

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 12 December 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 December 2023	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Patient Story – A Care Home Story	Debbie Fulton, Director of Nursing and Therapies/Corinna Green, Integrated Care Home Service	Verbal
6.1	Freedom to Speak Up Guardian's Report	Mike Craissati, Freedom to Speak Up Guardian	Enc.
6.2	Quality Assurance Committee – 28 November 2023: a) Minutes of the Meeting b) Learning from Deaths Quarterly Report c) Guardian of Safe Working Hours Quarterly Report	Sally Glen, Chair, Quality Assurance Committee	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			
8.0	Month 07 2023/24 Finance Report	Paul Gray, Chief Financial Officer	Enc.
8.1	Month 07 2023/24 Performance Report	Paul Gray, Chief Financial Officer	Enc.
STRATEGY			

No	Item	Presenter	Enc.
9.0	People Strategy and Equalities, Diversity and Inclusion Strategy Update Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
9.1	Digital Strategy Update Report	Alex Gild, Deputy Chief Executive/Mark Davison, Chief Information Officer	Enc.
CORPORATE GOVERNANCE			
9.2	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
9.3	External Well-Led Review Action Plan Report	Julie Hill, Company Secretary	Enc.
Closing Business			
10.	Any Other Business	Martin Earwicker, Chair	Verbal
11.	Date of the Next Public Trust Board Meeting – 09 January 2024	Martin Earwicker, Chair	Verbal
12.	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



Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

**Minutes of a Board Meeting held in Public on Tuesday, 14
November 2023**

(Conducted via Microsoft Teams)

Present:	Martin Earwicker	Trust Chair
	Naomi Coxwell	Non-Executive Director
	Rebecca Burford	Non-Executive Director
	Mark Day	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Rajiv Gatha	Non-Executive Director
	Sally Glen	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Chief Financial Officer
	Debbie Fulton	Director of Nursing and Therapies
	Paul Gray	Chief Financial Officer
Dr Minoo Irani	Medical Director	
Tehmeena Ajmal	Chief Operating Officer	
In attendance:	Julie Hill	Company Secretary
	Natasha Berthollier	Consultant Psychologist (<i>present for agenda item 6.0</i>)
		Jane Barker, Highly Specialised Clinical Psychologist (<i>present for agenda item 6.0</i>) <i>Health, Wellbeing and Engagement Manager (present for agenda item 6.1)</i>
	Steph Moakes	
	Jane Nicholson	Director of People (<i>present for agenda items 6.1 and 9.0</i>)
	Ash Ellis	Deputy Director for Leadership, Inclusion & Organisational Development (<i>present for agenda item 9.0</i>)
	Stephanie Wynter Equality, Diversity and Inclusion Business Manager (<i>present for agenda item 9.0</i>)	
Observers:	Yvonne Mhlanga	Frimley ICS Ageing Well Programme Manager
	Tom Lake	Public Governor

23/192	Welcome and Public Questions (agenda item 1)
	The Chair welcomed everyone to the meeting and in particular welcomed the observers, Yvonne Mhlanga, Frimley ICS Ageing Well Programme Manager and Tom Lake, Public Governor.
23/193	Apologies (agenda item 2)
	There were no apologies.
23/194	Declaration of Any Other Business (agenda item 3)
	There was no other business.
23/195	Declarations of Interest (agenda item 4)
	i. Amendments to Register – none
	ii. Agenda Items – none
23/196	Minutes of the previous meeting – 12 September 2023 (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday, 12 September 2023 were approved as a correct record.
23/197	Action Log and Matters Arising (agenda item 5.2)
	The schedule of actions had been circulated. The Trust Board: noted the action log.
23/198	Board Story – Building Resilience and Valuing Emotions (BRAVE) Story (agenda item 6.0)
	The Chair welcomed Natasha Berthollier, Consultant Psychologist and Jane Barker, Highly Specialised Counselling Psychologist to the meeting. The Director of Nursing and Therapies reported that the BRAVE service had been shortlisted for a Health Service Journal award. The award will be announced later in the week. Jane Barker explained that usually a presentation on the BRAVE service would include a service user(s) but as this was a public meeting to protect confidentiality, the presentation would include a video of in which various BRAVE clients shared their perspectives on the BRAVE programme. Natasha Berthollier and Jane Barker gave a presentation and highlighted the following points:

- The BRAVE service was a specialist psychological service which was started in Slough five years ago. The service was originally funded by Slough Borough Council but was now funded by the Thames Valley Office for the Police and Crime Commissioner (funding was approved up until 2025) and covered all Berkshire localities
- The BRAVE Programme was a unique approach to combat the relational trauma from domestic abuse The BRAVE service offered eligible people a 12-week programme of intensive therapy. The service provided single sex sessions for both men and women.
- After the 12-week programme, clients had an opportunity to consolidate the skills they had learnt by joining the BRAVE EMBRACE group which was co-facilitated by BRAVE Ambassadors (individuals who had completed the BRAVE programme who had lived experience and had been trained to help and support others)
- The BRAVE service was trauma informed taking consideration of what had happened to people with a specialist focus on domestic abuse. It was a strengths-based programme using evidence based psychological therapy approaches. Co-production was an integral element of the development of the service
- According to the National Crime Survey England and Wales 2020, an estimated 1.6 million women aged 16-74 years old experienced domestic abuse (around 7% of the adult female population). 46% of adult female homicide victims in England and Wales (81 women) were killed in a domestic homicide. 26% of all domestic abuse related crimes were against men. 35% of women who had slept rough left home to escape violence according to a St Mungo's Report.
- The service was open to anyone dealing with the psychological impact of domestic violence, lived in Berkshire, were aged 18 or over and were safely away from the alleged perpetrator
- Individuals whose needs could not be met, for example those with complex and enduring mental health problems may be better treated in secondary mental health services

(the presentation slides including a link to the video are attached to the minutes of the meeting).

Aileen Feeney, Non-Executive Director commented that it was an inspiring presentation and asked whether the definition of domestic violence also included the impact of coercive control behaviour.

Jane Barker confirmed that the definition of domestic abuse did include coercive control behaviour.

Sally Glen, Non-Executive Director asked to what extent did the client group reflect the demography of the local community.

Jane Barker explained that the service was very conscious about the demographics of the client based and which groups were under-represented and had done a lot of work with community groups to ensure that the service was accessible to all.

Naomi Coxwell, Non-Executive Director asked whether the service took account of national best practice.

Jane Barker explained that the BRAVE service was unique in providing support for the psychological impact of domestic abuse.

	<p>The Chief Executive asked given the prevalence of domestic violence whether there was a danger that the service would be overwhelmed with clients having long waits to access the service</p> <p>Natasha Berthollier explained that as soon as people were assessed as being eligible for the service, they were invited to join the BRAVE Community so they could start receiving help and support straightaway whilst they waited for a place on the 12-week programme.</p> <p>The Chair said that BRAVE was an impressive programme.</p> <p>The Chief Executive wished the BRAVE service good luck at the Health Service Journal Awards Ceremony.</p> <p>The Chair thanked Natasha Berthollier, Consultant Psychologist and Jane Barker, Highly Specialised Clinical Psychologist for their presentation.</p>
<p>23/199</p>	<p>Staff Health and Wellbeing Update Report (agenda item 6.1)</p>
	<p>The Chair welcomed the Director of People and Steph Moakes, Health, Wellbeing and Engagement Manager to the meeting.</p> <p>The Director of People reported that the last six months had been particularly challenging for the team following the removal of national NHS funding for wellbeing services which we were providing to both health and social care staff across Berkshire. The trust has now transferred into a Berkshire Healthcare only service.</p> <p>Steph Moakes gave a presentation and highlighted the following points:</p> <ul style="list-style-type: none"> • The service was currently working with Human Resources Business Partners and Operational Leads to encourage staff to share their voice and feedback in the national NHS Staff Survey 2023. The Staff Survey response rate as of 7 November 2023 was 57% which was 7% higher on this date last year and there was still three weeks to go before the Staff Survey closed • In July 2023, the Trust had launched access to Salary Finance, a financial wellbeing provider who offered a range of benefits designed to help staff take control of their finances and reduce money worries. This included a learning platform, a savings through salary scheme, accessing earning pay in advance and loans through salary deductions. The loan rates may not be the best deal/option for everyone or in every situation, but they were available to people who may otherwise struggle to obtain a loan • The introduction of staff service milestone awards including long service awards was proving to be popular with staff <p>The Chair reminded the meeting that a workforce shortage was the Trust's top risk and said that supporting staff health and wellbeing was essential in order to retain staff.</p> <p>Mark Day, Non-Executive Director Staff Health and Wellbeing Champion said that over the last two years he had worked closely with Steph Moakes and had regular meetings with her. Mr Day said that the summary of actions set out in the paper represented a fraction of the work undertaken to support staff health and wellbeing.</p>

Mr Day reported that he was a member of the Southeast Well-Being Guardians Group run by NHS England and commented that it was clear listening to the other members of the Group that other trusts did not have the depth and quality of the Trust's health and wellbeing offer. Mr Day thanked Steph Moakes and the Director of People for their work.

Sally Glen, Non-Executive Director asked whether the number of staff seeking support post-incident was increasing.

Steph Moakes said that prior to May 2023, the Staff Well Being Matters team provided post-incident support to all NHS provider and social care organisations across Berkshire but now the service was only providing support to Berkshire staff and therefore it was difficult to make comparisons. Ms Moakes said that her perception was that the service was doing more to support teams post incident.

Rebecca Burford, Non-Executive Director said that it was encouraging that the Staff Survey response rate had increased and asked what the Trust had done differently to increase the response rate.

Steph Moakes said that the Human Resources Business Partners had played a key role in working with managers to encourage teams to complete the Staff Survey. It was noted that the Trust's focus on staff engagement, for example, the All Staff Briefings had also helped because staff had an opportunity to ask questions and make suggestions for improvements and to receive feedback.

The Director of People added that the Trust also referred to the Staff Survey Results and the actions being taken in response to the feedback throughout the year, so staff felt that that it was worth their while completing the Staff Survey.

The Director of People agreed to forward a summary of the actions taken to increase the Staff Survey Response rate to members of the Trust Board.

Action: Director of People

The Chief Executive commented that ten years ago when he spoke to staff at the corporate induction sessions, he would mention that staff could access Occupation Health and an Employee Assistance Scheme but pointed out that now there was a whole raft of staff health and wellbeing support which staff could access. It was noted that the Staff Health and Wellbeing page on the Staff Intranet (NEXUS) set out information about what was on offer and how to access any support.

The Chief Executive added that being a dispersed site with staff working different shift patterns, there was further work to be done to make sure that all staff were aware of what support was on offer and how to access it.

Steph Moakes reported that hard copies of the Wellbeing Newsletter were left in Staff Rooms so staff working shifts had access to copies. Ms Moakes added that work was also being done around making sure that staff on long term sick or on maternity leave were also kept up to date with health and wellbeing issues.

The Chair thanked Steph Moakes, Health, Wellbeing and Engagement Manager for her presentation

The Trust Board: noted the report.

23/200	Patient Experience Quarterly Report (agenda item 6.2)
	<p>The Director of Nursing and Therapies reported that there were no significant changes to previous reports. It was noted that the highest number of complaints received related to specific care and treatment concerns.</p> <p>The Director of Nursing and Therapies reported that one notable difference was the increase in dissatisfaction with feeling listened to from the I Want Great Care survey results relating to Mental Health Services in East Berkshire.</p> <p>It was noted that this increase in dissatisfaction was not reflected in an increase in the number of formal/informal complaints. Review of individual feedback from the I Want Great Care tool demonstrated that the Trust had received many compliments about being listened to and staff being kind and patient.</p> <p>The Director of Nursing and Therapies asked for feedback on the new report format, which now included a highlight paper and the full report.</p> <p>Members of the Board confirmed that the new format was helpful.</p> <p>The Trust Board: noted the report.</p>
23/201	Six Monthly Safe Staffing Report (agenda item 6.3)
	<p>The Director of Nursing and Therapies presented the Six-Monthly Safe Staffing Report (the monthly Safe Staffing Reports were presented to the Finance, Investment and Performance Committee).</p> <p>The Director of Nursing and Therapies reported that the national Community Nursing Staffing Tool was released earlier this year. This was the first time that there was a national tool enabling a more objective view of staffing needs for community nursing based on the acuity of patients and the activity undertaken.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> a) Noted the report b) Noted the Safe Staffing Declaration set out below: <p>Declaration by the Director of Nursing and Therapies and by the Medical Director</p> <p>Over the last six months, the wards have been considered to have been safe with no significant patient safety incidents occurring because of staffing levels; supernumerary staff and managers, allied health professionals and temporary staffing have been used to achieve that.</p> <p>It was however, recognised that during the period there were, due to inability to fill all rota gaps as a result of vacancy, absence and temporary staffing availability, shifts when staffing was sub-optimal and as a consequence there was limited assurance that care was always of a high quality and it was possible that patient experience was compromised.</p>

	<p>Proactive work continued to support increased recruitment and improve retention and therefore sustainability of our permanent workforce.</p> <p>Medical staffing numbers remained stable with adequate medical cover available during routine working hours for inpatient mental health and community health wards. Out of hours medical cover was provided by GPs for all our community health wards and Campion Unit. Out of hours medical cover was provided by junior doctors for the mental health wards with Consultant Psychiatrists providing on-call cover from home. Safe medical cover was maintained over the Junior Doctors and Consultant Industrial Action days.</p>
23/202	Research and Development Annual Report (agenda item 6.4)
	<p>The Medical Director reported that during 2022-23, the Trust had delivered 73 research projects. This included 43 National Institute of Health Research Portfolio funded studies. In addition, the Trust had undertaken a significant amount of research in collaboration with universities and other organisations as well as undertaking internal research activities.</p> <p>The Medical Director commented that research and development had moved away from an intellectual exercise which was undertaken by universities and teaching hospitals and was now integrated across the Trust and was part of good patient management.</p> <p>The Deputy Chief Executive paid tribute to Kate Penhaligon, Head of Research and Development's and the Research and Development Team for their support around the Trust's digital innovation agenda, particularly around helping the Trust to understand the clinical effectiveness of new digital technologies.</p> <p>Sally Glen, Non-Executive Director asked whether the Trust staff published their work.</p> <p>The Medical Director confirmed staff published their own research and said there was an opportunity to highlight their research at the Research and Development Strategy meetings.</p> <p>The Chief Executive pointed out that the Research and Development Team also conducted practical internal research, for example, undertaking research into the Trust's SHaRON system (an online moderated social media platform). The Chief Executive added his thanks to the leadership of the Head of Research and Development and commented that she had demystified the research function and had succeeded in engaging staff across the Trust to make research a core activity for the Trust.</p> <p>Naomi Coxwell, Non-Executive Director referred to the executive summary of the report which set out the national context to NHS research including the findings and recommendations in the recent O'Shaughnessy Review around how to improve performance for commercial trials and asked how this impacted the Trust's future research.</p> <p>The Medical Director said that he thought that the national focus for NHS research would open up more research opportunities for the Trust particularly in relation to community mental health and physical health.</p> <p>The Chair commented that research and development was also part of the Trust's focus on quality improvement.</p>

	The Trust Board: noted the report.
23/203	Patient Safety Incident Response Policy and Plan Report (agenda item 6.5)
	<p>The Director of Nursing and Therapies reminded the meeting that the Trust Board had had an opportunity to discuss and input into the new Patient Safety Incident Response Policy and Plan at the September 2023 Trust Board In Committee meeting. The Patient Safety Incident Response Policy and Plan was presented to the Trust Board for approval.</p> <p>Sally Glen, Non-Executive Director commented that changing the way in which serious incidents were investigated was controversial at the national level and asked whether there was a built-in review process into the new arrangements.</p> <p>The Director of Nursing and Therapies said that the new patient safety incident response process did represent a fundamental shift in the way incidents were investigated and said that the Trust's systems and processes were not set in stone and would be reviewed after 18 months.</p> <p>The Trust Board: approved the Patient Safety Incident Response Policy and Plan.</p>
23/204	Executive Report (agenda item 7.0)
	<p>The Executive Report had been circulated. The following items were discussed further:</p> <p>a) New Secretary of State for Health and Social Care</p> <p>The Chief Executive reported that since the agenda papers were circulated, Victoria Atkins had been appointed as the new Secretary of State for Health and Social Care.</p> <p>b) Sexual Safety Charter</p> <p>The Chief Executive reported that the Trust was committed to ensuring that this was a safe place to work and to receive care and had signed up to the national Sexual Safety Charter which included ten commitments. It was noted that the latest NHS Staff Survey now included specific sexual safety questions, and this would allow NHS provider organisations to identify any areas requiring further work.</p> <p>The Director of Nursing and Therapies added that the national Sexual Safety Charter built upon the sexual safety work already being undertaken at the Trust.</p> <p>c) RAAC Within the Trust's Estates</p> <p>The Chief Executive reported that NHS England had written to all NHS provider organisations in September 2023 outlining actions to be taken to provide assurance as far as possible that RAAC was identified and appropriately mitigated within the NHS Estate.</p> <p>It was noted that the Trust had reviewed its estates and RAAC had not been identified in any of the Trust's properties, either owned, commercially leased, our PFI facilities or in any properties owned by NHS Property Services.</p>

	<p>d) CQC Annual State of Care Report</p> <p>The Chief Executive reported that the latest CQC Annual State of Care Report published in October 2023 had identified a “notable decline” over the last year in relation to the quality of Maternity Services, Mental Health and Ambulance Services which was contributing to “unfair care” and worsening health inequalities.</p> <p>The Trust Board: noted the report.</p>
23/205	<p>Month 06 2122-23 Finance Report (agenda item 8.0)</p>
	<p>The Chief Financial Officer presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust had a financial plan for 2023-24 to deliver a £1.3m surplus. The Trust continued to forecast achievement of its financial plan for the current year. • The Trust was reporting a £0.6m surplus against a year-to-date deficit plan of £1.4m. • Delivery against the Cost Improvement Plan was on track linked to control total compliance • The Trust had recognised £170k over performance against its Elective Recovery Fund target set by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System • In month there was a slight increase in the number of new starters (70 whole time equivalents) – 65% of the new starters were linked to new investments • The Trust was continuing to operate below the NHS England System Agency Ceiling of 3.7% and was currently running at 3.1% of overall pay costs year to date • The Trust was reporting £2.0m capital spend year to date which was £0.6m behind plan but the Trust expected to fully utilise this year’s capital allocation by year-end • The Trust was continuing to benefit from an increase in bank interest rates and had generated an additional £1m to date in interest • Non-Pay spend was £8m in month which was above plan year to date due to expenditure on Out of Area Placements linked to high demand <p>The Chair commented that the Trust’s financial position was positive especially given the financial pressures at a system level and asked whether there was a risk that the Trust’s two systems would put pressure on the Trust to deliver further savings to support the overall system finances.</p> <p>The Chief Financial Officer said there would be more discussion about the system financial pressures during the In Committee Board meeting later in the day.</p> <p>The Trust Board: noted the report.</p>
23/206	<p>Month 06 2122-23 “True North” Performance Scorecard Report (agenda item 8.1)</p>
	<p>The Chief Financial Officer presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The number of self-harm incidents on Mental Health Inpatient Wards was at 43 against a target of 42 incidents. • Performance against the new Clinically Ready for Discharge indicator was at 317 bed days against a target of 250 bed days. The Trust’s current focus was around discharging longer stay patients

	<ul style="list-style-type: none"> • Performance against Inappropriate Out of Area Placements was at 786 against a 270 quarterly target. • The I Want Great Care compliance rate was at 3.3% against a target of 10% • Mental Health Acute Occupancy rate was at 94.6% against a target of 85% occupancy. Mental Health Acute Average Length of Stay was also high at 64 days against a target of 30 days <p>The Chair referred to the I Want Great Care compliance rate performance which was at 3.3% against a target of 10% and asked whether more could be done to improve performance.</p> <p>The Director of Nursing and Therapies said that the Trust was currently receiving around 1,000 responses from the I Want Great Care Tool and pointed out that a 10% compliance rate target was ambitious and would require a significant number of people to provide feedback via the I Want Great Care tool.</p> <p>The Director of Nursing and Therapies confirmed that there continued to be a focus on working with services to improve the response rate. The Director of Nursing and Therapies said it was encouraging that some services were making improvements in response to patient feedback gained via the I Want Great Care tool.</p> <p>The Trust Board: noted the report.</p>
23/207	<p>Finance, Investment and Performance Committee Meeting (agenda item 8.2)</p>
	<p>Naomi Coxwell, Chair, Finance, Investment and Performance Committee reported that the Committee had received an update about a research project commissioned that the Frimley Health and Care and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Boards looking at the impact of the high cost of living in the Thames Valley area and its impact on the local health and care workforce.</p> <p>Ms Coxwell reported that PwC was supporting the research project and had developed a number of strategic options for local NHS provider organisations to enhance their ability to attract, retain and deploy staff in the light of the high cost of living across the Thames Valley area.</p> <p>Ms Coxwell said that the research had not identified anything which was not already known about but had provided useful data to support discussions at the national, regional and local level about possible mitigations particularly in relation to the shortage of affordable housing and the availability of public transport etc.</p> <p>Naomi Coxwell commented that the Finance, Investment and Performance Committee had discussed Out of Area Placements and had noted that due to the acuity of patients and other factors, it was not always possible to place patients in the pre-commissioned beds in the private sector. It was noted that in these cases, the Trust would offer up an available bed to the other local mental health trusts.</p> <p>Ms Coxwell said that the Finance, Investment and Performance Committee had also received a presentation on the Trust's work around reducing the number of lost bed days and reducing the time taken to discharge patients who were clinically ready for discharge at Prospect Park Hospital and said that the Trust had instigated a number of actions including ensuring that the right people were involved in discharge planning meetings.</p>

	<p>The Chief Operating Officer added that the Divisional Director, Mental Health Services was working closely with the local authority directors of adult social care to improve discharge planning processes.</p> <p>The Chief Operating Officer reminded the meeting that the Trust had agreed to reduce the ward sizes at Prospect Park Hospital in line with the recommended best practice. It was noted that a recent bed modelling exercise had identified that the Trust would be eighteen beds short of what it required and said that further work was being undertaken to develop options for sourcing the additional beds.</p> <p>The Chair thanked Naomi Coxwell for her update.</p>
<p>23/208</p>	<p>National Six Equality, Diversity and Inclusion Actions Progress Report (agenda item 9.0)</p>
	<p>The Chair welcomed the Director of People, Ash Ellis, Deputy Director for Leadership, Inclusion and Organisational Development and Stephanie Wynter, Equality, Diversity and Inclusion Business Manager to the meeting.</p> <p>The Deputy Chief Executive reported that the NHS England’s Equality, Diversity and Inclusion Improvement Plan was published in June 2023 and included Six High Impact Actions. It was noted that there would be an opportunity for the Board to have a discussion about Action 1, which related to members of the Board at the In Committee Board meeting after today.</p> <p>Ash Ellis, Deputy Director for Leadership, Inclusion and Organisational Development said that the report provided an update on the Trust’s Equality, Diversity and Inclusion activities against the national NHS England plan. Mr Ellis said that the Trust’s Equality, Diversity and Inclusion work was over and above fulfilling its public sector equality duty and was informed by the data, for example, the national NHS Staff Survey Results and the Workforce Race Equality/Workforce Disability Standard results.</p> <p>Sally Glen, Non-Executive Director asked whether the Trust provided support to managers around making reasonable adjustments for disabled staff.</p> <p>Ash Ellis reported that the Trust had started a Quality Improvement Project around the length of time it took to obtain equipment to support disabled staff. It was noted that 80% of staff in the NHS Staff Survey had responded that their reasonable adjustment requirements were met by the Trust.</p> <p>The Deputy Chief Executive added that there was a centralised budget for purchasing reasonable adjustments.</p> <p>Naomi Coxwell, Non-Executive Director asked how the Trust celebrated success in terms of the equality, diversity and inclusion agenda.</p> <p>Mr Ellis said that the Trust was considering ways of improving communications about the actions being taken.</p> <p>Rebecca Burford, Non-Executive Director reported that she had recently attended the Trust’s Corporate Induction Programme and commented that the Chief Executive had spoken about the Trust’s Anti-Racism Strategy and the work the Trust doing to address racist behaviour from patients and said that she found this impactful.</p>

	<p>Ms Burford noted that one of the actions relating to the Ethnicity Pay Gap work was around engaging a Statistician to gain a better understanding of the data and asked whether this work had been completed. Mr Ellis confirmed that this action was in hand but had not yet been completed.</p> <p>Ms Burford commented that she had not found it easy to update her equality information on the ESR (electronic staff record) system and pointed out that although some staff may choose not to record their equality data, other staff maybe happy to disclose the equality data but may not know how to do this in the ESR system.</p> <p>The Director of People agreed to review updating of information on the ESR system with a view to providing a simple guide.</p> <p style="text-align: right;">Action: Director of People</p> <p>The Deputy Chief Executive said that aligning the Trust’s work to NHS England’s Equality, Inclusion and Diversity Improvement Plan should only be done if this was meaningful to the Trust otherwise the Trust may struggle to engage staff with national narratives.</p> <p>The Chair agreed and said that the Trust must continue to “do the right thing” for staff and patients and in doing so, would invariably meet the requirements of the regulators.</p> <p>The Chair thanked the Director of People, Deputy Director for Leadership, Inclusion & Organisational Development and the Equality, Diversity and Inclusion Business Manager for their presentation.</p> <p>The Trust Board: noted the report</p>
23/209	Audit Committee Meeting Held on 25 October 2023 (agenda item 10.0)
	<p>The Audit Committee minutes of the meeting held on 25 October 2023 had been circulated.</p> <p>The Trust Board: noted the minutes of the Audit Committee meeting held on 25 October 2023.</p>
23/210	Trust Seal Report (agenda item 10.1)
	<p>The Chief Financial Officer reported the Trust’s seal was affixed to a lease for Resource House, Wokingham, replacing the Old Forge, vacated in October 2023.</p> <p>The Trust Board: noted the report.</p>
23/211	Council of Governors Update (agenda item 10.2)
	<p>The Chair reported that he was pleased that so many of the governors were visiting frontline services and thanked the governors for their insights. It was noted that the governor service visit reports were presented to the Council of Governors’ Quality Assurance Group and to the Trust Board’s Quality Assurance Committee.</p>

23/212	Any Other Business (agenda item 11)
	There was no other business.
23/213	Date of Next Public Meeting (agenda item 12)
	The next Public Trust Board meeting would take place on 12 December 2023.
23/214	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 November 2023.

