types of health and social care services. This will make sure we can share specialist skills and knowledge about all sectors. Bringing together people with different perspectives will give us the best view of services across a local area. The new teams will be made up of assessors, inspectors, regulatory co-ordinators and regulatory officers. An operations manager will lead each team. Depending on the services in a particular area, teams will contain a mix of these roles:

- **Assessors**: ensure we have an ongoing view of quality, safety and risk for services in their area. Supported by the inspector and regulatory co-ordinator, they will make judgements about the quality of care. To do this they will consider evidence collected from all sources – both on and off site.
- **Inspectors**: lead our enforcement activity. While assessors will collect evidence off-site, inspectors will gather evidence on site visits. We call these site visits inspections.
- **Regulatory co-ordinators**: help carry out engagement with providers and local groups of people. They will support us with triaging information and collecting evidence.
- **Regulatory officers**: support administrative duties. For example, inspection planning and gathering the experiences of people using services.

Inspectors and assessors will still use their expertise and experience in their specific type of service or sector and in addition senior specialists with expertise in each sector will be available to support them, specialist advisors will continue to be used to support inspections.

For providers, this means:

- Assessment will continue to be undertaken by CQC colleagues who are experts in our service areas. But it is envisaged that CQC teams will be better able to have conversations with us about how things are working

between our services and the other services that we interface/ interact with in the local area.
- A more tailored and efficient support in CQC relationship with us with the ability to speak to differing members of our local teams for different types of advice and less reliance on one person to provide support.

Inspecting Integrated care systems

The CQC want to start to assess integrated care systems as soon as it's practical and meaningful to do so and are currently working closely with and seeking approval from the DHSC on their approach to implementing these assessments and will provide more details on this as soon as possible. Once approved guidance will be finalised on how assessment of integrated care systems will be undertaken using the single assessment framework.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3. Public Satisfaction with the NHS and Social Care

The National Centre for Social Research's British Social Attitudes (BSA) survey has been conducted annually since 1983. Each year the survey asks people what it's like to live in Britain and what they think about how Britain is run, including measuring levels of public satisfaction with the health and care services.

The most recent survey was carried out between 7 September and 30 October 2022 and asked a nationally representative sample (across England, Scotland and Wales) of 3,362 people about their satisfaction with the National Health Service (NHS) and social care services overall, and 1,187 people about their satisfaction with specific NHS services, as well as their views on NHS funding.

Satisfaction with the NHS overall in 2022

- Overall satisfaction with the NHS fell to 29 per cent – a 7 percentage point decrease from 2021. This is the lowest level of satisfaction recorded since the survey began in 1983.
- More than half (51 per cent) of respondents were dissatisfied with the NHS, the highest proportion since the survey began.
- The fall in satisfaction was seen across all ages, income groups, sexes and supporters of different political parties.
- The main reason people gave for being dissatisfied with the NHS was waiting times for GP and hospital appointments (69 per cent), followed by staff shortages (55 per cent) and a view that the government does not spend enough money on the NHS (50 per cent).
- Of those who were satisfied with the NHS, the top reason was because NHS care is free at the point of use (74 per cent), followed by the quality of NHS care (55 per cent) and that it has a good range of services and treatments available (49 per cent).

Satisfaction with social care services in 2022

- Just 14 per cent of respondents said they were satisfied with social care. Dissatisfaction with social care rose significantly in 2022, with 57 per cent of people saying they were dissatisfied (up from 50 per cent in 2021).
- Dissatisfaction with social care was high across all ages, income groups, sexes, and supporters of different political parties. People over the age of 65, those on higher incomes and people of white ethnicity were most dissatisfied.
- The top reason for dissatisfaction with social care was that people don't get all the social care they need (64 per cent) followed by the pay, working conditions and training for social care workers not being adequate (57 per cent) and there not being enough support for unpaid carers (49 per cent).
- Dissatisfaction with social care is higher than dissatisfaction with the NHS overall or any of the individual NHS services asked about. Social care is also the service with the lowest satisfaction levels.

Satisfaction with different NHS services in 2022

- Satisfaction with GP services fell to 35 per cent in 2022, down from 38 per cent in 2021. This is the lowest level of satisfaction recorded since the survey began.
- Satisfaction with NHS dentistry fell to a record low of 27 per cent and dissatisfaction increased to a record high of 42 per cent. 24 per cent of respondents said they were 'very dissatisfied' with NHS dentistry – a higher proportion than for other health and care services asked about in the survey.
- Satisfaction with inpatient and outpatient services fell to 35 per cent and 45 per cent respectively. Despite falling by 4 percentage points, outpatients remains the highest-rated service.
- Satisfaction with A&E services dropped 8 percentage points to 30 per cent, also a record low. 40 per cent of respondents said they were dissatisfied with A&E services, an 11 percentage point increase and a new record level of dissatisfaction. This is the largest change in dissatisfaction in a single year since the question on A&E services was first asked in 1999.

Attitudes to NHS funding, priorities and principles

- 83 per cent of respondents believed that the NHS had a major or severe funding problem.
- For the first time since 2015, the most popular option when asked how more money should be raised for the NHS was that 'the NHS needs to live within its own budget' (chosen by 28 per cent of respondents). In total, 43 per cent of people chose one of the two options that involved paying more taxes.
- On being asked what the most important priorities for the NHS should be, the top two cited by survey respondents were: increasing the number of staff in the NHS (51 per cent) and making it easier to get a GP appointment (50 per cent). Improving waiting times for planned operations and in A&E were both chosen by 47 per cent of respondents, with the latter seeing a significant increase since 2021.
- As in 2021, a large majority of respondents agreed that the founding principles of the NHS should 'definitely' or 'probably' apply in 2022: that the NHS should be free of charge when you need it (93 per cent), the NHS

should primarily be funded through taxes (82 per cent) and the NHS should be available to everyone (84 per cent).

Executive Lead: Julian Emms, Chief Executive

4. Delegating three new services to ICSs

On 1 April 2023, responsibility for commissioning pharmaceutical, general ophthalmic services and dentistry (POD) was delegated to integrated care boards (ICBs) with the aim of moving towards primary care services that are more joined up, locally led and locally responsive. The plans were announced by NHS England in 2021 as part of a range of commissioning reforms initiated by the Health and Social Care Act 2022.

It is hoped that bringing together management of these primary care functions at a system level will enable a stronger voice for primary care providers, patients, the public and other key stakeholders in service design and delivery at a local level. Devolving commissioning to a system level also helps ICBs to achieve the aspirations of the Fuller Stocktake, to improve access to care and advice, deliver more practice care and help people to stay well for longer.

To test the process and provide insight into how this transition might work, nine early adopter systems took responsibility for commissioning some or all of the POD services in July 2022.
For ICBs taking on POD functions in April 2023, the immediate task will be to manage the logistical and governance challenges of shifting the management of these contracts from NHS England's regions to a system footing. If we consider dentistry and the findings of the British Social Attitudes (BSA) survey the longer-term challenge will be addressing some of the deep routed challenges which exist that have resulted in widespread dissatisfaction among the public.

Executive Lead: Julian Emms, Chief Executive

Presented by: Julian Emms
Chief Executive
11 April 2023

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	11th April 2023
Title	**Gender Pay Gap Report**
For Noting	
Purpose	**The gender pay gap is the difference between the average pay of men and women in an organisation. Any employer with 250 or more employees on a specific date each year must report the data**
Business Area	**People Directorate**
Author	**Jane Nicholson, Director of People**
Relevant Strategic Objectives	Ensuring that we understand any gender pay gaps and address any inequalities helps us to deliver our ambition to make BHFT a great place to work
CQC Registration/Patient Care Impacts	Workforce equality, diversity and inclusion underpins the well led dimension of CQC assessments.
Resource Impacts	n/a
Legal Implications	We have a legal requirement to ensure that we are not discriminating in the application of our pay policies
Equality and Diversity Implications	This is a core diversity and inclusion measure
SUMMARY	The purpose of this paper is to give the Board oversight of the Trust gender pay gap
ACTION REQUIRED	To note the report and seek any clarification.

Gender Pay Gap Reporting (GPG) for the year 2022-2023

Author	Ash Ellis, Deputy Director for Leadership, Inclusion and OD
Purpose of Report	This report sets out an analysis of the Trust's Gender Pay Gap Report for 2022-2023

Executive Summary

- Gender Pay Gap reporting is a requirement under the Equality Act 2010 and is based on data from the previous year. The Gender Pay Gap is not the same as unequal pay. The Gender Pay Gap is the difference between the average pay of men and women in an organisation.

- BHFT's Median Gender Pay Gap in 2022-2023 was 16.46%**.** This represents a decrease of 0.55% from 17.01% from 2021-2022, moving in the right direction. BHFT's Mean Gender Pay Gap in 2022-23 is 16.96%, this represents a 3.49% decrease from 2021-2022 moving in the right direction.

- The Gender Pay Gap data will be published on the Trust's website. The information should remain on the Trust website for a period of at least three years, beginning with the date of publication.

- The reasons for the Gender Pay Gap can be varied and complex, some of which are within our control and some will be more systemic within society. One of the major reasons for the pay gap is that there is a higher proportion of males in more senior bands within the Trust. Females represent 83.25% of our workforce yet only represent 74.19% of the workforce in the upper quartile; males represent 16.75% of our workforce but are overrepresented in the upper quartile (25.81%). This means that females are underrepresented by 9.06%% in the senior bands and males overrepresented by 9.06%.

- The proportion of females in the lowest quartile of pay (87.05%) represents a slight increase from 86.8% in the previous year: a higher figure than the proportion of females employed in the Trust (83.25%).

- The Trust is committed to continuously reviewing our systems, practices and processes to ensure we are reducing our Gender Pay Gap where practically possible and will work closely with our Diversity Steering Group, staff networks, Trade Unions and other stakeholders to develop an effective action plan. This action plan will sit within the Trust's overall EDI action plan and agreed priorities.

- Before we develop a more dedicated and detailed action plan in collaboration with our stakeholders, we would like to engage a statistician to enable the Trust to better understand the drivers for the pay gap so we can know what is within our control and what is systemic and what actions will be effective to reduce the pay gap.

Recommendation	The Board is asked to acknowledge the report and subsequent approach to develop actions.

1. Reporting Requirement

The gender pay gap audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people and listed in Schedule 2 to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 we must publish and report specific information about our gender pay gap. The report is always retrospective based on the last financial year period.

a) The gender pay gap can be defined as the difference between the median hourly earnings of men and of women. This is distinct from equal pay, which refers to men and women in the same job earning an equal wage.
b) Median and mean is what we are required to report on. Median is the middle value of the arranged set of data. Mean is the total of the numbers divided by how many numbers there are.

From a purely statistical standpoint, the median is considered to be a more accurate measure as it is not skewed by very low hourly pay or very high hourly pay i.e. such as medical staff who are on much higher salaries than other professional groups. However, we know in the gender pay gap for example the very high paid people tend to be men, and the very low paid people tend to be women, and the mean paints an important picture of the pay gap because it reflects this issue. It is therefore good practice to use both the mean and the median when analysing or reporting on the pay gap.

2. Our Gender Pay Gap Report in BHFT

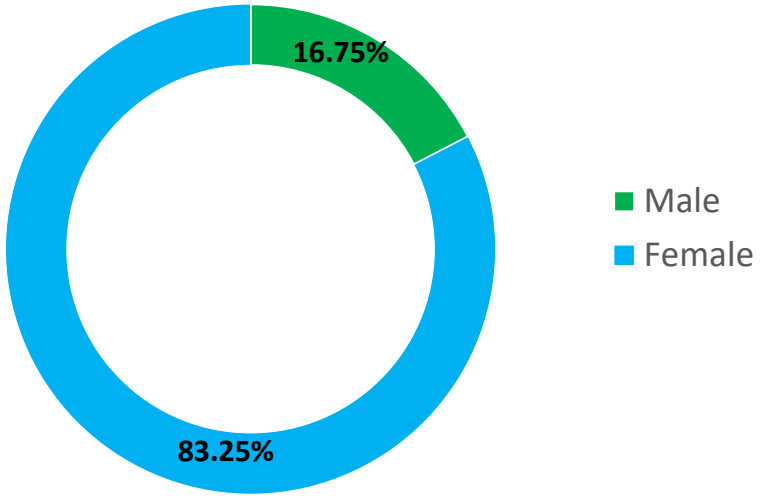
Our Gender Pay Gap report for 2022/2023 contains a number of elements:

- The specific information published on the government website for the snapshot date of 31st March 2022.
- A comparison with the 2021/2022 data.
- An analysis of the pay gap across specific staff bands and quartiles within BHFT.
- Recommendation as to future action to support reducing the Gender Pay Gap where possible.

3. Our Gender Profile in BHFT – 2022 / 2023

Data collected shows that our workforce consists of 4,789 people, 4,136 female and 832 male, Figure 1 below shows our gender profile.

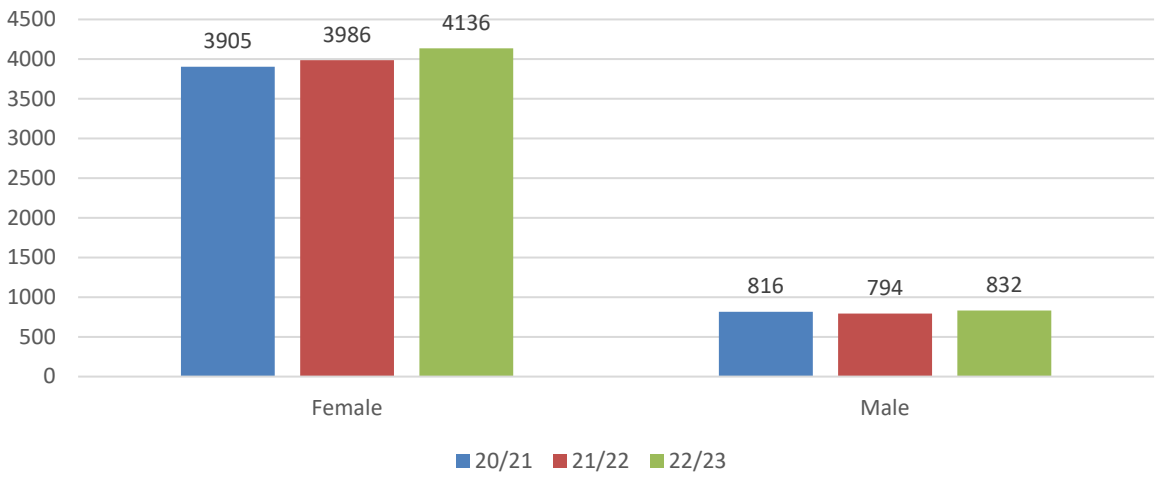
Figure 1: BHFT Gender Profile 2022/23



BHFT have 231 more females in our workforce since 2020, and 16 more males in our workforce since 2020.

Figure 2 below shows there has been an increase in the number of staff over 3 years since 2020/2021, with females increasing at a steady level and males fluctuating around the same.

Figure 2: Male and Female Workforce split at BHFT over 3 year period



4. Median and Mean data for BHFT

Figure 3: Median and Mean Hourly Rate in BHFT over the last 3 years

Mandatory Reporting Area	Data for 2020-21 period				Data for 2021-22				Data for 2022-23			
Mean gender pay gap in hourly pay	**19.14%**				**20.45 %**				**16.96%**			
Median gender pay gap in hourly pay	**14.5%**				**17.01%**				**16.46%**			
Mean bonus gender pay gap	**37%**				**25.97%**				**29.58%**			
Median bonus gender pay gap	**27.92%**				**0%**				**0%**			
Proportion of males and females within the whole workforce receiving a bonus payment	**Males**		**Females**		**Males**		**Females**		**Males**		**Females**	
	17	1.98%	14	0.35%	38	4.63%	40	1%	34	3.88%	37	0.88%
Bonus pay Mean	£8,086.07		£5,094.43		£6,906.77		£5,113.12		£8,062.62		£5,677.54	
Difference	£2,991.63				£1,793.65				**£2,385.07**			
Bonus pay Median	£1,487.83		£1,413.44		£3,745.29		£3,745.29		£4,790		£4,790	
Difference	£74.39				£0				**£0**			
Gender Hourly rates	**Males**		**Females**		**Males**		**Females**		**Males**		**Females**	
Median					£20.90		£17.35		£21.66		£18.10	
Difference					£3.55				£3.57			
Mean	£22.29		£18.02		£23.74		£18.88		£23.89		£19.84	
Difference	£4.27				£4.85				**£4.05**			

Figure 3 above demonstrates that although relatively equal number of males and females have received a bonus payment, the percentage of males receiving a bonus out of the overall male workforce is higher in comparison to females. There is a 0% Median Pay Gap

Mean gender pay gap in hourly pay is 16.96%, which is a **3.49%** decrease from our 2021-22 data, moving in the right direction. The hourly difference is £4.05 but the gender pay gap has reduced by £0.80p.

Median gender pay gap in hourly pay is 16.46% in favour of men. This is a **0.55%** decrease from our 2021-22 data moving in the right direction. The hourly difference is £3.57, which the gender pay gap has increase very slightly by £0.02p.

Nearly all NHS organisations have a higher ratio of female then male in their workforce but have a Gender Pay Gap in favour of men.

Bonus Pay, the data presented in Figure 3 suggests that the average bonus pay gap at BHFT has increased by 3.61%. The bonus data relates only to Clinical Excellence Awards (CEA) paid to all eligible substantive Consultant Medical Staff who have been in post for at least a year. However, it is important to note the context and challenges associated with the bonus pay system:

- CEA's are not a one-off annual performance payment. Instead, it relates to a nationally agreed contractual payment which forms part of the salary package for Consultant Medical Staff.
- This system is prescribed by the British Medical Association (BMA) and NHS Employers – the Trust adopts a nationally agreed system.
- Third, many of the CEA's that are still being paid out are historic and will be maintained until the recipient's retirement.

In 2022-23 the Trust proposed equal bonus payments for all eligible male and female Consultants in the Trust, irrespective of whether they were full-time or part-time without any pro-rata calculations. This would have helped eliminate gender pay gap in the year, since our data suggests female consultants are more likely to work less than full time in the Trust. However, this proposal was rejected by the Local Negotiating Committee and BMA guidance (for pro-rata payment) was required to be implemented. Additionally, as stated above, the gender pay gap also arises from on-going annual legacy bonus payments made in relation to CEA points awarded prior to 2018 that some of the Consultants will continue to benefit from until retirement.

Figure 4: Our hourly pay gap

5. Gender Profile by pay band and quartiles in BHFT 2022-2023

All BHFT staff, except for medical staff, executive (6) and very senior managers (3) are paid on the National Agenda for Change (AfC) pay, terms and conditions of service. The terms and conditions set out band structures and pay for all employees to ensure transparency, fairness and equal treatment for all.

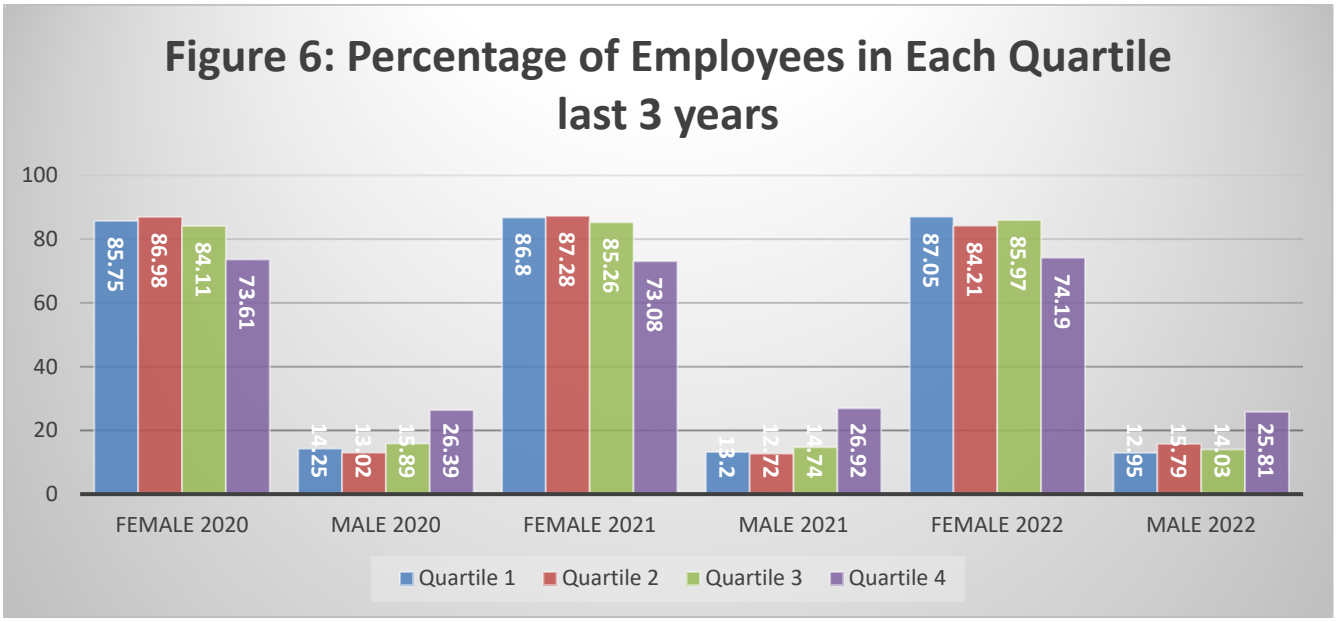
Figure 5 below details the number and percentage of female and male staff within each pay band. A majority of the pay bands are broadly representative of the organisations gender ratio, however we do show more male staff as percentages increase in bands 8a, 8c, 8d, 9 and Board and less female staff in bands 8a, 8b, 8c, 8d and Board as female percentages decrease. Pay band 3 – band 7 is underrepresented of males.