Signed..... Date 12 December 2023

(Martin Earwicker, Chair)



Building Resilience and Valuing Emotions after domestic abuse

16



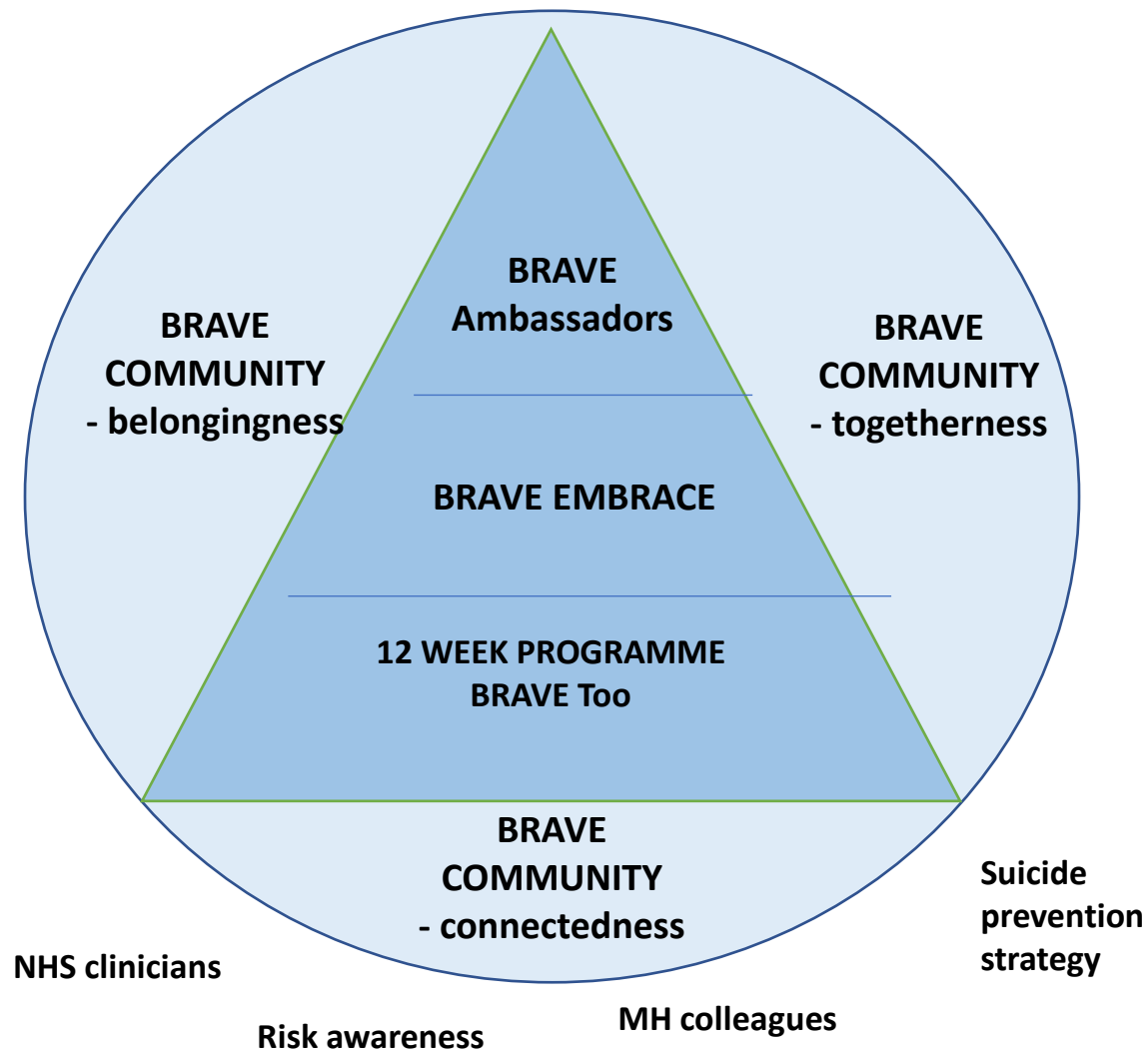
The BRAVE service

BRAVE: Building Resilience and Valuing Emotions is a specialist psychological service for the emotional impact of domestic abuse.

- Funded by The Thames Valley Office of the Police & Crime Commissioner for another 3 years to 2025
- Delivered by Berkshire Healthcare, based in Slough Mental Health Services, covering all six Berkshire localities.



BRAVE: a unique approach to combat relational trauma



BRAVE

Trauma-informed

Domestic Abuse specialist focus

Strength-based

Evidence-based psychological therapy approaches

Co-production



How big is the problem?

Estimated 1.6 million women aged 16 to 74 years in England and Wales experienced domestic abuse, around 7% of the female population (year ended 03/2020 Crime Survey England and Wales).

46% of adult female homicide victims in England and Wales (81 women) were killed in a domestic homicide (year ended 03/2020 Police Crime Data).

26% of all domestic abuse related crimes are against men

35% of women who had slept rough left home to escape violence (St Mungo's report).



Why is psychological support so important?

After experiencing DA, women are:

2x likely to suffer anxiety

3x likely to experience depression and serious mental illness

GP records from over 750 practices between 1995 and 2017 matched 18,547 women exposed to IPV with 74,188 unexposed women. (Chandan, Thomas , Bradbury-Jones, et al. 2019.)

Men are 11x more likely to engage in suicidal ideation after separation or divorce



Referral Criteria

- Individuals dealing with psychological impact of D.A
- Living in Berkshire
- Must be safely away from the alleged perpetrator
- Over 18 years old
- Willing to learn new skills to manage emotions
- Be open to a small group intervention (single sex).



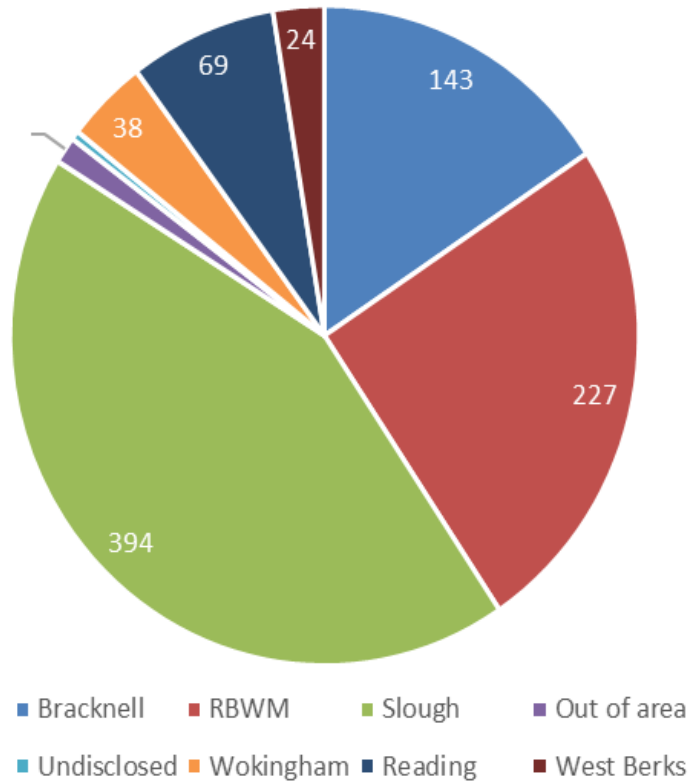
People whose needs we cannot meet

- Serious substance misuse
- No serious contra-indicators e.g. where therapy may significantly increase risk or the client cannot engage because of situational, environmental, practical or social reasons e.g. still at serious risk of harm from perpetrator
- Complex and enduring MH problems which may be better treated in secondary MH services.
- **This will be considered on an individual basis.**



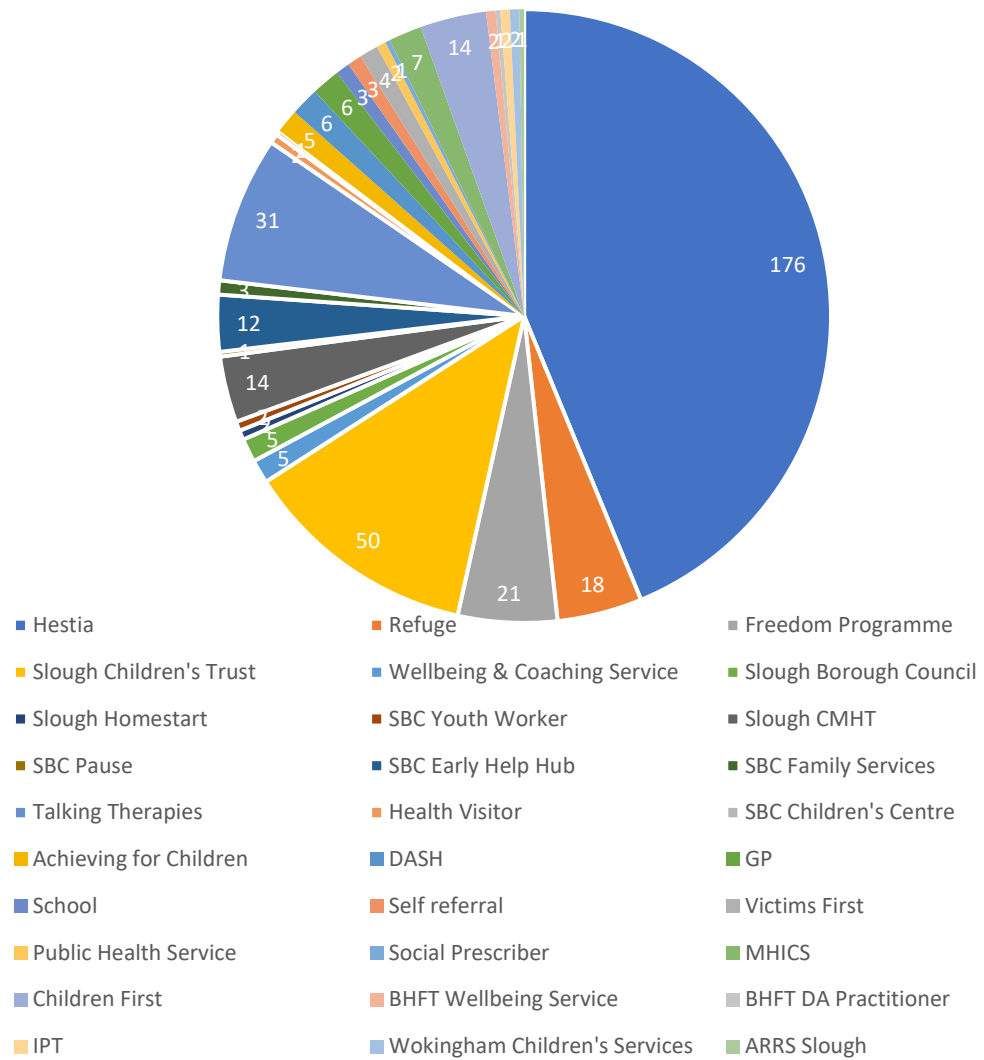
Number of referrals by area

**Total number of referrals by area
January 2019 - end September 2023**



Numerous
referrers
per example
area: from
Jan 2019-
Sep 2023.

Multi-agency referrals - Slough (Q2)

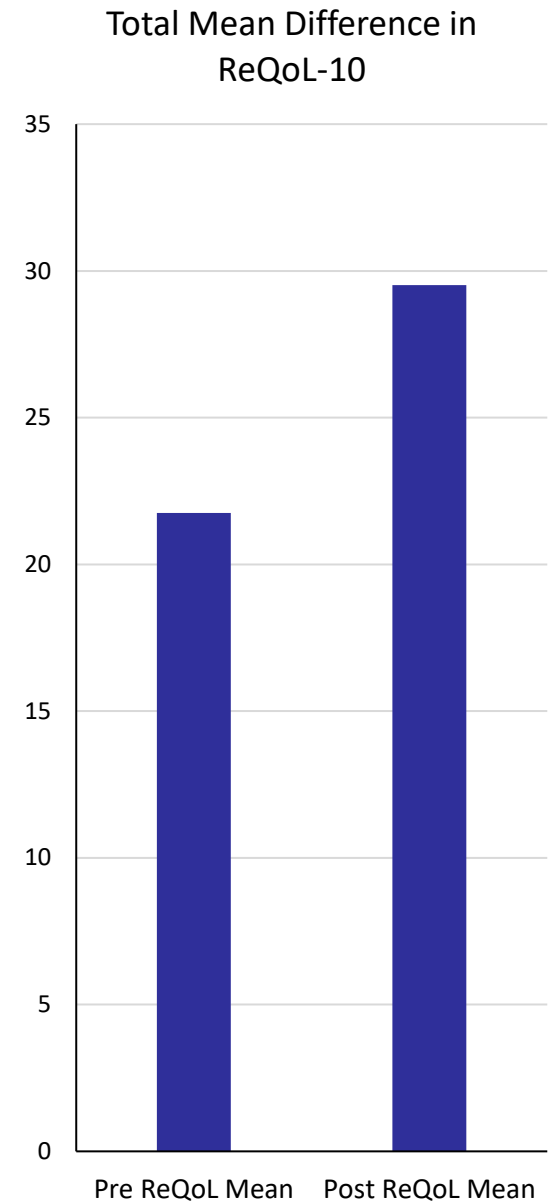




- Watch the 'Welcome to BRAVE Video' by [clicking here](#).

Outcome measures

ReQoL-10 measure shows improvement in our 12-week programme participants (the threshold of 25 that falls within the range of the general population).



Recognition of co-production in Slough MH services within which BRAVE has grown

- 2015-6 BHFT: Best Patient Initiative co-production
- 2017 CQC commendation for 'the inherent value of the patient's voice'
- 2017 Local Healthwatch: 'Excellent patient experience example'
- 2018 Shortlisted for National Innovation in Mental Health Practice
- 2018: Slough Partnership award for community integration
- 2019 National Positive Practice Awards
- 2020: Houses of Parliament: Crisis pathway launch
- 2023: BHFT finalists for Excellence in Practice for Co-production pathway
- 2023: HSJ Finalists for Innovation in Mental Health



Awards/Recognition

Part of **Wilmington Healthcare**

HSJ AWARDS 2023

In Partnership with:

vodafone business

[CATEGORIES](#) [SHORTLIST 2023](#) [JUDGING ▼](#) [PARTNERSHIP ▼](#) [ALUMNI ▼](#) [CONTACT US ▼](#)

Medicines, Pharmacy & Prescribing Initiative of the Year ▼

Mental Health Innovation of the Year ▲

Finalists:

- **Berkshire Healthcare FT and Office of the Police and Crime Commissioner for Thames Valley - BRAVE: Building Resilience and Valuing Emotions after Domestic Abuse**

Feedback from local commissioner

“I have had the pleasure of contract managing the BRAVE Project since its conception. With out any doubt it is the single most effective and professional service provided to victims of domestic abuse across Thames Valley..”

Rachel Axtell
Principle Domestic Abuse Partnership Officer
Community Safety Team, Slough Borough Council

Combating
isolation:

**BRAVE
EMBRACE**

BRAVE Graduates: weekly co-production peer support group, since January 2021.

A group format provides:

- Commonality of experience reducing isolation and feelings of loneliness
- An opportunity to remember and practice skills
- A chance to celebrate successes as well as challenges
- Lived experienced expertise
- The installation of hope from other's experiences and successes
- The opportunity to feel a sense of belonging which is important for mental health



Feedback from BRAVE Service Users

“ it truly was a life saver for me, and I want to thank you from the bottom of my heart, I would say it saved my life.”

“ BRAVE has taught me how to handle difficulties better by providing us with many different techniques on how to cope with our emotions and anxieties like mindfulness practices and being kinder to ourselves and our thoughts.”

“ I am such a different person now. You guys went out of your way to fit me in and understood me in a way I never felt possible.”

BOARD OF DIRECTORS MEETING 12.12.23

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
11/04/23	23/052	Trust's Green Plan	The new Sustainability Manager to be invited to attend a future Trust Board meeting to share their perspectives and to help the Board to understand which actions were likely to deliver the most benefit in terms of the Green Agenda.	December 2023	PG	Scheduled for December 2023	
11.07.23	23/117	Freedom to Speak Up Guardian Report	Future Freedom to Speak Up Guardian Reports to include anonymised case study reports.	December 2023	MC	On the agenda for the meeting.	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
11.07.23	23/120	Annual Complaints Report	The Director of Nursing and Therapies to consider adding an additional column in Table 2 in the report which set out the complaint themes to indicate the number of complaints which were upheld, partially upheld and not upheld.	July 2024	DF		
11.07.23	23/133	External Well Led Report and Action Plan	The Company Secretary to update the progress in implementing the Well-Led Review Action Plan in six months' time.	December 2023	JH	On the agenda for the December 2023 Trust Board meeting.	
14.11.23	23/199	Staff Health and Wellbeing Update Report	The Director of People to circulate a summary of the actions taken to increase the National NHS Staff Survey response rate.	December 2023	JN	The summary of actions was circulated to the Board via email and is attached at appendix 1 of the action log.	
14.11.23	23/208	National Six Equality, Diversity and Inclusions Actions Progress Update	The Director of People to review updating of information on the ESR system with a view to providing a simple guide.	December 2023	JN	The NEXUS (staff intranet) includes information about the ESR system including instruction on how to update personal information on the ESR system.	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						<p>All new employees receive an email which includes their ESR login details and has the ESR User Guide attached.</p> <p>The Company Secretary will ensure that Non-Executive Directors receive the information upon appointment.</p>	

Staff Survey Actions to increase the Response Rate

Across the teams they are doing a range of things to support driving a good response rate, examples of which include:

- Attending away days, service led team meetings and workshops to promote the 'you said, we did' and to emphasise the importance of responding;
- Using any slot they have at key divisional meetings to plug it and remind managers of the approaches outlined below;
- Advising managers on the range of approaches they can adopt to encourage responses:
 - e.g. protected time on rosters to complete the survey,
 - finishing meetings 15 minutes early to let people use the time to complete the survey;
 - organising tea and cake drop in sessions with PC/iPad available for staff to sit in a quiet corner and complete the survey;
 - arranging NHSP cover to backfill whilst staff take time out to complete the survey;
- Supporting the Business and Performance Managers with sending out weekly updates to the Service Directors and highlighting the low response areas and celebrating our high response areas.
- Distributing some of the stickers from Steph Moakes, Health, Wellbeing and Engagement Manager which will be shared with Teams to use so that staff can visibly promote that they have 'had their say'!

Following the report that came out and our update from Steph at HR Ops last week, they have been particularly targeting this advice at the managers of those services with the lowest response rates; and those areas that don't currently meet the minimum threshold for responses to be reported;.

The Prospect Park Hospital paper surveys are still being sent back and some are likely to arrive back in after the survey officially closes so the PPH figures will change to reflect the final count.

Jane Nicholson

Director of People

Trust Board Paper

Board Meeting Date	Tuesday 12 th December 2023
Title	Freedom to Speak Up Report
	For noting
Reason for the Report going to the Trust Board	<p>It is mandated by NHS England and the National Guardian's Office that all Freedom to Speak Up Guardians submit a Board report at least every 6 months.</p> <p>The Care Quality Commission also assesses the Trust's Speaking Up Culture as part of it's Well-Led Inspection.</p> <p>The Board is asked to note the contents and support the recommendations.</p>
Business Area	Quality
Author	Mike Craissati, Freedom to Speak Up Guardian
Relevant Strategic Objectives	<p>Workforce</p> <p>Ambition: We will make the Trust a great place to work for everyone</p> <p>To strengthen our highly skilled workforce and provide a safe working environment where staff feel safe to speak out, are listened to and the Trust evidence action taken to deal with issues raised with no detriment suffered by staff.</p>

Highlight Report – Freedom to Speak Up

July - December 2023

1. Why is this coming to the Board?

This report is written to provide information and assurance to the Board in relation to the activities of the Freedom to Speak Up (FTSU) Guardian, the National Guardian's Office (NGO) and to highlight relevant data of concerns raised and other activity generated during the period.

Both NHS England and the NGO set out guidelines and expectations that the FTSU Guardian works alongside Trust Leadership Teams to support the Organisation in becoming a more open and transparent place to work where all staff are encouraged and enabled to speak up safely. Part of the learning process is that the Guardian reports to Trust Board on, at least, a 6 monthly basis outlining the key activities of the Guardian, giving a fair presentation of data around concerns raised and notifies the Board of points of specific interest for the Board to take note of.

2. What are the key points?

Communication: It is key that the FTSU Guardian is seen as being visible and accessible to all staff groups both to raise awareness but also to be available for staff who wish to make contact. To do that the Guardian uses all forms of communication including, but not restricted to, presence at all Inductions, supporting all staff networks as an ally, membership of all groups or committees that are people focussed and promote an inclusive or just culture. During the period the Guardian has played a keen part in helping to promote the Trust's Anti-Racism stance, working with colleagues for Black History Month 2023 events (including collaborating with system colleagues) as well as FTSU Month in October where the theme was "Breaking FTSU Barriers".

Data on Concerns raised: Numbers of cases raised from Q1 2022/23 to date (end of Nov 2023) remain level with no significant change, though these figures can easily be skewed by "collective" concerns being raised by groups of staff. Levels concerns that have an element of Bullying & Harassment have decreased but that is mainly due to the recent introduction of a new category "Inappropriate behaviours". The majority of concerns are raised by non-managerial staff (74%) and mainly from the Midwife & Nursing staff group (46%). Poor behaviour between staff accounts for 75% of cases raised with 2 cases that had an element of patient safety (these cases are always immediately raised to the Director of Nursing & Therapies, the relevant Divisional or Clinical Director as well as patient safety colleagues).

When looking at cases raised by Directorate, the data shows that both the Trust's Mental Health and Community Health Services produce the highest number of cases. However, when cases as a percentage of headcount is taken into consideration, the Trust's Medical & Pharmacy Division is an outlier.

Impact on staff (Protected characteristics, detriment and turnover): Staff turnover of those who have raised a concern (52% for 2023) remains significantly higher than the Trust average for the second year running. Responses to exit or internal mover interviews shows 5% of leavers contacted the Guardian prior to leaving, for those that didn't, only 2% said that it may have made a difference and 40% stated that the primary reason for leaving was around incompatible working relationships.

19% of cases raised contained an element of detriment towards the person raising a concern. Work is ongoing regionally to try and address this and the Trust is looking at internal processes such as formal or informal grievances to try and reduce this.

It is recognised that certain staff groups, such as those with protected characteristics, have barriers to overcome before raising a concern. The Guardian is working closely with the staff networks to understand and try to reduce or eliminate these barriers. Only 4 of the cases raised during the period involve issues around protected characteristics, however it would appear that more staff with ethnically diverse backgrounds are approaching the Guardian for advice or support (if not actually formally raising a concern).

Culture & Learning: 2023 has shown a greater number of staff completing the FTSU E-Learning packages. These courses are also a pre-enrolment requirement for all Leaders & Managers attending the Leading for Impact Management training course with the Guardian delivering a module on Civility, Communication & Psychological Safety.

3. Conclusions and Recommendations for consideration by the Board

Whilst numbers of cases raised to the Guardian remain steady and the Guardian's proactive work in raising awareness of FTSU and helping to promote the right behaviours and values within the Trust remains a busy as ever, it seems clear that the staff experience when raising a concern, still needs more effort. Staff are approaching the Guardian at a late stage, when poor behaviours are already embedded, thus making resolution more challenging.

The time taken to deal with concerns and provide an outcome or resolution is something mentioned by staff as being a negative. This is partly the reason for feelings of detriment and still a reason for staff to not raise concerns (whether to the Guardian or elsewhere). There is also still a general feeling of not being listened to and not getting appropriate feedback when Managers or Leaders are approached to deal with issues.

In light of the above, the Board is asked to support the following:

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

Mike Craissati - Freedom to Speak Up Guardian

December 2023



Report to the Meeting of the

Berkshire Healthcare NHS Foundation Trust Board of Directors

Freedom to Speak up Report for July 2023 – December 2023

Background

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

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

In line with the above and as part of our regular policy review process, the Berkshire Healthcare FTSU policy was reviewed and updated in September 2023.

The FTSU Strategy 2023-26 was published in June 2023.

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

The Role of the Freedom to Speak Up Guardian

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

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

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

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

Communication

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

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

- Raising Concerns presence on Nexus
- Presentations and attendance at management/team meetings (ongoing)
- Production and dissemination of posters, leaflets and cards etc (ongoing)
- Virtual or F2F presence at Corporate Induction, Junior Doctor's Induction, International Nurses Induction & Student's Induction
- Supporting all EDI/Staff Networks as an Ally.
- Membership of the Safety Culture Steering Group, Strategic People Group, Diversity Steering Group, Anti-Racism Taskforce amongst others
- Managing a cohort of 21 FTSU Champions. The role of the Champions is to support the Guardian by raising awareness of the FTSU process locally and to signpost to the Guardian should any staff member wish to raise a concern. The Champions cover a wide range of pay bands with representation within all Directorates or divisions. 35% of Champions are declared staff network members and 35% have also raised concerns to the Guardian prior to becoming a Champion. It is hoped that the cohort fairly represent the diversity of the Organisation.