Figure 5: Gender Profile by Pay Band

	Female		Male		Total
Grouped Pay Scale	Headcount	%	Headcount	%	Headcount
Ad-Hoc	4	80.00%	1	20.00%	5
Apprentice	11	100.00%	0	0.00%	11
Band 2	176	77.88%	50	22.12%	226
Band 3	552	87.20%	81	12.80%	633
Band 4	686	87.17%	101	12.83%	787
Band 5	525	85.92%	86	14.08%	611
Band 6	825	85.58%	139	14.42%	964
Band 7	748	84.71%	135	15.29%	883
Band 8a	293	80.27%	72	19.73%	365
Band 8b	124	75.61%	40	24.39%	164
Band 8c	41	69.49%	18	30.51%	59
Band 8d	25	73.53%	9	26.47%	34
Band 9	7	63.64%	4	36.36%	11
Board	6	46.15%	7	53.85%	13
Medical & Dental	113	55.94%	89	44.06%	202
Grand Total	4136	83.25%	832	16.75%	4968

Figure 6 below demonstrates that one of the major reasons for the pay gap is that there is a higher proportion of men in more senior bands within the Trust. As highlighted in Figure 1, females represent 83.25% of our workforce yet only represent 74.19% of the workforce in the upper quartile; males represent 16.75% of our workforce but are overrepresented in the upper quartile (25.81%). This means that females are underrepresented by 9.06%% in the senior bands and males overrepresented by 9.06%.

The proportion of females in the lowest quartile of pay (87.05%) represents a slight increase from 86.8% the previous year: higher than the overall number of females in the Trust (83.25%).



6. Comparison with Integrated Care System Partners (ICS)

It's helpful to see our performance in comparison to our public sector system health partners in terms of how BHFT is performing but also BOB/Frimley as a whole in the health care sector.

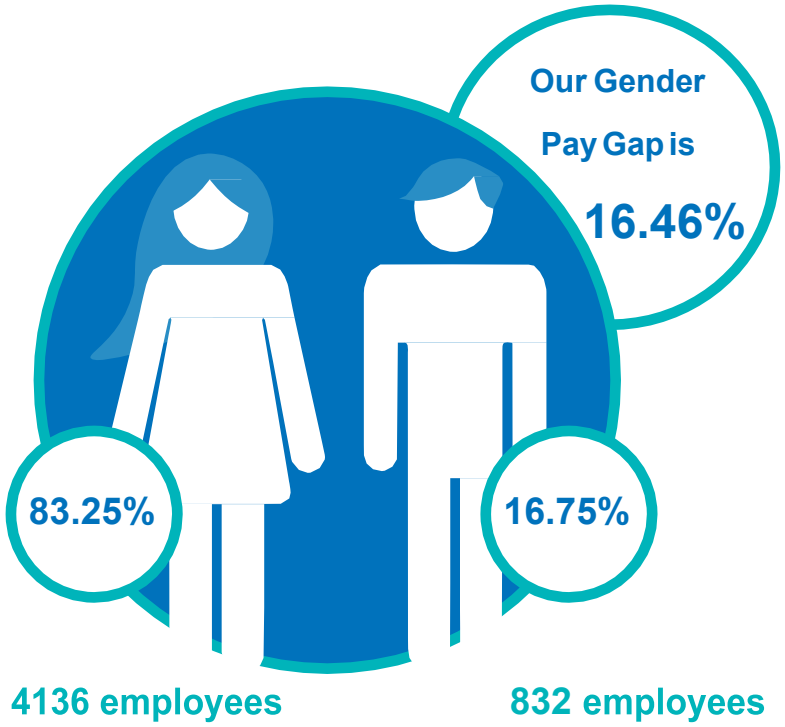
Figure 7 below shows our performance in the gender pay gap in comparison with our health and social care partners.

Figure 7: Gender Pay Gap comparison 2022-2023

Employer	Employer Size	% Difference in hourly pay (Mean)	% Difference in hourly rate (Median)	% Women in lower pay quartile	% Women in lower middle pay quartile	% Women in upper middle pay quartile	% Women in top pay quartile	% Who received bonus pay (Women)	% Who received bonus pay (Men)
Berkshire Healthcare NHS Foundation Trust	1000 to 4999	16.96	16.46	87.05	84.21	85.97	74.19	0.88	3.88
Frimley Health NHS Foundation Trust	5000 to 19,999	21.2	2.4	78.2	75.5	84.2	67.1	37.6	62.4
Surrey & Borders Partnership NHS Foundation Trust	1000 to 4999	3.7	3.3	77.8	79.8	79.9	68.3	1.4	3.7
Royal Berkshire NHS Foundation Trust	5000 to 19,999	20.2	5.3	74.5	78.5	83.1	64.7	0.7	5.1
Oxford Health NHS Foundation Trust	5000 to 19,999	20.7	5.9	85.1	79.1	83.6	72.5	0.4	1.7
Buckinghamshire HealthCare NHS Trust	5000 to 19,999	27.6	17.2	17.0	17.0	15.0	33.0	1.0	5.0
Oxford University Hospitals NHS Trust	5000 to 19,999	3.7	3.3	77.8	79.8	79.9	68.3	1.4	3.7

BHFT Position in comparison to partners	BHFT is the 2nd smallest employer	BHFT is 5th out of 7 highest in favour of men	BHFT is 2nd out of 7 highest in favour of men **Therefore BHFT has the 2nd highest GPG**	BHFT has the most women in the lower pay quartile	BHFT has the most women in the lower middle pay quartile	BHFT has the most women in the upper middle pay quartile	BHFT has the most women in the top pay quartile	BHFT has the 5th out of 7 highest number of women to receive bonus pay	BHFT has the 4th out of 7 highest number of men to receive bonus pay

Whilst the Trust has a Gender Pay Gap of 16.46%, it is worth remembering that the gender pay gap is not the same as unequal pay. This can be simplified by understanding that we have more males than females in higher paid roles, and more females than males in lower paid roles. We also have a considerably lot less males working in the Trust than we do females.



7. What are the causes of the gender pay gap?

BHFT has seen a decrease in the median gender pay gap over the last year from 17.01% to 16.46%. BHFT's Mean Gender Pay Gap in 2023-23 was 16.96%, this represents a 3.49% decrease from 2021-2022 moving in the right direction.

The causes of the gender pay gap are complex and overlapping, some of the reasons for the increase could be attributed to:

- Overall increase in the workforce in the last three years
- Roles in bands 2-7 are predominantly staffed by females (80% and above in most of the bands and in bands 3-4 this figures goes up to >87%).
- As a percentage there are more males in higher paid jobs than lower paid jobs and as a percentage more women in lower paid jobs than in higher paid jobs.
- An increase over the last 3 years of females being employed in Bands 2-4 roles.
- A higher proportion of females are in occupations that offer less financial reward for example, in administration. Many high-paying sectors are disproportionately made up of male workers, for example, medical or information and communications technology.
- A much higher proportion of women work part-time, and subsequently part-time workers earn less than their full-time counterparts on average.
- In general, according to the national landscape women are still less likely to progress up the career ladder into high-paying senior roles, we need to help change this landscape.

8. Actions to close the gender pay gap.

Actions to improve the Trust's gender pay gap align with the Trust's strategic ambitions and priorities, in particular making Berkshire HealthCare a great place to work for our people. To meet this goal the Trust has refreshed its strategy and has committed to:

- Scale workforce gap closing action including international recruitment, apprenticeships and streamline student placement employment offer. Attraction focus widens into schools, T levels, NHS Reservists and underrepresented groups including veterans – *this will support our aim to try and increase our male workforce in the lower quartiles.*
- Internal matching to place staff into roles prior to external recruitment – *in time this could help our female workforce with progression and carer development.*
- Recruitment and onboarding process improvement supported by automation and customer focused recruit/candidate connection prior to start – *will be developed alongside our review of inclusive recruitment.*
- Action key area of ambition to address staff experience differential – *we will include looking at our gender pay gap inequality within this work.*
- Talent management cycle/pooling and leadership programme development. Service management skills set development – *this will support our female staff to progress and develop their careers within BHFT.*
- Streamline internal progression path (competency based) with smooth upward grade movement – *will provide more opportunity for female workforce to progress up the bands.*

As part of our EDI priorities work, we will have key areas of focus which are designed to reduce our Gender Pay Gap. Within our EDI Priorities outlined in the EDI and People Strategies, our Gender Pay Gap actions will focus on 5 key areas:

- Inclusive Recruitment – *consider as to how we might increase males in the lower quartiles.*
- Pay and Reward - *Although the NHS Terms and Conditions do not allow the legacy Consultant bonus payments to be changed which makes the overall pay gap difficult to change, we will continue exploring every opportunity, within the confines of national guidance for Local CEA's to ensure that the gender pay gap arising continues to reduce year on year.*
- Learning and Development – *We need to ensure our female staff at lower bands have the confidence, skills and supported to apply for posts at band 8A and above.*
- Culture and Engagement – *we need to share our gender pay gap position with our staff, and include them in the co-production of our action plan.*
- Ways of working – *continue to embed flexible working and ensuring our people policies are supportive and enabling of greater flexibility in the way we deliver our services.*

As well as the exploration of developing a Women's network – this holds the potential not only to support co-production in the reduction of gender inequality like the pay gap but to also build up stronger peer to peer support and confidence amongst staff, as well as being a safe place for women to talk about the issues that mean most to them at work such as how to navigate work-life balance, flexible working, women's health, and upskilling for promotion opportunities.

Before we develop dedicated and detailed actions in collaboration with our Diversity Steering Group, Trade Unions and other stakeholders, we would like to engage the support of a statistician to enable the Trust to better understand the reasons for the pay gap on BHFT.

Contact for further information:
Name: Ash Ellis ash.ellis@berkshire.nhs.uk 07342061967

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	11th April 2023
Title	2022 National Staff Survey Results
Purpose	To provide the Board with a summary of the results of the 2022 National Staff Survey
Business Area	Workforce
Author	Director of People
Relevant Strategic Objectives	
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
Equalities and Diversity Implications	N/A
SUMMARY	The 2022 National Staff Survey results are summarised in the paper. Our results remain high, above average in all elements and themes and our Staff Engagement remains at the top of our peer group (7.4 score). As well as scoring top for Staff Engagement, we are strongest in our peer group for the "We are always learning" element. Our overall performance remains very high with top scores in a number of questions and good overall trend data when looking at questions over the last 5 years. Our response rate has increased by 5% this year to 65%. The staff survey results also help us triangulate where we need to improve the experience of our staff, to truly be "Outstanding for Everyone". The results show that we are making minimal progress in areas such as work pressures and the unwarranted

	differential experiences of our staff with protected characteristics.
ACTION REQUIRED	The Board is asked to note the update.

NHS
Berkshire Healthcare
NHS Foundation Trust

Making Berkshire Healthcare…

Outstanding for everyone

National staff survey results: 2022

CareQuality Commission Inspected and rated Outstanding

Berkshire Healthcare Charity Reg. charity 1049733

disability confident LEADER

VETERAN AWARE

Stonewall LGBTQ+ INCLUSIVE EMPLOYER TOP 100 2023

Jane Nicholson

2022…

Strong results within a wider setting

Berkshire Healthcare NHS Foundation Trust

2022 felt different to the previous two years and in some ways, harder. We started moving away from Covid being the primary focus, but it certainly didn't go away. We started to deal with the longer-term impact in areas such as pressure to ramp up services again, clear the backlogs and manage additional acuity.

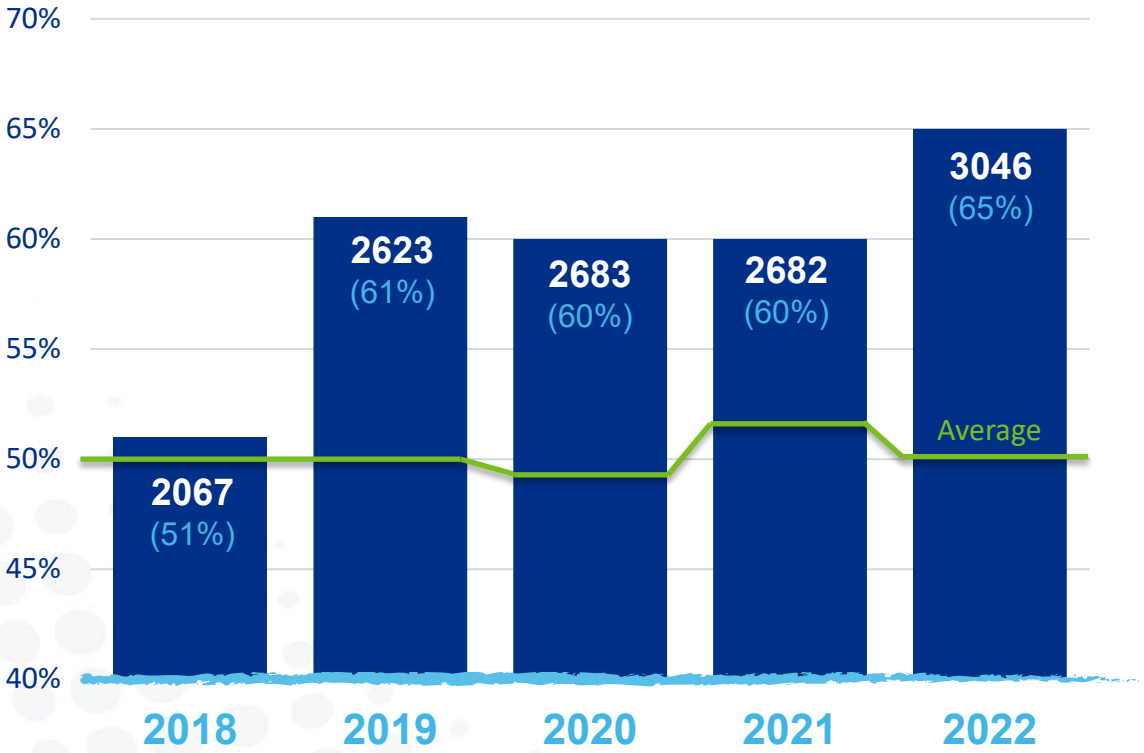
So, it's reassuring to see that we are maintaining our positive scores (even when other trusts haven't) and that we are above average within our group in nearly all areas.

Of the 60 questions which were the same as 2021…	
Increased more than 3%	25
Within 3% (+/-) or or 2021 score	34
Decreased more than 3%	1

National staff survey response rates

- year on year

Berkshire Healthcare NHS Foundation Trust



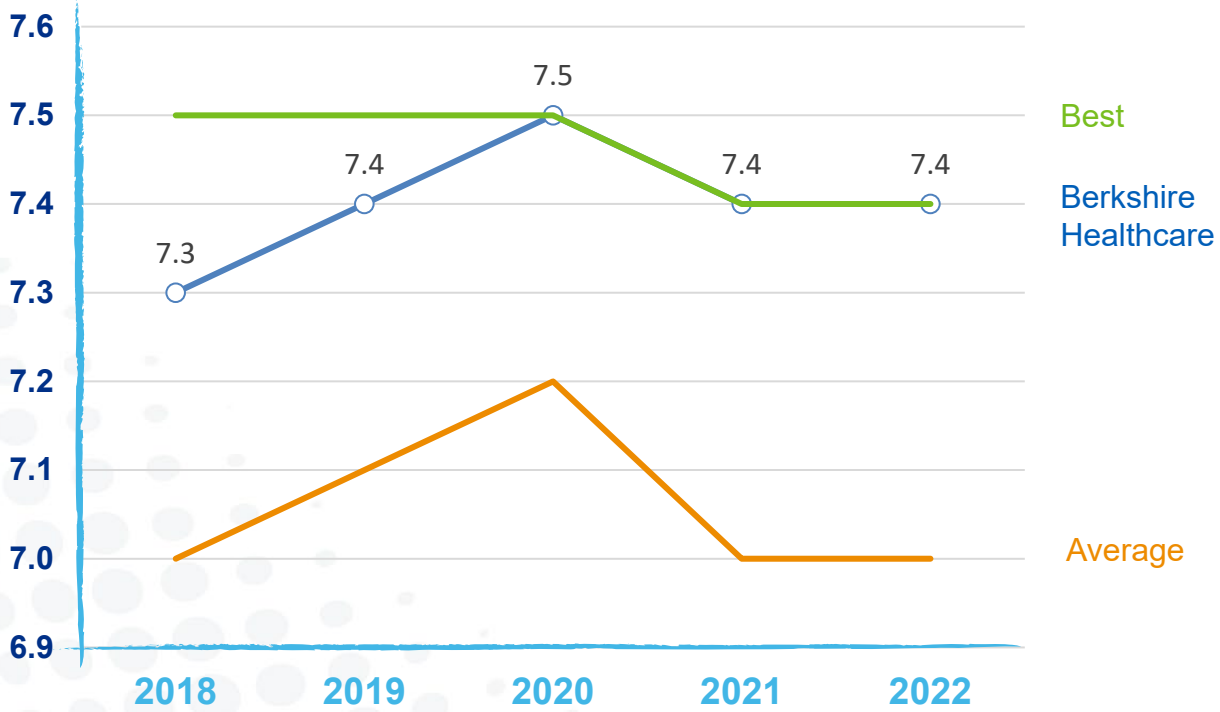
In 2022 65% of you took the time to tell us what it feels like to work here. Thank you!

We are now **15%** above the average response rate for 51 Mental Health / Learning Disability and Community combined Trusts (50%).

Overall engagement score

Our overall engagement score has maintained at 7.4.

We are still achieving the best score for our group.



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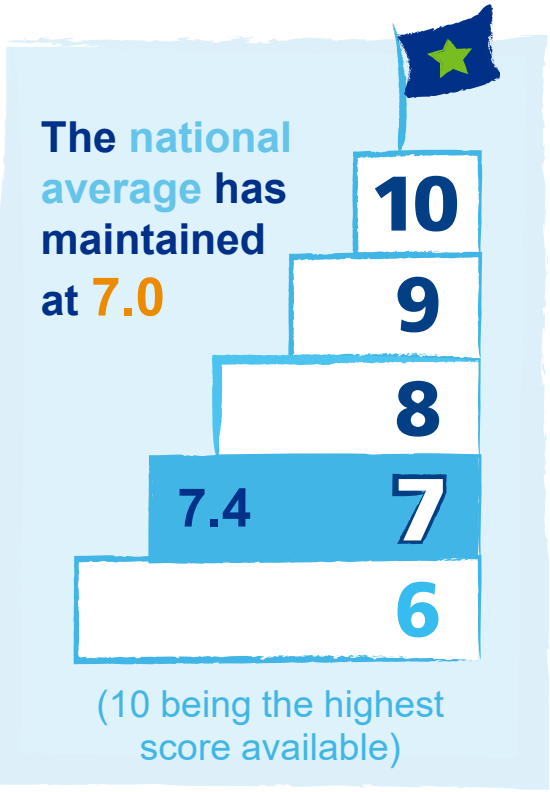
NHS Foundation Trust



Overall engagement score

- how it's calculated

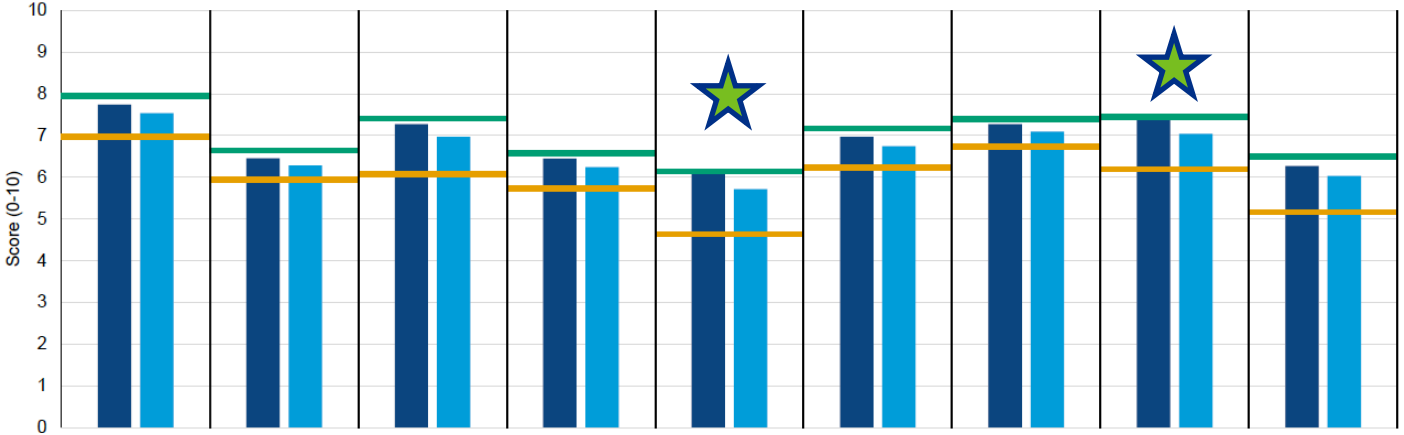
Berkshire Healthcare NHS Foundation Trust

The overall staff engagement score is calculated as an average of the three grouped scores on **"Motivation"**, **"Advocacy"** and **"Involvement"**

NHS national staff survey			Berkshire Healthcare		
EEI	Qs	Statement	2020	2021	2022
Motivation	2a	Often/always look forward to going to work	66	61.4	63.8
	2b	Often/always enthusiastic about my job	78.3	74	75.2
	2c	Time often/always passes quickly when I am working	82.8	79.6	80.5
Advocacy	18a	Care of patients/service users is organisations top priority	87.7	86.4	86.5
	18c	Would recommend organisation as a place to work	77.8	73.5	73
	18d	If friends or relatives needed treatment would be happy with the standard of care provided by organisation	80.1	77	76.5
Involvement	4a	Opportunities to show initiative in my role	78.6	77.1	79.9
	4b	Able to make suggestions to improve the work of my team/dept	81.9	80	79.9
	4d	Able to make improvements happen in my area of work	66.5	65	65.1
Response rate	%		60	60	65

Staff survey results - themes

Berkshire Healthcare NHS Foundation Trust



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Staff morale
Your org	7.7	6.5	7.3	6.4	6.1	7.0	7.3	7.4	6.3
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	3039	3042	3022	3027	2947	3036	3038	3043	3045

The **nine themes** from the survey reflect the **People Promise**, along with Staff Engagement and Morale. Our scores are **above average** for combined Trusts in **all ten themes** and the **best** for two themes out of the ten.