Contribution to the Regional and National Agenda

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

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

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

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

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

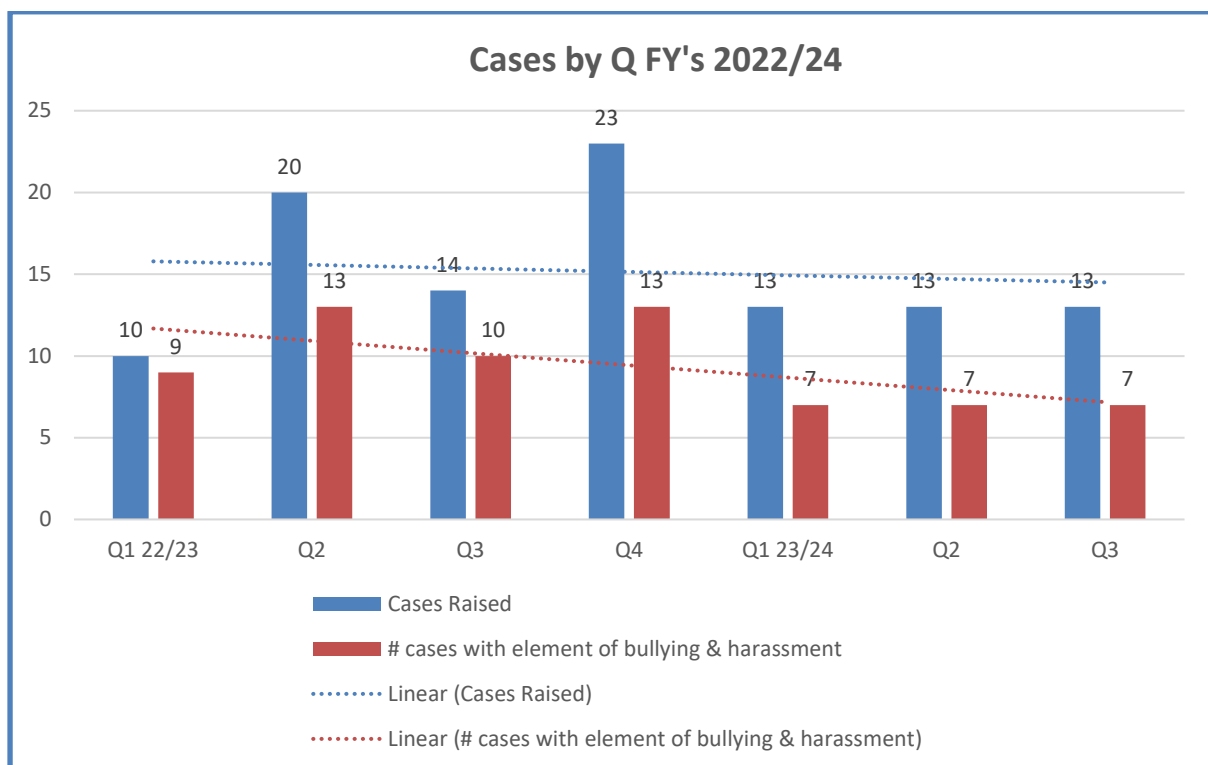
The NGO requests and publishes quarterly speaking up data.

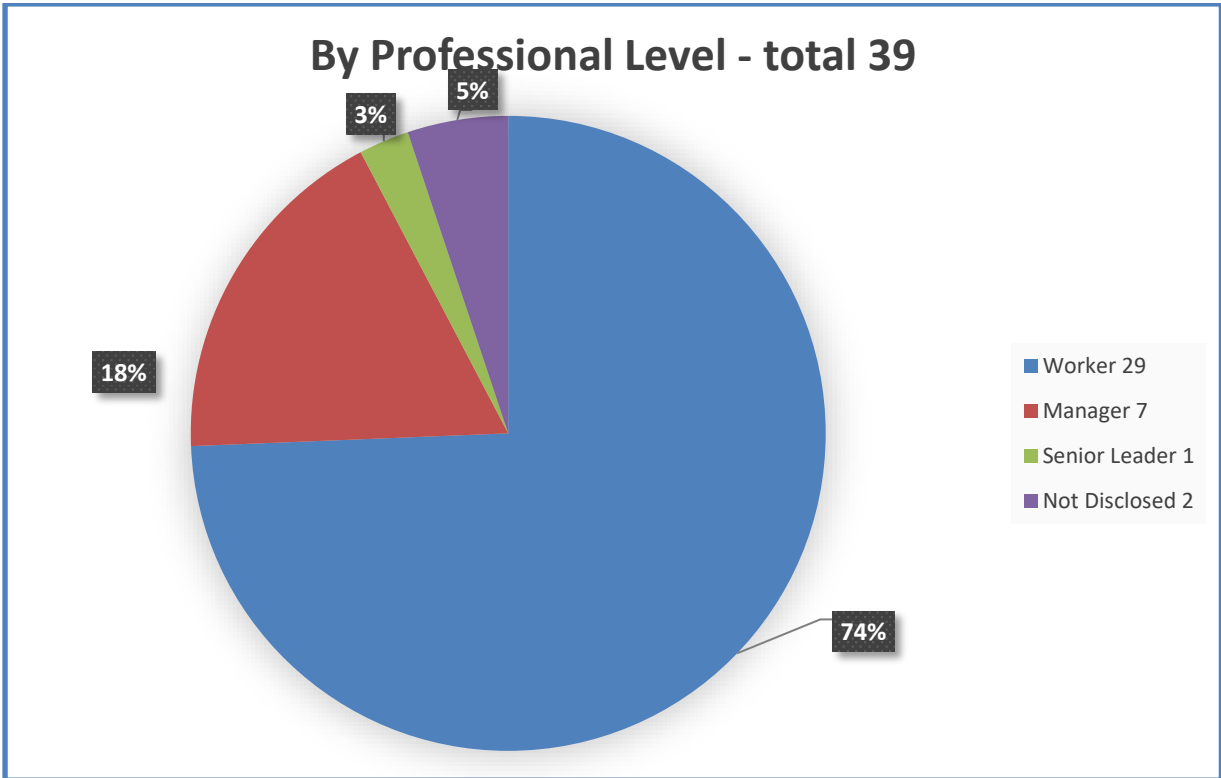
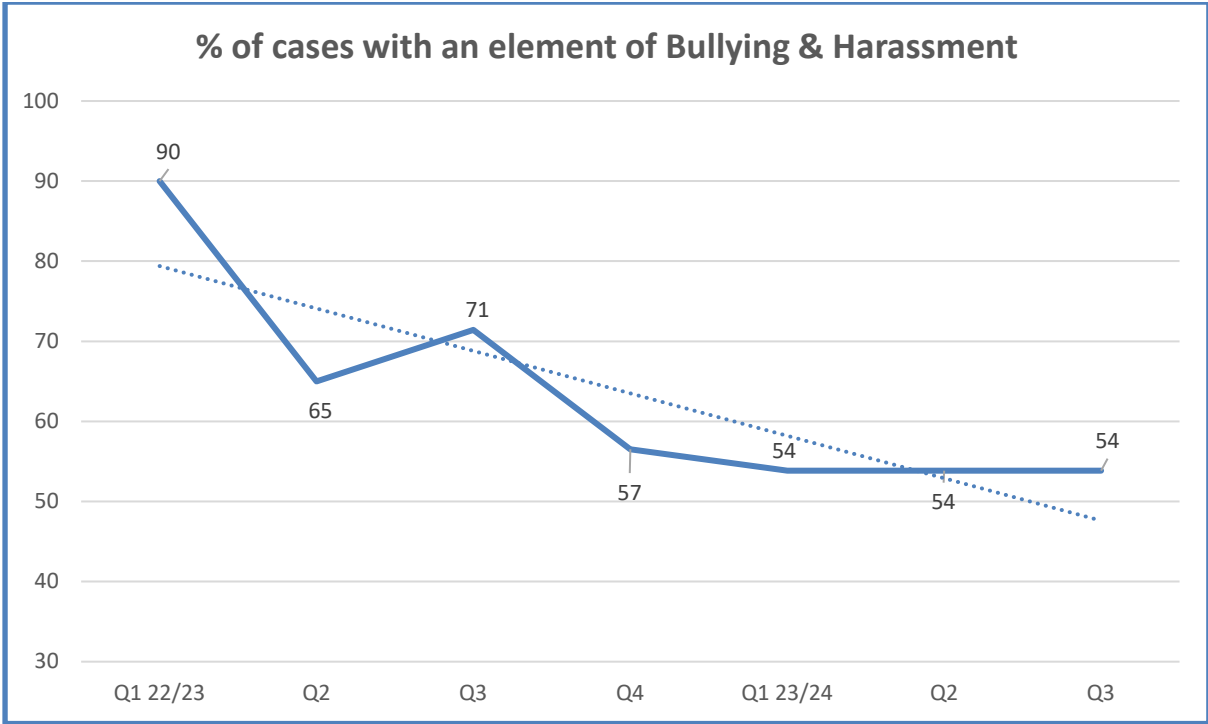
Contacts are described as “enquiries from colleagues that do not require any further support from the FTSUG”.

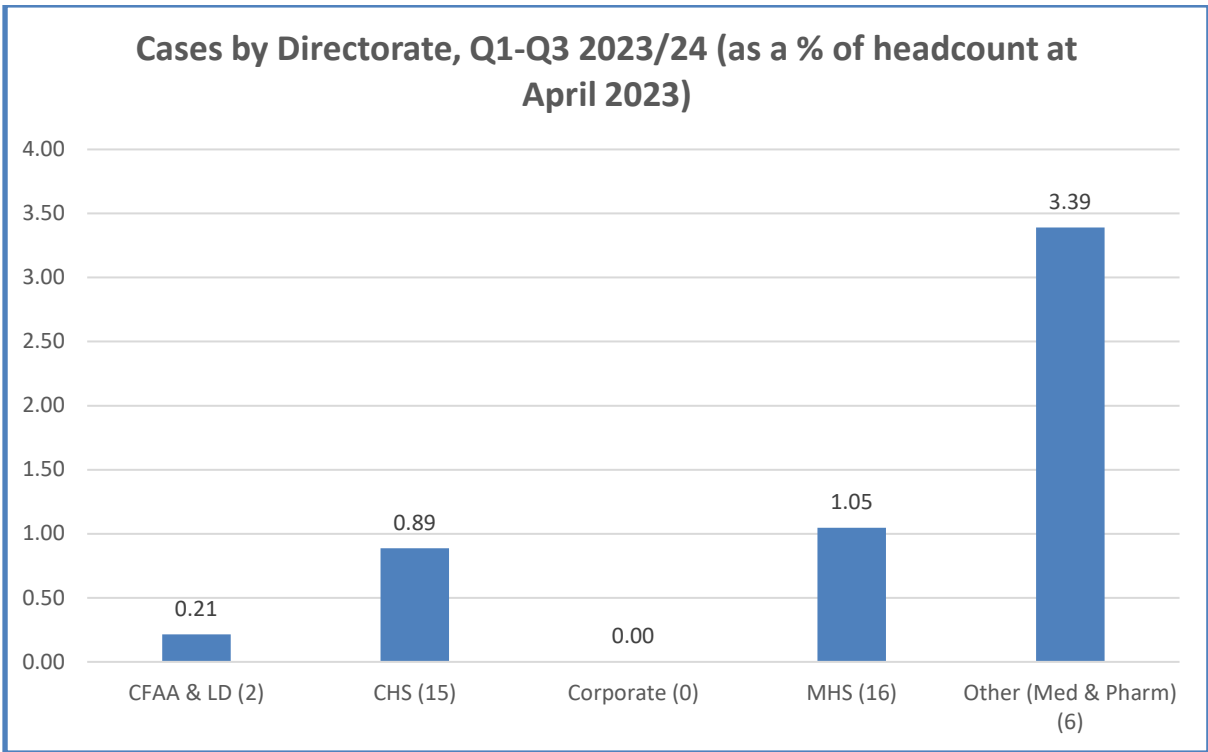
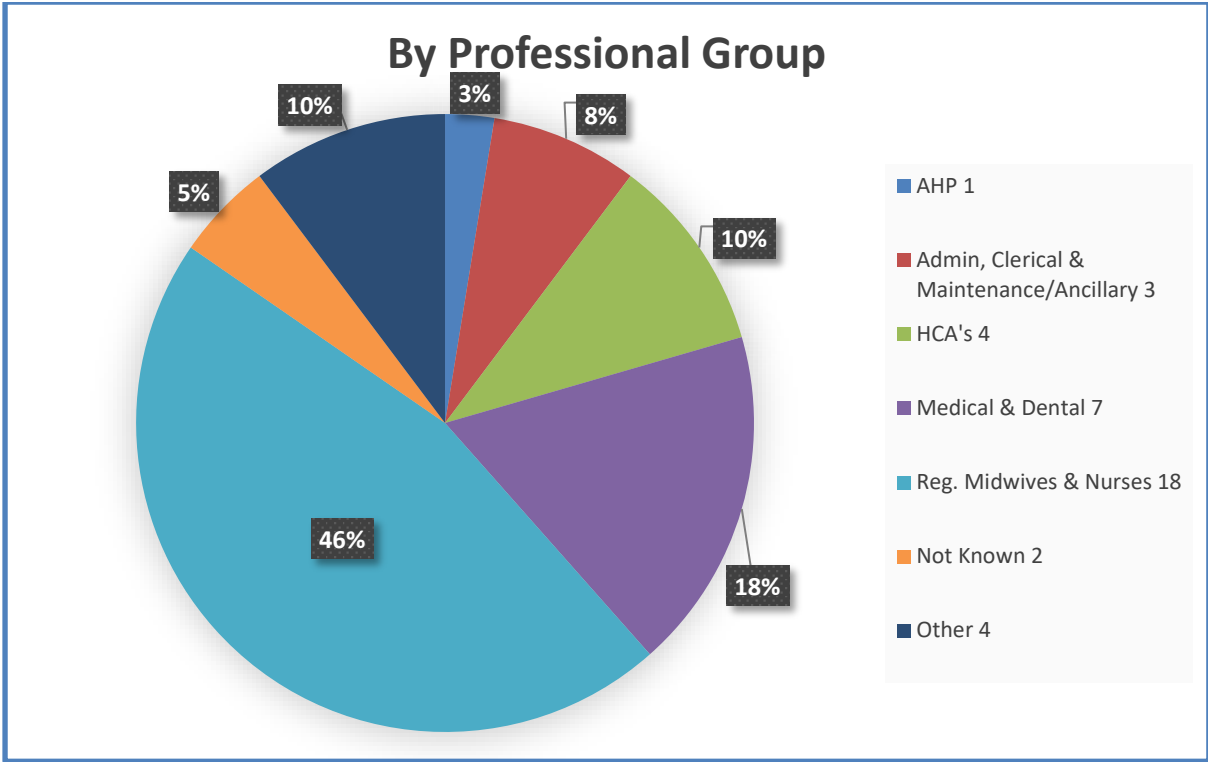
Cases are described as “those concerns raised which require action from the FTSUG”.

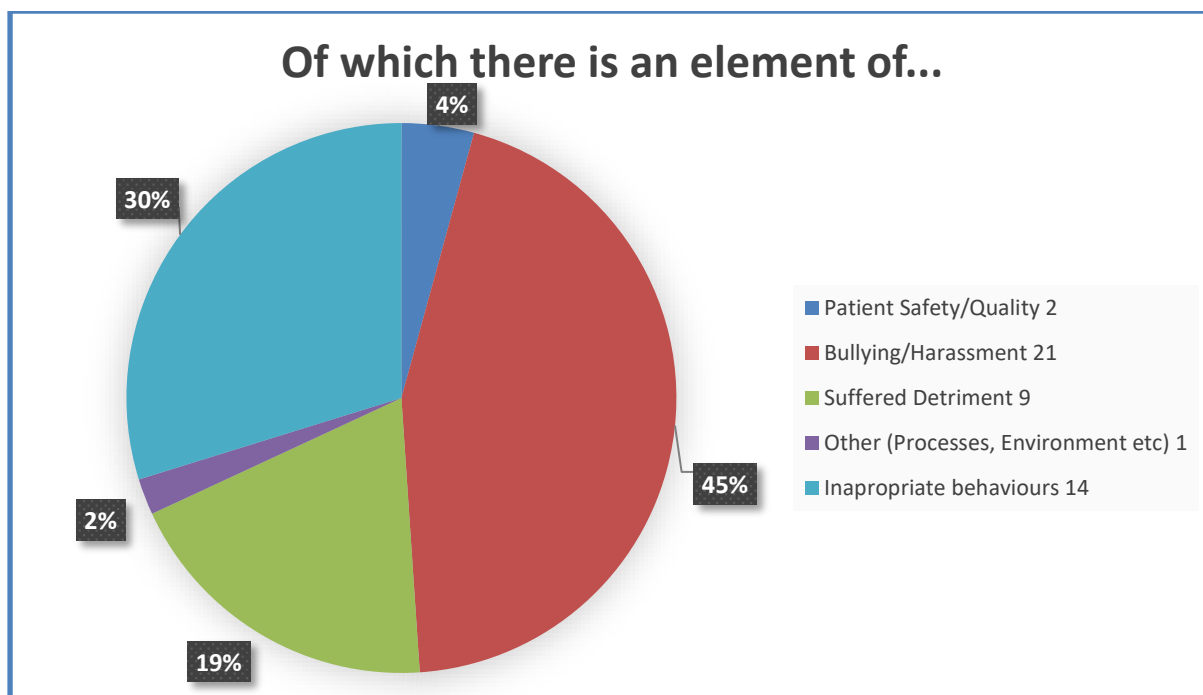
Outlined below are Berkshire Healthcare’s submissions to the NGO for Q1 FY 2021/22 to date (End of Nov. Q3 FY 2023/24).

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









Assessment of Issues

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

Staff Turnover & Exit Interviews

At the end of Q3 2022/23 the Guardian undertook a data collection exercise of all staff who had raised concerns during 2022 to see how many were still employed by Berkshire Healthcare (i.e., still on the Global Address List) and found that 57% had left the Trust, which was significantly higher than the Trust's average turnover for that period.

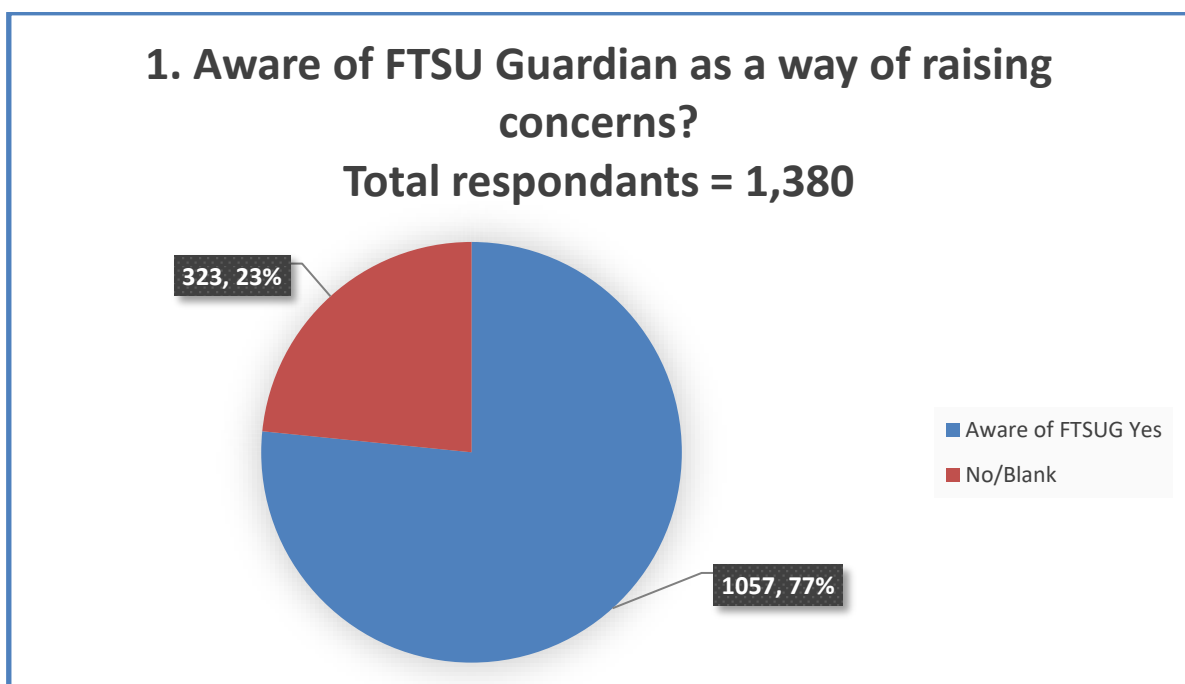
Following that some extra questions were added to the Exit & Internal mover surveys during 2023 to try and determine some of the reasons for the higher turnover and get some feedback on how staff felt about the support they had from the Guardian as well as their view on the outcomes of any concerns raised and any ensuing investigations.

Turnover for those who have raised concerns within 2023 has dropped slightly to 52% but is significantly higher than the Trust turnover for the year which is approx. 14%.

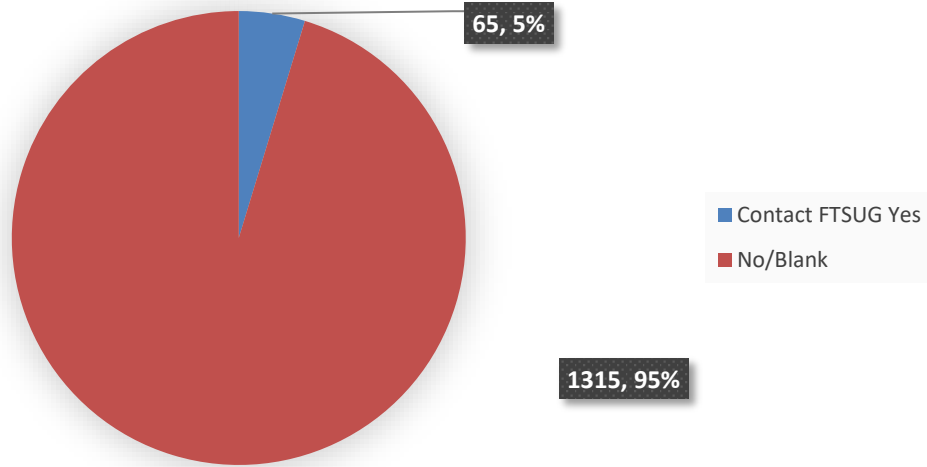
Exit/Internal Mover Interview data 2023

Questions asked:

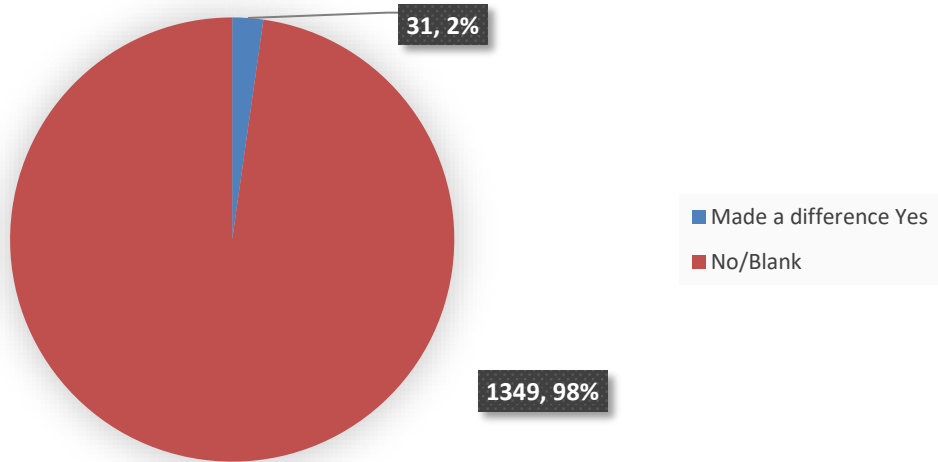
1. Were you aware of the FTSU Guardian as a way of raising any concerns?
2. Did you contact the FTSU Guardian?
3. If you used this service would it have made a difference to you leaving?
4. If "Yes" to Q2, what was the outcome?



2. Did you contact the FTSU Guardian?



3. If you had used the service would it have made a difference to you leaving?



4. If “Yes” to 3, what was the outcome?

I was redeployed	I contacted for an informal discussion but was informed that they were regularly supporting one of the other people involved in the poor dynamics within the team, so it no longer felt like a safe space.
My concerns were passed on to Deputy Dir. of HR	Issue resolved
There was an investigation following a grievance against my manager for bullying and non-compliance of Covid guidelines- the majority of the accounts were upheld however the trust decided to take no action against the manager and have no supported or protected the team.	Review of patient safety in regard to Covid
They wanted me to go to HR but scared management was going to making my working day to day worse as it was challenging already so withdrawn.	Mike has been fantastic, but has taken a long time to progress
Line Manger was removed from management of our team however there was no apology or transparency about the issue and no evidence of any performance management of the manager who is still in a management role	He listened. He involved HR and the director of nursing due to patient safety being compromised
External investigation. I reported to a different manager during this time. Then until I left.	not really sure - I told him I was intending to lodge a formal grievance and I believe I was directed to HR. I do not know whether the Freedom to Speak Up Guardian has acted on any of the information I took to him, but I do know that this is not the first time I have approached the Freedom to Speak Up Guardian as I was experiencing similar issues in 2020. Although the initial contact is straightforward, once the contact is made, it is quite vague as to what is expected of you regarding a grievance. I may have misunderstood and not sent appropriate documentation following discussion of a grievance in January 2022, which I had hoped to resolve informally, but there was no contact from HR and it took from the end of April to the middle of May 2022 for the grievance for which I was seeking support to be acknowledged.
Concerns were escalated and senior management seem to be addressing them	They offered advice and this was followed but the conflict between my line manager and the consultant meant this did not make any difference or change the behaviour.
This was in relation to working shift at PPH. I had a conversation about 2 different situations in Adult Inpatients but never had any feedback and was a bit surprised that i needed to follow up the concerns in an email after explaining them. Would have been helpful to have understand more about the process and although he explained that he could come back to me I didn't get any outcomes	It was resolved.
Didn't want to rock the boat in case you ever wanted to come back so didn't necessarily go forward with bullying information	My concern was resolved.
Raised my concerns through them as I got bullied immediately. I had 2 instances that got through to the Royal College of Nursing	This was when I was in my previous service - I raised the issue of being bullied by my manager - both myself and my team - and they did look at the structure of the service and they did get more staffing in (after I left), but my understanding is it still has problems. The bullying was not addressed. Again, this is not to do with my current service - this is a great service.
Positive experience. Support was offered and confidentiality was maintained.	
Listened and we agreed a plan - for me to get support and to raise concerns/be heard at the highest level of the organisation.	

There was an external investigation and the COO came and spoke with us and is still in touch and making sure everything we raised as a concern is being addressed and or actioned.
They said they would investigate and they said they would offer training and extra workshops for the staff involved - but I did not hear anymore.
Resolved
Went to external investigation.
It was resolved. I felt Mike was fantastic with how he approached and dealt with the situation.
Positive and fair outcome.
It was a positive outcome.
I believe it was resolved. It was an issue with a consultant during Covid.

It was resolved.
Resolved.
I was due to meet with the Freedom to Speak Up Guardian, however because I am leaving I have decided not to meet with them.
I am still waiting to hear.
Nothing changed.
It was resolved.
There was not enough evidence for a full investigation - but some recommendations for the difficult member of the team and to review the structure.
It was resolved - the manager is no longer working for the Trust. Several people made complaints about her.

If “Yes” to 3, what was the primary reason for leaving?