We've had **great success** in areas…

Berkshire Healthcare NHS Foundation Trust

Section	Description	Organisation 2022	Best	National Average 2022
People Promise element 1: We are compassionate and inclusive	Compassionate culture sub-score	7.7 ★	7.7	7.2
	Compassionate leadership sub-score	7.5	7.8	7.4
	Diversity and equality sub-score	8.4	8.7	8.3
	Inclusion sub-score	7.4	7.6	7.3
People Promise element 5: We are always learning	Development sub-score	6.9	7.0	6.7
	Appraisals sub-score	5.4 ★	5.4	4.9
Theme: Staff Engagement	Motivation sub-score	7.5 ★	7.5	7.2
	Involvement sub-score	7.3	7.5	7.1
	Advocacy sub-score	7.5	7.6	6.9

The stars indicate where we have achieved the **top score** compared to other combined trusts.

…getting **top marks** in some questions…

NHS
Berkshire Healthcare
NHS Foundation Trust

	Average	Our Score
Time passes quickly when I am working	75.7%	80.5%
My organisation takes positive action on health and wellbeing	63.7%	74.3%
The team I work in has a set of shared objectives	75.5%	82.6%
I have adequate materials, supplies and equipment to do my work	63.3%	70.8%
I would recommend my organisation as a place to work	62.8%	73%

We've got the top score on this question for the last 5 years…

…and this one for the last 3 years

…and showing **positive trends** in others

Berkshire Healthcare NHS Foundation Trust

	2018 Score	2022 Score	Movement	Distance from Picker average
Have adequate materials, supplies and equipment to do my work	63.3%	**70.6%**	**7.3%**	**9%**
Relationships at work are unstrained	51.7%	**58.7%**	**7.0%**	**4%**
Immediate manager asks for my opinion before making decisions that affect my work	62.6%	**69.0%**	**6.4%**	**2%**
Have realistic time pressures	19.9%	**26.0%**	**6.1%**	**0%**
Would feel confident that organisation would address concerns about unsafe clinical practice	67.3%	**73.3%**	**6.0%**	**13%**

There's still **work to do** in areas…

NHS
Berkshire Healthcare
NHS Foundation Trust

Section	Description	Organisation 2022	Best	National Average 2022
People Promise element 1: We are compassionate and inclusive	Compassionate culture sub-score	7.7	7.7	7.2
	Compassionate leadership sub-score	7.5	7.8	7.4
	Diversity and equality sub-score	8.4	8.7	8.3
	Inclusion sub-score	7.4	7.6	7.3
People Promise element 4: We are safe and healthy	Health and safety climate sub-score	5.9	6.2	5.7
	Burnout sub-score	5.3	5.5	5.2
	Negative experiences sub-score	8.1	8.3	7.9
Theme: Morale	Thinking about leaving sub-score	6.3	6.6	6.1
	Work pressure sub-score	5.7	5.9	5.3
	Stressors (HSE index) sub-score	6.8	7.0	6.7

The boxes indicate areas where want to be closer to the **top score.**

These scores reflect existing areas of work:

- Compassionate leadership, Diversity & inclusion
- Wellbeing & negative experiences
- Retention
- Excessive working hours

…with some questions
below average responses…

Berkshire Healthcare NHS Foundation Trust

	Organisation 2022	National Worst 2022	National Average 2022
I have personally experienced discrimination at work from patients / service users, their relatives or other members of the public in the last 12 months	8.4%	17.8%	6.8%
Reported last experience of physical violence at work	87.5%	79.4%	89.6%
Experienced musculoskeletal problems as a result of work activities	26.4%	30.9%	24.6%
Felt pressure from manager to come to work while unwell	18.8%	20.2%	14.9%
I have worked additional UNPAID hours for this organisation	64.9%	78.2%	61.2%
Experienced discrimination on the grounds of: - Religion - Ethnic background	 6.6% 56.9%	 10.1% 69.6%	 4.2% 40.6%

…and showing **downward trends** in others…

Berkshire Healthcare NHS Foundation Trust

	2018 Score	2022 Score	Movement	Distance from Picker average
I am unlikely to look for a job at a new organisation in the next 12 months	54.4%	**53.3%**	**-1.2%**	**3%**
Received appraisal in the past 12 months	93.3%	**91.9%**	**-1.4%**	**8%**
Often/always enthusiastic about my job	77.8%	**75.2%**	**-2.6%**	**6%**
Time often/always passes quickly when I am working	83.8%	**80.9%**	**-2.9%**	**6%**
Satisfied with level of pay	35.1%	**29.5%**	**-5.6%**	**0%**

Workforce Race Equality Standard (WRES)

NHS
Berkshire Healthcare
Diversity and Inclusion

REN
Race Equality Network

The experience of our black and ethnic minority colleagues is considerably poorer than those who are white, and this is not acceptable.

Question		2021	2022
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	20%	19%
	BAME	29%	29%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	14%	15%
	BAME	23%	21%
Percentage believing that the trust provides equal opportunities for career progression or promotion	White	67%	68%
	BAME	46%	52%
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / team leader or other colleagues	White	5%	5%
	BAME	14%	13%

Overall we have seen positive trends across the WRES indicators over the past 5 years and improvements in our scores this last year, with one staying the same.

We are now scoring better than average in all indicators.

Despite this, the gap in experience remains and is not closing as much as it should, either locally or nationally.

Workforce Race Equality Standard (WRES) – trend information

NHS
Berkshire Healthcare
Diversity and Inclusion

		2018 Score	2022 Score	Movement	Distance from benchmark median
Staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public	White	22.5%	**18.5%**	**-4%**	**-6.9%**
	All other ethnic groups	31.2%	**29.4%**	**-1.8%**	**-2.4%**
Staff experiencing harassment, bullying or abuse from staff	White	20.1%	**15.4%**	**-4.7%**	**-2.1%**
	All other ethnic groups	26.2%	**20.8%**	**-5.4%**	**-2%**
Staff who said their organisation acts fairly with regard to career progression/promotion	White	62.9%	**68.1%**	**5.2%**	**5.8%**
	All other ethnic groups	41.4%	**51.7%**	**10.3%**	**2.1%**
Staff experiencing discrimination from manager / team leader or other colleagues	White	6.8%	**5.2%**	**-1.6%**	**-0.5%**
	All other ethnic groups	16.9%	**13.2%**	**-3.7%**	**-0.4%**

Workforce Race Equality Standard (WRES) – Divisional analysis

NHS
Berkshire Healthcare
Diversity and Inclusion

	Gap in experience (Organisation)	Lowest (Division)	Highest (Division)
Staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public	10.9%	1.6%	13.5%
Staff experiencing harassment, bullying or abuse from staff	5.5%	-21.1%	14%
Staff who said their organisation acts fairly with regard to career progression/promotion	16.4%	10%	27%
Staff experiencing discrimination from manager / team leader or other colleagues	8.1%	-5.8%	11.6%

Workforce Disability Equality Standard (WDES)

NHS
Berkshire Healthcare
Diversity and Inclusion

The experience of colleagues with disabilities is considerably poorer than those without, and this is not acceptable.

Question		2021	2022
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Non-disabled	20%	20%
	Disabled	**30%**	**27%**
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Non-disabled	11%	12%
	Disabled	**19%**	**18%**
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	Non-disabled	64%	65%
	Disabled	**53%**	**61%**
Percentage of staff satisfied with the extent to which their organisation values their work	Non-disabled	61%	61%
	Disabled	**51%**	**52%**
Percentage of disabled staff saying their employer has made reasonable adjustment(s) to enable them to carry out their work	**Disabled**	**81%**	**81%**

Overall we have seen positive trends across the WDES indicators over the past 5 years and improvements in our scores over the last year with one staying the same.

We are scoring better than average in most indicators.

As with ethnicity, **the gap in experience sadly remains.**

PURPLE Network

disability confident LEADER

Workforce Disability Equality Standard (WDES) – Trend info (1)

NHS
Berkshire Healthcare
Diversity and Inclusion

		2018 Score	2022 Score	Movement	Distance from benchmark median
Staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public	with a long lasting health condition or illness	18.8%	**12.3%**	**-6.5%**	**0%**
	without a long lasting health condition or illness	9.4%	**5.4%**	**-4%**	**-1.6%**
Staff experiencing harassment, bullying or abuse from managers	with a long lasting health condition or illness	26.1%	**18.1%**	**-6%**	**-0.8%**
	without a long lasting health condition or illness	13.1%	**11.5%**	**-1.6%**	**-0.6%**
Staff experiencing harassment, bullying or abuse from other colleagues	with a long lasting health condition or illness	34.7%	**26.8%**	**-7.9%**	**-5.2%**
	without a long lasting health condition or illness	22.0%	**19.7%**	**-2.3%**	**-4.7%**
Staff who said they reported harassment, bullying or abuse	with a long lasting health condition or illness	60.1%	**59.8%**	**-0.3%**	**-0.5%**
	without a long lasting health condition or illness	54.9%	**57.3%**	**2.4%**	**-2.5%**

Workforce Disability Equality Standard (WDES) – Trend info (2)

NHS
Berkshire Healthcare
Diversity and Inclusion

		2018 Score	2022 Score	Movement	Distance from benchmark median
Staff who said their organisation acts fairly with regard to career progression/promotion	with a long lasting health condition or illness	56.6%	**60.6%**	**4%**	**4.6%**
	without a long lasting health condition or illness	58.6%	**64.5%**	**5.9%**	**3%**
Staff who have felt pressure from their manager to come to work despite not feeling well enough	with a long lasting health condition or illness	26.7%	**22.5%**	**-4.2%**	**3.6%**
	without a long lasting health condition or illness	16.9%	**16.0%**	**-0.9%**	**3.3%**
Staff satisfaction with extent work is valued by the organisation	with a long lasting health condition or illness	44.2%	**51.9%**	**7.7%**	**7.9%**
	without a long lasting health condition or illness	58.4%	**61.4%**	**3%**	**8.2%**
Staff engagement	with a long lasting health condition or illness	7.0	**7.2**	**0.2**	**0.5**
	without a long lasting health condition or illness	7.4	**7.5**	**0.1**	**0.3**

Workforce Disability Equality Standard (WDES) – Divisional Analysis

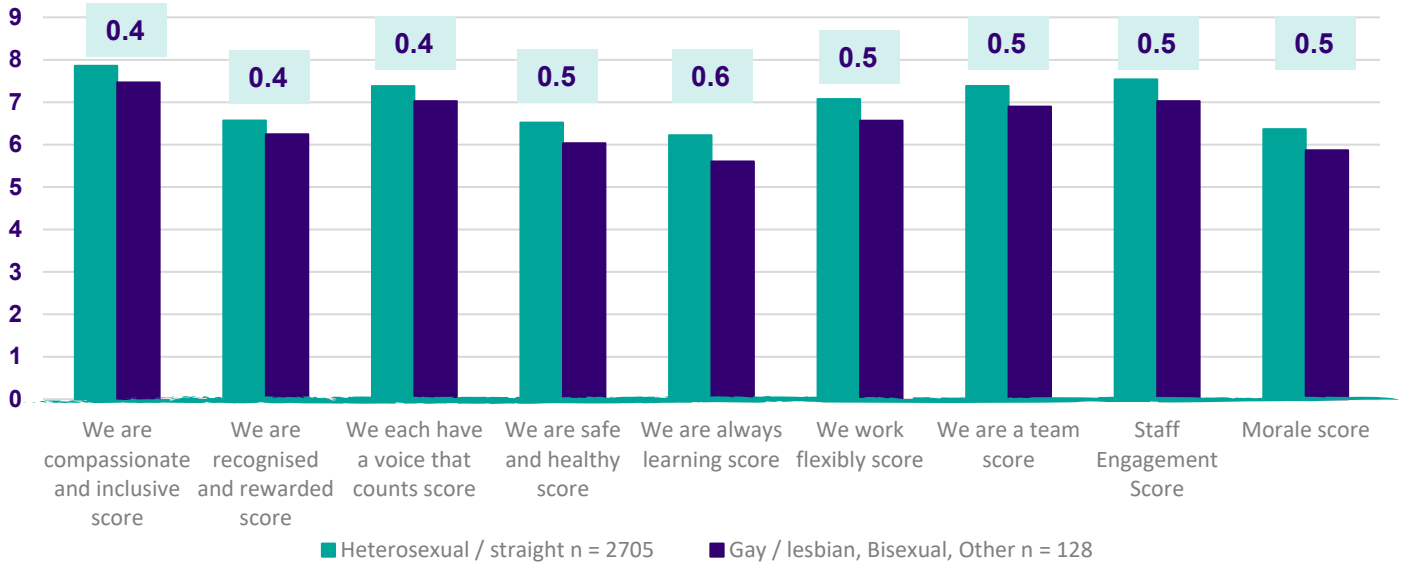
NHS
Berkshire Healthcare
Diversity and Inclusion

	Gap in experience (Organisation)	Lowest (Division)	Highest (Division)
Staff experiencing harassment, bullying or abuse from patients, managers or colleagues	11.7%	3.1%	17.2%
Staff who said they reported harassment, bullying or abuse	2.5%	-14.6%	28.2%
Staff who said their organisation acts fairly with regard to career progression/promotion	3.9%	-4.9%	6.8%
Staff who have felt pressure from their manager to come to work despite not feeling well enough	6.5%	-5.5%	17.9%
Staff satisfaction with extent work is valued by the organisation	9.4%	0.4%	16.3%
Staff engagement	-0.4	-0.1	-0.8
Has your employer made adequate adjustment(s) to enable you to carry out your work?	80.9%	57.7%	92.3%

Sexual orientation

NHS
Berkshire Healthcare
Diversity and Inclusion

The report indicates that colleagues who identify as gay/lesbian/bisexual/other have a poorer experience compared to their heterosexual/straight colleagues, this is not acceptable.



A further 5% (164) of respondents did not want to share their sexual orientation.

Sexual orientation

Top/bottom 3 questions

Berkshire Healthcare
Diversity and Inclusion

	Organisational Average	Heterosexual / straight	Gay / lesbian, Bisexual, Other	Gap in experience
Questions with the biggest negative gap in experience				
In last 12 months, have not felt unwell due to work related stress	61.2%	62.9%	45.2%	18%
In last 3 months, have not come to work when not feeling well enough to perform duties	48.8%	50.2%	31.0%	19%
Never/rarely exhausted by the thought of another day/shift at work	43.3%	45.2%	28.9%	16%
Questions with the smallest gap in experience				
Organisation offers me challenging work	76.8%	77.4%	77.3%	0%
Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	78.6%	78.9%	78.6%	0.3%
Never/rarely find work emotionally exhausting	20.3%	20.7%	21.1%	-0.4%

Divisional movement

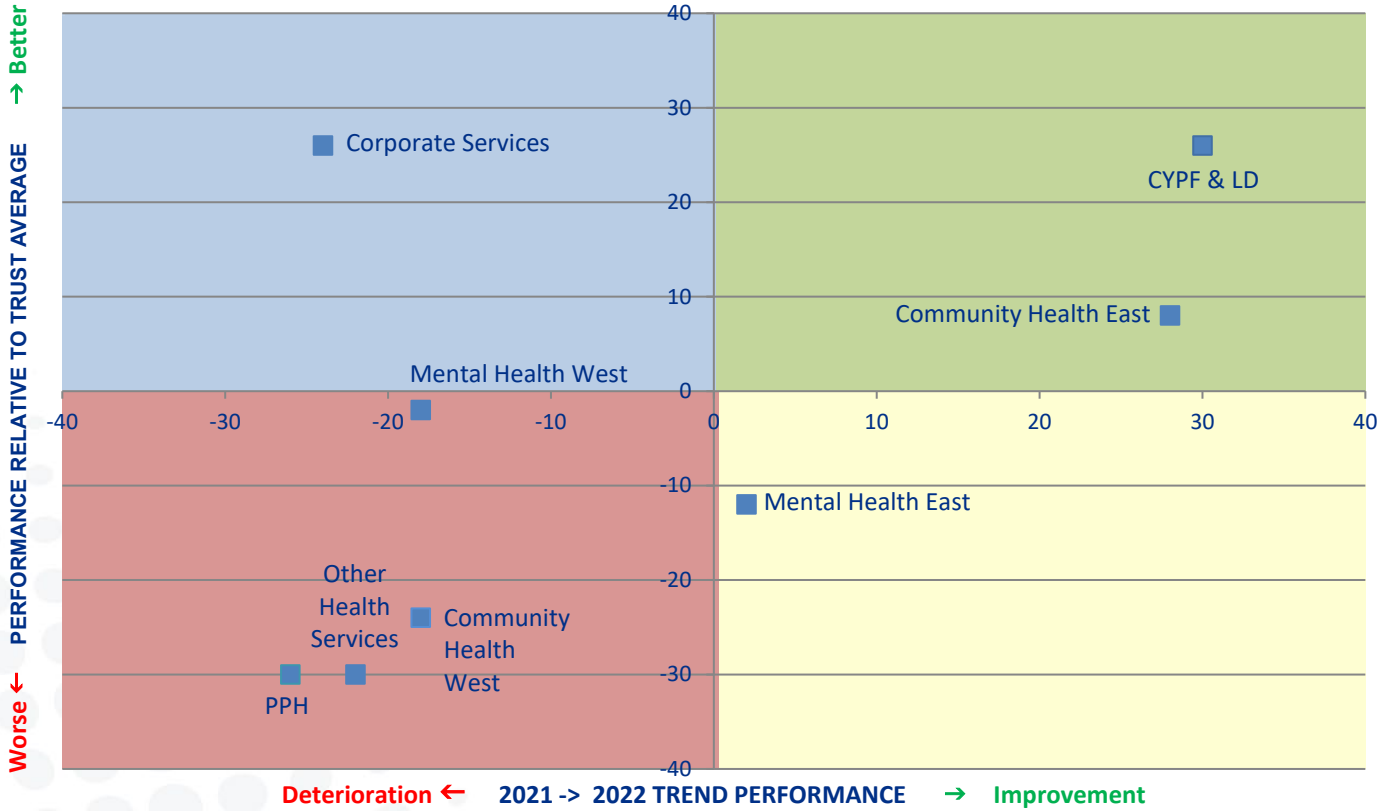
Berkshire Healthcare NHS Foundation Trust

Good Above average performance, negative trend **Challenge: Review, re-engage and re-connect**	**Great** Above average performance, positive trend **Challenge: Share and Sustain**
Poor Below average performance, negative trend **Challenge: Game changing remedial action**	**Below-par** Positive trend but below average performance. **Challenge: Build on improvements and accelerate**

This chart is an indicator of movement but does not show the strength of either the movement or performance compared to average.

Divisional movement

Berkshire Healthcare NHS Foundation Trust



Based on People promise elements/themes and the sub-scores

Next steps…

Berkshire Healthcare NHS Foundation Trust

HR Business Partners are working with divisional leads to look at the results and having discussions about next steps. This will include looking into the information at a lower level and planning listening and feedback events

We will also be sharing the information with our **Staff Networks** and supporting next steps.

Review the results with your team

The results have been shared in an email from Julian and an overview will be communicated in the All Staff Briefing on the 16 March.

Our results are live on **Nexus** along with this presentation, with some additional slides containing prompts about how to discuss the results with your teams.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Meeting Date	11 April February 2023
Title	**February 2023 Finance Report**
Purpose	To provide an update to the Board on the Trust's Financial Performance to 28 February 2023.
Business Area	Finance
Author	Rebecca Clegg, Director of Finance
Relevant Strategic Objectives	Strategic Objective 2: Work with partners to deliver integrated and sustainable services to improve health outcomes for our populations. True North Goal 4: Money Matters – to deliver services that are efficient and financially sustainable.
CQC Registration/Patient Care Impacts	Achievement of CQC Well Led standard.
Resource Impacts	n/a
Legal Implications	Compliance with statutory Financial Duties.
Equality and Diversity Implications	n/a
SUMMARY	The Trust is reporting a £1m surplus against a year-to-date deficit plan of £1m. The Trust has agreed to change its forecast outturn to a surplus of £1.89m. The Trust's cash balance remains strong with a closing balance of £58.5m as of 28 February 2023. The Trust is reporting £5.3m capital expenditure against a year-to-date plan of £9.6m. There is a £2.6m YTD underspend against the limit set by the ICB but it is expected that we fully recover this slippage by year end.
ACTION	The Board is asked to note the Trust's financial performance.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2022/23

February 2023

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 28 February 2023.

Document Control

Version	*Date*	*Author*	*Comments*
1.0	06/03/2023	Rebecca Clegg	Draft
2.0	21/03/2023	Paul Gray	Final
3.0	29/03/23	Rebecca Clegg	Final for Board

Distribution

All Directors.

All staff as appropriate.

Contents

Dashboard & Summary Narrative

Target		Year to Date Actual £m	Year to Date Plan £m	Year to Date Achieved	Forecast Outturn Forecast £m	Forecast Outturn Plan £m	Forecast Outturn Achieved
1a	Income and Expenditure Plan	1.0	-1.0	Yes	1.9	-0.9	Yes
2a	CIP - Identification of Schemes	7.5	10.1	No	7.5	10.1	No
2b	CIP - Delivery of Identified Schemes	4.7	9.0	No	n/a	10.1	n/a
3a	Cash Balance	58.5	47.6	Yes	46.7	46.7	Yes
3c	Aged Receivables > 90 days	0.1	n/a	n/a	n/a	n/a	n/a
3d	Aged Payables > 90 days	0.2	n/a	n/a	n/a	n/a	n/a
3e	Better Payment Practice Code Value NHS	77%	95%	No	95%	95%	Yes
3f	Better Payment Practice Code Volume NHS	90%	95%	No	95%	95%	Yes
3g	Better Payment Practice Code Value non-NHS	91%	95%	No	95%	95%	Yes
3h	Better Payment Practice Code Volume non-NHS	93%	95%	No	95%	95%	Yes
4a	Capital Expenditure not exceeding CDEL	5.2	7.8	Yes	8.7	8.7	Yes

Key Messages

The table above provides a high level summary of the Trust's performance against key financial duties and other financial indicators. The key points to note are:

- We are performing better than planned on Income and Expenditure. In December, the Board agreed to move the forecast outturn to a £1.1m surplus. In recognition of the Trust's contribution to improving the system position, we will receive an additional £0.8m of funding from BOB ICB, bringing our overall forecast outturn to a £1.9m surplus.

- The Trust planned to deliver £10.1m of cost improvements in order to achieve the planned deficit. Our CIP delivery is £4.3m less than plan year to date and there remains £2.5m of unidentified schemes, plus some identified schemes at risk and which will not deliver as planned, furthering the requirement for new initiatives.

- The underperformance on Better Payment Practice code non-NHS invoices by value relates to a single invoice from the PFI provider received in advance and which was settled in early August. The underperformance on NHS invoices relates to NHSPS invoices which have required additional validation.

System View

The contract hosted by Frimley ICB for services across Frimley and BOB IBCs is now signed. Agreement has been reached on the carry forward of SDF with both ICBs.

Both ICSs are now reporting forecast outturn deficits.

2.0 Income & Expenditure

Feb-23	In Month			YTD			22/23
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Income	27.0	26.7	0.3	294.4	292.1	2.4	318.8
Elective Recovery Fund	0.3	0.2	0.1	3.7	1.8	1.9	2.0
Donated Income	0.0	0.0	0.0	(0.0)	0.0	(0.0)	0.0
Total Income	**27.4**	**26.9**	**0.4**	**298.1**	**293.9**	**4.3**	**320.8**
Staff In Post	17.6	19.0	(1.4)	192.7	202.5	(9.7)	221.2
Bank Spend	1.8	1.3	0.4	20.7	14.8	6.0	16.2
Agency Spend	0.6	0.3	0.3	7.1	4.2	2.9	4.5
Total Pay	**20.0**	**20.7**	**(0.7)**	**220.6**	**221.4**	**(0.8)**	**241.9**
Purchase of Healthcare	1.4	1.2	0.3	18.9	16.1	2.7	16.7
Drugs	0.4	0.4	(0.1)	4.9	4.8	0.0	5.3
Premises	1.2	1.2	(0.0)	13.6	13.4	0.2	14.7
Other Non Pay	2.1	1.7	0.4	18.1	17.7	0.4	20.1
PFI Lease	0.6	0.5	0.1	6.9	6.4	0.4	7.0
Total Non Pay	**5.7**	**5.1**	**0.7**	**62.3**	**58.5**	**3.8**	**63.7**
Total Operating Costs	**25.7**	**25.7**	**(0.0)**	**282.9**	**279.9**	**3.0**	**305.6**
EBITDA	**1.7**	**1.2**	**0.5**	**15.2**	**13.9**	**1.3**	**15.1**
Interest (Net)	0.1	0.3	(0.2)	2.5	3.7	(1.2)	4.0
Depreciation	0.9	0.8	0.1	10.0	9.9	0.1	10.8
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PDC	0.2	0.1	0.1	1.8	1.2	0.6	1.3
Total Financing	**1.2**	**1.3**	**(0.1)**	**14.3**	**14.9**	**(0.5)**	**16.2**
Reported Surplus/ (Deficit)	**0.5**	**(0.1)**	**0.5**	**0.9**	**(0.9)**	**1.8**	**(1.0)**
Adjusted Surplus/ (Deficit)	**0.5**	**(0.1)**	**0.5**	**1.0**	**(1.0)**	**2.0**	**(0.9)**

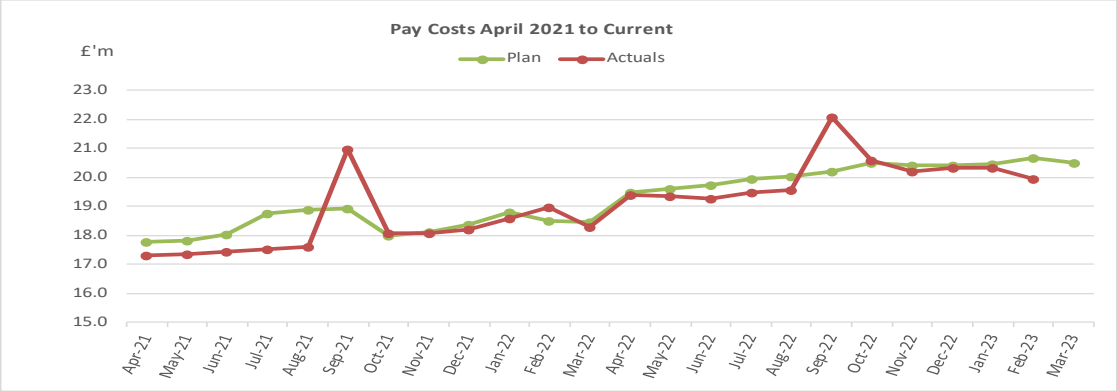
Key Messages

The table above gives the financial performance against the Trust's income and expenditure plan as at 28 February 2023.

In February the Trust is reporting a £0.5m surplus against a £0.1m deficit plan and now has a surplus of £1m YTD against a £1m deficit plan. This increased surplus is in line with the agreement for the Trust to move to a surplus forecast outturn as part of the work to bring the BOB ICS forecast deficit in line with NHSE's expectations. Our forecast outturn will be amended to a £1.89m surplus which is as a result of an improvement that we have generated internally to move to a £1.09m surplus and additional funding of £0.8m from BOB ICB in recognition of the contribution to the system position.

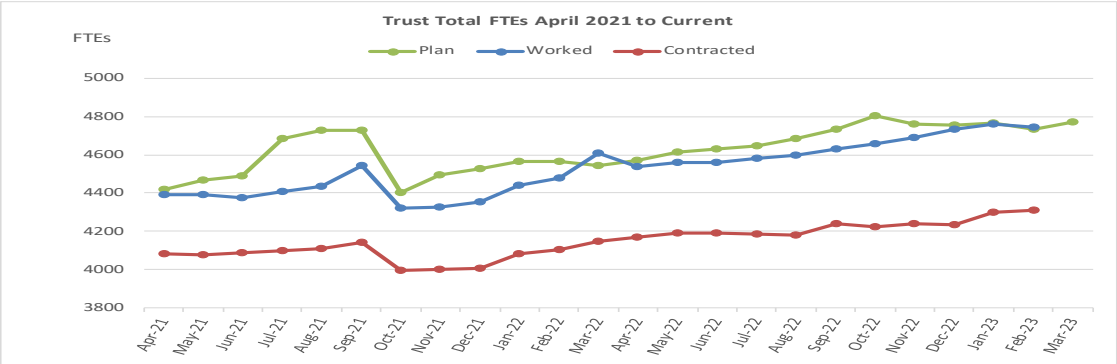
We are releasing the balance of ERF funding over the final months of the year and are assuming no clawback of funding which is in line with NHSE guidance.

Workforce



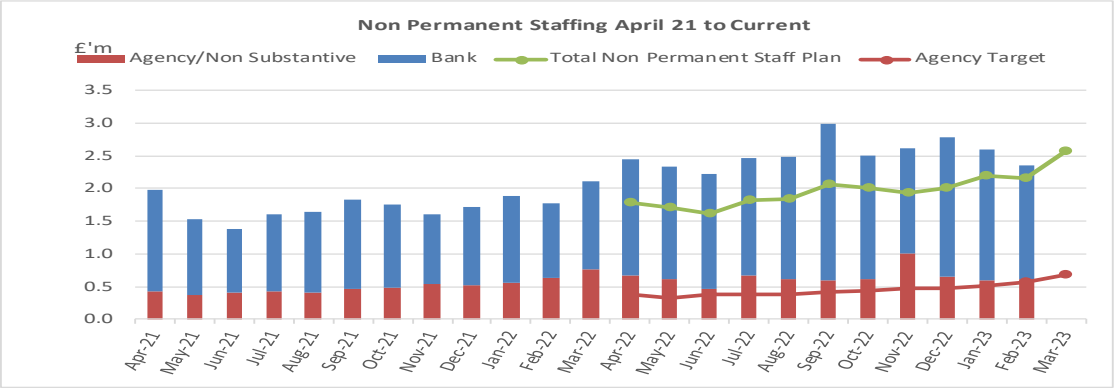
Staff Costs

YTD	£'m
2022/23	220.5
2021/22	200.2
▲	10%
Prior Yr	**£'m**
Feb-23	20.0
Feb-22	19.0
▲	5%



FTEs

Prior Mth	CFTE	WFTE
Feb-23	4,310	4,741
Jan-23	4,297	4,758
	0% ▲	0% ▼
Prior Yr	**CFTE**	**WFTE**
Feb-23	4,310	4,741
Feb-22	4,104	4,476
	2% ▲	3% ▲



Staff Costs

YTD	Bank £'m	Agency £'m
2022/23	20.7	7.1
2021/22	13.5	5.2
	54% ▲	36% ▲
Prior Yr	**£'m**	**£'m**
Feb-23	1.8	0.6
Feb-22	1.8	0.6
	-1% ▼	-2% ▼

Key Messages

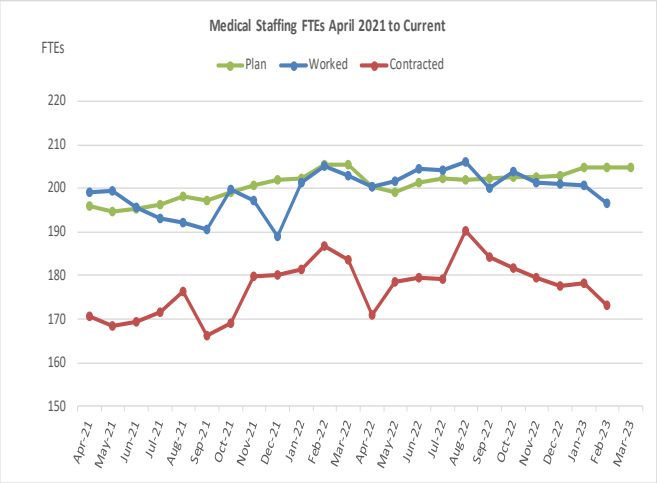
Pay costs in month were £20m, which is lower than plan and lower than in the previous month. The underspend in month is in part the result of the payment of Clinical Excellence Awards happening in October rather than February as planned.

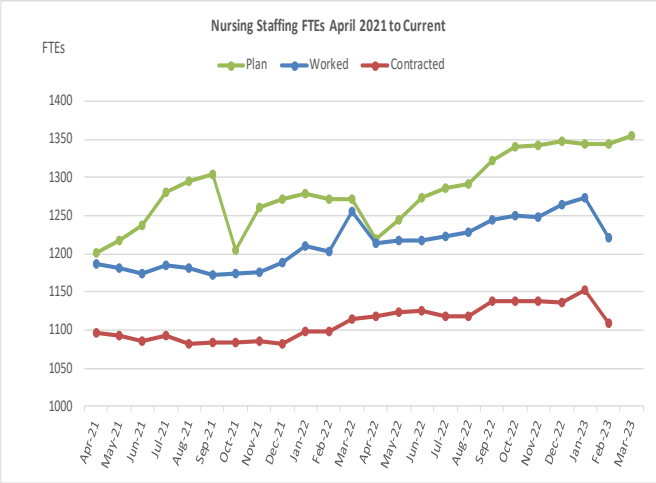
In month, we have seen an increase in contracted WTEs (13) and an decrease in worked WTEs (16).

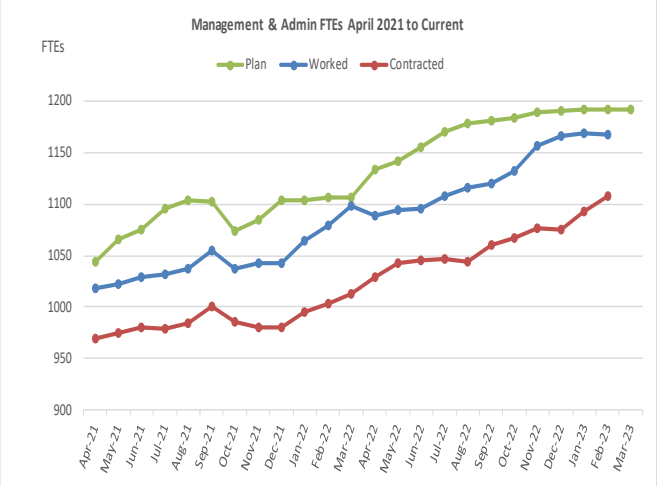
We are continuing to offset in part, substantive vacancies with higher levels of temporary staffing (£8.9m higher than plan year to date). Bank expenditure has reduced since the previous month, but agency spend has remained the same despite a shorter month with no bank holidays.

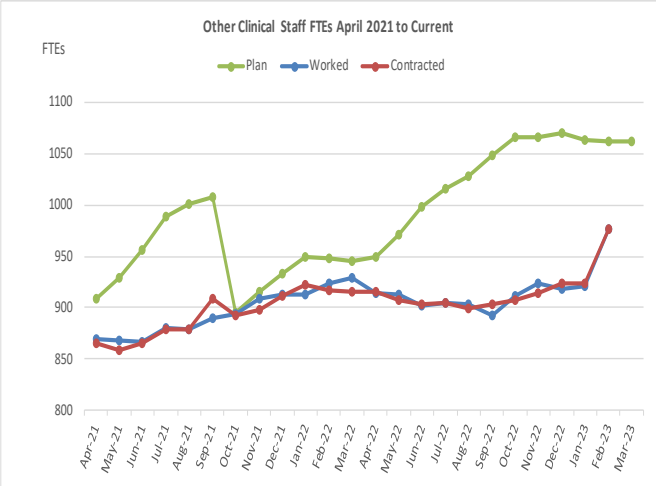
NHSE has reintroduced an agency ceiling, which applies at a system level. There is an expectation that costs will be a minimum of 10% lower than in 21/22. Our agency costs grew gradually during 21/22 due in part to the need to cover medical staffing vacancies and continued pressures filling rotas in West Call. This run rate has continued into the current year and unchanged will result in costs c20% higher than last year despite a plan to reduce agency usage significantly. A representation of a 10% reduction in spend (compared with 2021/22) has been added to the chart.

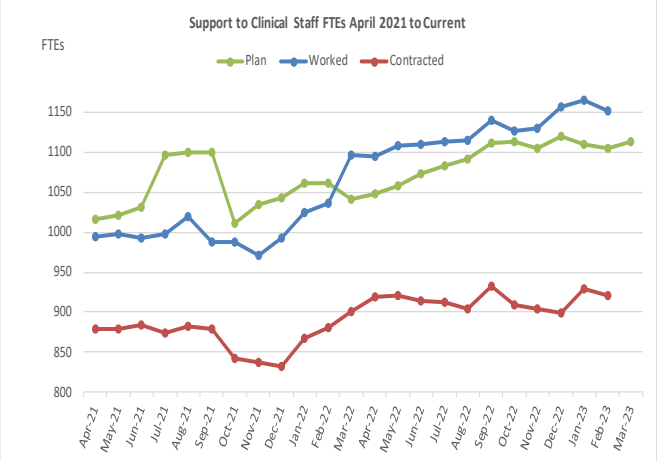
Staffing Detail

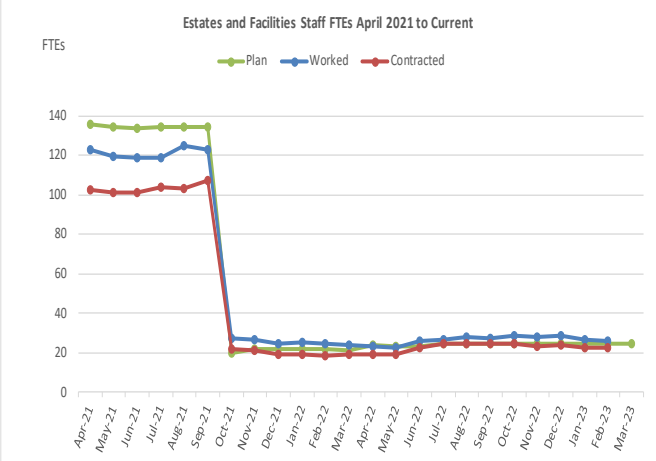












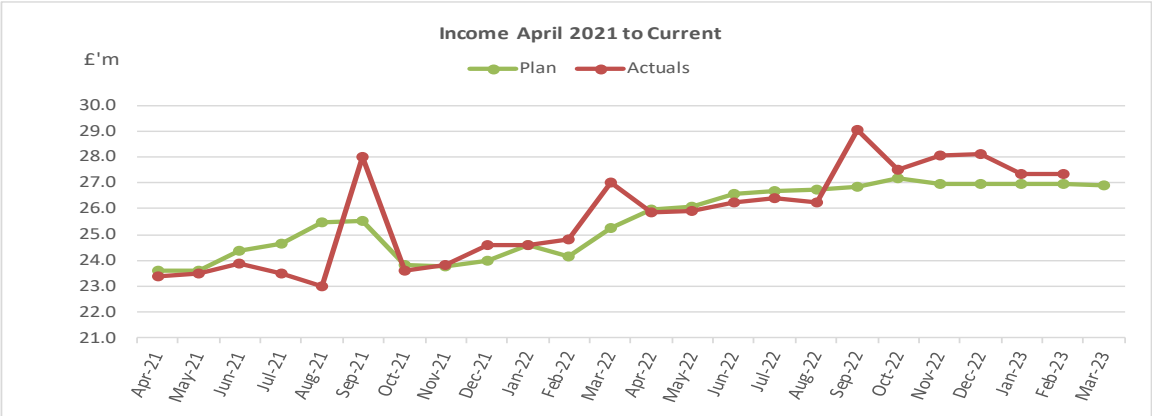
Key Messages

The tables above provides current staffing numbers broken down into core staffing groups.

In month other non-clinical has increased by 25 WTEs and there has been a corresponding reduction in Nursing due to a change in occupation code in relation to qualified social workers.

In month, we have seen an increase in contracted WTEs (13). Most of the increase is in CYP against specific investment funding (SDF).

Income & Non Pay

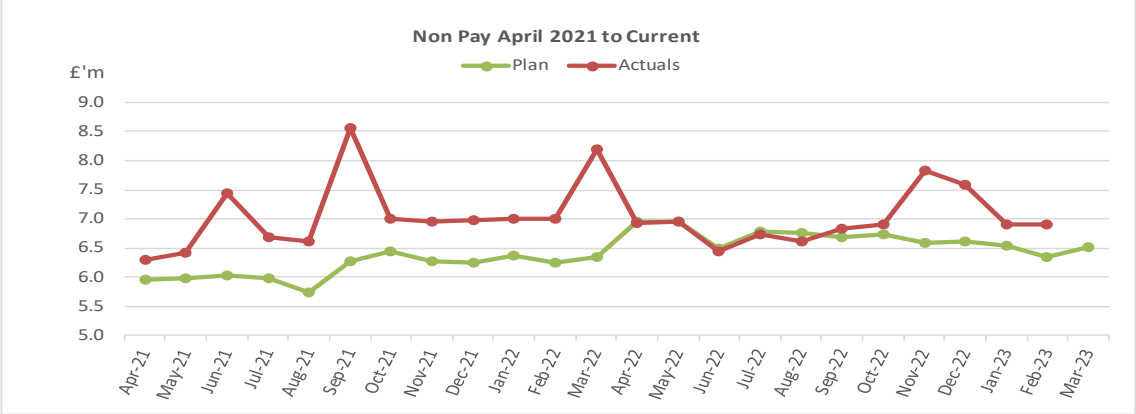


Income	
YTD	£'m
2022/23	298.1
2021/22	266.7
▲	12%
Prior Yr	£'m
Feb-23	27.4
Feb-22	24.8
▲	10%

Key Messages

Core income is higher than planned due to the pay award which was higher than the 2% in the original planning assumptions. Offsetting the funding for the pay award is the clawback in funding for the reduction in employer's NICs from November. We continue to defer income/slippage on investments linked to lower than expected recruitment.

We have released £100k of the additional £2m ERF income that we have earned in month. This has covered one-off items of expenditure as planned and the remaining balance will be released in March. This is in line with guidance that advises ICBs to assume that there is no clawback of ERF income in the second half of the year.



Non Pay	
YTD	£'m
2022/23	76.6
2021/22	77.0
▼	0%
Prior Yr	£'m
Feb-23	6.9
Feb-22	7.0
▼	-1%

Key Messages

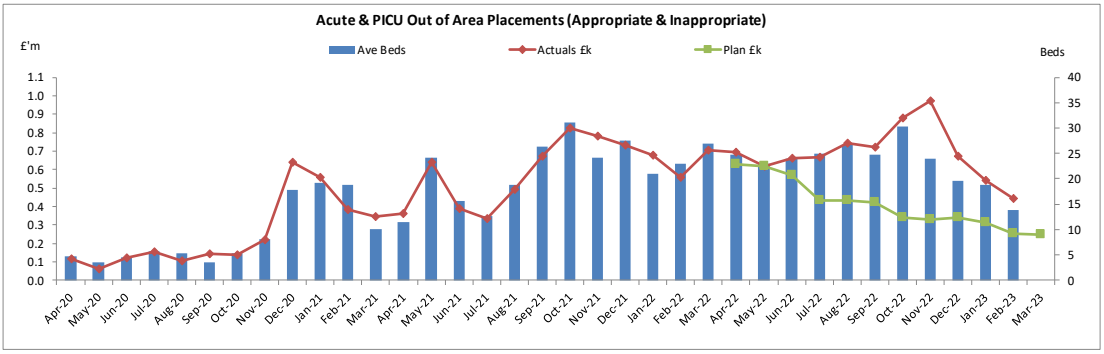
Non Pay spend was £6.9m in month.