(25 responses)

Incompatible Working Relationships (With managers/ colleagues).	10
Lack of Opportunities (Lack of opportunities to progress within team or trust/ lack of training or development opportunities).	4
Relocation (Relocating to new home outside of a commutable distance to the Trust).	4
Health	3
Better Reward Package (Improved salary at the same grade/ better benefits/ leave allowance)	2
End of Fixed Term Contract	1
Resignation - Better Reward Package (Improved salary/ benefits/ leave allowance)	1

Improving FTSU Culture

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

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

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

Learning and Improvement

The FTSU Status Exchange between the FTSUG, Chief Executive, Director of Nursing and Therapies and Deputy Director of People continues to provide a good forum for a structured information exchange, triangulation of information, and ensuring action is completed regarding concerns raised. A regular meeting between the FTSUG and the Deputy Director of People & Senior HR Managers continues as a standard piece of to enable direct communication about case work in a confidential manner.

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

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

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

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

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

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

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

Completion of these E-Learning packages has been determined as essential training for the following staff groups:

- Board, Executive & SLT
- Elements of the People Directorate (Business Partners, OD/ EDI, L&D)
- Elements of the Nursing & Governance Directorate (Patient Safety & Quality, Safeguarding, Patient Experience)
- All FTSU Champions
- All Leading for Impact Management & Leadership course delegates

Jan – Nov 2023 E-Learning Data

- 189 successful course completions
- 138 staff have completed 1 or more course (some staff will have completed all 3 courses).

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

The Guardian now presents a module as part of the recently introduced Leaders & Managers training course, Leading for Impact. The module deals with the following subjects, Civility, Communications skills, Difficult Conversations & Psychological Safety. These topics align with many of the proactive activities attributed to Freedom to Speak Up principles.

National Guardian's Office

- The National FTSU Policy has been revised. The Berkshire Healthcare Raising Concerns policy was reviewed and updated to reflect changes in the national policy.
- NHS England and the National Guardian's Office have [published guidance](#) for Integrated Care Boards to ensure speaking up routes are available for their own staff and their primary care workers across the ICS.

- The NGO have recently published an analysis of Questions relating to Speaking Up in the 2022 NHS Staff Survey. The full report can be downloaded [here](#).
- The NGO has recently laid its [Annual Report 2023/24](#) before Parliament.

Learning – Some follow up actions from cases raised.

- All cases are audited on a quarterly basis to ensure any learning is actioned.
- Where appropriate Services now have the support of an MDT/Organisational Development team. This includes representatives from HR, OD, Psychological Services, FTSU, Patient Safety, EDI leads. Concerns raised from staff within these services have helped to highlight some dysfunctionality or friction within the service. The aim of the MDT is to assist Heads of Service with improving morale, behaviours and efficiency of the service.
- In several cases where the standard of management may be in question, support will be given on a more individual basis to improve management techniques.

It has been highlighted that with larger more complex cases where there may have been a collective concern or group of concerns that, due to the time taken to investigate these concerns, that staff concerned should get better and more frequent feedback. This is being addressed with HR colleagues to align the FTSU process with HR processes.

Examples of non-implementation of learning from concerns raised:

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

Recommendations from the FTSU Guardian

The Trust Board is asked to support the following:

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

Mike Craissati - Freedom to Speak Up Guardian

December 2023

Trust Board Paper

Board Meeting Date	12 December 2023
Title	Quality Assurance Committee Meeting – 28 November 2023
	Item for Noting
Reason for the Report going to the Trust Board	<p>The Quality Assurance Committee is a sub-committee of the Trust Board. The minutes are presented for information and assurance.</p> <p>Circulated with the minutes are the quarterly Learning from Deaths and Guardians of Safe Working Practices Reports. NHS England requires NHS provider organisations to present these reports to the Trust Board.</p> <p>The Trust Board is required to identify any areas for further clarification on issues covered by the meeting minutes and associated reports and to note the content.</p>
Business Area	Corporate Governance
Author	Julie Hill, Company Secretary (on behalf of Sally Glen, Committee Chair)
Relevant Strategic Objectives	<p>Patient safety</p> <p>Ambition: We will reduce waiting times and harm risk for our patients</p> <p>Patient experience and voice</p>

	Ambition: We will leverage our patient experience and voice to inform improvement
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**Minutes of the Quality Assurance Committee Meeting held on
Tuesday, 28 November 2023**

*(the meeting a hybrid meeting held at London House, Bracknell and conducted via
MS Teams)*

Present: Sally Glen, Non-Executive Director (Chair)
Rebecca Burford, Non-Executive Director
Mark Day, Non-Executive Director (*deputising for Aileen Feeney, Non-Executive Director*)
Julian Emms, Chief Executive
Tehmeena Ajmal, Chief Operating Officer
Guy Northover, Lead Clinical Director
Debbie Fulton, Director of Nursing and Therapies
Amanda Mollett, Head of Clinical Effectiveness and Audit
Nav Sodhi, Associate Medical Director, (*deputising for Minoo Irani*)

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

Debbie Riley, Family Liaison Officer
Martin Mannix, Director of Estates and Facilities (*present for agenda item 5.1*)
Mark Davison, Chief Information Officer (*present for agenda item 5.2*)

Opening Business

1 Apologies for absence and welcome

Apologies were received from: Aileen Feeney, Non-Executive Director and Minoo Irani, Medical Director. Due to a meeting clash, Julian Emms, Chief Executive sent apologies for lateness.

The Chair welcomed everyone to the meeting and in particular welcomed the meeting guests, Debbie Riley, Family Liaison Officer, Martin Manix, Director of Estates and Facilities and Mark Davison, Chief Information Officer.

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 August 2023

The minutes of the meeting held on 29 August 2023 were confirmed as an accurate record of the proceedings.

4.2 Matters Arising

The Matters Arising Log had been circulated.

The following actions were discussed further:

a) National Patient Safety Strategy

The Chair noted that the format of the Serious Incident Report would be changing from January 2024 in line with the Trust's new Patient Safety Incident Response Policy.

The Director of Nursing and Therapies confirmed that the action relating to changing the Committee's Terms of Reference once the Trust Board had approved the Patient Safety Incident Response Policy related to inviting a Patient Safety Partner to join the meeting. The Director of Nursing and Therapies said that the role of the Patient Safety Partners was still being developed and said that further work was needed around how best to use a Patient Safety Partner's lived experience to add value to the work of the Committee.

It was agreed that the action around reviewing the Committee's Terms of Reference and appointing a Patient Safety Partner to the Committee would be combined into a single action.

Action: Company Secretary

b) Community Nursing Team Presentation

The Director of Nursing and Therapies reported that the Community Nursing Team presentation would be given to the Trust Board Discursive meeting in April 2024.

Action: Director of Nursing and Therapies

c) COPD Service

The Chair thanked the COPD Service Lead for providing a comprehensive update on how the service was managing the COPD waiting list and the outcome of the harm review into patients who had been on the waiting list for six months or over and who had not responded to the Trust's letter requesting that they confirm whether or not they still required a Pulmonary Rehabilitation appointment and had been subsequently removed from the waiting list.

The Director of Nursing and Therapies pointed out that patients were no longer waiting six months for a Pulmonary Rehabilitation appointment and therefore the practice of contacting patients who were waiting over six months was no longer required. The Director of Nursing and Therapies said that she had emailed the COPD Service Lead to find out what the process would be in the future if waiting lists increased. The response to this query would be shared with the Committee.

Action: Director of Nursing and Therapies

The Lead Clinical Director added that the Trust's Access and Waiting List work included undertaking an equality impact assessment prior to any waiting list initiative.

The action log was noted.

Patient Safety and Experience

5.0 Role of the Family Liaison Officer

The Chair welcomed Debbie Riley, Family Liaison Officer to the meeting.

Debbie Riley explained that the role of the Family Liaison Officer was to ensure that families were supported sensitively and compassionately during an investigation/incident review, giving them a chance to ask questions and raise any concerns. The role also involved ensuring that families were kept informed about progress and to share any lessons learned in an open and transparent way. It was noted that the Family Liaison Officer was independent of any review process.

Debbie Riley provided two case studies. The first case study involved a family whose son had taken his own life. Ms Riley explained that the family was very critical of the Trust and during the course of supporting the family, a number of areas requiring improvement were identified, including the contents of the Trust's Duty of Candour letter which included links to bereavement services, but the links did not work. The family also queried the independence of the Family Liaison Officer because the Trust's Duty of Candour Letter sent to the family was signed by the Family Liaison Officer.

Ms Riley said that the Duty of Candor Letter now came from the Service Lead and changes had been made to the content of the letter and there was a process in place to check that the links to Bereavement Services were regularly checked and updated.

The second case study involved the unexpected death of a patient who had recently transferred from an acute hospital to the Trust. Ms Riley said that she facilitated a meeting with the family and doctors so the family had an opportunity to ask questions about their loved one's care. Ms Riley said that she also supported the family during the inquest process.

Ms Riley said that the Family Liaison Role was new and trusts were interpreting the role differently. Ms Riley said that she thought the Trust's approach worked well with the emphasis on being kind and compassionate and focussing on meeting the needs of families and ensuring that families had a voice.

The Chair thanked Ms Riley for sharing the two case studies which helped the Committee to gain a better understanding of the role.

The Chief Operating Officer commented that supporting families in traumatic circumstances following a bereavement was emotionally challenging and asked Ms Riley where she went for support.

Ms Riley said that she gained a lot of support from her team and reported that she would shortly be able to access psychological support which would provide her with an opportunity to debrief which would be helpful.

Mark Day, Non-Executive Director asked about the process for selecting the families who would receive support from the Family Liaison Officer.

The Director of Nursing and Families explained that there were a list of factors including the complexity of the circumstances and in cases where families had raised a number of concerns and/or questions etc.

Mark Day asked how the Family Liaison Officer prepared families for inquests.

Ms Riley said that she would explain the inquest process and answer any questions and if the inquest was taking place in Berkshire, she would explain the room layout etc.

The Chair thanked Debbie Riley, Family Liaison Officer for her presentation.

5.1 Prospect Park Hospital – Managing the Interface between the Trust and the PFI Special Purpose Vehicle (SPV) and the Never Event Action Plan Update Report

The Chair welcomed Martin Mannix, Director of Estates and Facilities to the meeting.

It was noted that the Never Event concerned shower rail gliders at Prospect Park Hospital which were found not to release as expected from the shower rail. This was considered as a “never event” even when it was a “near miss” incident.

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

- Following the incident two investigations were undertaken: a clinical review looking at the clinical care provided and a non-clinical investigation looking at the environmental factors relevant to the incident
- The non-clinical investigation report made a number of recommendations for improving the interface between Prospect Park Hospital and the PFI SPV including increased transparency and oversight of the PFI arrangements, escalation of Trust concerns, quarterly meetings with the PFI SPV board and the Trust
- The Trust had introduced a PFI Hospitals Update Report which went to the Quality and Performance Executive Group monthly meetings to provide Executive oversight
- The Trust was also working closely with the Facilities Management provider at Prospect Park Hospital who had recently rolled out improvements to the Facilities Helpdesk to make it easier for staff to report any issues
- The Trust was commissioning an independent compliance condition survey of Prospect Park Hospital to identify any areas for improvement
- Both the PFI SPV and the Facilities Management provider were enhancing their expertise around mental health. The PFI provider had recently appointed an architect with mental health expertise.

The Chair commented that although the never event was a near miss, the incident had highlighted the need for a closer working relationship between the Trust and the PFI SPV.

Mark Day, Non-Executive Director asked whether the expectation of the third parties was that the Trust would provide a high level of expertise around mental health building and facility requirements.

The Director of Nursing and Therapies said that it was unreasonable to rely on clinical staff to be able to keep up to date with current best practice in relation to mental health facilities and to be able to identify and mitigate all environmental risks.

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

5.2 Digital Integrated between care settings and its effects on care delivery

The Chair welcomed Mark Davison, Chief Information Officer to the meeting.

The Chief Information Officer gave a presentation and highlighted the following points:

- The Trust was often the “glue” between care settings. The Trust had a long history of working with care delivery partners, predominantly in an out of hospital model working across 160 sites and working with primary care, secondary care and social care
- The Trust was digitally mature and was highly dependent on digital services. The Trust was a pioneer in developing the Shared Care Records system (Connected Care)
- The Trust was dependent on other organisations for key clinical functions, for example, Medical Staffing for Older Persons Wards, Community Cardiac Care, Diagnostics, Phlebotomy, Pathology, Radiology, Community Pharmacy and Social Care etc
- Other organisations were dependent on the Trust for in-reach support including Speech and Language Therapy, Occupational Therapy, WestCall Out of Hours GP service, Hospital Discharge Team, Clinical Health Psychology etc
- Trust staff working on acute Trust sites were unable to access digital services. Shared desks often required multiple end-point devices. Connections between digital networks were often unreliable. The IT support infrastructure in acute providers prioritised urgent and emergency care services
- Trust staff delivering clinical services into acute settings and vice versa had to work with multiple patient record systems
- The Trust was working with the Royal Berkshire NHS Foundation to improve the digital interface between the two organisations. This work would also assist with the digital interfaces with other organisations
- Relationships with between the Trust and Royal Berkshire Hospital had been strengthened by a series of one-to-one meetings between the Chief Executives, Chief Operating Officers and Chief Information Officers of both organisations
- Short term actions included: installing the Trust’s network hardware and endpoint docking stations at the Royal Berkshire Hospital, implementing “GovRoam” on Royal Berkshire Hospital sites, the Royal Berkshire Hospital reviewing the content of their discharge information, reviewing their Wi-Fi architecture and clinical applications on both Trusts’ laptops
- Longer term actions included: reviewing and modernising acute infrastructure, moving to new diagnostics order communications model, consideration of how the split support model could be improved for front line staff and work around re-imaging the clinical care boundary processes

The Chair thanked the Chief Information Officer for his informative presentation and said that issues with the digital interface between organisations had implications for patient safety if clinical information was not readily available.

The Chief Information Officer agreed and said that having the Royal Berkshire Hospital’s systems side by side with the Trust’s systems on the same device was not ideal, but it did provide a workable solution.

The Lead Clinical Director said that clinicians had to spend a lot of time working around multiple and sometimes incompatible digital systems and stressed the importance of digital systems as enablers and as a means of reducing errors etc.

The Chair said that the Trust and the Royal Berkshire Hospital were working jointly around developing the Virtual Ward model and commented that there were significant digital requirements for the model to work effectively.

The Chief Information Officer reminded the meeting that the development of Virtual Wards was included as part of the Trust's Digital Strategy but said that the Integrated Care Systems had not reached any agreement about the digital infrastructure to support the Virtual Wards model.

The Chief Operating Officer added that the development of the Virtual Ward model was at an early stage with pilots taking place around Respiratory/COPD and Cardiology/Heart Function specialties and therefore it was too early in the process to impose a digital strategy.

The Chief Information Officer suggested that if digital tools were going to be required, it was helpful to consider the digital interface from the outset rather than developing the clinical model and then thinking about the digital requirements.

The Chair thanked the Chief Information Officer for his presentation.

5.3 Quality Concerns Register Status Report

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

- The report cover sheet should read that there were no new concerns this quarter
- The following concerns were removed since the Quality Concerns Register was last presented to the Committee:
 - **WestCall** – the September 2023 meeting of the Quality and Performance Executive Group had agreed to remove WestCall due to the service meeting demand within available capacity over several months
 - **Podiatry** – the August 2023 meeting of the Quality and Performance Executive Group had agreed to remove Podiatry after cleansing the waiting list alongside recruitment resulting in the service being better able to meet demand with available capacity
 - **Heart Function** - the August 2023 meeting of the Quality and Performance Executive Group had agreed to remove Heart Function because whilst the caseload far exceeded the activity commissioned, the service was meeting demand for urgent referrals and the establishment of the current model was stable
- The November 2023 meeting of the Quality and Performance Executive Group had agreed to add Early Intervention in Psychosis (Adult) and to remodel the Champion Unt risk. Updates on the actions to mitigate both these new risks would be included in the next report to the Committee.

Action: Director of Nursing and Therapies

The Committee noted the report.

5.4 Regulation 28 Action Plan Report

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

- The regulation 28: Preventing Future Deaths Report was issued jointly to the Trust and to the Local Authority following the inquest into the death of Lucy Anne Walles which concluded on 16th June 2023 with a recorded conclusion of Suicide
- The Trust's response to the Coroner (attached as an appendix to the report) set out a number of actions already completed and some which were underway that would address the concerns identified by the Coroner
- Most of the outstanding actions were expected to be resolved through the changes being implemented as part of the One Team Programme

The Chair asked whether the Coroner had responded to the Trust's letter.

The Director of Nursing and Therapies confirmed that the Trust had not received a response from the Coroner but pointed out the Coroner was not expected to provide feedback and would only contact the Trust if there remained any issues of concern.

The Chair asked what information was provided to the family. The Director of Nursing and Therapies said that the family would receive a copy of the Trust's letter to the Coroner.

The Committee noted the report.

5.5 Reducing Restrictive Practice Quarter 2 Report

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

- The data provided in the report focussed on restraint, seclusion and rapid tranquilisation intramuscular injection as these were identified as national priorities and provided focus for improvement
- Through the Trust's Use of Force Dashboard, the Restrictive Interventions Oversight Group had sight of significant other data and qualitative intelligence and where concerns requiring escalation were identified, these were highlighted in the report
- Promoting Safe Cultures Workshops had commenced and had received positive feedback from staff. The workshops included role playing by actors and Trust created videos to support reflective practice in this area
- A person independent from the ward was now responsible for reviewing the CCTV footage of restrictive intervention incidents
- Feedback from staff involved in restrictive practice incidents was that staff sometimes felt that their actions were being judged. There was now a more non-judgemental restorative justice approach being taken which represented a shift in culture.

The Chair commented that she liked the format of the report. The Chair welcomed the shift to a restorative justice approach.

Mark Day, Non-Executive Director asked what staff felt about the focus being on them to reduce the use of restrictive practices.

The Deputy Director of Nursing confirmed that the overwhelming view of staff was that they wanted to learn from incidents and from best practice. It was noted that the CCTV footage did not include audio and therefore some of the context to using restrictive interventions was missing.

The Director of Nursing and Therapies suggested that the Committee receive a presentation on the Trust's work around reducing restrictive interventions.

Action: Director of Nursing and Therapies

The Committee noted the report.

5.6 Serious Incidents Report

The Director of Nursing and Therapies presented the paper and pointed out that the number of incidents reported as serious incidents in this quarter was showing a reduction from previous quarters. It was noted that the reduction was the result of transitioning to the new Patient Safety Incident Response Framework which promoted a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning were balanced with those needed to deliver improvement.

The Chair noted that all nine of Serious Incidents reported during Quarter 2 related to Mental Health Services. The Director of Nursing and Therapies responded that the balance of mental health and community health serious incidents shifted between quarters but pointed out that she would expect there to be a higher proportion of mental health related serious incidents.

The Committee noted the report.

5.7 Learning from Deaths Quarterly Report

The Lead Clinical Director presented the paper and highlighted the following points:

- During quarter 2, 121 deaths had met the criteria to be reviewed by the Executive Mortality Review Group and the outcomes were as follows:
 - 71 were closed with no further action
 - 48 required a "second stage" review (of which 8 deaths were referred for serious incident investigation). 2 cases were awaiting further information
- All deaths of a physical health cause subject to a second stage review were reviewed using an avoidability scale and these reviews did not raise a governance cause for concern
- 9 reviews related to patients with a learning disability. All were reported in line with national guidance to LeDeR who complete independent reviews covering the full patient pathway

The Lead Clinical Director reported that from January 2024, the format of the report would change to include any thematic learning on deaths from both the Trust's Serious Incident process and from the Mortality Review process.

The Chair said that the Trust had robust mortality review processes in place and noted that there was a national focus on mortality review processes following the Lucy Letby conviction.

The Head of Clinical Effectiveness and Audit added that the Trust checked that deaths recorded on the RiO system all had a DATIX report to ensure that the data was accurate.

The Committee noted the report.

5.8 National Patient Safety Strategy Implementation Report

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

- The Patient Safety Incident Response Policy and Plan had been approved by the Trust Board in November 2023
- The Trust was one of the first in the county to go live with the Learning from Patient Safety Events using the DATIX system and was working through some of the challenges around using the new system
- There was a reduction in the number of incidents being reported on the DATIX system. The Trust was doing a “deep dive” to understand the reasons behind the drop in reporting and was providing extra training and support to teams to ensure that staff were confident around using the new reporting system

The Chair commented that she liked the format of the new National Patient Safety Strategy Update Report.

The Chair thanked the Deputy Director of Nursing and his team for their work on implementing the National Patient Safety Strategy.

The Committee noted the report.

5.9 Quarterly Infection Prevention and Control Report

The Quarterly Infection Prevention and Control Report had been circulated.

The Director of Nursing and Therapies reported that there had been a disappointingly low take up of the Staff Flu Vaccination with only around 41% of staff being vaccinated (compared with around 70% of staff having the Flu Vaccination pre-pandemic).

The Director of Nursing and Therapies said that she thought that one of the reasons for the low take up of the Flu Vaccine was around opposition to NHS England’s decision to make the COVID-19 vaccination a condition of employment during the pandemic.

The Director of Nursing and Therapies confirmed that the Trust was doing everything it could to try and improve the take up of the Flu vaccination.

The Committee noted the report.

Clinical Effectiveness and Outcomes

6.0 Clinical Audit Report

The Lead Clinical Director reported that one national clinical audit report had been received and presented to the Clinical Effectiveness Group since the last meeting:

- The National Confidential Enquiry into Patient Outcome and Death – the Inbetweeners – A Review of the Transition from Children and Young People into Adult Health Services 2021

The Lead Clinical Director said that it was a disappointing clinical audit report because it primarily focussed on a review of quality standards rather than providing

any solutions around improving the transition from Children and Young People services into Adult Health Services.

It was noted that the Children, Families and All Age Division had developed a comprehensive action plan in response to the five statements and 11 national recommendations set out in the clinical audit report.

The Chief Operating Officer commented that one of the objectives around the development of the One Team operational structure was around improving the interfaces between different services.

The Committee noted the report.

6.1 Quality Accounts 2023-24 Quarter 2 Report

The Quality Accounts 2023-24 Quarter 2 Report had been circulated.

The Head of Clinical Effectiveness and Audit reminded the meeting that the Quarter 3 Quality Accounts Report would be shared with stakeholders and invited members of the Committee to email her with any suggested amendments to the format of the report so these could be incorporated into the Quarter 3 report.

The Chair commented that she found it extremely helpful to have an opportunity to review the development of the Quality Account Report quarter by quarter rather than being presented with the final version.

Mark Day, Non-Executive Director said that he found the Quality Accounts Report a useful report because it provided a comprehensive snapshot of the quality of the Trust's services.

The Committee noted the report.

7.0 Guardian of Safe Working Hours Quarterly Report

The Associate Medical Director presented the paper and reported that during the reporting period (2 August 2023 to 31 October 2023), there had been no exception reports.

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

The Committee noted the report.

7.1 Minutes of the Mental Health Act Governance Board

The minutes of the Mental Health Act Governance Board meeting held on 16 August 2023 had been circulated.

The Chair noted that there had been a higher than usual number of CAMHS detentions during the last quarter, along with an unusually high number of Mental Health Act assessments of young people conducted in their homes.

It was noted that there was a weekly NHS England Southeast Region meeting which tracked the demand of Tier 4 beds and young people detained under the Mental Health Act. The Associate Medical Director pointed out that any increase needed to be monitored over a period of time before ascertaining whether this was a trend

The Committee noted the minutes.

8.5 Quality and Performance Executive Group Minutes –August 2023, September 2023 and October 2023

The minutes of the Quality and Performance Executive Group minutes for August 2023, September 2023 and October 2023 had been circulated.

The Chair commented that she found the minutes helpful and informative.

The Committee noted the minutes.

8.6 Council of Governors Quality Assurance Group – Visits to Services

The following Governor Service Visit Reports had been circulated:

- CAMHS Berkshire East Specialist Community Teams (Windsor, Ascot and Maidenhead) and CFAA and Learning Disability, Upton Hospital
- Minor Injuries Unit, West Berkshire Community Hospital
- East Berkshire Adult Community Mental Health Team, Church Hill House, Bracknell
- Prospect Park Hospital

The Chair thanked the Governors for their reports.

The Committee noted the Governors' service visit reports.

Closing Business

9.0 Quality Assurance Committee Horizon Scanning

There were no items identified.

9.1. Any Other Business

There was no other business.

9.2. Date of the Next Meeting

The next meeting was scheduled to take place on 27 February 2024 at 10am. The meeting would be held face to face at London House, Bracknell with the option of attending the meeting via MS Teams.

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

Signed:- _____

Date: - 27 February 2024 _____

Trust Board Paper

Board Meeting Date	December 2023
Title	Learning from Deaths Quarter 2 Report 2023/24
	Item for assurance and noting. Discussion where additional assurance required about quality of care, data or learning.
Purpose	To provide assurance to the Trust Board that the Trust is appropriately reviewing and learning from deaths
Format of the Report	The overall format of the report is not nationally prescribed, however there are a number of prescribed metrics detailed in Table 1 & Section 1.2 which are nationally mandated to be included within this report.
Business Area	Clinical Trust Wide
Author	Head of Clinical Effectiveness and Audit
Relevant Strategic Objectives	<p>The systems and processes for learning from deaths align with and give assurance against the three strategic objectives below:</p> <p>Patient safety We will reduce harm risk for our patients by continuous learning from review of deaths.</p> <p>Patient experience and voice We will review all complaints, concerns and feedback (from patient's families and staff, Medical Examiner, Coroner) to inform improvement in the quality and safety of clinical care in our services.</p> <p>Health inequalities Ambition: We will reduce health inequalities for our most vulnerable patients (patients with learning disability, autism, severe mental illness) by reviewing the care provided to patients leading up to their death and learning for improvement.</p>
CQC Registration/Patient Care Impacts	No impact
Resource Impacts	None
Legal Implications	None
Equality, Diversity and Inclusion Implications	<p>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.</p> <p>We are currently reviewing the ethnicity data held which will be included in future analysis.</p>
SUMMARY	<p>Patient safety Of the reviews concluded in quarter 2, none were a governance cause for concern (avoidability score of 1,2 or 3).</p> <p>Patient Experience and Voice All complaints received from families of individuals who have died are reviewed, including concerns raised by the medical examiner on behalf of the next of kin, of which 3 were received in quarter 2.</p> <p>Health inequalities 9 reviews related to patients with a leaning disability, all were reported in line with national guidance to LeDeR who complete independent reviews covering the full patient pathway.</p> <p>Learning themes arising from second stage reviews were identified for service improvement.</p>
ACTION	The committee is asked to receive and note the Q2 learning from deaths.

Figure 1. Summary of Deaths and Reviews completed in 2023/24.

Figure 1	20/21 total	21/22 total	Total 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Total to date 23/24
Total deaths screened (Datix) 1 st stage review	510	467	456	109	121			230
Total number of 2 nd stage reviews requested (SJR/IFR/RCA)	269	209	192	50	48			98
Total number of deaths reported as serious incidents	48	35	31	5	8			13
Total Expected Deaths	-	-		46	51			97
Total Unexpected Deaths	-	-		63	70			133
Total number of deaths judged > 50% likely to be due to problems with care (Avoidability score of 1, 2 or 3)	1	4	0	0	0			0
Number of Hospital Inpatient deaths reported (Including patients at the end of life and unexpected deaths following transfer)	185	156	157	37	43			80
Total number of deaths of patients with a Learning Disability (1 st stage reviews)	53	51	36	10	14			24
Total number of deaths of patients with Learning Disability where care was rated as poor	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

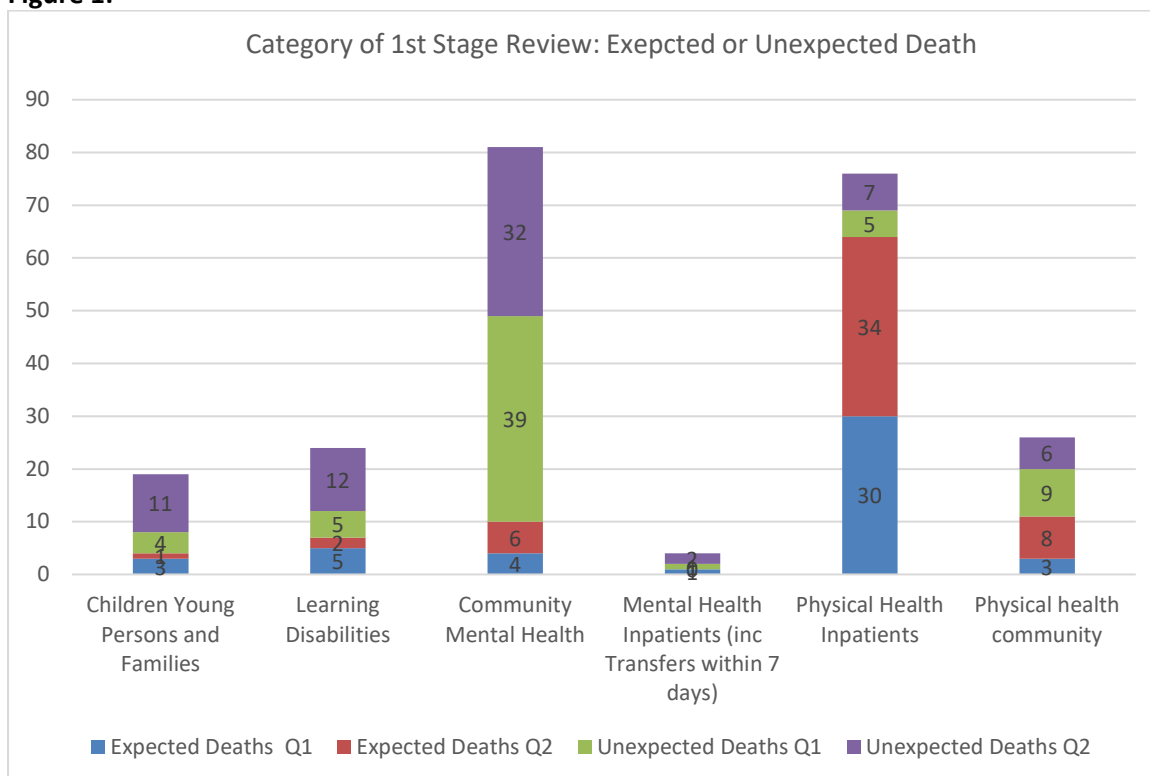
Total number of expected and unexpected deaths is a new additional metric for 2023/24

1.1 Total Deaths Screened (1st stage review)

121 deaths were submitted by services through the trust Datix reporting system for a first stage review by the EMRG. Of these 121 deaths reviewed, EMRG advised closing 71 cases, 48 were referred for a second stage review of which 8 were referred for SI investigation. 2 cases were awaiting further information at the time of writing this report.

Figure 1 details the first stage reviews by division and whether the death was expected or unexpected based on the first stage review and cause of death.

Figure 1:



1.2. 2nd Stage Reviews Completed

The Trust-wide mortality review group (TMRG) meets monthly and is chaired by the Medical Director; 42 second stage reviews have been received and considered by the group in Q2. Figure 3 details the service where the review was conducted.

Figure 3: 2nd Stage Reviews Completed in Q2

July 2023	12 Total	Learning Disabilities: 5 SJR Mental health Urgent Care: 2 SJR, 1 IFR Community Mental Health: 1 SJR Scheduled Care Services: 2 SJR, 1 IFR
August 2023	14 Total	Learning Disabilities: 2 SJR Mental Health Urgent Care: 1 IFR Community Mental Health: 1 SJR, 2 IFR Mental health specialist services: 1 SJR, 1 IFR, 1 SAR Urgent Care Services: 5 SJR
September 2023	16 Total	Learning Disabilities: 2 SJR Mental Health Urgent Care: 1 SJR and 2 IFR Community Mental Health: 1 SJR Mental Health specialist services: 2 SJR Urgent Care Services: 6 SJR, 1 IFR Scheduled Care Services: 1 SJR

2. Concerns or Complaints

In Q2, 4 new complaints or concerns were received from families following the death of a relative.

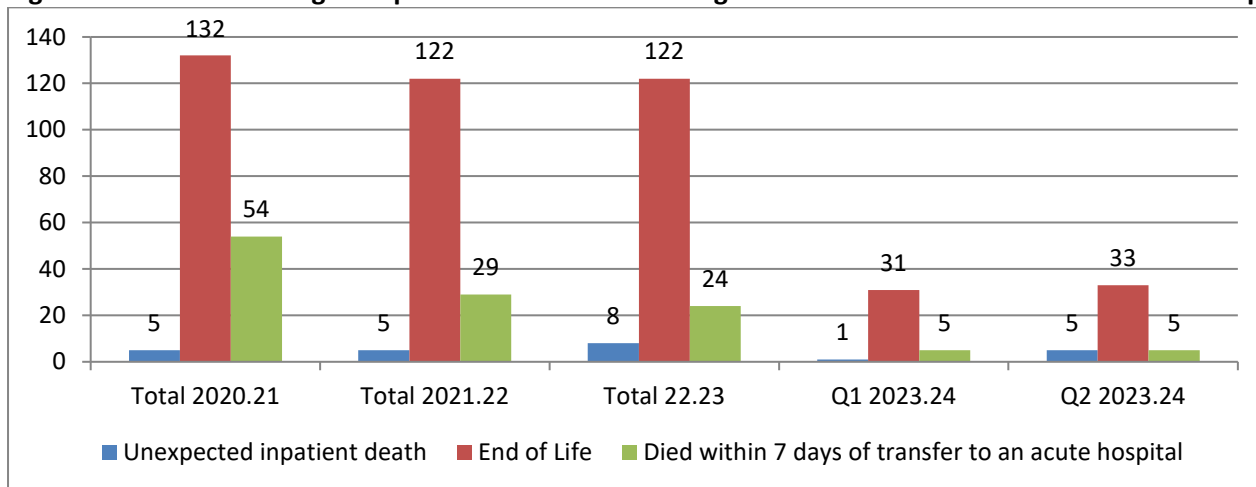
- Concern raised by medical examiner following discussion with next of kin with regards to community podiatry.
- District Nursing (End of life Clinical Care)
- Westcall Out of Hours GP (End of Life care provision)
- Out of area placement (clinical care)

None of the complaint related SJR reviews at TMRG raised concern that the quality of care provided had contributed to the patient’s death. Learning was noted and has been shared with relevant teams.

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

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

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



In Q2 there were 41 deaths reported by community inpatient wards, and 2 deaths reported by mental health inpatients, of which:

- 33 were expected deaths and related to patients who were receiving end of life care (EOL) on our wards. 32 were closed at 1st stage review 1 SJR requested by Medical Examiner.
- 5 unexpected deaths due to ill health deterioration where they were transferred to an acute hospital and died within 7 days (Including 1 mental health patient). 2nd stage reviews requested for all.
- 4 unexpected deaths on physical health wards. 3 2nd Stage reviews requested one closed based on cause of death.
- 1 unexpected MH inpatients death being reviewed as a serious incident.

3.3 Medical Examiner (ME)

All 38 inpatient deaths have been independently scrutinised by a Medical Examiner. In 34 cases, the medical certificate of cause of death (MCCD) was agreed and processed.

4 cases were referred by the ME to the coroner, of these:

- 2 were 100a MCCD agreed after referral; 1 due to possible occupational link to death, Coroner satisfied this was not industrial disease agreed cause of death. 1 due to spontaneous subdural haemorrhage while on anticoagulants, coroner agreed the cause of death.
- 1 referred to inquest, due to the patient sustaining a fall prior to admission, which contributed to their death.
- 1 referred to inquest due to suspected suicide.

The ME process allows for the Medical Examiner to also recommend cases for structured judgement review and notify us of any family concerns. 3 cases were identified for a structured judgement following next of kin concerns received by the ME:

- 1 physical health inpatient death, concern raised over medicine administration process.
- Concern raised about community response team and potential delay in being admitted.
- Death following transfer related to a fall sustained on physical health inpatient ward.

4. Deaths of Children and Young People

In Q2, 12 deaths were submitted as a Datix for 1st stage review. All cases were closed at EMRG following 1st stage review. All deaths of children and young people are reviewed by the Berkshire Child Death Overview Panel (CDOP).

The following learning was noted:

- For children receiving end of life care from the Community Children's Nursing teams working in partnership with local hospices. There was evidence of good practice with both cases and learning in relation to the importance of positive working relationships, information sharing and communication. The benefit of joint debriefs between services has also been noted.
- Rapid response home visits with the Police that were completed by the Community Children's Nursing following unexpected child deaths identified immediate learning in relation to safe sleeping - room temperature, bedding and co-sleeping.
- Where appropriate health visiting have offered support to the families of neonatal deaths that have been reported this quarter.

5. Deaths of adults with a learning disability

In Q2 the Trust Mortality Review Group (TMRG) reviewed a total of 9 deaths of adults with learning disabilities who had received services from Berkshire Healthcare in the 12 months prior to their death. Of these, 6 reviews were undertaken by the LD service and 3 by Scheduled Community Services. 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.

The deaths were attributed to the following causes:

Immediate cause of death	Number of deaths
Diseases of the respiratory system	4
Sepsis	2
C. Difficile	1
Cancer	1
Cause of Death not provided by GP	1

Demographics

Female: 4 Male: 5

The age at time of death ranged from 53 to 85 years of age (median age: 77 yrs.)

Severity of Learning Disability:

Mild	1
Moderate	1
Severe	2
Not Known	5

Ethnicity:

White British	8
Black or Black British - Caribbean	1

Engagement and feedback with family members

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

6. Deaths categorised as Serious Incidents

In Q2, 8 deaths were reported as serious incidents (See SI Q2 report for details).

7. Avoidability of deaths scale/ score

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

- Score 1 Definitely avoidable
- Score 2 Strong evidence of avoidability
- Score 3 Probably avoidable (more than 50:50)
- Score 4 Possibly avoidable, but not very likely (less than 50:50)
- Score 5 Slight evidence of avoidability
- Score 6 Definitely not avoidable

A score of 3,2, or 1 would indicate a governance cause for concern. All deaths reviewed in Q2 were assessed as scoring a 4,5, or 6 and did not raise a governance concern, although this does not prevent learning from being identified when care could have been better.

8. Learning from Deaths

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

Learning themes are identified at each TMRG from second stage reviews, which are shared via the divisional governance meetings and in the trust clinical Circulation brief to all staff and also where relevant, with the ICS mortality review group for system learning.

Thematic learning on deaths from both the Trust Serious Incident process and mortality review will be summarised in this report in Q4 2023/24.

9. Conclusion

During Q2 the executive mortality review group (EMRG) reviewed 121 first stage reviews of which 51 related to expected deaths and 70 were classed as unexpected. 48 2nd stage reviews were requested.

During Q2 the trust mortality review group (TMRG) received the findings of 42 2nd stage review reports. All hospital inpatient deaths were reviewed by a medical examiner.

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



Berkshire Healthcare

NHS Foundation Trust

Quality Assurance Committee Paper

Meeting Date	November 2023
Title	Guardian of Safe Working Hours Quarterly Report (August to October 2023)
Purpose	To assure the Trust Board of safe working hours for junior doctors in BHFT
Business Area	Medical Director
Authors	Ian Stephenson & Malar Sandilyan
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	<p>This is the latest quarterly Guardian of Safe Working report for consideration by Trust Board.</p> <p>This report focusses on the period 2nd August to 31st October 2023. Since the last report to the Trust Board, we have received no exception reports.</p> <p>We do not foresee any problems with the exception reporting policy or process; neither do we see a significant likelihood of BHFT being in frequent breach of safe working hours in the next quarter.</p>
ACTION REQUIRED	<p>The QAC/Trust Board is requested to:</p> <p>Note the assurance provided by the Head of Medical Workforce & Medical Education and the GOSW.</p>

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

This report covers the period 2nd August to 31st October 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 2nd August to 31st October 2023. Since the last report to the Trust Board, we have received no 'hours & rest' exception reports and no 'education' reports.

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

Introduction

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

High level data

Number of doctors in training (total):	51 (FY1 – ST6)
Included in the above figure are 2 MTI (Medical Training Initiative) trainees.	
Number of doctors in training on 2016 TCS (total):	51
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	0	0	0
Sexual Health	0	0	0	0
Total	0	0	0	0

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

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

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

In this period, we have received no exception reports.

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 2nd August to 31st October 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
	79	73	39	34	0	794.5	726.5	457.5	269	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	22	21	17	4	0	234	228.5	199.5	29	0
Sickness	57	52	22	30	0	560.5	498	258	240	0
Maternity	0	0	0	0	0	0	0	0	0	0
Total	79	73	39	34	0	794.5	726.5	457.5	269	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 six unfilled gaps in this period. For these unfilled gaps patient safety was not an issue and we always had one junior doctor on duty out of hours.

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: none identified.

Next report to be submitted February 2024.

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 Head of Medical Workforce & Medical Education and the GOSW asks the Board to note the report and the assurances given above.

The Head of Medical Workforce & Medical Education and the GOSW makes no recommendations to the Board for escalation/further actions.

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

Appendix A: Glossary of frequently used terms and abbreviations

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

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

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

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

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

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

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

Factsheet: Safety limits and rest

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

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

Trust Board Paper

Board Meeting Date	12 December 2023
Title	Executive Report
	Item for Noting
Reason for the Report going to the Trust Board	<p>The Executive Report is a standing item on the Trust Board agenda. This Executive Report updates the Trust Board on significant events since it last met.</p> <p>The Trust Board is requested to seek note the report and to seek any clarification on the issues covered in the report.</p>
Business Area	Corporate Governance
Author	Chief Executive
Relevant Strategic Objectives	The Executive Report is relevant to all the Trust's Strategic Objectives

Trust Board Meeting – 12 December 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. Staff Flu and COVID-19 Booster Vaccination Campaign 2023

Seasonal flu and Covid vaccination remain a critically important public health intervention and a key priority for 2023-24 as part of protecting the public and staff over the winter months.

In the Core NHS standard contract for 2023/24, COVID-19 vaccinations and flu vaccinations for frontline healthcare workers is retained as an employer responsibility to offer and deliver the flu and Covid vaccine.

The JCVI advise that the primary reason to vaccinate frontline healthcare workers is to avoid sickness absences, rather than to protect against transmission or because they are at greater risk of severe COVID-19. The aim is to offer the vaccinations to 100% of frontline healthcare workers, with a minimum uptake of 75%.

Our uptake to date is lower that we would like at this stage in our campaign and we continue to proactively promote vaccination to staff to support further increases.

Uptake of vaccines as of 30/11/23 Flu: 43% and Covid 36%

Actions over December 2023 to increase compliance

1. We continue to offer vaccine through peer vaccinators and will proactively visit wards to support uptake.
2. We continue to offer vouchers for flu vaccination to enable staff to have their vaccine elsewhere if they choose.
3. We continue to ensure that staff who have received their vaccine elsewhere share this information with us so that we have accurate records.

4. Frimley Integrated Care Board have made us aware that there was a small fund for supporting uptake amongst staff available to Integrated Care Boards. Frimley have chosen to use this money to support a charity of the providers choice. This was up to £2,000 for the Trust and we have chosen for the Integrated Care Board to donate to UNICEF as they support vaccination around the world. We will promote this across the organisation.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3. COVID-19 Booster

Nearly half of eligible adults still have not come forward for their free winter Covid-19 jab. The NHS has invited 20 million people for Covid-19 boosters since September 2023, including all over-65s, but only 11.4 million have come forward.

Executive Lead: Julian Emms, Chief Executive

4. Industrial Action

The British Medical Association has announced nine days of further strike action by junior doctors, after extended talks with the Government failed to produce an offer that the union felt could be put to members.

A first set of action will run from 20 to 23 December, with a second from 3 January to 9 January 2024. The latter period is typically when NHS services are most under pressure.

Executive Lead: Julian Emms, Chief Executive

Presented by: Julian Emms
Chief Executive
12 December 2023

Trust Board Paper

Board Meeting Date	12 December 2023
Title	Finance Report October 2023
	The paper is for noting.
Reason for the Report going to the Trust Board	This is a regular report which provides an update to the Board on the Trust's Financial Performance.
Business Area	Finance
Author	Chief Finance Officer
Relevant Strategic Objectives	<p>Efficient use of resources</p> <p>Ambition: We will use our resources efficiently and focus investment to increase long term value</p> <p>The report gives an overview of the Trust's financial performance including use of revenue and capital funding and delivery against the cost improvement programme. The Trust's results contribute to the performance of BOB ICS.</p>

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report
Financial Year 2023/24
October 2023

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 31 October 2023.

Document Control

Version	Date	Author	Comments
1.0	09/11/2023	Rebecca Clegg	Draft
2.0	20/112023	Paul Gray	Final

Distribution

All Directors.

All staff as appropriate.

Confidentiality

Where indicated by its security classification above, this document includes confidential or commercially sensitive information and may not be disclosed in whole or in part, other than to the party or parties for whom it is intended, without the express written permission of an authorised representative of Berkshire Healthcare NHS Foundation Trust.

Dashboard & Summary Narrative

Target	Year to Date			Forecast Outturn		
	Actual £m	Plan £m	Achieved	Forecast £m	Plan £m	Achieved
1a Income and Expenditure Plan	0.3	-1.3	Yes	1.3	1.3	Yes
2a CIP - Identification of Schemes	12.3	14.1	No	14.1	14.1	Yes
2b CIP - Delivery of Identified Schemes	6.3	6.3	Yes	14.1	14.1	Yes
3a Cash Balance	56.7	54.1	Yes	48.1	48.1	Yes
3b Better Payment Practice Code Volume Non-NHS	95%	95%	Yes	95%	95%	Yes
3c Better Payment Practice Code Value Non-NHS	93%	95%	No	95%	95%	Yes
3d Better Payment Practice Code Volume NHS	98%	95%	Yes	95%	95%	Yes
3e Better Payment Practice Code Value NHS	98%	95%	Yes	95%	95%	Yes
4f Capital Expenditure not exceeding CDEL	2.6	4.0	Yes	9.5	9.2	No

Key Messages

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

- We are reporting a £0.3m surplus year to date (YTD), which is £1.3m better than planned.
- We are continuing to forecast that we will deliver our planned £1.3m surplus. Work is underway within both ICSs to confirm the forecast outturn following confirmation of additional funding from NHSE in relation to the impact of industrial action.
- Delivery against the cost improvement plan is on track linked to control total compliance.
- The 23/24 Agenda for Change and Doctors pay awards have been made for. After accounting for the additional cost and funding we estimate a £1m full year pressure due to the way the NHS tariff uplift is calculated. However, this is currently being offset by delays to recruitment against core allocations.
- We have recognised £0.1m over performance against our Elective Recovery Fund (ERF) target for BOB ICS.
- Cash is now above plan with ICB cash payments in line with contracts.
- Our BPPC continues to improve with the % of non-NHS invoices paid within the deadline now above the target and the value of invoices paid continuing to improve.
- Capital is under plan year to date mainly due to the phasing of estates projects but offset in part by a high volume of IT kit purchases linked to new investments. Our forecast remains in excess of our CDEL capital allocation but we are expecting that this will be covered by underspending elsewhere in BOB ICS.

1. Income & Expenditure

Oct-23	In Month			YTD			2023/24
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Income	30.3	29.9	0.3	204.8	203.0	1.8	351.0
Elective Recovery Fund	0.3	0.3	0.0	2.4	2.3	0.1	4.0
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	30.6	30.3	0.3	207.2	205.3	1.9	355.1
Staff In Post	19.7	20.9	1.2	134.4	139.5	5.2	241.2
Bank Spend	2.1	1.6	(0.5)	14.4	12.3	(2.1)	20.3
Agency Spend	0.7	0.4	(0.3)	4.8	3.2	(1.7)	5.1
Total Pay	22.5	22.9	0.3	153.6	155.0	1.4	266.5
Purchase of Healthcare	2.0	1.9	(0.2)	12.8	12.6	(0.1)	20.6
Drugs	0.5	0.5	(0.0)	3.5	3.2	(0.3)	5.4
Premises	1.7	1.6	(0.1)	10.4	10.8	0.4	18.5
Other Non Pay	2.2	1.5	(0.8)	12.4	10.4	(2.0)	17.9
PFI Lease	0.8	0.7	(0.1)	5.8	5.3	(0.5)	9.0
Total Non Pay	7.3	6.1	(1.2)	44.9	42.4	(2.6)	71.4
Total Operating Costs	29.8	29.0	(0.8)	198.5	197.4	(1.1)	337.9
EBITDA	0.8	1.3	(0.5)	8.7	7.9	0.8	17.1
Interest (Net)	0.0	0.2	0.2	0.6	1.7	1.2	3.0
Depreciation	0.9	0.9	(0.0)	6.5	6.3	(0.3)	10.7
Impairments	0.0	0.0	0.0	0.2	0.0	(0.2)	0.0
Disposals	0.0	0.0	(0.0)	(0.0)	0.0	0.0	0.0
PDC	0.2	0.2	0.0	1.2	1.3	0.1	2.2
Total Financing	1.1	1.3	0.2	8.4	9.3	0.8	15.9
Reported Surplus/ (Deficit)	(0.3)	(0.1)	(0.3)	0.3	(1.3)	1.6	1.2
Adjustments	0.0	0.0	0.0	0.0	0.1	(0.0)	0.1
Adjusted Surplus/ (Deficit)	(0.3)	(0.0)	(0.3)	0.3	(1.3)	1.6	1.3

Key Messages

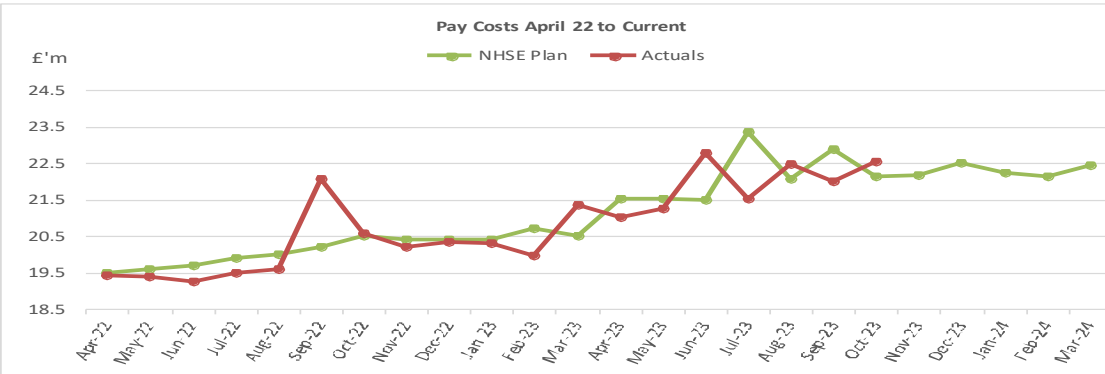
The table above gives the financial performance against the Trust's income and expenditure plan as at 31 October 2023.

The Trust has a plan for a £1.3m surplus as part of the BOB ICB plan, incorporating a £14m cost improvement programme.

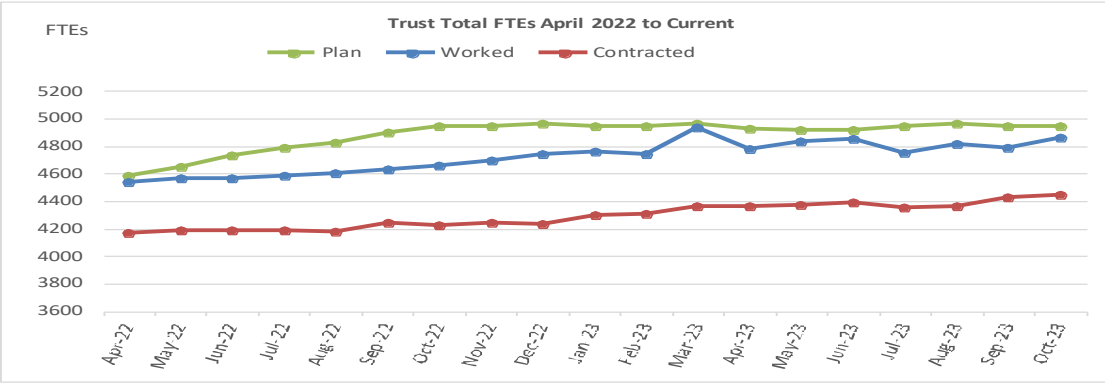
At Month 7, the Trust is reporting a £0.3m surplus year to date which is £1.3m better than plan. The in-month deficit of £0.3m relates mainly to the timing of the payment of the Clinical Excellence Awards.

The higher than planned Agenda for Change and Doctors pay awards for 2023/24 are now reflected in the NHSE plan. The majority of payments have been made and accruals are in place for any final payments.