Expenditure on Out of Area Placements continues to be higher than planned although the average number of placements has decreased from 19 in January to 14 in February with the monthly costs decreasing from £0.5m to £0.4m. We are expecting this reduction to continue.

We have increased energy costs linked to inflation. The contractual arrangement with NHSPS mitigates our risk on price increases for NHSPS properties, with costs passed through to ICBs under the historical arrangement.

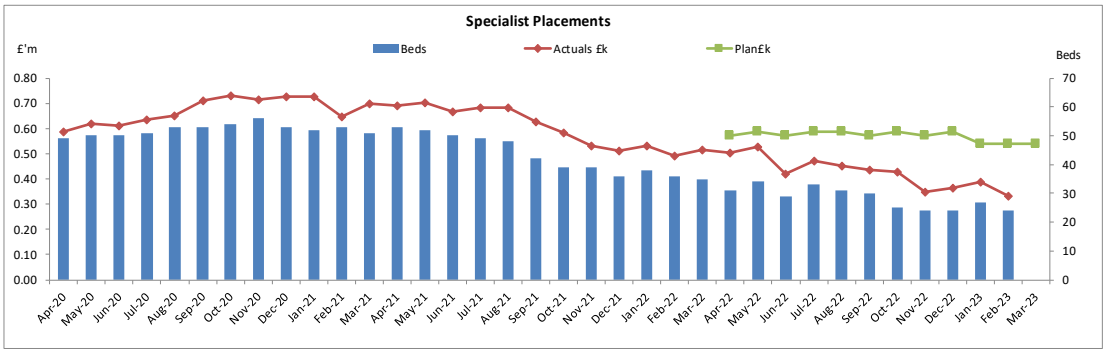
The Trust is benefiting from an increase in bank interest rates and has generated £1.3m YTD in interest.

Placement Costs



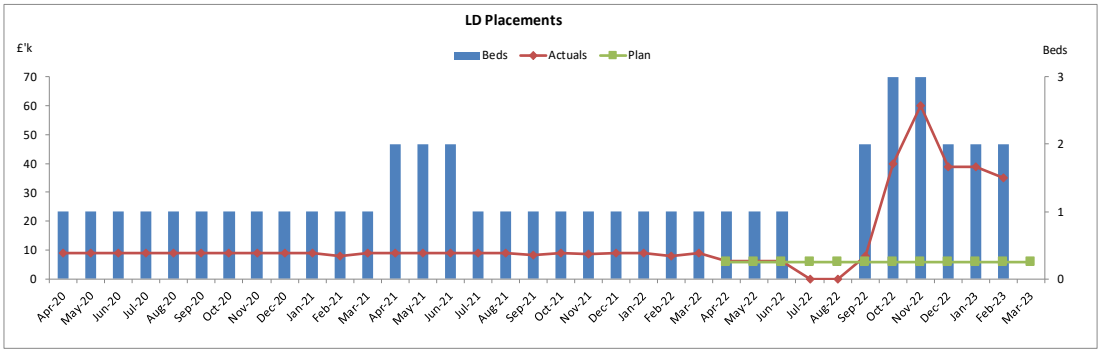
OAPs

YTD	£'m
2022/23	7.6
2021/22	6.5
▲	*18%*
Prior Yr	**£'m**
Feb-23	0.4
Feb-22	0.6
▼	*-21%*



Specialist Placements

YTD	£'m
2022/23	4.7
2021/22	6.7
▼	*-30%*
Prior Yr	**£'m**
Feb-23	0.3
Feb-22	0.5
▼	*-32%*



LD OAPs

YTD	£'k
2022/23	239.0
2021/22	95.9
▼	*-60%*
Prior Yr	**£'k**
Feb-23	35.0
Feb-22	7.9
▲	*343%*

Key Messages

Out of Area Placements. Expenditure on Out of Area Placements continues to be higher than planned although the average number of placements has decreased from 19 in January to 14 in February with the monthly costs decreasing from £0.5m to £0.4m. We have discharged several long stay patients during December which has contributed to improved flow. We also now have a dedicated clinical lead for the delivery of the bed optimisation programme, and this post has supported daily bed flow meetings, development of a new bed flow dashboard which has provided improved visibility and locality oversight of admission numbers and LOS and also improved identification and escalation of MOFD/CRFD patients.

We will continue to spot purchase PICU beds where they are clinically required. We continue to have significant demand for PICU beds especially for patients with forensic backgrounds, which do not count as an inappropriate out of area bed against the OAPs trajectory but which do have a financial impact. From the 1st January we have reduced our OAP acute overspill beds to 9 and will have an escalation to Director on Call if there is a request to admit to an additional bed.

Specialist Placements. The average number of placements was 24 compared with 27 in the previous month. The cost decreased from £0.4m to £0.3m.

LD Placements: We have had an increase in LD placements in September and are monitoring this closely with the position expected to improve from Q1 of 23/24.

Cost Improvement Programme

Cost Improvement (Cash releasing) Scheme	In Month Act £'k	In Month Plan £'k	In Month Var £'k	YTD Act £'k	YTD Plan £'k	YTD Var £'k	Plan £'k
Trust Wide Schemes							
Out of Area Placements - Volume	0.0	310.6	(310.6)	0.0	1,506.9	(1,506.9)	1,821.4
Out of Area Placements - Price	0.0	54.3	(54.3)	0.0	299.1	(299.1)	354.0
Opt to Tax (Historic)	125.0	125.0	0.0	1,375.0	1,375.0	0.0	1,500.0
Opt to Tax (Recurrent)	37.0	37.0	0.0	407.0	407.0	0.0	444.0
Contribution from New Investments	12.0	8.0	4.0	98.1	88.0	10.1	96.0
EFM Recharge to NHSPS	0.0	41.0	(41.0)	0.0	691.0	(691.0)	732.0
Procurement / ICS Procurement	1.6	26.0	(24.5)	7.7	274.0	(266.3)	300.0
Medicines Optimisation	0.0	5.0	(5.0)	0.0	45.0	(45.0)	50.0
Interest Receivable	209.0	0.0	209.0	1,266.5	0.0	1,266.5	0.0
Long Term Placements	58.0	0.0	58.0	809.0	0.0	809.0	0.0
Recruitment Slippage	0.0	0.0	0.0	400.0	400.0	0.0	400.0
Division/Corp Schemes Local Delivery							
Total smaller value schemes	36.0	95.5	(59.5)	330.0	750.5	(420.5)	845.0
Corporate Schemes Trust Decision							
Corporate Schemes - FWH Vacating Early	0.0	21.0	(21.0)	0.0	84.0	(84.0)	105.0
Review of Management Structures	0.0	100.0	(100.0)	0.0	450.0	(450.0)	550.0
System Supported Schemes							
Agency - Price Cap Compliance (ICS Temporary Staffing Project)	0.0	25.0	(25.0)	0.0	125.0	(125.0)	150.0
Agency - Improved Procurement (ICS Temporary Staffing Project)	0.0	25.0	(25.0)	0.0	125.0	(125.0)	150.0
Unidentified	**0.0**	**305.4**	(305.4)	**0.0**	**2,356.2**	(2,356.2)	**2,597**
Total Cost Improvement	**478.6**	**1,178.7**	**(700.2)**	**4,693.3**	**8,976.7**	**(4,283.5)**	**10,094.0**

Key Messages

The Trust's initial financial plan for 22/23 included a requirement to deliver £9.7m of cost improvements in order to achieve the deficit plan submitted. The requirement was increased by £0.4m in June when the Trust agreed to take a share of the BOB system deficit to bring the overall system plan back to breakeven.

There remains a £2.6m unallocated target which reflects the gap between our plan submission and the identified savings schemes. We continue to work to identify schemes in excess of this value to take account of slippage and to contribute to recurrent financial sustainability.

The number of long term placements continues at a lower than planned level offsetting the underperformance on the OAPs CIP. This is in part due to the withdrawal from the contracted beds at Rosebank, which completed on 31/10/22 with further savings expected as a result.

The CIP related to NHSPS has not been delivered in 2022/23 due to the complications related to the original business transfer agreement for the sites, but it has been agreed a contract variation for 2023/24 for both ICBs.

The review of management structures is underway, but any savings are likely to impact into 2023/24.

Given the historically low levels of usage and rates paid, there has been little identified through the ICS Temporary Staffing Programme in respect of in year benefit.

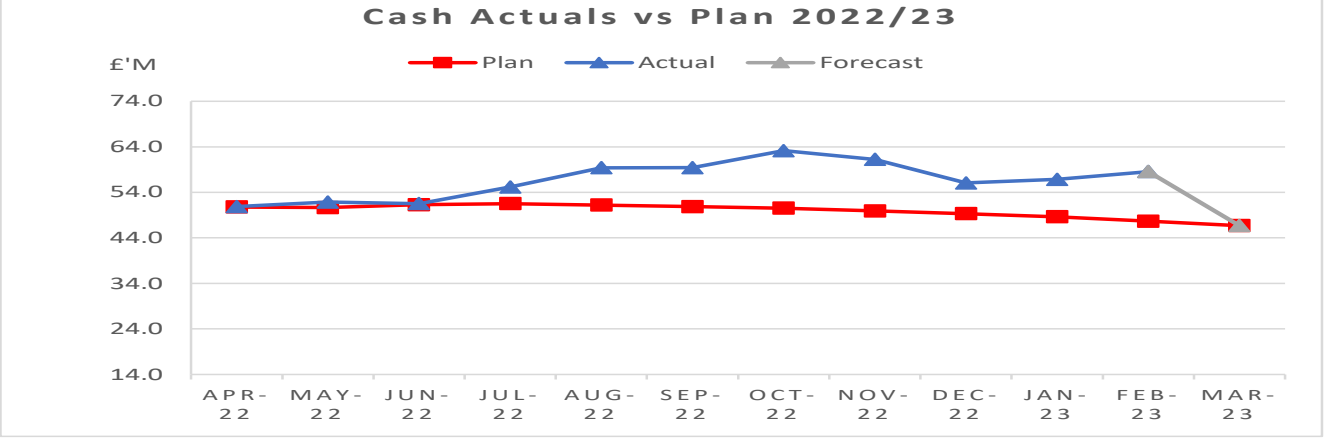
The additional £0.4m CIP required for BOB ICS has been delivered through recruitment slippage from Q1.

The under-delivery on CIPs, is being offset by the underspend on workforce and good performance on elective recovery with income not being clawed back as initially planned.

Planning for 2023/24 CIPs and cost avoidance schemes is well underway in clinical divisions and corporate directorates. This was reviewed at a planning meeting with Directors in January and an update including an initial draft list of CIPs was shared at the Business and Finance Executive meeting in January.

3.0 Cash

Cashflow	21/22 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m
Reported Surplus / (Deficit)	1.7	0.5	(0.1)	0.6	0.9	(0.9)	1.8
Remove Finance Charges through SoCI	4.0	0.2	0.3	(0.1)	2.5	3.7	(1.2)
Remove PDC Dividend accrual through SoCI	0.9	0.1	0.1	0.0	1.8	1.2	0.6
Remove Profit on Disposal of Assets	(1.4)	0.1	0.1	0.0	1.8	1.2	0.6
Operating Surplus/(Deficit)	**5.2**	**0.8**	**0.4**	**0.4**	**5.2**	**4.0**	**1.2**
Depreciation and Impairments	9.4	0.9	0.8	0.1	10.0	9.9	0.1
Operating Cashflow	***14.6***	***1.7***	***1.2***	***0.5***	***15.2***	***13.9***	***1.3***
Net Working Capital Movements	***11.6***	***2.4***	***(0.2)***	***2.6***	***1.6***	***(4.9)***	***6.5***
Proceeds from Disposals	2.2	0.0	0.0	0.0	0.0	0.0	0.0
Donations to fund Capital Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donated Capital Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Expenditure (Net of Accruals)	(8.1)	(2.3)	(1.4)	(0.9)	(6.0)	(9.3)	3.3
Investments	***(5.8)***	***(2.3)***	***(1.4)***	***(0.9)***	***(6.0)***	***(9.3)***	***3.3***
PFI Finance Lease Repayment	(1.6)	(0.1)	(0.1)	0.0	(1.5)	(1.5)	0.0
RoU Asset Finance Lease Repayment	0.0	(0.2)	(0.2)	0.0	(2.3)	(2.3)	0.0
Net Interest	(3.9)	(0.2)	(0.3)	0.1	(2.5)	(3.7)	1.2
PDC Received	0.7	0.4	0.0	0.4	0.4	0.0	0.4
PDC Dividends Paid	(0.8)	0.0	0.0	0.0	(0.3)	0.0	(0.3)
Financing Costs	***(5.5)***	***(0.1)***	***(0.7)***	***0.6***	***(6.2)***	***(7.5)***	***1.3***
Other Movements	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash In/(Out)Flow	***14.8***	***1.7***	***(1.0)***	***2.7***	***4.6***	***(7.8)***	***12.4***
Opening Cash	39.1	56.8	48.6	8.2	53.9	55.4	(1.5)
Closing Cash	***53.9***	***58.5***	***47.6***	***10.9***	***58.5***	***47.6***	***10.9***



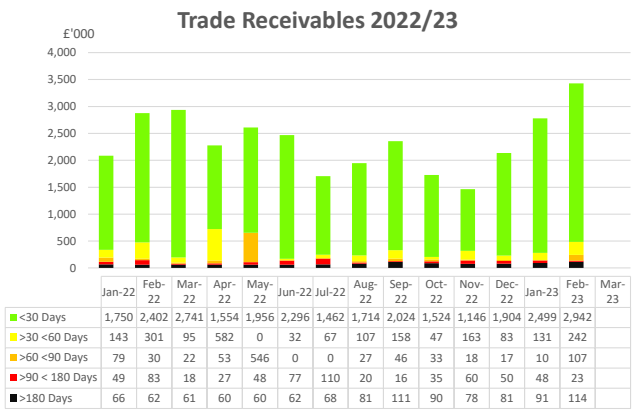
Key Messages

The closing cash balance for February 2023 was £58.5m, which is £10.9m above the revised plan. The year to date operating surplus is £2m above plan contributing to increase in cash. The Trust continues to carry deferred income balances linked to SDF which has not been spent in line with the plan. It is also linked to the timing of payment runs which have been realigned to facilitate working day one reporting. This means that payment runs in the final week of the month are paid in the next financial reporting period resulting in a gain in cash over the period. Average daily cash balances have increased by £1.3m as a result, which will reduce PDC Dividend risk. The variance to plan is also the result of slippage on the capital programme (£4.3m). The Trust is benefiting from an increase in bank interest rates and has generated around £1.3m YTD in interest since April 2022.

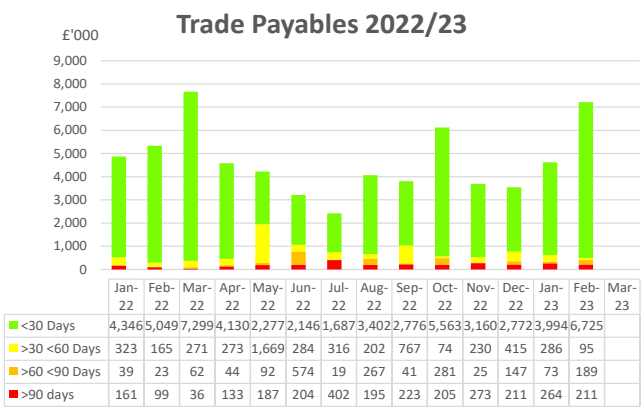
3.0 Balance Sheet

Balance Sheet	21/22 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m
Intangibles	4.2	2.7	2.8	(0.1)	2.7	2.8	(0.1)
Property, Plant & Equipment (non PFI)	42.6	43.4	38.1	5.3	43.4	38.1	5.3
Property, Plant & Equipment (PFI)	70.2	68.4	58.4	10.0	68.4	58.4	10.0
Property, Plant & Equipment (RoU Asset)	0.0	15.0	11.8	3.2	15.0	11.8	3.2
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
Total Non Current Assets	**117.2**	**129.6**	**111.3**	**18.3**	**129.6**	**111.3**	**18.3**
Trade Receivables & Accruals	8.9	11.8	8.8	3.0	11.8	8.8	3.0
Other Receivables	0.2	0.3	0.2	0.2	0.3	0.2	0.2
Cash	53.9	58.5	47.6	10.9	58.5	47.6	11.0
Trade Payables & Accruals	(35.4)	(38.6)	(33.0)	(5.7)	(38.6)	(33.0)	(5.7)
Current PFI Finance Lease	(1.7)	(1.7)	(1.7)	(0.0)	(1.7)	(1.7)	(0.0)
Current RoU Asset Finance Lease	0.0	(2.2)	(2.2)	(0.0)	(2.2)	(2.2)	(0.0)
Other Current Payables	(12.5)	(14.3)	(12.8)	(1.6)	(14.3)	(12.8)	(1.6)
Total Net Current Assets / (Liabilities)	**13.3**	**13.8**	**7.0**	**6.8**	**13.8**	**7.0**	**6.8**
Non Current PFI Finance Lease	(23.8)	(22.2)	(22.2)	(0.0)	(22.2)	(22.2)	(0.0)
Non Current RoU Finance Lease	0.0	(13.2)	(10.0)	(3.2)	(13.2)	(10.0)	(3.2)
Other Non Current Payables	(1.8)	(1.8)	(1.6)	(0.2)	(1.8)	(1.6)	(0.2)
Total Net Assets	***104.9***	***106.2***	***84.5***	***21.8***	***106.2***	***84.5***	***21.8***
Income & Expenditure Reserve	32.2	33.1	31.6	1.6	33.1	31.6	1.6
Public Dividend Capital Reserve	20.7	21.1	20.7	0.4	21.1	20.7	0.4
Revaluation Reserve	52.0	52.0	32.2	19.8	52.0	32.2	19.8
Total Taxpayers Equity	***104.9***	***106.2***	***84.5***	***21.8***	***106.2***	***84.5***	***21.8***

Key Messages



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<30 Days	1,750	2,402	2,741	1,554	1,956	2,296	1,462	1,714	2,024	1,524	1,146	1,904	2,499	2,942	
>30 <60 Days	143	301	95	582	0	32	67	107	158	47	163	83	131	242	
>60 <90 Days	79	30	22	53	546	0	0	27	46	33	18	17	10	107	
>90 < 180 Days	49	83	18	27	48	77	110	20	16	35	60	50	48	23	
>180 Days	66	62	61	60	60	62	68	81	111	90	78	81	91	114	



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<30 Days	4,346	5,049	7,299	4,130	2,277	2,146	1,687	3,402	2,776	5,563	3,160	2,772	3,994	6,725	
>30 <60 Days	323	165	271	273	1,669	284	316	202	767	74	230	415	286	95	
>60 <90 Days	39	23	62	44	92	574	19	267	41	281	25	147	73	189	
>90 days	161	99	36	133	187	204	402	195	223	205	273	211	264	211	

Key Messages

Overall receivables balances increased by £0.6m due primarily to an increase in current aged debt (<30 days). All aged debt over 30 days increased by £0.1m. Overall payables increased by £2.6m, primarily in current payable (<30 days). All aged payables over 30 days decreased by £0.1m. There are a small number of high value invoices for placements that are not paid as we are awaiting credit notes.

4.0 Capital Expenditure

Schemes	Current Month			Year to Date			FY	Forecast
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000	Outturn £'000
Estates Maintenance & Replacement Expenditure								
Erleigh road Change of Service - Phase 1 c/fwd & Phase 2	0	117	(117)	81	333	(253)	150	81
Extension for Clinical Space - CHH	0	2	(2)	0	18	(18)	450	0
Other Trust Owned Properties	26	0	26	26	50	(24)	70	26
Leased Non Commercial (NHSPS)	2	20	(19)	53	340	(293)	240	151
Head Office Relocation	494	0	494	1,294	1,300	(6)	1,300	1,566
MSK Relocation - AV	131	0	131	205	335	(130)	335	686
Leased Commercial Other	0	0	0	0	140	(140)	140	0
Environment & Sustainability	55	6	50	79	44	34	50	80
Windsor Consolidation (Dedworth)	209	0	209	877	500	377	500	1,256
Various All Sites	68	82	(14)	71	534	(463)	616	142
Statutory Compliance	1	16	(16)	7	134	(127)	150	94
Subtotal Estates Maintenance & Replacement	**986**	**243**	**743**	**2,694**	**3,729**	**(1,042)**	**4,001**	**4,082**
IM&T Expenditure								
IM&T Business Intelligence and Reporting	0	40	(40)	52	80	(28)	120	120
IM&T Refresh & Replacement	1,298	410	888	1,459	2,372	(913)	2,782	2,782
IM&T System & Network Developments	87	31	56	703	229	473	260	703
IM&T GDE & Community Projects	14	10	4	179	232	(53)	242	242
IM&T Digital Strategy	0	106	(106)	118	1,169	(1,050)	1,275	1,060
Subtotal IM&T Expenditure	**1,399**	**597**	**802**	**2,510**	**4,082**	**(1,572)**	**4,679**	**4,907**
Subtotal CapEx Within Control Total	**2,385**	**840**	**1,545**	**5,204**	**7,811**	**(2,613)**	**8,680**	**8,989**
CapEx Expenditure Outside of Control Total								
PPH 'Place of Safety	0	500	(500)	1	1,100	(1,099)	1,600	150
PPH Zonal Heating Controls	0	0	0	0	250	(250)	250	0
Statuory Compliance	0	10	(10)	0	90	(90)	100	126
Environment & Sustainability / Zero Carbon	0	0	0	0	0	0	200	0
Other PFI projects	0	39	(39)	31	346	(315)	185	155
Health Bus (Donated)	0	0	0	0	0	0	0	34
Subtotal Capex Outside of Control Totals	**0**	**549**	**(549)**	**33**	**1,786**	**(1,754)**	**2,335**	**465**
Central Funding								
EOI Funding - CYPF Reading (25 Erleigh Road)	7	0	7	31	0	31	0	299
Sub Total Central Funding Outside of Control Totals	**7**	**0**	**7**	**31**	**0**	**31**	**0**	**299**
Total Capital Expenditure	**2,392**	**1,388**	**1,003**	**5,268**	**9,597**	**(4,336)**	**11,015**	**9,753**

Key Messages

Schemes within control total at month 11 are underspent by £2.6m due in part to delays in Estates projects - Windsor Consolidation (Dedworth/Fairacres) and MSK Relocation (Adlam Villas). The Head Office Relocation completed in February. The Windsor Consolidation and MSK Relocation projects that were due to complete at the end of March will now not finish until April. The forecast outturn on these projects is £1.4m higher than planned and is funded by rephasing and prioritising the existing Estates capital schemes with some planned slippage into 2023/24.