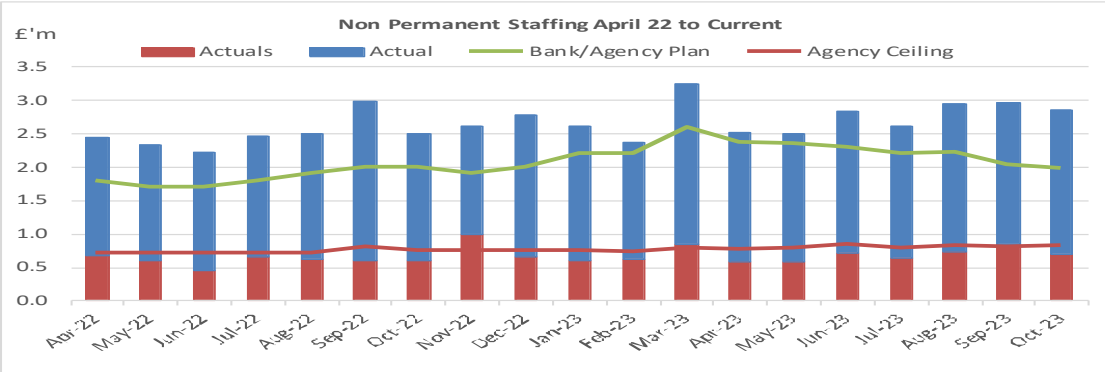
Workforce



Staff Costs	
YTD	£'m
2023/24	153.6
2022/23	139.8
	▲ 10%
Prior Yr	£'m
Oct-23	22.5
Oct-22	20.6
	▲ 10%



FTE's		
Prior Mth	CFTE	WFTE
Oct-23	4,444	4,857
Sep-23	4,430	4,784
	▲ 0%	▲ 2%
Prior Yr	£'m	£'m
Oct-23	4,444	4,857
Oct-22	4,226	4,657
	▲ 5%	▲ 4%



Staff Costs		
YTD	Bank	Agency
	£'m	£'m
2023/24	14.4	4.8
2022/23	13.2	4.2
	▲ 9%	▲ 14%
Prior Yr	£'m	£'m
Oct-23	2.1	0.7
Oct-22	1.9	0.6
	▲ 13%	▲ 17%

Key Messages

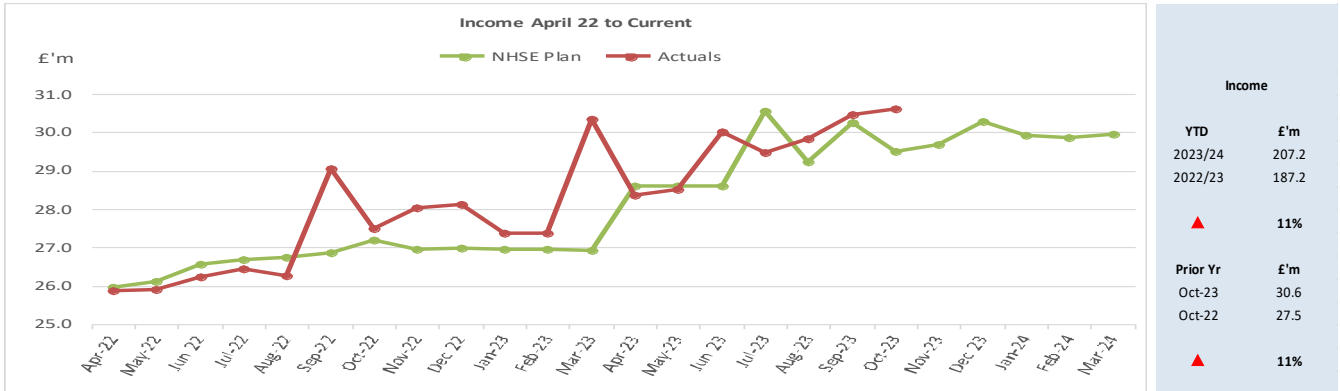
Pay costs in month were £22.5m. All pay awards have now been made and the Drs CEAs £450k paid in month.

We are continuing to offset some vacancies with higher levels of temporary staffing although actuals are much closer to plan year to date than in the previous year, in part due to the work undertaken to align financial and workforce planning. The underspend on substantive staffing is also offsetting the cost pressure caused by the higher than plan pay award. The cost pressure is expected to be £1m for the year assuming that all planned posts are filled.

We are operating below the NHSE System Agency Ceiling of 3.7%, currently running at 3.1% of overall pay costs YTD but with costs running close to the ceiling in recent months. Agency price cap breaches, although low compared to other trusts, are being investigated.

In month, we have seen an increase in contracted WTEs (14) and an increase in worked WTEs (73) which are in the main part funded from core allocations. Contracted increases were in MH (inpatients, EupD and CMHT) offset by reductions in District Nursing and MH in Schools.

Income & Non Pay

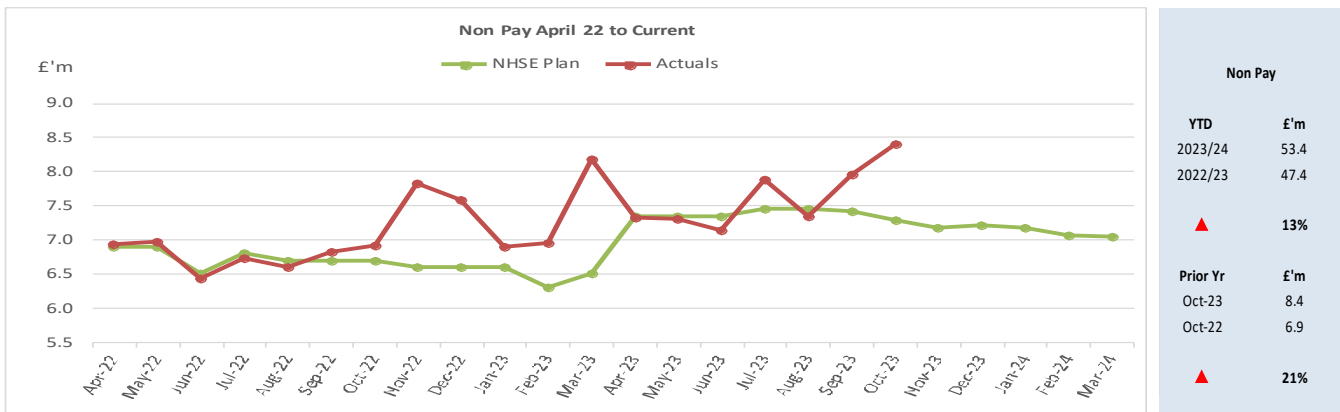


Key Messages

In response to the impact of industrial action, NHSE have reduced the average level of activity increase required to maintain ERF payments by 2%. We have been notified that this will increase by a further 2% and this change will be reflected in our month 8 position. NHSE has capped the level of ERF clawback to 16%, which they are withholding centrally from ICBs and will release if system activity targets have been met. NHSE has released performance data for April to July and this indicates that we are performing better than planned and our own data confirms that this has continued through Q2 for BOB ICS. We have recognised additional income of £0.1m based on a prudent estimate using BOB ICB's modelling which requires further work.

We continue to defer investment income as a result of slippage on new recruitment.

The Trust is continuing to benefit from an increase in bank interest rates and has generated an additional £0.9m year to date in interest.

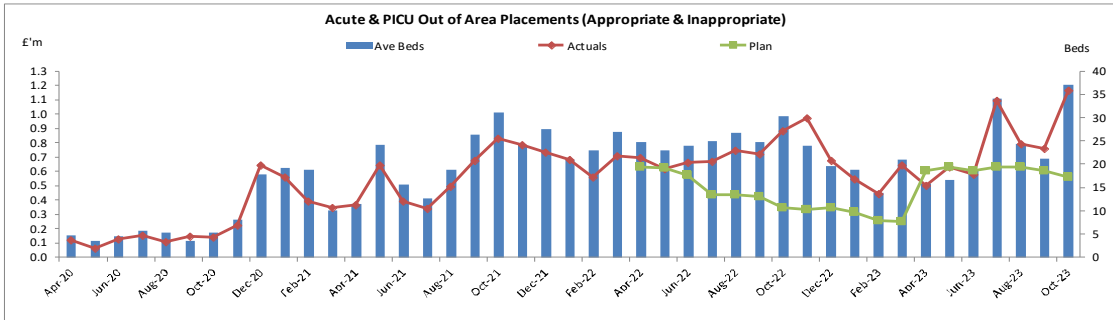


Key Messages

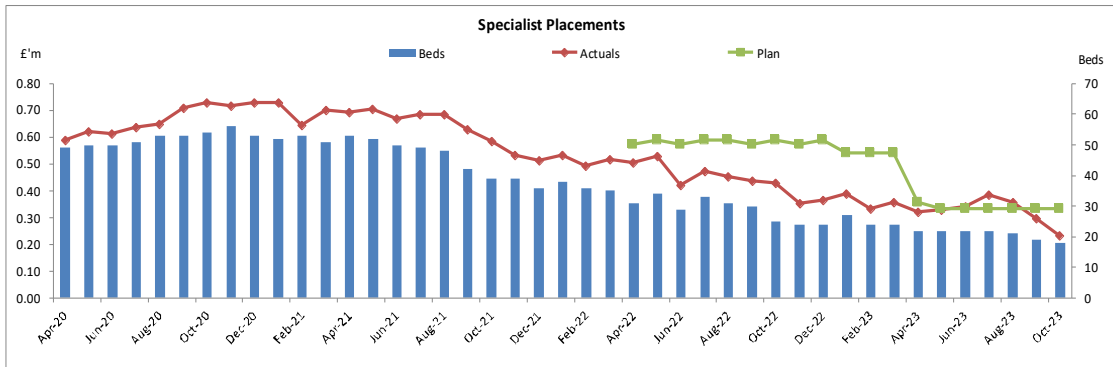
Non Pay spend was £8.4m in month and is above plan year to date due to expenditure on Out of Area Placements linked to high demand.

We continue to see some inflationary cost pressures coming through, including a final adjustment to PFI contract values, but these are being managed within our inflation reserve.

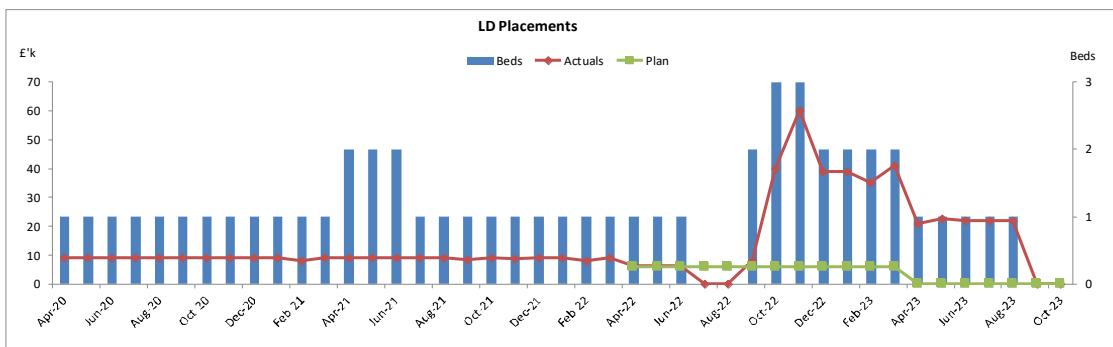
Placement Costs



OAPs	
YTD	£'m
2023/24	5.5
2022/23	5.0
▲	10%
Prior Yr	£'m
Oct-23	1.2
Oct-22	0.9
▲	33%



Specialist Placements	
YTD	£'m
2023/24	2.3
2022/23	3.2
▼	-30%
Prior Yr	£'m
Oct-23	0.2
Oct-22	0.4
▼	-46%



LD OAPs	
YTD	£'k
2023/24	108.2
2022/23	66.0
▲	64%
Prior Yr	£'k
Oct-23	0.0
Oct-22	40.0
▼	-46%

Key Messages

Out of Area Placements. The average number of placements has increased significantly from 21 in September to 37 in October. Analysis highlights that the high level of placements continues to be driven by demand, and that flow through the hospital continues to improve, with more discharges and fewer lost bed days per patient. The monthly costs have increased from £0.8m in September to £1.2m in October.

We now have a dedicated clinical lead for the delivery of the bed optimisation programme, and this post has supported improving flow, including through daily bed flow meetings, development of a new bed flow dashboard which has provided improved visibility and locality oversight of admission numbers and LOS and also improved identification and escalation of MOFD/CRFD patients. We have agreed that reducing lost bed days linked to patients who are CRFD as a breakthrough objective and set a very ambitious target of 250 bed days per month. Progress against this target is monitored in QPEG.

We will continue to spot purchase PICU beds where they are clinically required. We continue to have significant demand for PICU beds especially for patients with forensic backgrounds, which do not count as an inappropriate out of area bed against the OAPs trajectory but which do have a financial impact.

A paper has been shared with the Board recommending a reduction in acute ward bed base from 86 to 80, to improve patient and staff experience of care with the 6 beds being reprovisioned through the independent sector. The planned acute ward bed reduction is due to be implemented in Q3. An additional 6 block beds have been purchased from September. The current configuration of block booked beds includes 7 female acute, 4 male acute and 3 male discharge, 2 assess beds providing acute overflow and reprovisioned beds linked to the PPH ward reduction.

Specialist Placements. The average number of placements was 18 which was a reduction from the previous month where there were 19 placements. Costs reduced from £0.3m to £0.2m. **LD Placements:** There are currently no LD placements.

Cost Improvement Programme & Elective Recovery

Cost Improvement Scheme	In Month			YTD			Full Year Plan £000s
	Act £000s	Plan £000s	Var £000s	Act £000s	Plan £000s	Var £000s	
OAPs & Specialist Placements	42	202	-160	980	1,324	-344	2,503
Contract Contribution	134	134	0	938	938	0	1,608
Additional ICB Stretch	0	0	0	0	0	0	3,055
Estates Schemes	23	23	0	161	161	0	276
Telephony Project	2	29	-27	105	203	-98	350
Divisional Control Total Alignment - CH	448	194	254	1,769	1,360	409	2,330
Divisional Control Total Alignment - MH	-455	195	-650	73	1,368	-1,295	2,344
Divisional Control Total Alignment - CFAA	224	66	157	931	465	466	796
Divisional Control Total Alignment - Central Services	470	44	426	1,169	308	861	528
Operational Management Team Restructure	28	28	0	196	196	0	336
Total Cost Improvement	915	916	-1	6,322	6,322	-0	14,126

Key Messages

The Trust's initial financial plan included £12m of CIPs to get to a £2m deficit, but following further work within BOB ICB, it was agreed that the Trust would move to a breakeven position which required additional CIPs of £2m to be added to the programme. The Trust has subsequently agreed to deliver a £1.3m surplus on receipt of additional funding.

For month 7, we are reporting that we are on track with the cost improvement programme. There are some variances in divisional control totals which we are reflecting as over or under achievement of CIPs offsetting in part the underachievement related to OAPs.

The schemes listed as divisional control total alignment relate primarily to pay costs and are centred around new ways of working, upskilling, leadership, skill-mix, service design and recruitment and retention throughout all services.

The under-delivery within the Mental Health Division relates to staffing for inpatients services and medical staffing costs.

The telephony project is now showing an under delivery linked to higher than anticipated activity.

Contract Contribution includes schemes where additional income contribution is being earned in year but is not being offset by additional costs. It also includes any smaller, generally Non-NHS contracts where action is underway to bring expenditure back in line with contract values.

ERF

As at month 7, the Trust is reporting a £104k YTD over performance on elective recovery within BOB ICS. This is as per the table below which aligns to an initial proposal from BOB ICB regarding the treatment of performance. There are several elements that we are currently querying including the clawback of a share of the funding currently withheld from BOB ICB against the overall system elective recovery performance.

ERF Performance	September		October	
	Activity	Value £	Activity	Value £
Target	6,189	1,294,247	6,709	1,479,577
Actual	6,883	1,511,112	6,771	1,489,018
Variance	694	216,865	62	9,440
Cumulative		617,729		627,169
Share of £11m withheld (disputed)		-448,558		-523,318
Reported position		169,171		103,851

Elective Recovery activity includes all physical health first outpatient appointments assessed against the 2019/20 baseline with a target improvement of 12%. Targets will be reduced by a further 2% from month 8 as part of the work being undertaken to recognise the impact of industrial action on elective recovery.

The Trust's contract with Frimley ICB does not include any funding for elective recovery.

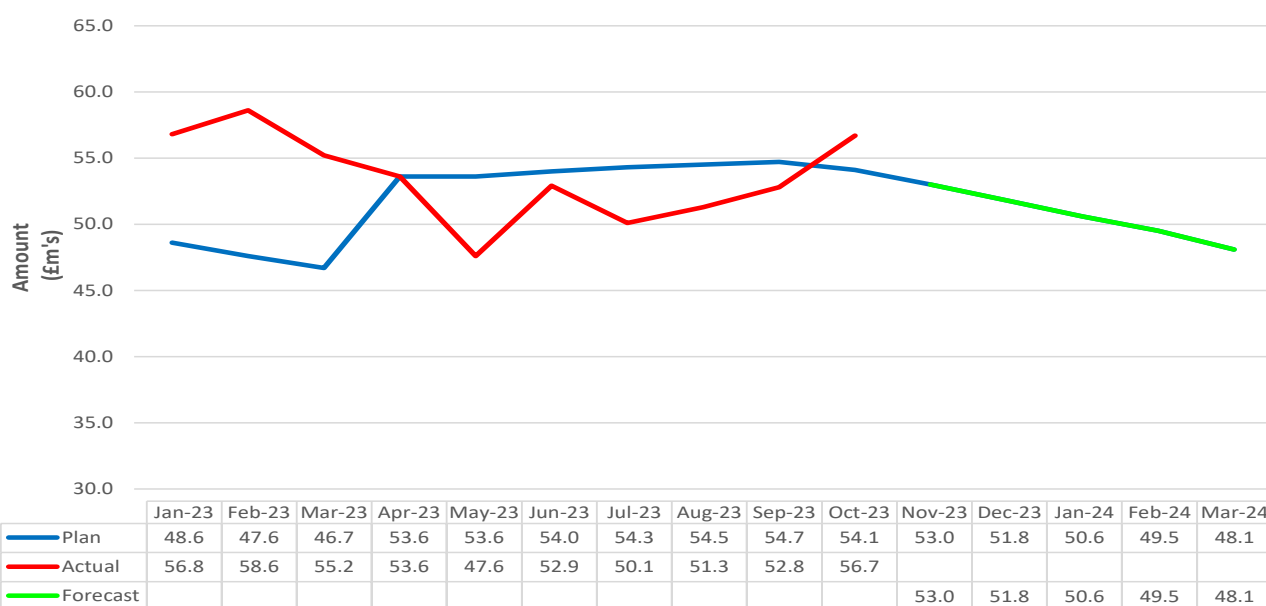
2. Balance Sheet & Cash

Balance Sheet	22/23 Actual (Audited) £'m	Current Month			YTD		
		Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Intangibles	4.0	1.9	3.6	(1.7)	1.9	3.6	(1.7)
Property, Plant & Equipment (non PFI)	45.6	46.0	44.8	1.2	46.0	44.8	1.2
Property, Plant & Equipment (PFI)	72.1	71.4	71.5	(0.1)	71.4	71.5	(0.1)
Property, Plant & Equipment (RoU Asset)	15.5	14.7	15.3	(0.6)	14.7	15.3	(0.6)
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
Total Non Current Assets	137.4	134.2	135.4	(1.2)	134.2	135.4	(1.2)
Trade Receivables & Accruals	18.9	13.9	18.7	(4.8)	13.9	18.7	(4.8)
Other Receivables	0.3	0.3	0.3	0.0	0.3	0.3	0.0
Cash	55.2	56.7	54.1	2.6	56.7	54.1	2.6
Trade Payables & Accruals	(48.2)	(39.9)	(47.1)	7.2	(39.9)	(47.1)	7.2
Borrowings (PFI and RoU Lease Liability)	(4.2)	(3.3)	(4.1)	0.8	(3.3)	(4.1)	0.8
Other Current Payables	(11.8)	(16.0)	(12.2)	(3.8)	(16.0)	(12.2)	(3.8)
Total Net Current Assets / (Liabilities)	10.2	11.7	9.7	2.0	11.7	9.7	2.0
Non Current Borrowings (PFI and RoU Lease Liability)	(34.8)	(33.7)	(33.9)	0.2	(33.7)	(33.9)	0.2
Other Non Current Payables	(2.0)	(1.4)	(2.0)	0.6	(1.4)	(2.0)	0.6
Total Net Assets	110.8	110.9	109.2	1.6	110.9	109.2	1.7
Income & Expenditure Reserve	31.6	31.8	30.9	0.9	31.8	30.9	0.9
Public Dividend Capital Reserve	21.1	21.1	21.1	0.0	21.1	21.1	0.0
Revaluation Reserve	58.0	58.0	57.2	0.8	58.0	57.2	0.8
Total Taxpayers Equity	110.8	110.9	109.2	1.7	110.9	109.2	1.7

Key Messages

The balance sheet is largely as expected year to date. The cash balance at M07 was £2.6m above the plan. Payments from the ICBs have now caught up with final contract values as expected. The balance above plan relates mainly to the higher than planned pay awards.

**Cash Plan v Actual v Forecast
January 2023 to March 2024**



Month 7

3. 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
<u>Estates Maintenance & Replacement Expenditure</u>								
25 Erleigh Road Upgrades - Internal & External	1	75	(74)	1	200	(199)	250	250
General Upgrades & Damp Issues CHH	2	50	(48)	2	100	(98)	250	200
Wokingham Reprovision - Move from Old Forge	24	0	24	308	200	108	200	335
Bariatric Facilities Wokingham	20	0	20	117	230	(113)	230	230
Leased Non Commercial (NHSPS) Other projects	48	50	(2)	170	235	(65)	235	252
HQ Relocation/MSK Relocation - AV	(1)	0	(1)	69	121	(52)	121	126
Resource House, Denmark Street	236	250	(14)	801	800	1	800	865
Environment & Sustainability	7	53	(46)	24	212	(188)	450	374
Service change/redesign	0	25	(25)	0	100	(100)	244	102
Various All Sites	13	100	(87)	49	280	(230)	515	561
Statutory Compliance	0	50	(50)	2	145	(143)	390	390
Subtotal Estates Maintenance & Replacement	350	653	(303)	1,543	2,623	(1,080)	3,685	3,685
<u>IM&T Expenditure</u>								
Business Intelligence and Reporting	0	10	(10)	0	70	(70)	120	120
Hardware Purchases	263	684	(421)	976	1,024	(48)	4,677	4,977
Digital Strategy incl. EMIS and ePMA re-tender	14	122	(108)	62	122	(60)	733	733
RiO Re-procurement	0	25	(25)	0	175	(175)	300	0
Subtotal IM&T Expenditure	277	841	(564)	1,038	1,391	(353)	5,830	5,830
Subtotal CapEx Within Control Total								
	628	1,494	(866)	2,581	4,014	(1,433)	9,515	9,515
<u>CapEx Expenditure Outside of Control Total</u>								
Low Carbon Heating System WBCH	0	0	0	0	0	0	610	610
PPH 'Place of Safety'	0	283	(283)	0	283	(283)	1,850	450
Statutory Compliance	0	10	(10)	2	40	(38)	110	107
Environment & Sustainability / Zero Carbon	0	17	(17)	0	65	(65)	150	150
Other PFI projects	(1)	0	(1)	24	45	(21)	185	188
Garden Renovation – Wokingham Hospital (Donated)	0	0	0	0	0	0	0	22
Subtotal Capex Outside of Control Totals	(1)	310	(311)	25	433	(408)	2,905	1,527
Central Funding								
Total Capital Expenditure	627	1,804	(1,177)	2,606	4,447	(1,841)	12,420	11,042

Key Messages

Spend YTD is £1.4m below plan for schemes within the CDEL control total. The majority of the underspend is in Estate schemes however a high number of planned schemes have now been approved and expected to be completed this year. IM&T Hardware expenditure is driven by user demand which continues to exceed allocated budget driven by higher staffing numbers and an increase in part-time staff. Further work is planned around approval for these requests. RiO Re-procurement project costs have now moved to next year.

The capital plan currently includes £0.3m of over programming which will need to be addressed in year either through slippage or securing additional CDEL allocation from BOB ICS partners. When reporting to the ICB and NHSE we have been asked to forecast in line with the £9,155k CDEL that has been allocated to the Trust.

NHSE has also updated its approach regarding IFRS16 with CDEL allocations being uplifted for ICSs based on planning requirements. This will be implemented at month 8. We have some new leases which were not captured in the plan for which CDEL cover from the ICS will also now be required.

The Place of Safety scheme which was due to commence and complete in year will now not complete until early 2024/25. This is due the additional work being undertaken in order to finalise the application for the Deed of Variation which has now been issued to the PFI funding provider and which we expect to have approval of towards the end of the calendar year. The forecast outturn for this project has now been adjusted to reflect the delay.

Trust Board Paper

Board Meeting Date	12 th December 2023
Title	True North Performance Scorecard Month 7 (October 2023) 2023/24
	Item for Noting
Reason for the Report going to the Trust Board	To provide the Board with the True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and Quality Improvement (QI) break through objectives for 2023/24.
Business Area	Trust-wide Performance
Author	Chief Financial Officer
Relevant Strategic Objectives	<p>Patient safety</p> <p>Ambition: We will reduce waiting times and harm risk for our patients</p> <p>Patient experience and voice</p> <p>Ambition: We will leverage our patient experience and voice to inform improvement</p> <p>Health inequalities</p> <p>Ambition: We will reduce health inequalities for our most vulnerable patients and communities</p> <p>Workforce</p> <p>Ambition: We will make the Trust a great place to work for everyone</p> <p>Efficient use of resources</p> <p>Ambition: We will use our resources efficiently and focus investment to increase long term value</p>

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
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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)

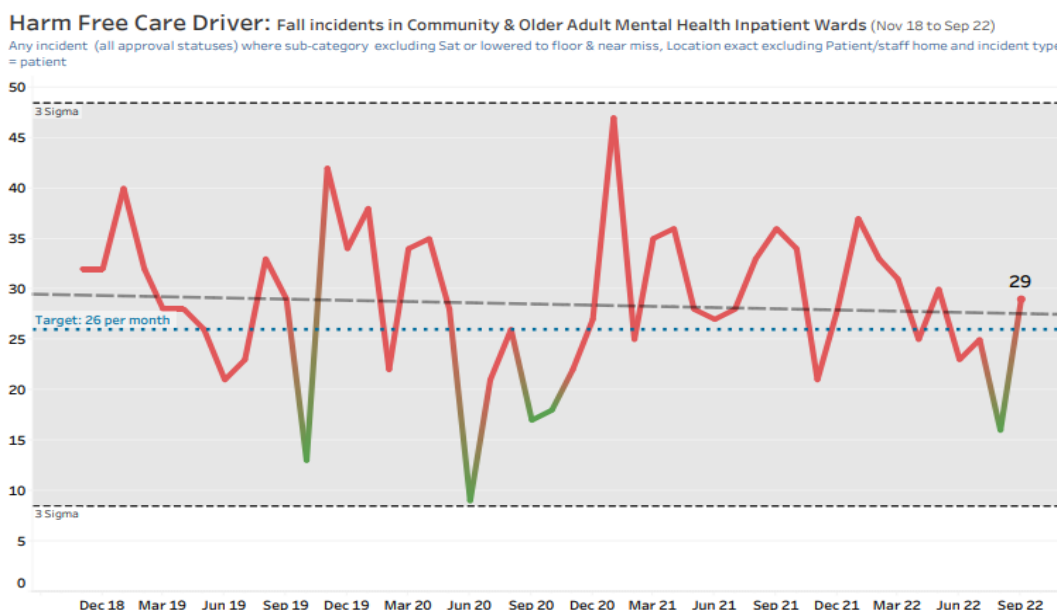
Business Rules for Statistical Process Control (SPC) Charts

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.

True North Performance Scorecard Highlight Report – October 2023

The True North Performance Scorecard for Month 7 2023/24 (September 2023) is included. Performance business rule exceptions, red rated with the True North domain in brackets:

The business-based rules and definitions are included, along with an explanation of Statistical Process Control (SPC) Charts, which are used to support the presentation of our Breakthrough metrics.

Breakthrough Metrics

- Self-harm Incidents on Mental Health Inpatient Wards (excluding Learning Disability) (Harm Free Care) – at 50 against a target of 42.
 - The metrics remain driven by a relatively small number of patients, 12 in October. The wards with the highest number of reported incidents were on Daisy Ward (22) and Rose ward (17).
 - Key lines of enquiry are looking at patients with neurodiversity and other conditions and visibility of the leadership team to support staff. Focus on learning from a recent near miss, suicide surveillance and ligature harm minimisation.
 - Counter measures include involving patients in decision making and that staff making sure staff are listening to them. Improving concise training for bank staff (NHS Professionals)) with ‘Turbo 10’ course covering observation and safety planning. A Peer Review Visit is scheduled for 17th December 2023.
- Clinically Ready for Discharge by Wards including Out of Area Placements (OAPs) (Mental Health) – (Patient Experience) – At 434 against a 250-bed day target.
 - The number of lost bed days remains high and increased markedly in October 2023. Timely discharge and flow adversely impacted on month, with annual leave contributing. Average waits per patient are also high. Expect the number to reduce in November 2023.
- Physical Assaults on Staff (Supporting our Staff) – 35 against a 44 target – Green

Driver Metrics

The following metrics are Red and not performing to plan.

- I Want Great Care Positive Score (Patient Experience) – at 93.1% against a 95% target.
- I Want Great Care Compliance Rate (Patient Experience) – at 4.5% against a 10% target.
- Inappropriate Out of Area Placements (OAPs) (Mental Health) – (Patient Experience) – at 350 against a 120 quarterly bed day target.
 - Impacted by continuing levels of high demand coupled with higher levels of bed occupancy and lost bed-days.

The following metrics are Green and are performing better than agreed trajectories or plan.

- Staff turnover (Supporting our Staff) – 13.4% against a 14% target by March 2024
- Year to date Variance from Control Total (Efficient Use of Resources) - £1.5m better than plan

Tracker Metrics

The Tracker Metrics are ones which are reporting as Red, against their agreed threshold for 4 or more months.

- Mental Health Non-Acute Occupancy rate (excluding home leave) at 90.82% against an 80% target. Red for 6 months.
- Mental Health Acute Occupancy rate (excluding home leave) at 97.2% against an 85% target. Red for 12 months.
- Mental Health: Acute Average Length of Stay (bed days) reduced to 43 days against a target of 30 days.
- People with common mental health conditions referred to Talking Therapies, completing a course of treatment and moving to recovery at 43.5% vs target 50%.
- Sickness Rates at 3.9% (September) vs target of 3.5%.
- CYP routine referrals to the Eating Disorders service seen within 4 weeks at 58.3% vs target of 95%.

Performance Scorecard - True North Drivers

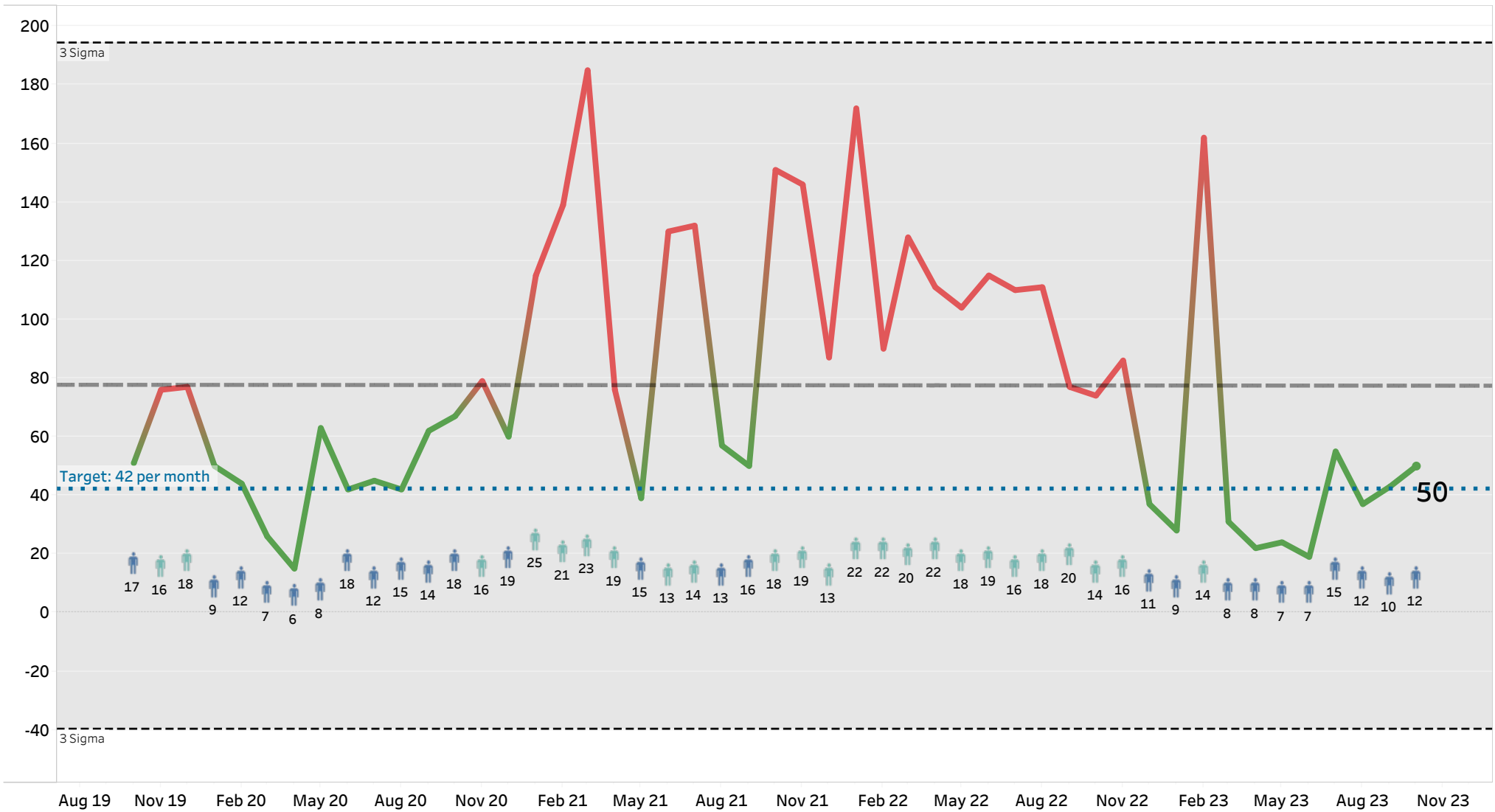
		Harm Free Care												
Metric	Target	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	
Breakthrough Self-Harm Incidents on Mental Health Inpatient Wards (ex LD)	42 per month	86	37	28	162	31	22	24	19	54	37	43	50	
Breakthrough Restrictive Interventions	TBC													
		Patient Experience												
IWGC Positive Score %	95% compliance from April 22	94.8%	91.5%	94.5%	92.4%	93.7%	94.0%	94.2%	94.1%	95.2%	95.2%	94.3%	93.1%	
IWGC Compliance %	10% compliance	5.4%	2.7%	2.8%	2.3%	3.1%	2.6%	3.3%	3.7%	3.5%	4.2%	3.3%	4.5%	
		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23
Breakthrough Clinically Ready for Discharge by Wards MH(including OAPS)	250 bed days	317	510	414	269	300	415	468	484	565	712	460	343	434

Performance Scorecard - True North Drivers

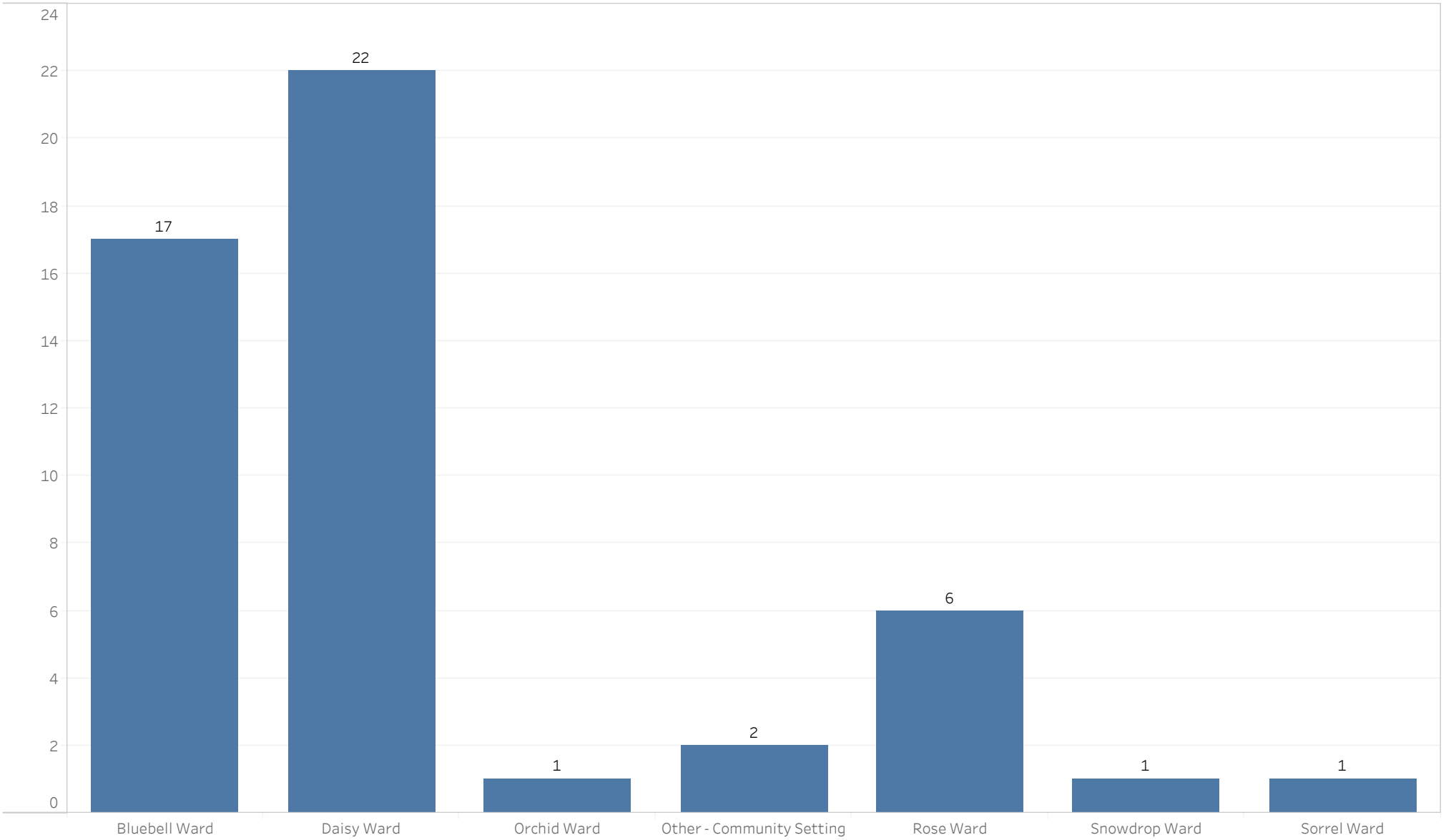
		Supporting our Staff											
Metric	Target1	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23
Breakthrough Physical Assaults on Staff	44 per month	72	64	34	84	109	77	45	52	70	60	44	35
Staff turnover (excluding fixed term posts)	<=16% per month, 14% by March 2024, 13% by March 2025, 12% by March 26	16.32%	16.52%	16.21%	15.69%	15.85%	15.85%	14.87%	14.54%	14.35%	14.09%	13.60%	13.34%
		Efficient Use of Resources											
YTD variance from control total (£'k)	1.3m	-822	-1092	-1277	-1818	-989	-261	-441	-805	-1116	-1430	-1983	-1492
		Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23
Inappropriate Out of Area Placements	120 Cumulative Total Q3 2023/24	218	325	50	112	219	110	144	180	327	633	786	350

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

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

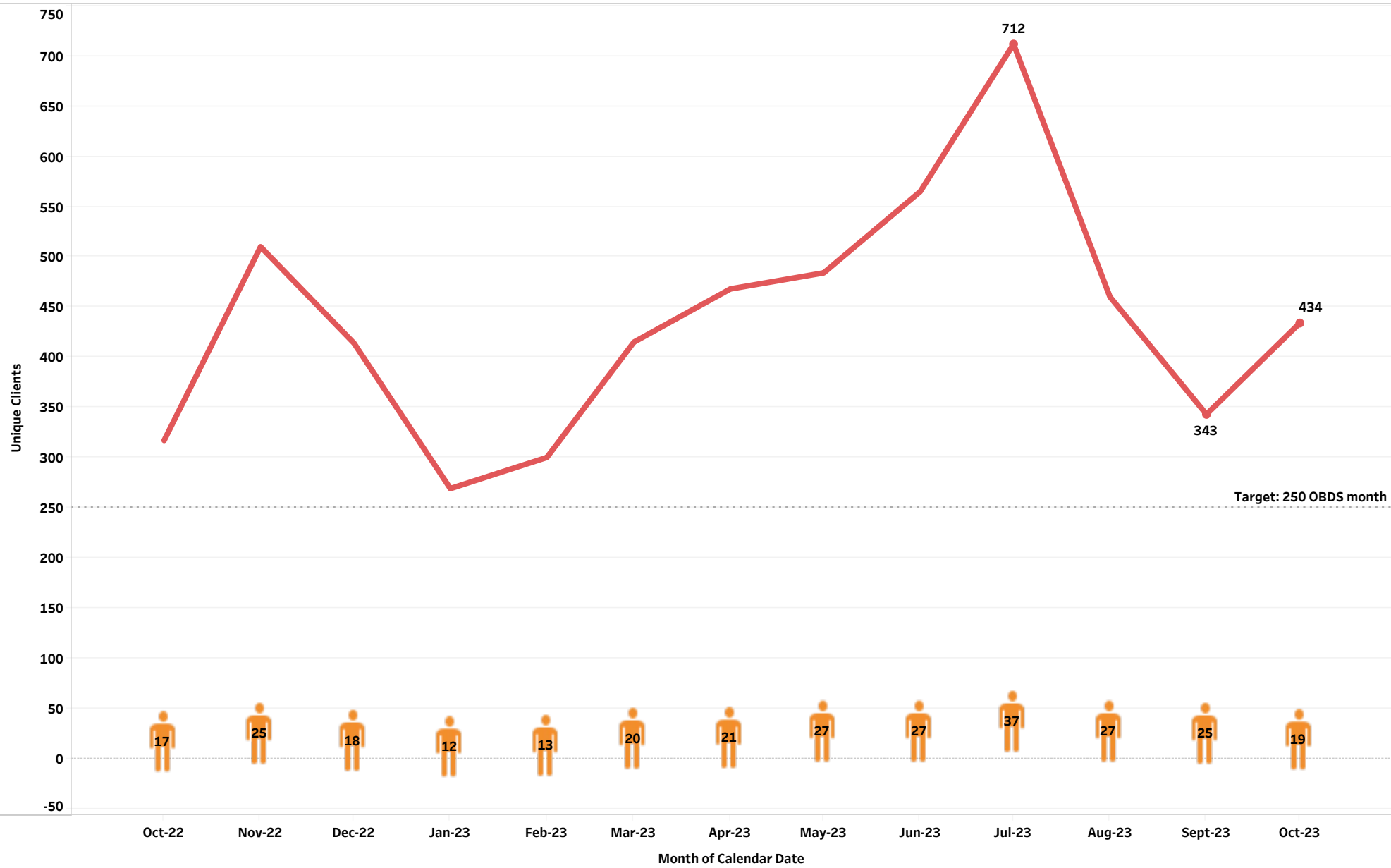


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (October 2023)



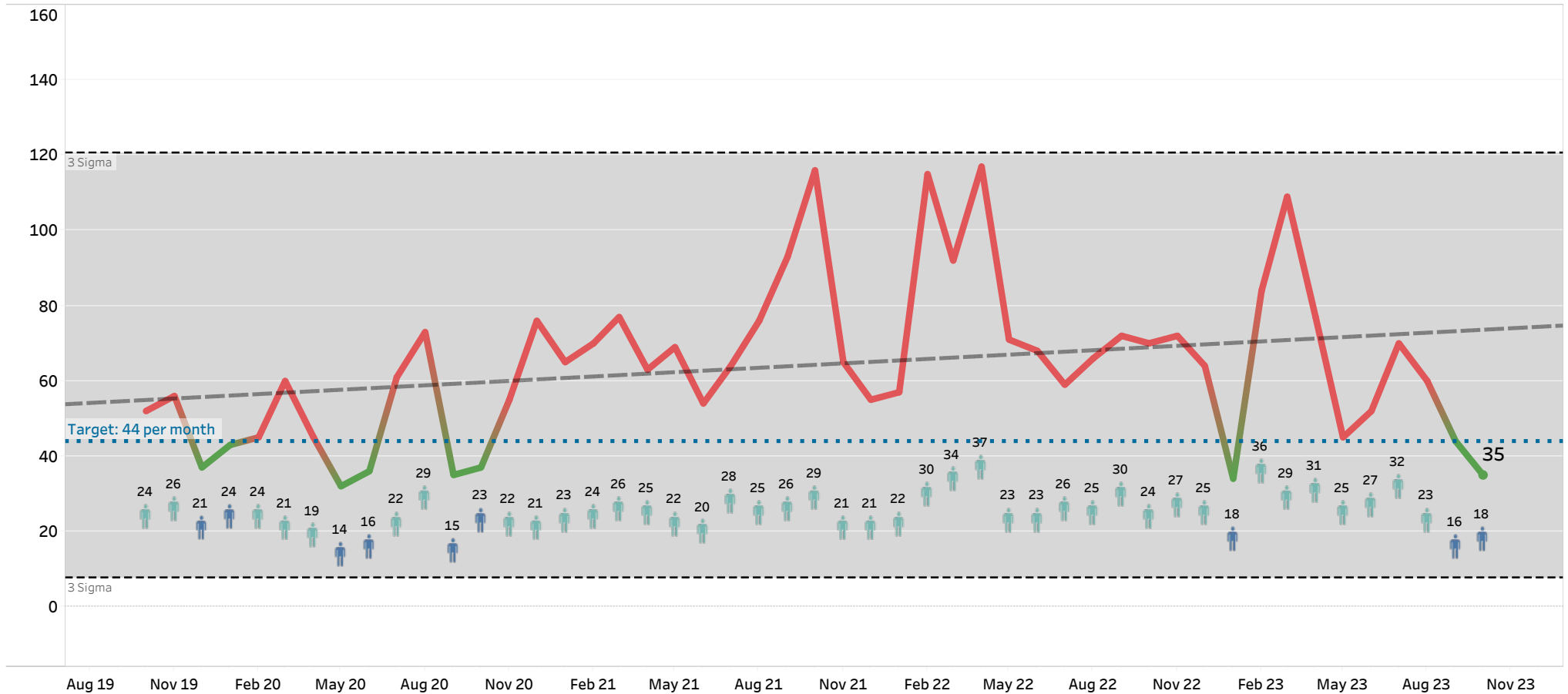
Patient Experience: Breakthrough Clinically Ready for Discharge by Wards MH (Including OAPS) (Sept 2022-Sept 2023)

All Mental Health wards excludes Campion ward (Learning Disability)

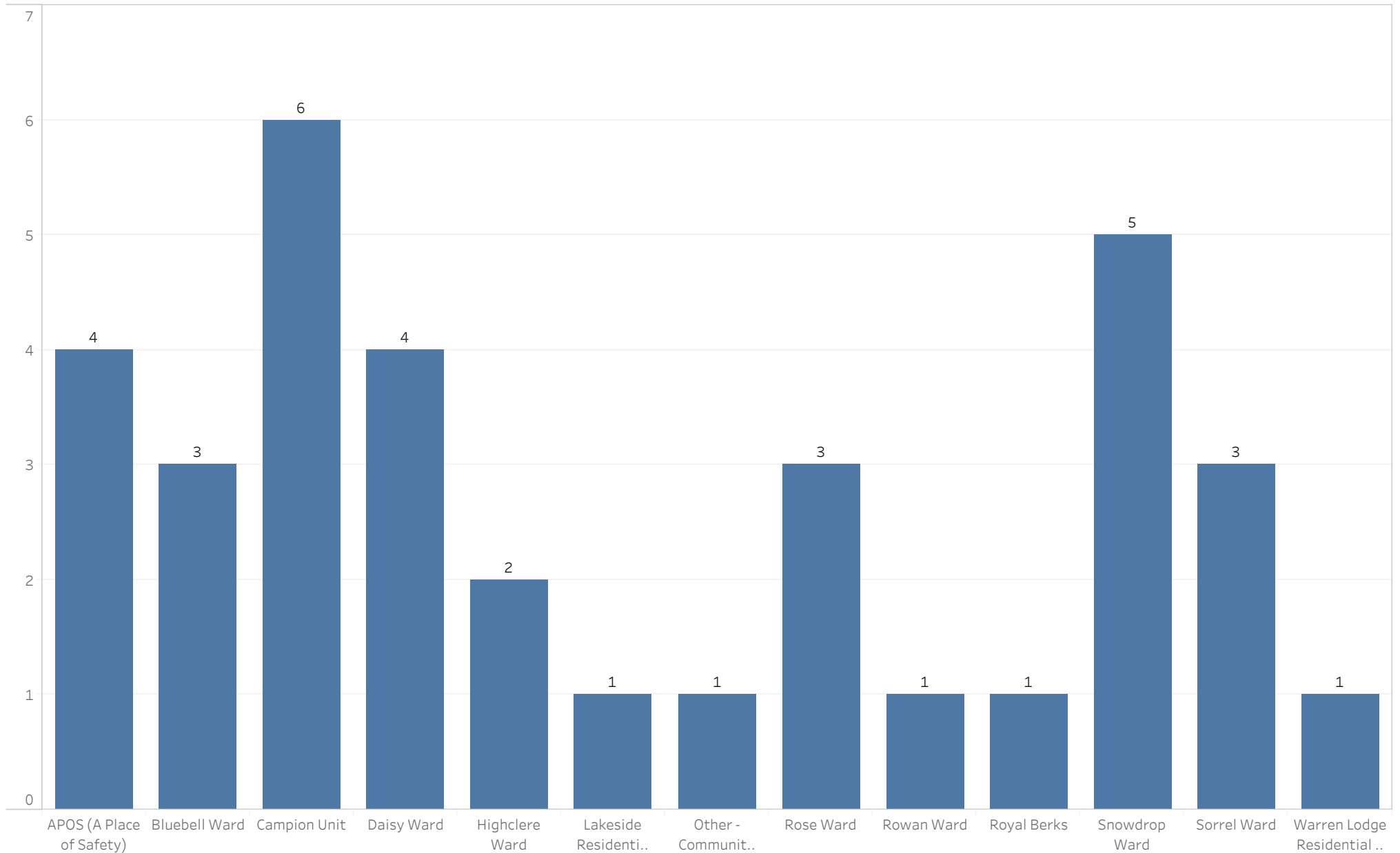


Supporting Our Staff Driver: Physical Assaults on Staff (Oct 19 to Oct 23)

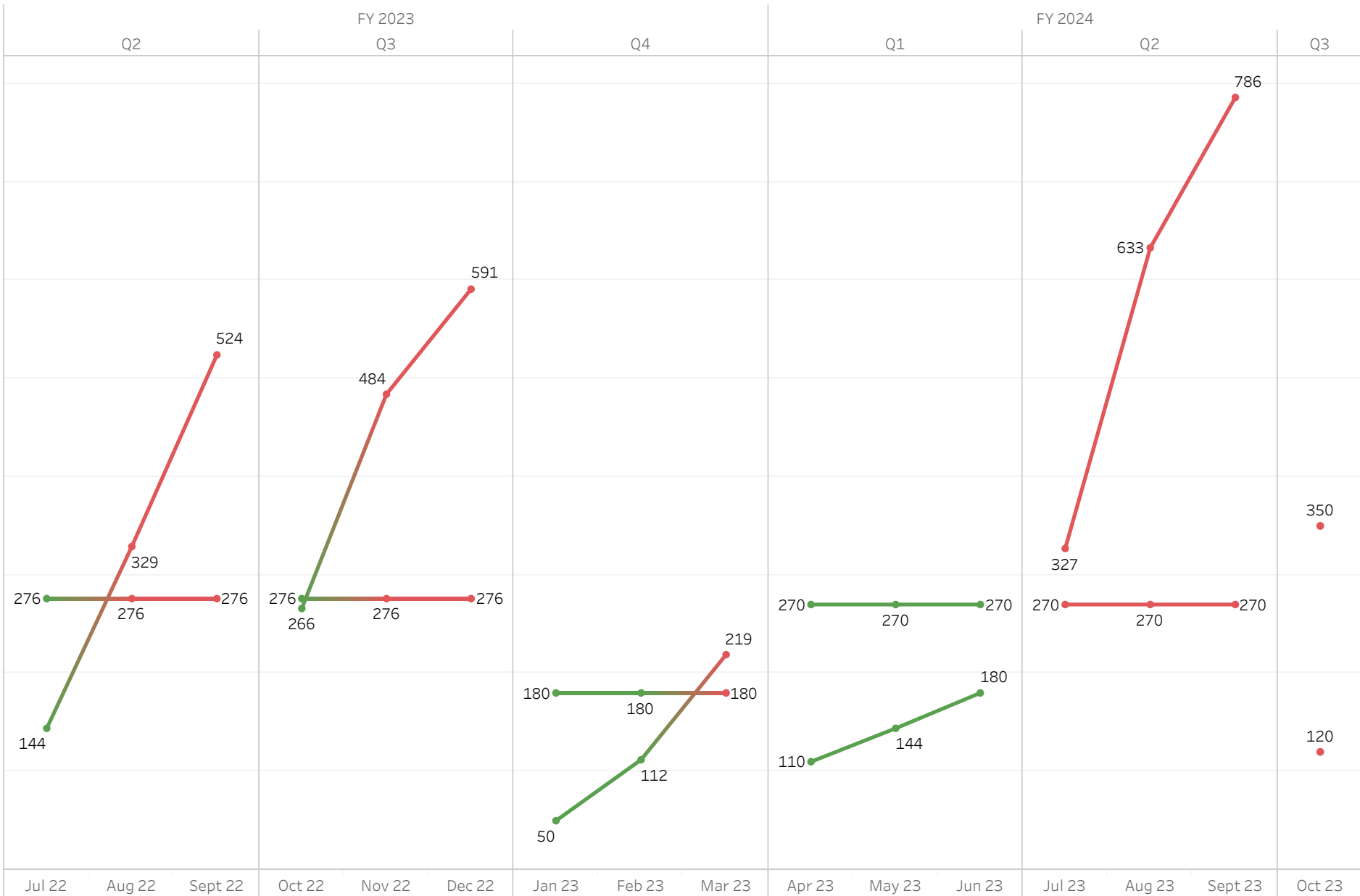
Any incident where sub-category = assault by patient and incident type = staff