IM&T Digital Strategy (£1.1m) and IM&T Refresh & Replacement (£0.9m) are underspent offset in part by an overspend on Ad-hoc Locality (£0.5m).

Both IT and Estates senior management are confident in being able to deliver the remaining £3.5m against the capital plan in the last month of the financial year and have provided assurances that they are on track to complete in advance of year end. We currently have a forecast overspend against CDEL of £0.3m, which will be covered by system headroom if required.

The Trust was successful in bidding for UEC capital £0.3m and the project is in pre-planning stage with tenders received and under evaluation. The project will develop space at 25 Erleigh Road, Reading to help young people in crisis.

The Trust has five new leases starting in this financial year with Right of use Asset valued at £3.4m as per IFRS16 and we are waiting guidance from NHS England regarding additional CRL cover for these new in year leases.

The Trust's bid against the Public Sector Decarbonisation Scheme (Salix) was unsuccessful so further consideration will be given to sources of funding for this work in 2023/24.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper - Public

Board Meeting Date	11th April 2023
Title	**True North Performance Scorecard** **Month 11 (February 2023) 2022/23**
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 2022/23.
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 11 2022/23 (February 2023) is included. Individual metric review is subject to a set of clearly defined “business rules” covering how metrics should be considered dependent on their classification for driver improvement focus, and how performance will therefore be managed. The business rules apply to three categories of metric:

	• **Driver metric**: the few key improvement drivers with target performance and will be the focus of meeting attention.
	• **Tracker Level 1 metric**: no attention required if within set threshold for the period. Threshold performance usually defined by regulator / external body and relates to "must do" national standards or areas of focus. Update required if threshold performance is missed in one month.
	• **Tracker metric**: no attention required unless performance is deteriorating from threshold for a defined period (over four months). Threshold set internally, where sustained underperformance will trigger a review of threshold level or need to switch to a driver metric dependent on capacity.
	
	Month 11
	
	Performance business rule exceptions, red rated with the True North domain in brackets:
	
	Breakthrough and Driver Metrics
	
	Context and update to driver performance to be provided in discussion of counter measure action and development:
	
	• Self-harm Incidents on Mental Health Inpatients Wards (excluding LD) – **(Harm Free Care)** – at 145 against a target of 42 incidents per month.
	  ○ Bluebell ward was the highest contributor. All but 5 of the incidents on Bluebell ward were from 2 patients.
	  ○ The team are investigating the link between self-harm and restraint. Early signs on Snowdrop seem encouraging with the reduction on restraint.
	  ○ Countermeasures include daily safety huddles, post incident review and debriefs for staff and patients. The 'Who's Caring for Me; board and role descriptor for patients to identify relevant staff.
	• Physical Health Checks – 7 Parameters for People with Severe Mental Illness (SMI) **(Harm Free Care) -** at 84% against a revised target of 85%. This has been revised from 95%, but over the national target and will take into account the ebb and flow within caseloads. The Slough team is the top contributor but has improved by 10% this month.
	• I Want Great Care Positive Score **(Patient Experience)** - at 92.4% against a 95% target.
	• I Want Great Care Compliance Rate **(Patient Experience)** - at 2.3% against a 10% target.

	• Physical Assaults on Staff **(Supporting Our Staff)** – 55 against a target of 44.
	  ○ Rose (14) and Sorrel (14) wards were the highest contributors. Increase in incidents likely to be related to high acuity within the hospital.
	  ○ 14 incidents on Rose ward were spread across 6 patients with no apparent clear pattern.
	  ○ Of the 14 incidents on Sorrel ward, 9 were with one patient. There have been 7 data points below the mean which is suggesting sustained improvement.
	  ○ Countermeasures include daily safety huddles, robust planning and risk assessment prior to secluding patients.
	• Variance from YTD NHSE efficiency plan (£'k) **(Money Matters) –** at -4283k against a target of 0.
	
	Tracker 1 Metrics (where red for 1 month or more)
	• Meticillin-resistant Staphylococcus Aureus (MSSA) Bacteraemias (Cumulative year to date) **(Regulatory Compliance)** – there were 0 incident in February, but the year-to-date total is 3 against a target of 0.
	• People with Common Mental Health Conditions Referred to IAPT Completing a Course of Treatment Moving to Recovery - **(Regulatory Compliance)** – at 46%, below the 50% target.
	• Proportion of Patients Referred for Diagnostic Tests who have been Waiting for Less than 6 weeks (DM01 – Audiology) **(Regulatory Compliance)** – at 72.4% against a target of 95%. Recovery plan in place and staff in post which should impact the waits in the coming months.
	• Sickness rate **(Regulatory Compliance)** – red at 4.32% against a target of 3.5%. This is not a "hard" compliance focus with NHSI but is tracked. Twelve months red.
	• 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 66.6% against a 95% target. This is a newly introduced national target that is challenging to achieve for trusts as evidenced by regional and national benchmarking.
	• 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 88.8% against a 95% target. This is a newly introduced national target

	that is challenging to achieve for trusts as evidenced by regional and national benchmarking. **Tracker Metrics (where red for 4 months or more)** • Health Visiting: New Birth Visits within 14 days **(Patient Experience)** – at 86.8% against a 90% target. • Self-harm Incidents within the Community **(Harm Free Care)** – at 51 incidents against a target of 31. • Increase in Elective Care Activity from 2019/20 baseline (physical health only) – first appointment **(Money Matters)** - at -6.1%% against a target of 4%. A challenging recovery target, with limited-service inclusion for the Trust. • Increase in Elective Care Activity from 2019/20 baseline (physical health only) – follow up appointment **(Money Matters)** - at -19% against a target of 4%. A challenging recovery target, with limited-service inclusion for the Trust. • Community Inpatient Occupancy **(Money Matters)** – at 90.8% against a target of 85%. • Mental Health Non-Acute Occupancy rate **(Money Matters)** - at 89.5% against an 85% target. • Community Health Delayed Transfers of Care **(Money Matters)** - at 16.6% against a target of 7.5%. A positive reporting shift is placing a focus on mental health delays in the systems. • Mental Health Acute Occupancy rate **(Money Matters)** - at 95.3% against an 85% target. Red for 12 months. • Mental Health: Acute Average Length of Stay (bed days) **(Money Matters)** – at 50 days against a target of 30 days. Pressures continue, and length of stay remains a focus for teams. An improvement project is underway.
Action	The Board is asked to note the True North Scorecard.

Harm Free Care

Metric1	Target	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month	31	25	30	23	25	16	29	18	31	23	36	19
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	42 per month	112	92	98	101	95	104	76	72	78	37	26	145
Number of suicides (per month)	Equal to or less than 3 per month	2	1	3	2	3	3	0	2	1	3	4	1

		Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	85%	80%	78%	78%	79%	80%	79%	80%	79%	80%	80%	81%	84%

Patient Experience

IWGC Positive Score %	95% compliance from April 22	93.2%	94%	92.7%	95.2%	95.2%	94.1%	95.5%	93.3%	94.8%	91.5%	94.5%	92.4%
IWGC Compliance %	10% compliance	0.8%	0.6%	1.0%	1.3%	2.3%	2.2%	3.4%	3.6%	5.4%	2.7%	2.8%	2.3%

Performance Scorecard - True North Drivers

Supporting our Staff

Metric1	Target1	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Physical Assaults on Staff	44 per month	92	117	69	68	61	65	71	76	59	52	30	55
Staff turnover (excluding fixed term posts)	<=16% per month	15.93%	16.19%	16.71%	16.76%	16.89%	17.02%	16.98%	16.5%	16.32%	16.52%	16.21%	15.69%

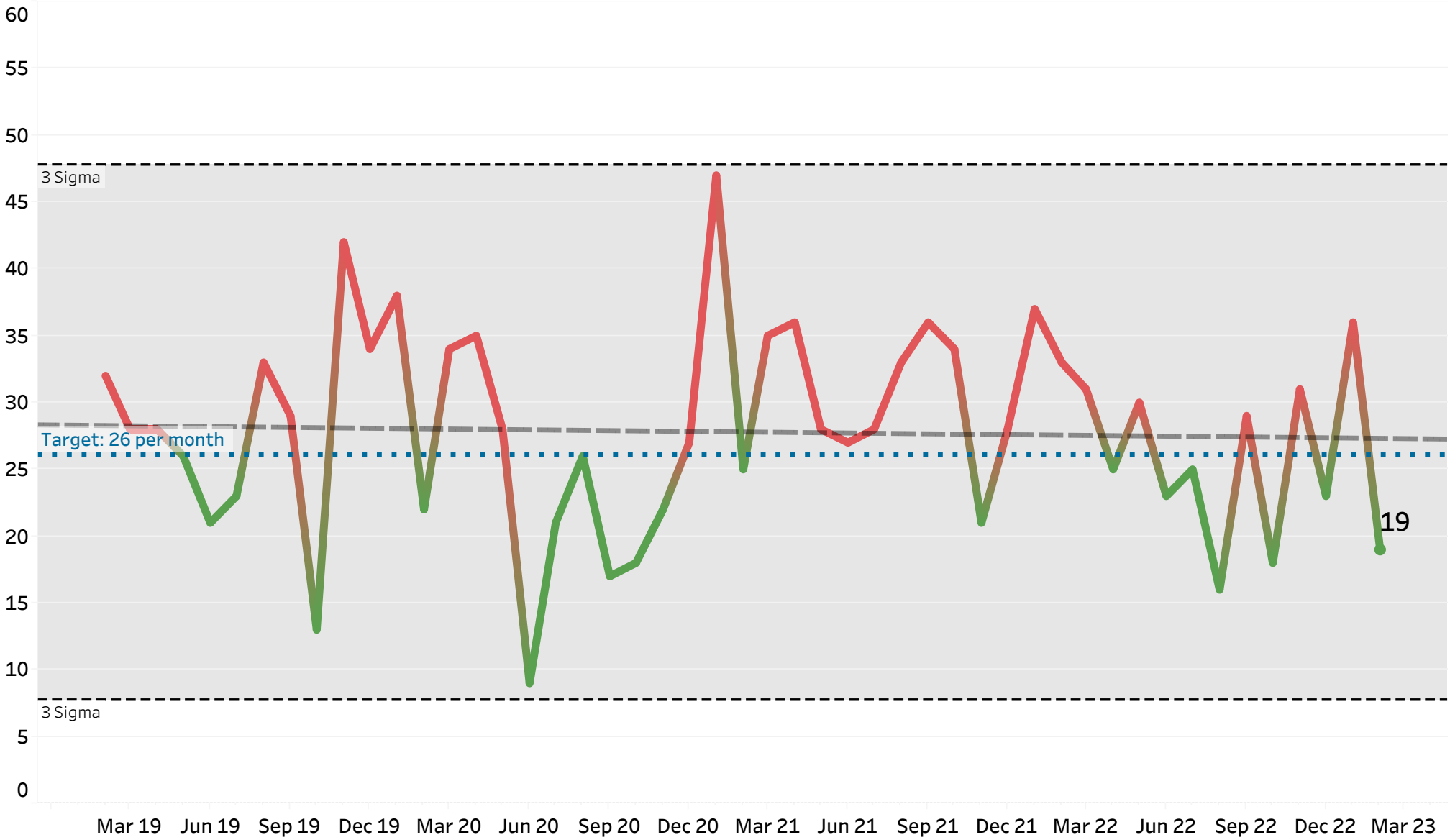
Money Matters

Variance from YTD NHSE financial control total (£'k)	<£0k		-3	32	-149	-400	-506	-714	-774	-822	-1092	-1277	-1818
Variance from YTD NHSE efficiency plan (£'k)	>£0k		112	134	490	183	-571	-1141	-1803	-2357	-3003	-3583	-4283

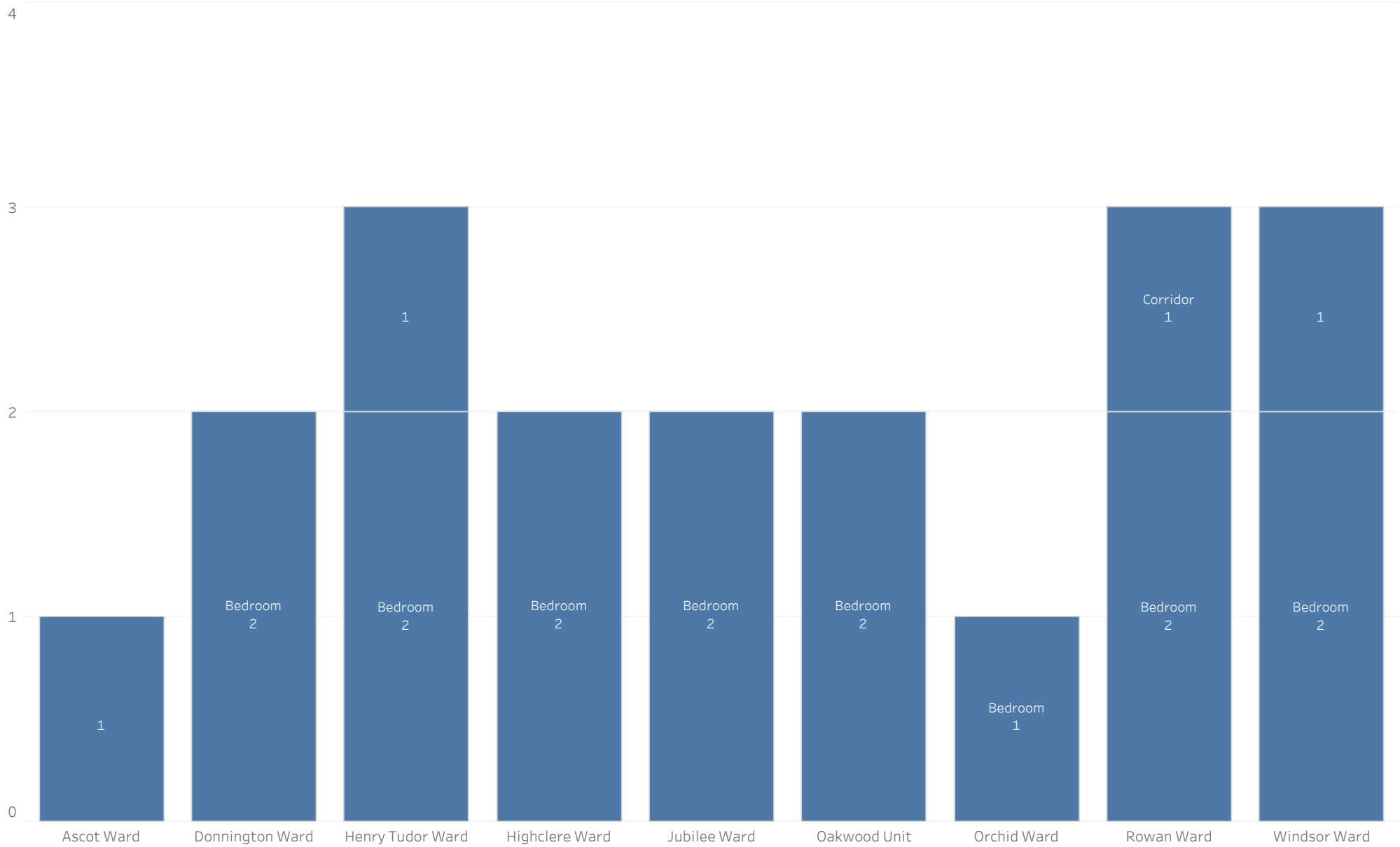
Inappropriate Out of Area Placements	180 Cumulative Total Q4 2022/23	172	69	114	226	144	329	524	266	484	591	57	61

Harm Free Care Driver: Fall incidents in Community & Older Adult Mental Health Inpatient Wards (Feb 19 to Feb 23)

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

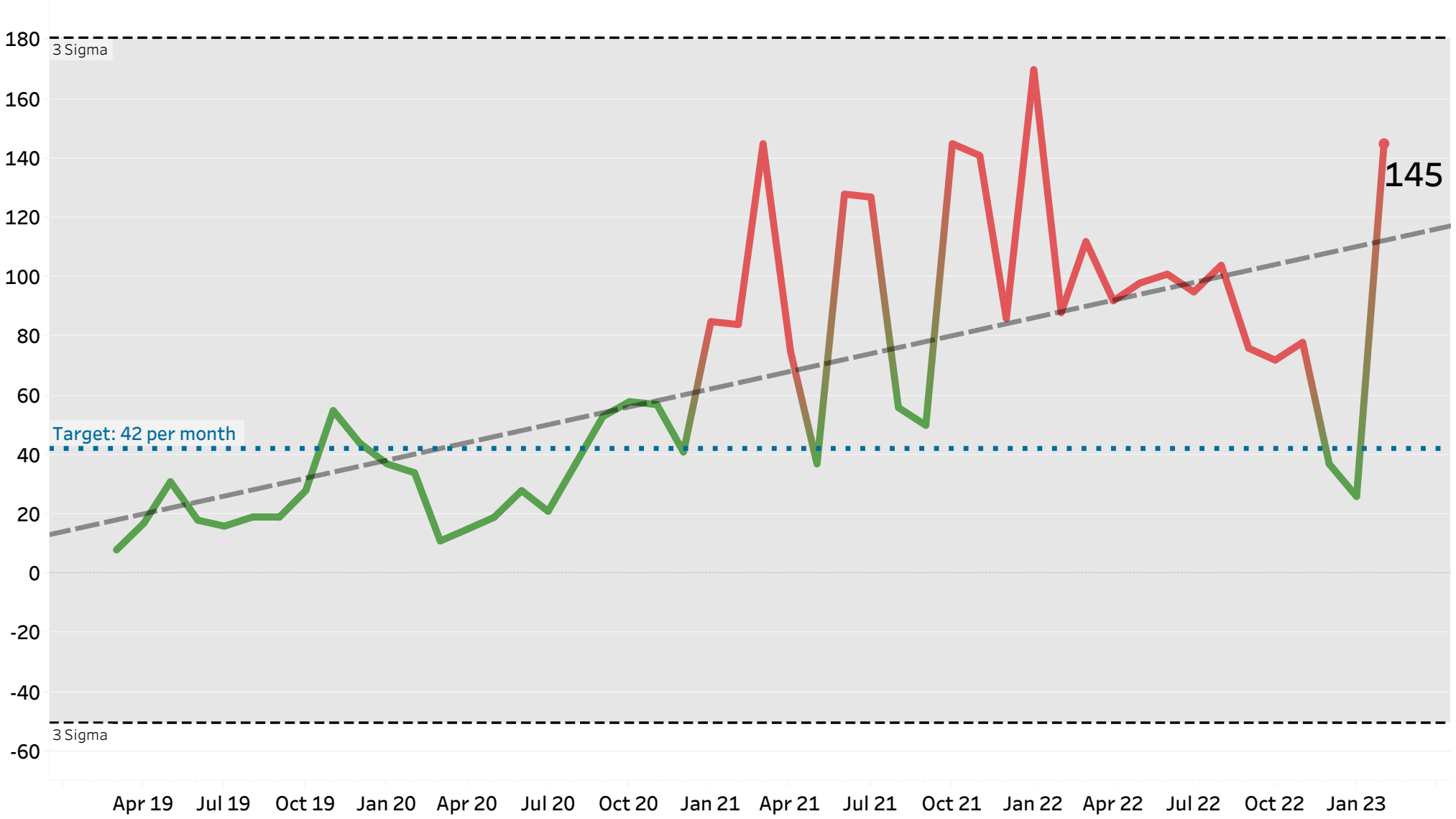


Harm Free Care Driver: Fall incidents in Community and Older Adult Mental Health Inpatient Wards (February 2023)

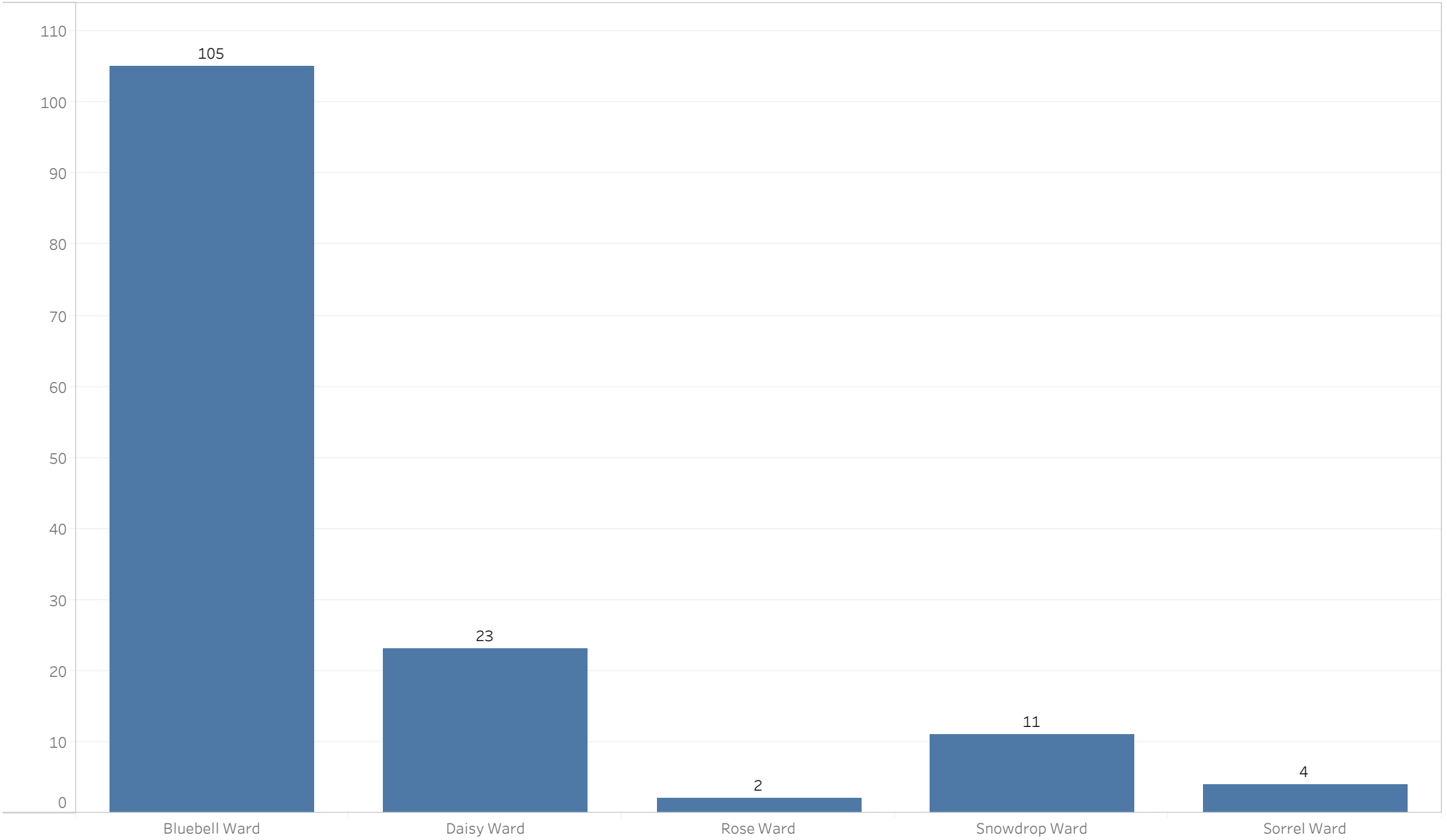


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) (Mar 19 to Feb 23)

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

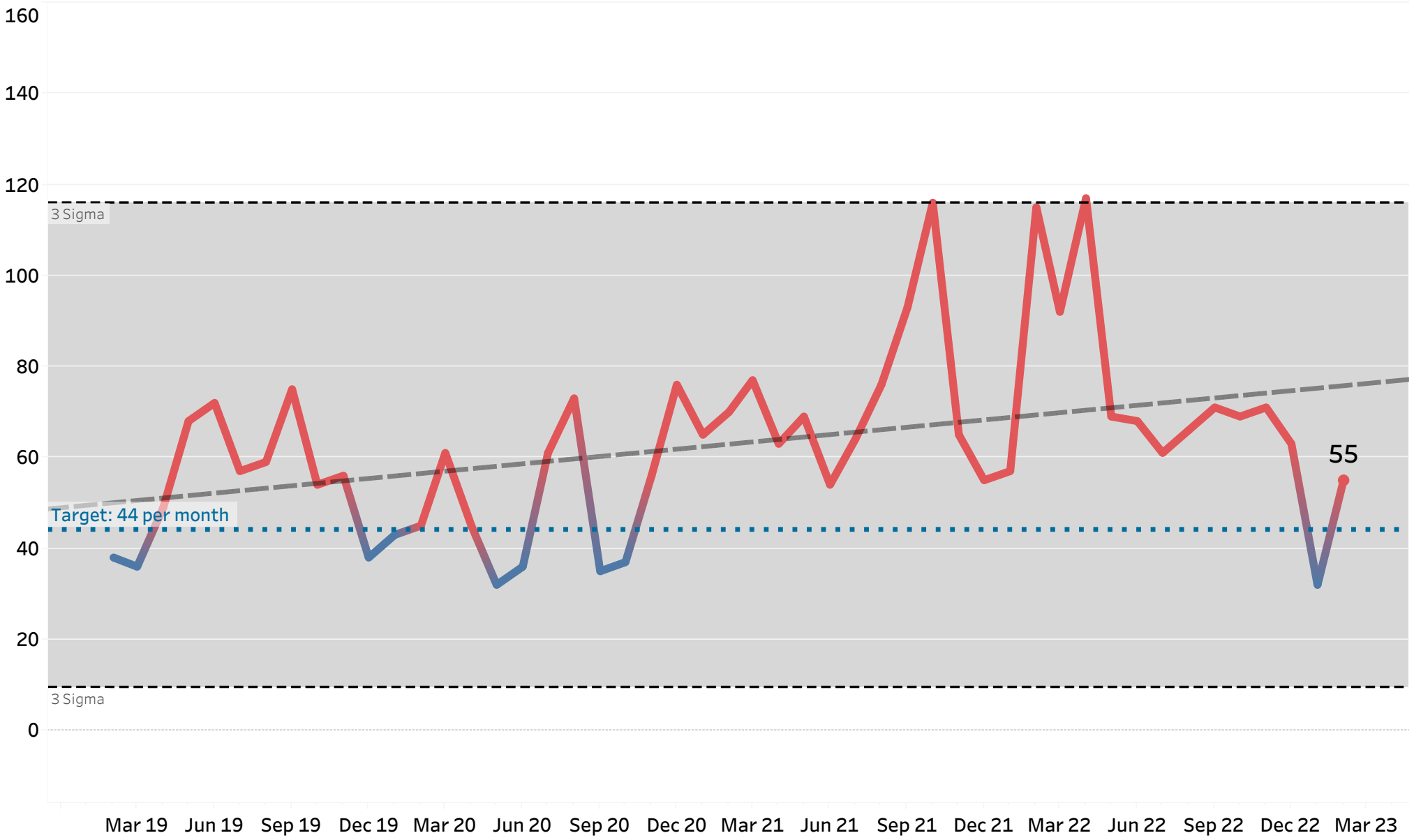


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (February 2023)

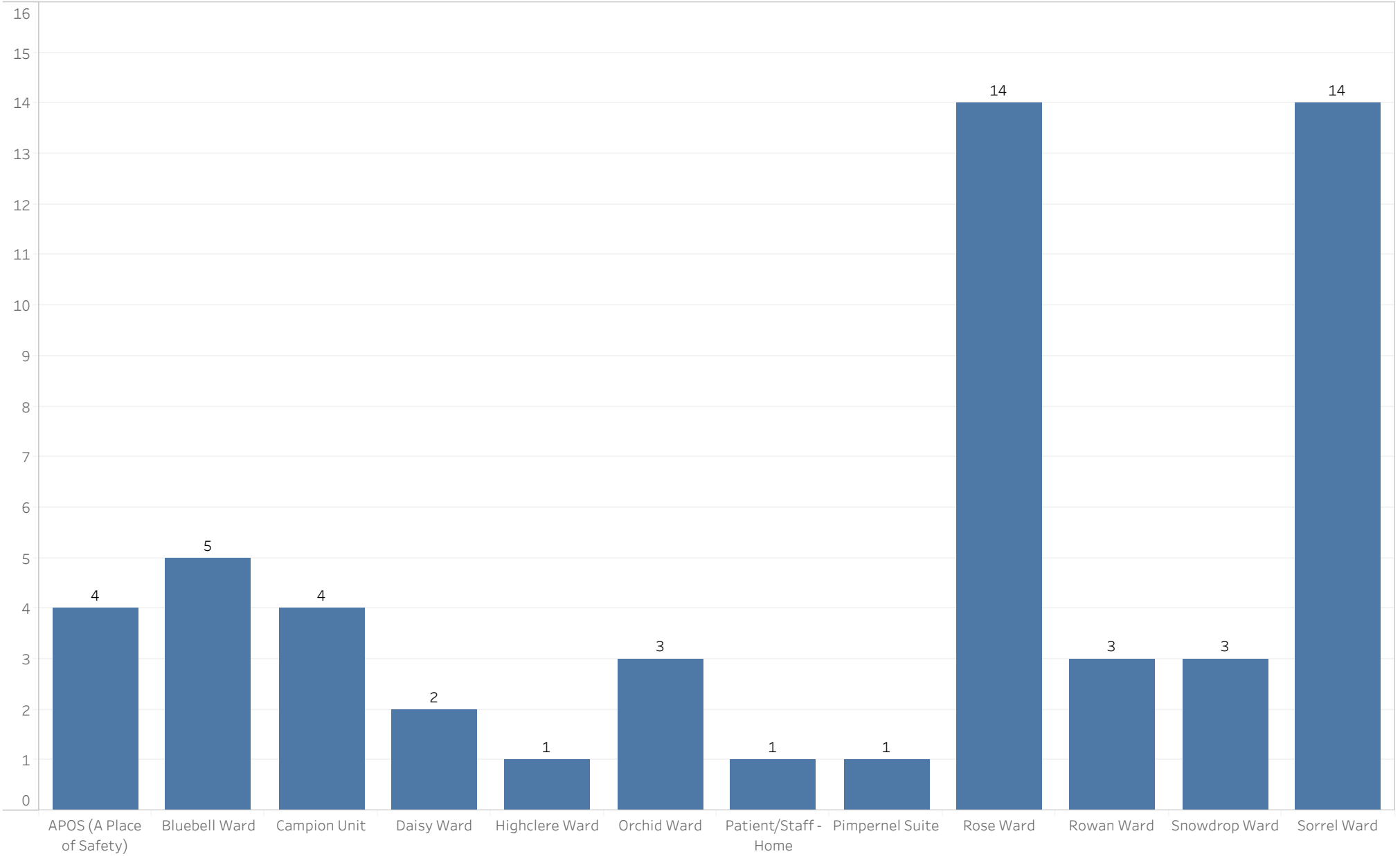


Supporting Our Staff Driver: Physical Assaults on Staff (Feb 19 to Feb 23)

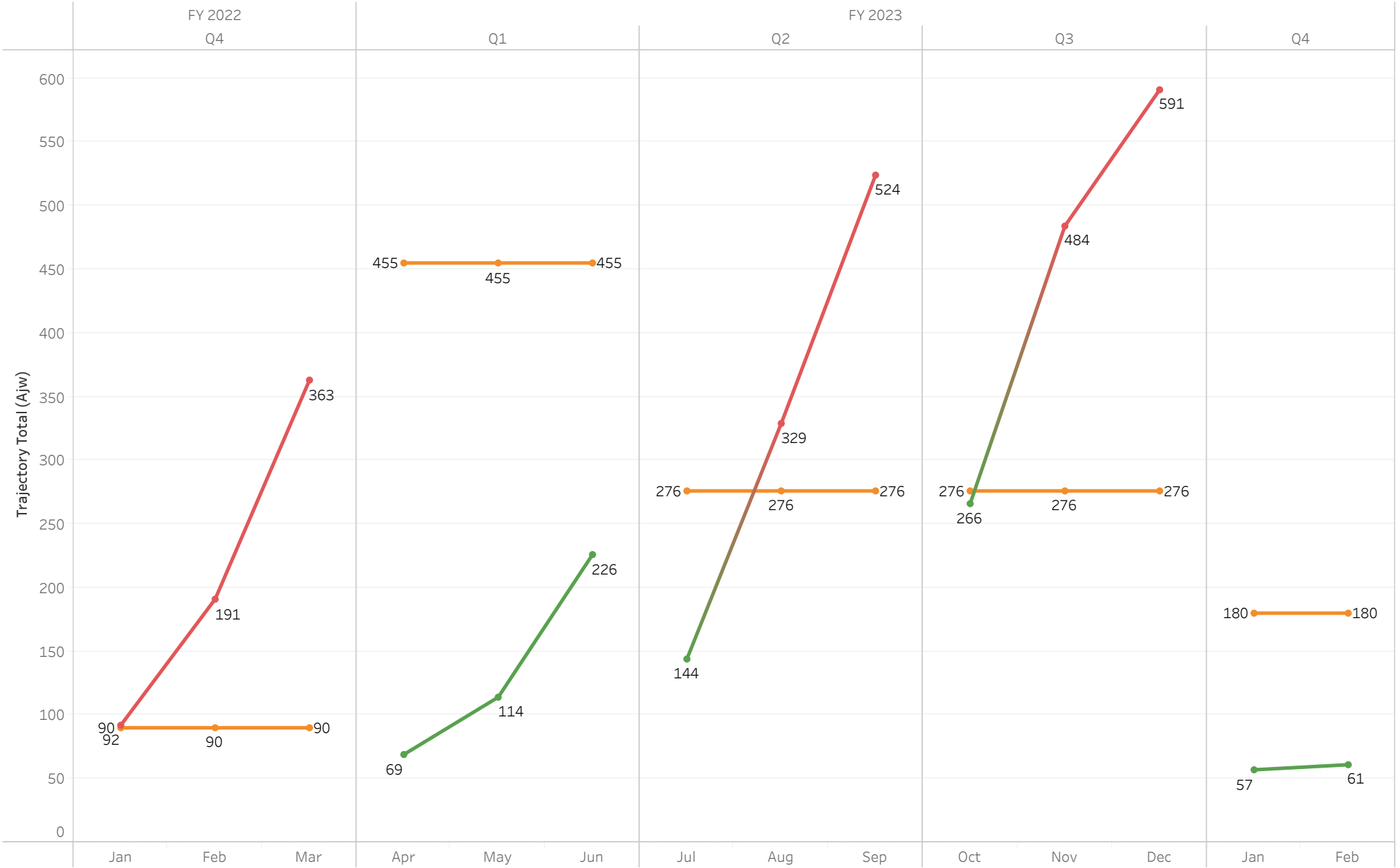
Any incident where sub-category = assault by patient and incident type = staff



Supporting Our Staff Driver: Physical Assaults on Staff by Location (February 2023)



Money Matters Driver: Inappropriate Out of Area Placements



True North Supporting Our Staff Summary

Tracker Metrics

		Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Statutory Training: Fire: %	90% compliance	92.3%	92.0%	91.7%	91.8%	91.8%	91.1%	90.7%	89.6%	92.0%	96.2%	92.2%	92.8%
Statutory Training: Health & Safety: %	90% compliance	95.4%	95.5%	95.3%	95.5%	95.9%	95.9%	96.0%	96.1%	96.1%	96.1%	96.1%	96.2%
Statutory Training: Manual Handling: %	90% compliance	89.0%	88.9%	88.3%	90.2%	89.2%	90.8%	90.0%	91.4%	93.1%	93.2%	92.3%	92.6%
Mandatory Training: Information Governance: %	95% compliance from April 22	96.1%	95.9%	96.2%	95.8%	96.0%	95.9%	96.9%	96.5%	98.1%	93.2%	96.0%	96.8%
PDP (% of staff compliant) Appraisal: %	95% compliance by 31 May 2022	79.2%	12.7%	86.2%	98.2%	92.3%	91.4%	89.9%	88.1%	85.0%	85.0%	85.0%	81.9%

True North Patient Experience Summary

Tracker Metrics

		Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Mental Health: Prone (Face Down) Restraint	4 per month	0	7	4	2	0	1	3	1	1	6	2	13
Patient on Patient Assaults (MH)	25 per month	7	15	20	12	17	14	21	21	20	25	15	13
Health Visiting: New Birth Visits Within 14 days: %	90% com pliance	93.0%	95.0%	100%	85.1%	86.5%	87.2%	82.5%	69.8%	65%	79.1%	79.2%	86.8%
Mental Health: Uses of Seclusion	13 in month	11	6	6	5	9	6	7	6	6	13	6	6

		Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Mental Health Clustering within target: %	80% compliance	78%	79%	80%	81%	79.0%	77.2%	80.4%	79.8%	78.9%	82.9%	80.2%	79.2%

True North Harm Free Care Summary

Tracker Metrics

Metric1	Threshold / Target	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Pressure ulcers acquired due to lapse in (Inpatient Wards)	<10 incidents	0	0	0	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community East)	< 6 incidents	0	0	0	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community West)	< 6 incidents	1	0	0	0	0	0	0	0	0	0	0	0
Mental Health: AWOLs on MHA Section	10 per month from April 2022	12	13	13	11	15	8	7	10	12	5	10	3
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	7	14	7	3	1	8	0	1	0	2	0	1
Mental Health: Readmission Rate within 28 days: %	<8% per month	6.32	9.83	4	5.79	7.92	2.85	5.87	6.45	1.45	1.53	1.40	1.68
Patient on Patient Assaults (LD)	4 per month	1	9	1	1	0	2	2	2	2	0	1	1
Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019	20% from June 2021	15.1%	14.6%	15%	14.6%	14.1%	13%	13.5%	13.3%	13.7%	13%	13.6%	13.9%
Suicides per 10,000 population in Mental Health Care (annual)	7.4 per 10,000	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7
Self-Harm Incidents within the Community	31 per month	3	2	12	25	32	36	8	21	51	37	57	51
Gram Negative Bacteraemia	1 per ward per year	0	0	0	0	0	0	0	0	0	0	0	0

True North Money Matters Summary

Tracker Metrics

		Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Mental Health: Delayed Transfers of Care (NHSI target) Monthly and Quarterly)	7.50%	8.95%	10.8%	10.2%	9.49%	8.73%	10.1%	8.78%	9.64%	12.4%	12.2%	6.16%	5.05%
Increase in Elective Care Activity from 19/20 Baseline (Physical Health only) - First Appointment	4.00%		1.26%	5.75%	0.27%	-4.2%	-6.8%	-6.3%	-0.2%	-2.2%	3.89%	1.02%	-6.1%
Increase in Elective Care Activity from 19/20 Baseline (Physical Health only) - Follow Up Appointment	4.00%		-6.9%	-4.9%	-4.0%	-7.5%	-15.%	-13.%	-13.%	-17.%	-12.%	-9%	-19.%
Community Inpatient Occupancy	80-85% Occupancy	74.7%	85%	86.5%	86.0%	82.5%	80.7%	83.6%	87.4%	88.1%	87.7%	86.8%	90.8%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %	80% Occupancy	73.04%	81.02%	73.04%	88%	90.51%	80.82%	87.72%	87.90%	87.59%	85.75%	80.20%	89.56%
DNA Rate: %	5% DNAs	4.56%	4.71%	4.90%	5%	4.92%	1.02%	5.19%	5.24%	4.97%	5.22%	5.20%	4.85%
Community: Delayed transfers of care Monthly and Quarterly: %	7.5% Delays	11.7%	18.4%	12.6%	11.3%	2.91%	11.9%	10.3%	18.5%	17.1%	21.5%	21.7%	16.6%
Mental Health: Acute Occupancy rate (excluding Home Leave):%	85% Occupancy	93.3%	86%	94.4%	95.9%	94.2%	97.2%	97.1%	96.3%	96.3%	89.7%	97.1%	95.3%
Mental Health: Acute Average Length of Stay (bed days)	30 days	49	50	38	47	43	35	50	38	62	37	43	50

Regulatory Compliance - Tracker Level 1 Summary

Metric1	Threshold / Target	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
C.Diff due to lapse in care (Cumulative YTD)	6	3	0	0	2	2	2	2	2	2	2	2	2
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) infection rate	tbc	0	0	0	0	0	0	0	0	1	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	1	0	1	1	1	1	2	2	3	3	3	3
Count of Never Events (Safe Domain)	0	0	0	0	0	0	0	0	0	0	0	1	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	80	100	86	100	100	83.3	92.8	85.7	91.6	87.5
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.1	98	98.9	99.0			99.5	99.2	99.5	99.6	99.2	99.3
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	97	97	96	96	95	96	94	95	93	94	95	95
People with common mental health conditions referred to IAPT completing a course of treatment moving to recovery: %	50% treated	52.5	52	52	56.0	51.8	49	49	47	52	48	45.5	46
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% to March 2025	98.8	99.2	98.2	71.7	47.1	55.6	40.9	35	66.4	82.8	72.4	72.4
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	98	99.5	99.5	100	100	99.2	97.8	98.7	100	100	100	100
Sickness Rate: %	<3.5%	4.30	4.53	3.95	4.41	5.29	4.37	4.56	4.91	4.59	5.16	4.32	
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	75%	83.3%	78%	50%	85.7%	50%	66.7%	66.7%	100%	57.1%	100%	66.6%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	87.5%	80%	100%	100%	87.5%	100%	100%	100%	75%	83.3%	100%	88.8%
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

SYSOF

Metric1	Threshold / T..	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23
Community Health Services: 2 Hour Urgent Community Response %.	80%	81.3%	88.4%	88.2%	89.2%	90.2%	90.4%	88.2%	92.2%	88.9%	85.8%	88.5%	88.5%
E-Coli Number of Cases identified	Tbc	0	0	0	1	0	1	0	1	1	0	0	0
Mental Health 72 Hour Follow Up	80%	86.4%	96.4%	95.5%	98.4%	94.7%	98.5%	98.5%	96.5%	93.6%	87.2%	94.0%	88.6%
Adult Acute LOS over 60 days % of total discharges	TBC										21.8%	26.5%	50%
Older Adult Acute LOS over 90 days % of total discharges	TBC										55.5%	57.0%	40.8%

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**)

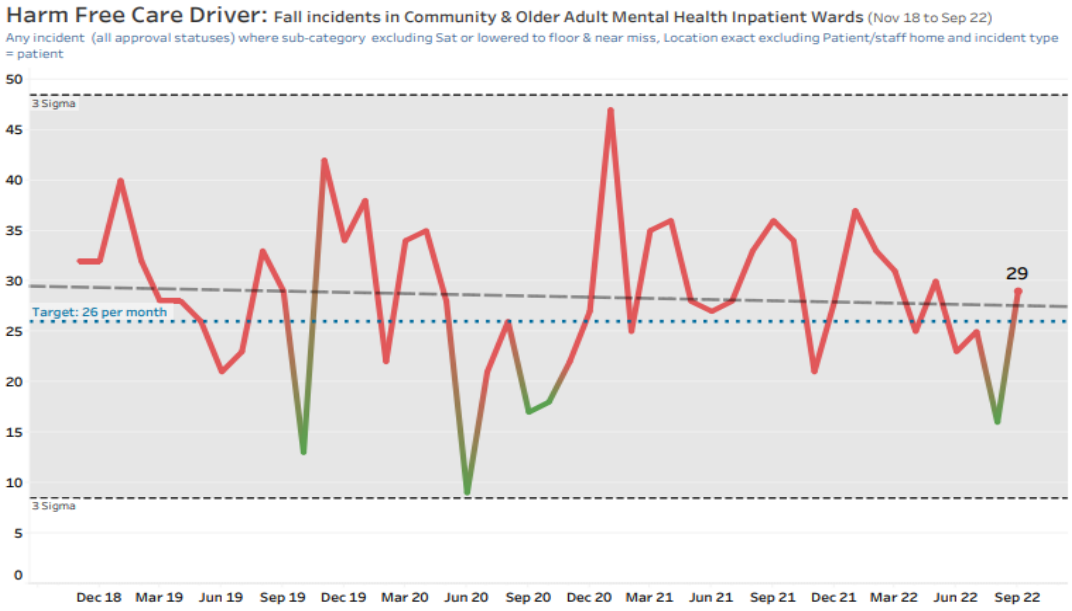
Business Rules for Statistical Process Control (SPC) Charts

Why Use SPC Charts

We intend to use SPC charts to gain a better understanding about what our data is telling us. We can use this understanding to support making improvements. It will ensure we don't overreact to normal variation within a system.

Components of an SPC Chart

The charts have the following components with an example below:



- A target line (the blue dotted line)
- A longer series of data points
- Upper Control Limit (UCL) to 3 Sigma
- Lower Control Limit (LCL) to 3 Sigma
    - These process limits (UCL & LCL) are defined by our data and calculated automatically. If nothing changes with the process, we can expect 99% of data points to be within these limits. They tell us what our system is capable of delivering. Our data will vary around these process limits. It provides a context for targeting improvement.

Variation

There are 2 types of variation:

1. Common cause variation, which is 'normal' variation (within the UCL & LCL)
2. Special cause variation (or unusual variation) which is something outside of the normal variation and outside of the process control limits (UCL & LCL)

Rules

- A series of 6 or more data points above or below the target is statistically relevant. It indicates that something in process has changed.
- A trend: either rising or falling of more than 6 data points – we should investigate what has happened.
    - We should reset baseline following a run of 6 data points (either up or down).
- Follow the True North Performance business rules for other metric actions.

NHS
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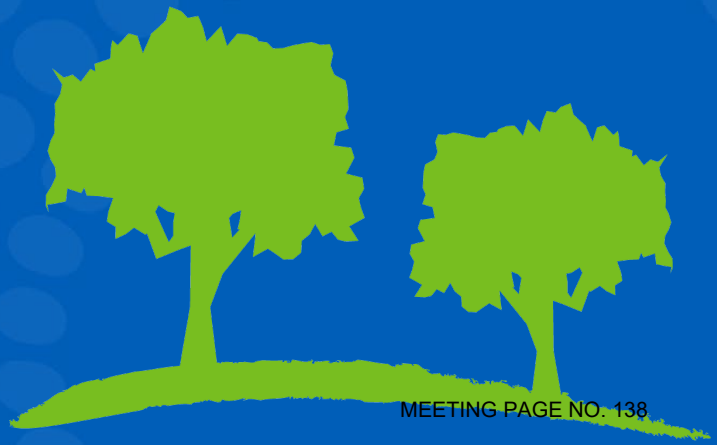
Green Plan – Board Update April 2023

Paul Gray, CFO



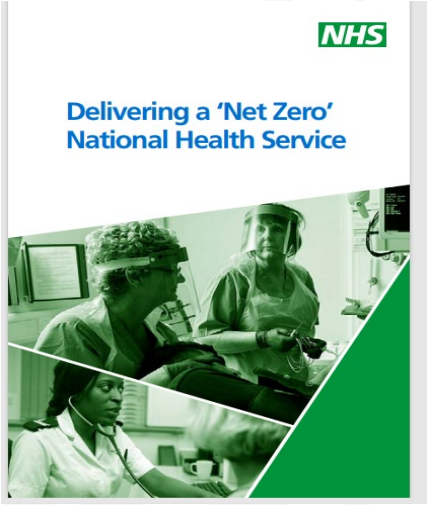
Care Quality Commission Inspected and rated Outstanding

Diversity and Inclusion Bringing us together

GDE Digital solutions for outstanding healthcare

National Commitments

Berkshire Healthcare NHS Foundation Trust



NHS Commitment & Targets

The UK legislation – Climate Change Act (2008) has a national statutory target to bring all greenhouse gas emissions **to net zero by 2050**.

Delivering a "Net Zero" National Health Service' (2020) plots an ambitious yet feasible set of actions to respond to climate change with clear targets for achieving a net zero health service for direct emissions by **2040** and indirect emissions by **2045**

The NHS has a target to become **net zero emitter of carbon emissions by 2045**.

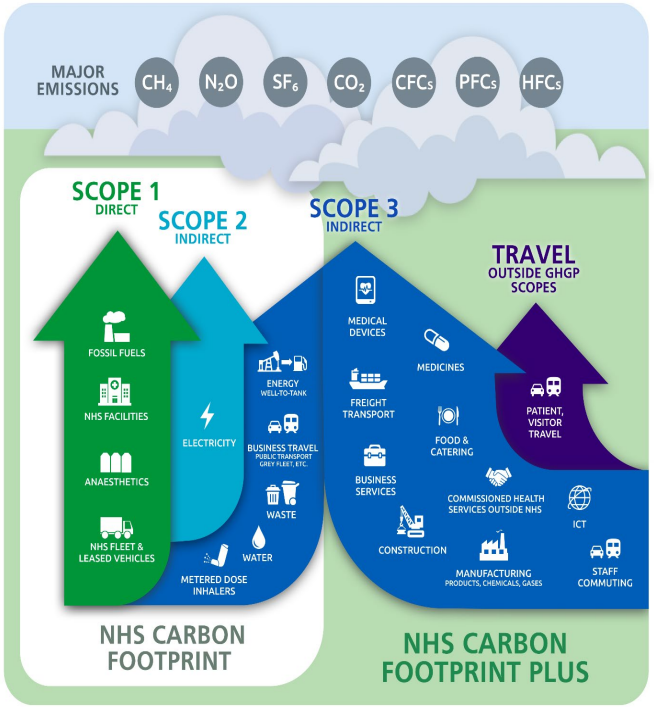
Accordance with National guidance and the requirements set out in the NHS England two commitments which states :

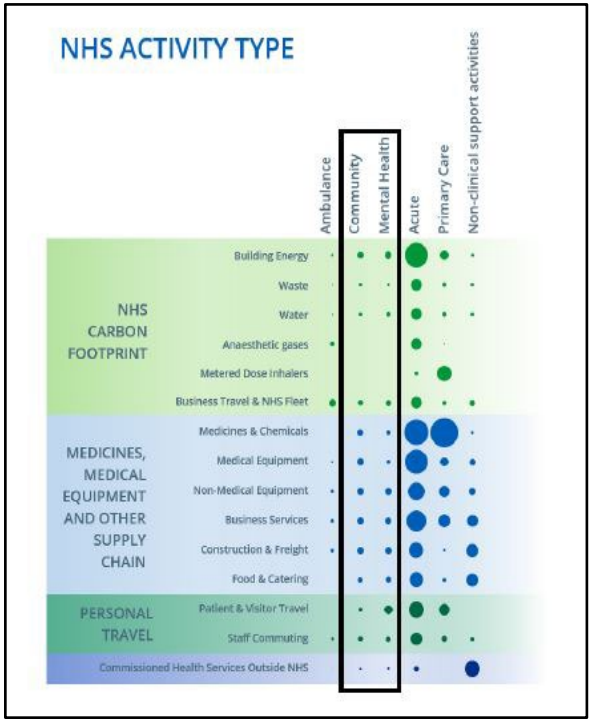
- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an **80% reduction by 2028 to 2032**
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an **80% reduction by 2036 to 2039**

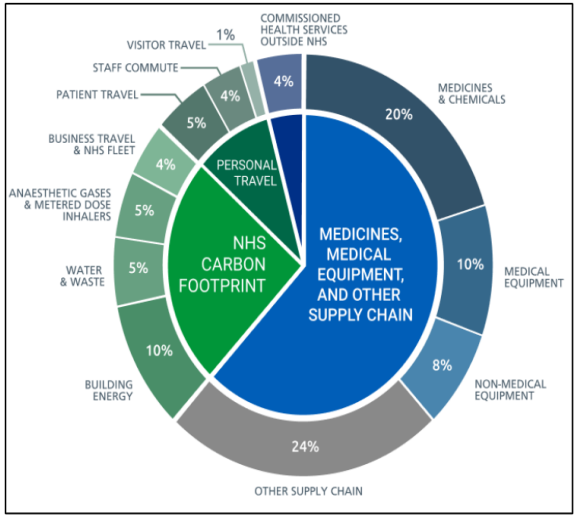
The sale of new petrol and diesel-powered vehicles stops in 2030.

National Commitments and Context

Berkshire Healthcare NHS Foundation Trust





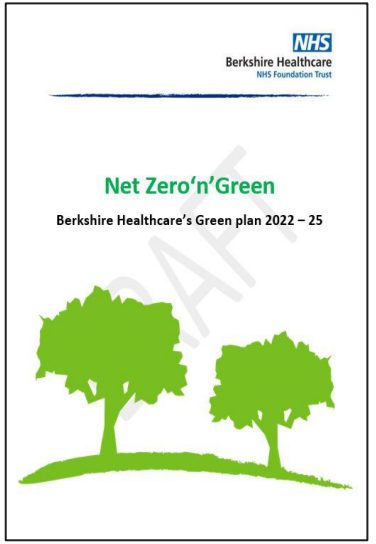


Trust Green Plan 22/23 – 25/26

Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare Green Plan

The Trust has developed its own Green Plan (2022-25) entitled Net Zero ‘n’ Green which has been ratified and adopted by the board.



The Green Plan outlines 38 initial actions over the 3 years period and set initial targets:

- All staff to receive training and or have access to net zero/green hero network by 2023/24
- To reduce by 50% staff commuting and business travel by 2025/26
- To decarbonise utilities consumed by the Trust and to reduce CO2 emission by 50% by 2025/26
- To reduce the amount of waste generated by the Trust by 10% by 2023/24

Established Trust Green Group with cross divisional representation supported by internal groups and collaboration with key estates partners; PFI / BHFT Green Group, NHSPS / BHFT Green Group , Estates Green Group, Waste Management Group

Working with other outside of the organisation, NHSE South East Regional Estates Delivery Group, BOB Net zero Programme Board, South East Sustainable Procurement Group, South East Medicines Working Group

Green Plan Commitments

Berkshire Healthcare NHS Foundation Trust

People Commitments in 2022/23

Planned		Progress
✓	Actively engage and use social media and sustainability activities	Updates and news communicated in Team Brief, Nexus and the Trust's website Bright Ideas page section to encourages staff to present sustainability ideas
✓	Increase training to all staff - make it mandatory and include at induction	Sustainability Manager delivers a monthly broadcast on Day One of the Induction
✓		Support from Reading University. Appointment of graduate to support Green Champions Network and

Travel Commitments in 2022/23

Planned		Progress
✓	Commit to all leased vehicles to be ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs)	All Trust leased / purchased vehicles are ELEV or ZEVs, including Health Bus All staff leasing companies offering EV
✓	Roll out an electric vehicle charging network across all the larger sites	Expansion of EV charging point with 28 now installed across 7 sites Supported by Trust EV charging policy

Green Plan Commitments

Berkshire Healthcare NHS Foundation Trust

Our Waste & Utilities Commitments in 2022/23

	Planned	Progress
✓	Ensure All electricity consumed by the Trust is from renewable generation (REGO certification).	Our electricity suppliers have provided REGO (Renewable Energy Guarantees of Origin) certificates This included our all our properties manages by NHSP / PFI providers
	All leased property owners / management to be aligned and committed to net zero (PFI's, NHSPS and private landlords).	On-going work with private landlords. Building into all new rental agreements requirements
✓	On-going commitment to reduce overall utility consumption	Gas consumption reduced by 29% and Electricity consumption reduced by 13% Continued roll out of LED lighting Still benefitting from hybrid working / estate utilisation
	Increase and improve utility management, measuring and monitoring across for the whole Trust	Improving and ongoing work to provide routine information, including regular reporting from leased sites / PFI sites
	Cut confidential waste	Data not currently available
✓	Stop using single use plastic items wherever possible.	All disposable plastic catering items have been removed from supply chain and switched to sustainable products all our sites
✓	Increase Trust wide recycling	Increase of 19 tonnes of recycled waste and 1% increase percentage of waste recycled

Green Plan Commitments

NHS
Berkshire Healthcare
NHS Foundation Trust

Our Procurement Commitments in 2022/23

	Planned	Progress
✓	Increase the scope and weight given to contracts and product selection that are aligned with net zero commitments and sustainability	Sustainability questions are now included in all Invitations to Tender (ITT) to perspective supply chain partners. 10% Social Value (including sustainability) requirement for tender evaluation criteria. Sustainability Manager supporting tender assessments
✓	Stop using single use plastic items wherever possible.	All disposable plastic catering items have been removed from supply chain and switched to sustainable products all our sites
	Increase and improve the measuring and monitoring of associate carbon emissions from all good and service providers	Ongoing challenge
✓		We have now moved to using 100% recycled paper / reducing paper usage
✓		The Procurement policy ORG016: Fighting Climate Change through Procurement
✓		Southeast Sustainable Procurement Group Draft Terms of Reference

Green Plan Commitments

Berkshire Healthcare NHS Foundation Trust

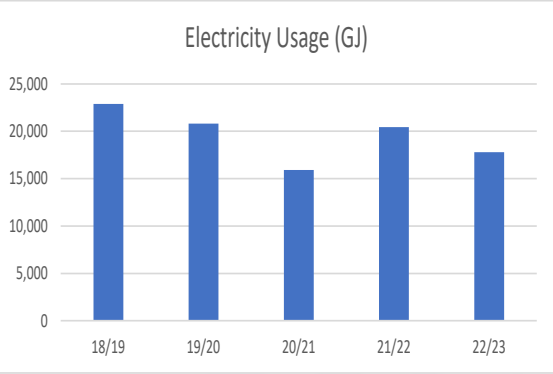
Our Estate Commitments in 2022/23

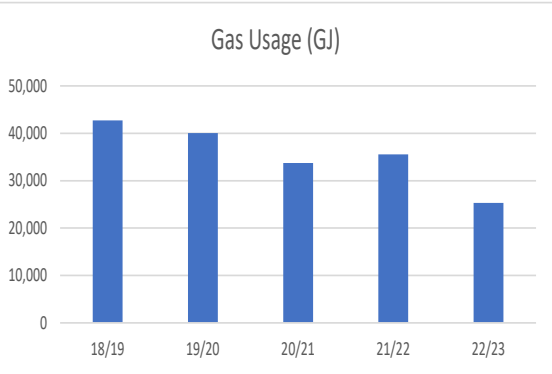
Planned		Progress
✓	All capital projects to contribution to net zero and sustainability	Sustainability Impact Assessment (SIA) has been introduced by EFM and included in all business cases Modern building technique Use of recycled furniture eg London House Continued expansion of LED / EV Charging Points Increase installation of Building Management systems
✓	Net zero to be a key consideration for all building and site selection.	Built into EFM due diligence process including review of Energy sources, EPC Rating, ESG credentials of landlord. Minimum Energy Efficiency Standards (MEES) regulations from 1st April
	Set energy rating threshold for EPC / DEC / BREEAM certification.	Aim for all buildings to meet a minimum energy rating – proposal developed
✓	Inform and guide all on energy efficiency actions	Internal comms, Nexus & Team Brief, but more to do

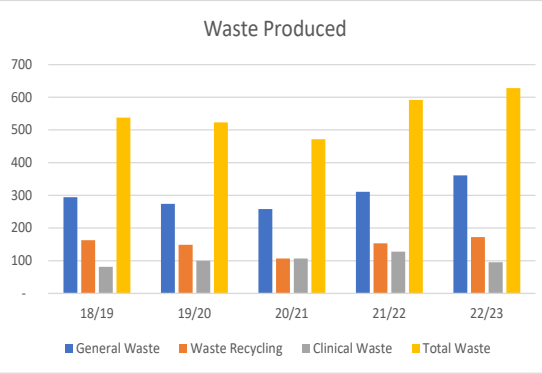
Direct Carbon Footprint Drivers

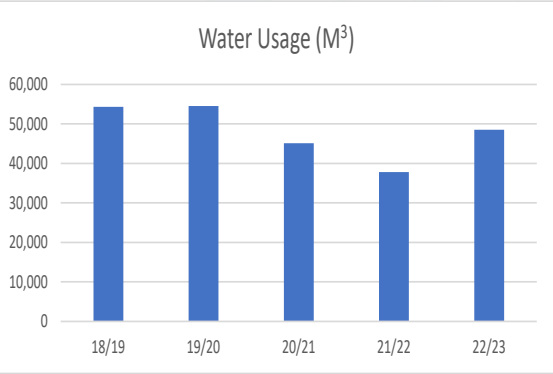
Berkshire Healthcare NHS Foundation Trust

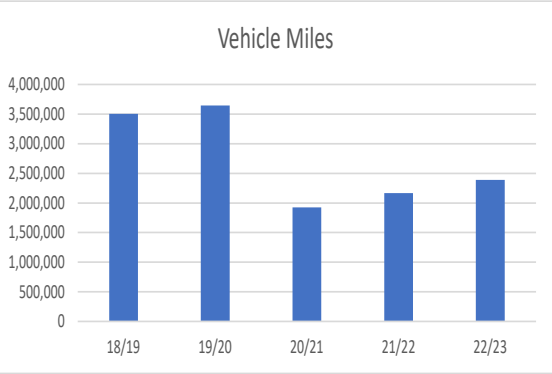
The key drivers of our Direct Carbon Footprint











Key Messages:

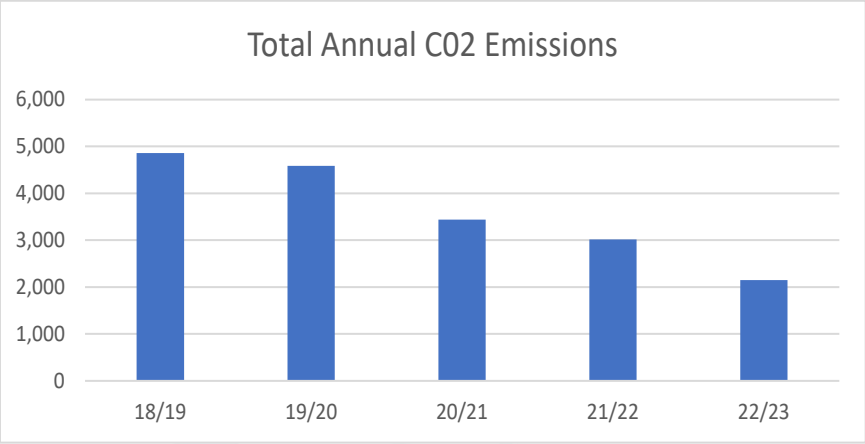
- Water consumption has increased by 28%
- Increase in business mileage by just over 10%
- 6% increase in the total waste

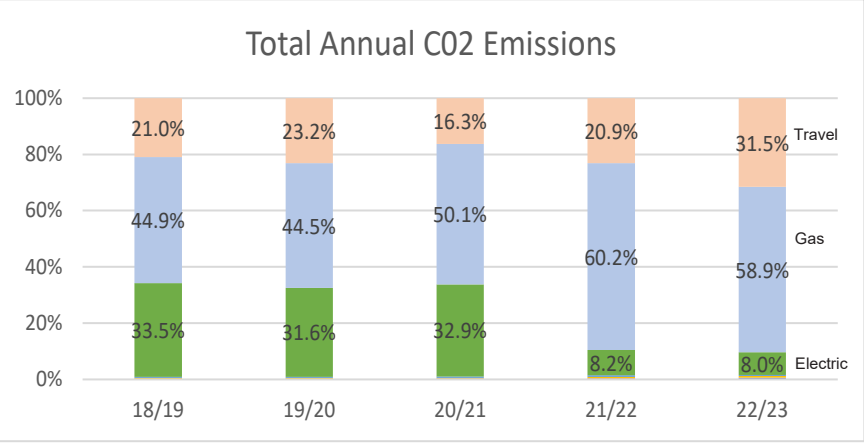
- Gas consumption has reduced by 29%
- Electricity consumption has reduced by 13%
- 1% increase in % of total waste recycled

Progress on Carbon Reduction

Berkshire Healthcare NHS Foundation Trust

Our results over the past 5 years





Headlines

- Trust has seen year on year reduction in CO2 emissions over the past 5 Years
- Reduction over the past 5 years of 56%, annual reduction in 22/23 of 29%
- Reduction in Travel / Impact of Flexible Working and conversion to Renewal Energy contract key to CO2 reductions
- 92% of our Directly Controlled C02 emissions now come from Gas and Travel

Actions for 24/25

Berkshire Healthcare NHS Foundation Trust

Areas of focus for the coming year

People & Training

- Recruitment of Sustainability Lead
- Establishment of Green Champion Network
- Improve Trust-wide communications and engagement, expansion of social media

Travel

- Develop Green Travel Plan to support active travel and increase public transport usage by staff and patients
- Improve reporting and analysis of all travel data from service delivery and commuting
- Continued expansion of EV charging

Estates inc Utilities & Waste

- Decarbonisation Schemes at main sites including PV options
- Consolidation and increase utilisation of estate
- Increase Tree coverage e.g. existing Tiny Forest at WBCH
- Focus on Food Waste with partners

Procurement

- Continued focus on reducing single use plastics where feasible
- Work with suppliers in preparation for April 2024 requirement for our key suppliers to have carbon reduction plans

Other Considerations

- What will make the biggest difference to our current direct CO_2 emissions ?
- Local and national plans/targets and guidance continue to be developed
- Breakthrough Objective in 23/24 as part of Strategy Refresh