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



Efficient Use of Resources Driver: Inappropriate Out of Area Placements



True North Supporting Our Staff Summary

Tracker Metrics

		Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23
Statutory Training: Fire: %	90% compliance	92.0%	96.2%	92.2%	92.8%	93.2%	93.0%	94.1%	94.3%	94.2%	93.5%	93.1%	93.4%
Statutory Training: Health & Safety: %	90% compliance	96.1%	96.1%	96.1%	96.2%	95.9%	95.9%	95.9%	96.4%	96.4%	96.3%	96.4%	96.5%
Statutory Training: Manual Handling: %	90% compliance	93.1%	93.2%	92.3%	92.6%	94.3%	94.5%	93.2%	94.0%	94.3%	94.3%	93.4%	93.4%
Mandatory Training: Information Governance: %	95% compliance from April 22	98.1%	93.2%	96.0%	96.8%	97.0%	97.4%	97.7%	98.0%	98.2%	97.7%	97.4%	97.5%

True North Patient Experience Summary

		Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23
Mental Health: Prone (Face Down) Restraint	4 per month	2	2	2	14	8	3	2	1	4	7	1	0
Patient on Patient Assaults (MH)	25 per month	20	25	15	13	28	22	15	21	10	12	11	8
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	65%	79.1%	79.2%	86.8%	85.9%	77.6%	76.7%	88.4%	86.8%	90.0%	88.8%	84.6%
Mental Health: Uses of Seclusion	13 in month	6	13	6	6	6	5	12	4	10	10	4	6
		Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month	9	5	5	21	23	27	23	25	24	19	31	28
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	85%	80%	80%	81%	84%	83%	87%	84%	85%	85%	86%	90%	87%

True North Harm Free Care Summary

Tracker Metrics

Metric	Threshold / Target	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23
Mental Health: AWOLs on MHA Section	10 per month from April 2022	12	5	10	3	11	6	11	4	7	10	7	5
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	0	2	0	1	1	2	0	2	4	2	3	7
Mental Health: Readmission Rate within 28 days: %	<8% per month	1.45	1.53	1.40	1.68	2.62	2.90	5.70	4.04	3.89	1.35	3.45	1.42
Patient on Patient Assaults (LD)	4 per month	2	0	1	1	5	0	1	2	2	1	1	2
Suicides per 10,000 population in Mental Health Care (annual)	7.4 per 10,000	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7
Self-Harm Incidents within the Community	31 per month	51	37	57	51	52	44	44	32	32	29	23	18
Pressure Ulcer with Learning	Tbc						2	2	1	1	5	2	4
Gram Negative Bacteraemia	1 per ward per year	0	0	0	0	0	0	0	0	0	0	0	0

Efficient Use of Resources

<p>Community Inpatient Occupancy</p> <p>80-85% Occupancy</p>	<table border="1"> <tbody> <tr> <td>87.7%</td> <td>86.8%</td> <td>90.8%</td> <td>89.3%</td> <td>89.4%</td> <td>87.8%</td> <td>83.5%</td> <td>86.6%</td> <td>78.7%</td> <td>77.8%</td> <td>83.5%</td> <td>88.0%</td> </tr> </tbody> </table>	87.7%	86.8%	90.8%	89.3%	89.4%	87.8%	83.5%	86.6%	78.7%	77.8%	83.5%	88.0%
87.7%	86.8%	90.8%	89.3%	89.4%	87.8%	83.5%	86.6%	78.7%	77.8%	83.5%	88.0%		
<p>Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %</p> <p>80% Occupancy</p>	<table border="1"> <tbody> <tr> <td>85.75%</td> <td>80.20%</td> <td>89.56%</td> <td>86.82%</td> <td>78.12%</td> <td>91.18%</td> <td>92.60%</td> <td>92.87%</td> <td>87.59%</td> <td>87.29%</td> <td>89.92%</td> <td>90.82%</td> </tr> </tbody> </table>	85.75%	80.20%	89.56%	86.82%	78.12%	91.18%	92.60%	92.87%	87.59%	87.29%	89.92%	90.82%
85.75%	80.20%	89.56%	86.82%	78.12%	91.18%	92.60%	92.87%	87.59%	87.29%	89.92%	90.82%		
<p>DNA Rate: %</p> <p>5% DNAs</p>	<table border="1"> <tbody> <tr> <td>5.22%</td> <td>5.20%</td> <td>4.85%</td> <td>4.76%</td> <td>4.92%</td> <td>5.02%</td> <td>4.79%</td> <td>5.29%</td> <td>5.22%</td> <td>4.85%</td> <td>4.65%</td> <td>4.88%</td> </tr> </tbody> </table>	5.22%	5.20%	4.85%	4.76%	4.92%	5.02%	4.79%	5.29%	5.22%	4.85%	4.65%	4.88%
5.22%	5.20%	4.85%	4.76%	4.92%	5.02%	4.79%	5.29%	5.22%	4.85%	4.65%	4.88%		
<p>Mental Health: Acute Occupancy rate (excluding Home Leave):%</p> <p>85% Occupancy</p>	<table border="1"> <tbody> <tr> <td>96.3%</td> <td>89.7%</td> <td>97.1%</td> <td>95.3%</td> <td>94.8%</td> <td>94.4%</td> <td>94.4%</td> <td>96.4%</td> <td>96.8%</td> <td>93.3%</td> <td>94.6%</td> <td>97.2%</td> </tr> </tbody> </table>	96.3%	89.7%	97.1%	95.3%	94.8%	94.4%	94.4%	96.4%	96.8%	93.3%	94.6%	97.2%
96.3%	89.7%	97.1%	95.3%	94.8%	94.4%	94.4%	96.4%	96.8%	93.3%	94.6%	97.2%		
<p>Mental Health: Acute Average Length of Stay (bed days)</p> <p>30 days</p>	<table border="1"> <tbody> <tr> <td>62</td> <td>37</td> <td>43</td> <td>50</td> <td>55</td> <td>41</td> <td>43</td> <td>45</td> <td>70</td> <td>62</td> <td>64</td> <td>43</td> </tr> </tbody> </table>	62	37	43	50	55	41	43	45	70	62	64	43
62	37	43	50	55	41	43	45	70	62	64	43		

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23
C.Diff due to lapse in care (Cumulative YTD)	6	2	2	2	2	2	0	0	0	0	0	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) infection rate	tbc	1	0	0	0	0	0	0	0	0	0	0	1
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	3	3	3	3	3	0	1	1	1	1	1	1
Count of Never Events (Safe Domain)	0	0	0	1	0	0	0	0	0	0	0	0	0
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	60% treated	92.82	85.70	91.65	87.5	90	88	75	80	87.5	100	100	81.82
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.53	99.64	99.26	99.37	99.39	99.26	99.35	99.42	99.40	99.42	99.17	99.22
People with common mental health conditions referred to Talking Therapies will be treated within 18 weeks from referral: %	95% treated	100	100	100	100	100	100	100	100	100	100	100	100
People with common mental health conditions referred to Talking Therapies will be treated within 6 weeks from referral: %	75% treated	93	94	95	95	95	94	94	93	91	91	87	88
People with common mental health conditions referred to Talking Therapies completing a course of treatment moving to recovery: %	50% treated	52	48	45.5	46	46.5	46.5	48	45	49.95	46.15	46	43.5
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% seen	66.49	82.84	72.48	72.42	69.06	61.26	83.45	92.09	97.79	100	99.00	99.07
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	99.57	99.53	100
Sickness Rate: %	<3.5%	4.5%	5.1%	4.3%	4.3%	4.1%	3.7%	4.0%	3.8%	3.9%	3.7%	3.9%	
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	100%	57.1%	100%	66.6%	66.6%	50%	83.3%	66.6%	75%	75%	100%	100%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	75%	83.3%	100%	88.8%	66.6%	100%	50%	46.1%	36.3%	42.8%	62.5%	58.3%
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	0

Regulatory Compliance - System Oversight Framework

Metric	Threshold / T..	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23
Community Health Services: 2 Hour Urgent Community Response %.	80%	88.9%	85.8%	88.5%	88.5%	89.3%	83.1%	84.2%	87.8%	87.6%	85.2%	86.3%	88.5%
E-Coli Number of Cases identified	Tbc	1	0	0	0	0	0	1	1	0	1	0	1
Mental Health 72 Hour Follow Up	80%	93.6%	87.2%	94.0%	88.6%	93.0%	96.4%	91.6%	90.7%	98.0%	87.5%	92%	89.1%
Adult Acute LOS over 60 days % of total discharges	TBC		21.8%	26.5%	50%	27.3%	24.1%	25.8%	22.8%	24%	25%	24%	24%
Older Adult Acute LOS over 90 days % of total discharges	TBC		55.5%	57.0%	40.8%	60%	66.7%	66.7%	50%	36%	32%	28.9%	42%

Trust Board Paper Meeting Paper

Board Meeting Date	12th December 2023
Title	People & EDI Strategy Update
	Noting
Reason for the Report going to the Trust Board	To provide a regular half yearly update to the board on our progress and next steps on delivery of each workstream in the People & ED&I strategy
Business Area	People Directorate
Author	Jane Nicholson, Director of People
Relevant Strategic Objectives	<p>Patient safety Ambition: We will reduce waiting times and harm risk for our patients</p> <p>Patient experience and voice Ambition: We will leverage our patient experience and voice to inform improvement</p> <p>Health inequalities Ambition: We will reduce health inequalities for our most vulnerable patients and communities</p> <p>Workforce Ambition: We will make the Trust a great place to work for everyone</p> <p>Efficient use of resources Ambition: We will use our resources efficiently and focus investment to increase long term value</p> <p>Supporting our staff. However, the People Strategy supports all of our strategic objectives. The ED&I Strategy supports both our patients and our people.</p>

People & EDI Strategy six monthly update

Our current People and EDI Strategy runs until 2024 when both strategies will be reviewed and refreshed in the line with the Trust's five key themes of the Corporate Strategy. The People Directorate continues to translate the current strategies listed below into action.

- Growing and Retaining for the Future
- Looking after our People
- Belonging to the Trust
- New Ways of Working



Our key programmes of work this year and progress against plan are summarised below.

Measures of Success

Our key measure of success continues to be our turnover rate as this gives an indication of staff satisfactions and whether the trust really is a great place to give care.

The Trust have agreed an ambition to reduce our turnover to 12% by 2025 on a gradually decreasing scale with the ambition to reach under 14% by March 2024. We are pleased to report that for the second consecutive month we are below the 14% target with the October figure being 13.42%.

Our other key success measure remains the engagement in and the responses to our annual NHS staff Survey. The latest survey has just closed and whilst the results will not be available until spring 2024, we have a response rate currently of 66.1% which is higher than our final adjusted figure last year. This will go up again when we have the final adjustments made for leavers and paper entries.

Key Highlights to Report

Anti-racism

Our anti-racism work continues to gain momentum. We have launched our anti-racism statement and our new Unity logo has been developed. We have also launched our CommUNITY forum in October of this year. Our anti-racism workstreams each have executive sponsors and have started to meet to agree their priorities.

Leadership Refresh

We now have a new leadership, management and talent development strategy for the Trust. September saw the launch of the refreshed leadership offer known as 'Leading for Impact'. In tandem we have launched our new coaching network and have trained a new team of 12 coaches.

New Talent Approach and Cascade of Talent Boards

The new Talent Cycle Model approach has successfully been embedded in the senior talent board. Discussions continue how to extend talent management interventions deeper into the organisation other senior operational, clinical and corporate teams across the Trust, with a focus on how this will support the progression of our minority ethnic groups who are traditionally underrepresented in some roles and grades.

Our clinical education team is continuing the work on competency-based progression, with the work the on Band 5 to Band 6 competencies now complete and launched. The Band 4 competencies are due to be completed at the beginning of next year with the team commencing work on the Band 7 ward staff competencies in 2024. In parallel the leadership behaviours to accompany our competencies are currently being developed.

Workforce planning & optimisation

The roll out of e-Roster is continuing time and to plan. Following feedback from managers, we are testing a system upgrade to auto-populate rosters for teams with regular staffing patterns.

Work continues on the trust-wide recruitment plan. This work has now identified 5 core professions that are deemed to be high risk and resourcing initiatives are underway to address these.

As part of the trust business planning process, a paper discussing how best to allocate trust workforce investment funding (currently used for international recruitment and supporting apprenticeships) is being developed with input from finance, corporate and operational colleagues. The recommendation will be presented to TBG in the new year.

Recruitment

Following the national outage of TRAC in the summer which has caused significant delays in the recruitment process, we are now starting to see improvements in time to fill/hire metrics, September was an extremely high month for joiners to the Trust and this has further exacerbated the workload of an already busy team, however metrics for November are now showing that we are below the time to fill target for the first time since the outage for internal and external applicants.

Casework

Overall the volume of employee relations casework in the trust remains significantly below average for the NHS. However, the People Partnering team are currently managing 3 serious and complex cases which are consuming a high proportion of staff time. A review of learning from these and other cases was kicked off in November.

For a more detailed report of the programmes and projects of work in the People Directorate please refer to the attached appendix.

The SPG group approved the following policies from August 2023 to November 2023:

Employing staff in the reserve and cadet forces policy

Annual Leave policy

Maternity, paternity and adoption policy

Special Leave policy

Change management policy

Managing allegations against staff and volunteers policy

Redeployment policy

Transitioning at work policy

Menstruation policy

Appraisal policy

Temporary Staffing policy

Berkshire Healthcare – People Strategy Programmes December 2023 Update

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?	
People Strategy	✓
EDI Strategy	✓
Safety Culture	✓

Trust POAP	
Harm-free care	
Good patient experience	
Supporting our people	✓
Efficient use of resources	✓

Programme SRO	
Jane Nicholson	

Support from other Services	
Violence Reduction - Wellbeing Matters	
IMT – Digital Transformation	
Ops/Central – e-Roster roll out	
IG	
Research	

Priority Themes & Programmes of Work	
New programmes of work can only be added if an existing programme is complete	
Themes & Programmes of Work	Update on Programme & RAG Rating
Growing and retaining for the future	
New ways of recruiting	Workforce and pipeline planning paper being prepared for TBG in December. Recruitment time to hire remains high, however we are now starting to see improvements post the TRAC outage. DPIA near finalisation for a talent pool to help manage potential talent both within the trust and external leads. Draft proposal to deliver 'flex in recruitment' created (following Retention RIE) – proposal to go to SPG in the new year. A risk to recruitment is how we manage international candidates (we are now at a rate where 55% of our applications are coming from overseas). Meeting planned with our legal team to find a way to manage candidates fairly.
Growing our own	Competency based progression - Band 5, Aspiring Band 6 and Band 6 Community and Inpatient nursing roles are now complete, and work has started on the Band 4 Nursing Associate competencies. Has commenced discussion with University of West London to support pre-registration MSC nursing programme for community pathway and the possibility of a cohort of foreign students. Early discussions scheduled for 2024
Looking After our People	
Excessive working hours	Work is continuing and the next meeting is scheduled for November 2023. Plans are in hand to begin focus groups looking at additional unpaid hours and contacting relevant people regarding compliance with working time directive for additional paid hours
Violence reduction and prevention	VPR working group is completing Gap Analysis against the VPR national standard and Sexual Safety Charter, reviewing local data, training compliance and reviewing related projects/workstreams already underway. TNA project is underway. Sexual Safety policy is being developed, currently in draft.
Belonging to the Trust	
Compassionate and inclusive leadership	Developed action learning sets. We are defining target groups looking to build into induction processes. Developed a compassionate leadership webinar and will go live in December 2023. Prospectus – first draft produced and comments collected and fed back.
Anti-racism	2 out of 5 Workstream groups are due to meet in the coming weeks. Board discursive attended to support Board reflecting on us becoming an anti-racist organisation. Faith project partner agreed, steering group will also be set up to support this.
New ways of working (Transformation)	
Digital Transformation	Trust ID work continues with Procurement/IG. This is one of the key initiatives to helping reduce our time to hire. IG/IT/Procurement work continues with a new talent pool provider.
Workforce and recruitment planning	Workforce projections completed as of March 23. 5 core professions identified as high risk and resourcing initiatives are underway to address these. People Business Partners working with services to determine where further workforce planning is required. This intelligence is being used currently to determine how the trust invests into workforce initiatives for 24/25 and beyond. We are due to shortly undergo the next round of workforce projections, however this time the look ahead will be 3 years and may in some areas also include internal movement projections at the professional level.
Workforce visibility, deployment & optimisation	ERoster expansion is on plan with 138 additional cost centres now with rosters built and representatives from at least 102 costcentres having attended training (some missing cost centres have managers already trained). Focus is on further training and agreeing the go live dates to enable improved reporting to support productivity focus. The upgrade with additional functionality to auto-populate rosters with regular staffing patterns is in testing.

RAG Rating	
Progress delayed	Red
Some but not all aspects delayed	Yellow
All on time and to plan	Green

Risks & Mitigations
EDI budget - currently overspent due to activity driven work – adjustments and translations services Resources required for Ergonomics Leadership & HR Ops still not fully resourced Agency support workers HCAS / Homeworking

Budget Update
Directorate Is within budget. Discussions continuing in regard to deferred income for this year and next financial year

Issues for the TBG/SPG/
International nursing v other pathways paper due to TBG & B&F February 2024 People & EDI Strategy – TB – December 2023

Upcoming Activity
E-Roster expansion Leadership Offer next programmes launched Anti-racism Staff Survey Results

Berkshire Healthcare – Learning & Development – December 2023

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?	
People Strategy	✓
EDI Strategy	
Safety Culture	

Trust POAP	
Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	

Programme SRO	
Tracey Slegg	

Support from other Services	
Procurement Team	
Clinical Education	
Risk Team	
Think-Learn	
Estates Team	
BOB & Frimley ICS/ICB's	

Priority Themes & Projects of Work

New projects of work can only be added if an existing project is complete

Themes & Projects of Work	Update on Project & RAG Rating	Measures
Growing and retaining for the future	Appraisal platform. Full year enhancement work scheduled for W/C 27th Nov for testing in Dec23. Appraisal discursive paper submitted for Dec SPG.	Delivery of 97% compliance in Appraisal window. Provision of training components to workforce - +95% compliance. Provision of adequate training solution to workforce. Integration into leadership offer.
	Oliver McGowan Training delivery. BOB training options proposal released on 24th Nov. To be reviewed and responded too by 01/12/23. Still awaiting Frimley proposal.	
	Provision of Clinical risk training content to all staff. 150 course spaces have been made available from Jan – Mar24. New course programme will be launched from Apr24.	
	Kindness training – Leadership programme integration. Have shared 'Respectful resolutions' toolkit with HR op's team to see if this could be utilised as an early resolution tool? Awaiting update from op's team if they wish to proceed?	
Looking after our people	First aid at work provision (FAAW). Procurement specification request has been shared with three providers. The evaluation process has been scheduled in W/C 11th Dec	Adequate provision and training offer to workforce
Belonging to the Trust	Trust Induction development. Proposal for changes to Day1 Induction content – Question: Who & Where is the best place to position these proposals?	Submission of Trust Induction options for consideration. Launch of new Local induction document and mandatory status
	Local Induction development. Seeking operational input via a working group to feedback on the draft document	
News ways of working (Transformation)	Training venue – Have been approached by estates asking for initial thoughts on what future requirements Learning & development will need from the estate? Initial ideas from CE/Leadership/S&M content have been submitted. These initial ideas can be shared. MT to visit Wokingham site to look at options for training space.	WBCH hosting all S&M trainer lead course content on-site. Improving trend in DNA's for trainer led courses. Improvement in PPH compliance. Agreement of new contract. New look Nexus for users.
	DNA improvement. A3 meetings with operational working group planned for 29th Nov & 29th Jan. Findings to be submitted at SPG on 7th Feb.	
	SMART week delivery. PPH – Up to Sept24 to be finalised by 10th Dec. MT & RT Have requested to attend PPH – PPSQ meeting on 7th Dec to discuss non-attendance to SMART week content. Hampshire services – Formalising arrangements for delivery in Mar24 with Personal safety & RESUS teams. Provisional date set for 12th March24.	
	Totara/Nexus eLearning: Invitations to the 'Nexus eLearning strategic development group' have been sent out (24th Nov).	

RAG Rating	
Progress delayed	Red
Some but not all aspects delayed	Yellow
All on time and to plan	Green

Risks & Mitigations
Workload
Financial demands

Budget Update
24-25 considerations.
OMMT interactive training.
FAAW provision – Third party.

Issues for the TBG/SPG/Board
OMMT – Awaiting BOB-Frimley review.
Appraisal – Proposal paper, Dec SPG.
DNA A3 update – Feb SPG
Trust Induction – Delivery options

Upcoming Activity
OMMT – Interactive training solution.
DNA – QI project.

Berkshire Healthcare – Candidate Attraction – December 2023

Trust Strategy Objectives

A great place to work for everyone ✓

Which Strategies does this relate to?

People Strategy ✓
 EDI Strategy ✓
 Safety Culture

Trust POAP

Harm-free care
 Good patient experience
 Supporting our people ✓
 Efficient use of resources ✓

Programme SRO

Tracey Slegg

Support from other Services

IMT – Digital Transformation
 EDI
 Finance

Priority Themes & Projects of Work

New projects of work can only be added if an existing project is complete

Themes & Projects of Work	Update on Project & RAG Rating	Measures
Growing and retaining for the future New ways of recruiting	<ul style="list-style-type: none"> Paper prepared for TBG in February 2024 on workforce and pipeline planning to agree way forward. Key focus professions identified for candidate attraction and recruitment through the workforce recruitment plan. Recruitment events being planned for these key professions over the next few months as well as a mental health nursing video to be used for recruitment purposes. Final year student recruitment process continues. We have already exceeded our 2022/23 target by offering roles to 39 students versus 22 last year. We have now met our IR recruitment target for 2023/24 (although some recruits due yet to arrive). 	Time to hire: Vacancy authorisation to employment checks complete (days) – currently 48.8 days versus a target of 42 days Recruit to 150 hard to fill vacancies, prioritised through the recruitment plan. IR target of 12 international candidates delivered by March 2024 Increase % of final year students placements converted into substantive posts upon course completion from 35% last year to 38.5% (c10% improvement)
Looking after our people	<ul style="list-style-type: none"> Apprenticeship planning will be considered as part of the TBG paper mentioned above. Draft approach to 'flex in recruitment' created. This is from one of the workstreams from the Retention RIE. To be presented at SPG in the new year. 	Create a desired workforce apprenticeship requirement plan which will determine the goal of apprentices we need to fill in next 12 months
Belonging to the Trust Inclusive recruitment	<ul style="list-style-type: none"> Inclusive recruitment EDI analysis report compiled to drive EDI focus areas. Sharing interview questions – meeting scheduled for January to progress. Pilot learnings shared with EDI team. Meeting planned with our legal team to discuss how we fairly recruit overseas candidates. 	
News ways of working (Transformation)	<ul style="list-style-type: none"> Trust ID paper written. Decision to be made whether to move forward with Trust ID after consideration of the risks. Following recruitment workshop held between Finance and HR to review recruitment authorisation process. Decision made to initiate a trial using TRAC for end to end recruitment. Paper written documenting the plan, shared with Finance. Decision made to pause this whilst we consider a HR system strategy. Talent Pool project re-opened and discussions underway with a 	

RAG Rating

Progress delayed	Red
Some but not all aspects delayed	Yellow
All on time and to plan	Green

Risks & Mitigations

Resources - due to leavers/sickness, exploring students to fill Recruitment Admin team staff gaps

Budget Update

Agree to deferred income of £35,000 to support this teams

Issues for the TBG/SPG/B&F

Upcoming Activity

Apprenticeships vs International Recruitment paper

Berkshire Healthcare – Health, Wellbeing & Rewards – December 2023

Trust Strategy Objectives	✓	Priority Themes & Projects of Work	
A great place to work for everyone	✓	New projects of work can only be added if an existing project is complete	
Which Strategies does this relate to?		Themes & Projects of Work	Update on Project & RAG Rating
People Strategy	✓	Measures	
EDI Strategy		Growing and retaining for the future	
Safety Culture		Staff Survey	<ul style="list-style-type: none"> - 2023 Staff survey closed 24 Nov – XX.X% - Final response rate will be confirmed in the next couple of weeks. • Planning will now start for the analysis work which will start mid- December when we get the first results.
Trust POAP		Looking after our people	
Harm-free care		NHS Charities Together Projects	<ul style="list-style-type: none"> - Both projects have come in under budget so we are exploring options for the remaining amount. - This may include extending Michelle's role, subject to NHSCT approval. - Rest rooms are complete. Looking at another room to use for the underspend in CFAA
Good patient experience		Wellbeing Matters	<ul style="list-style-type: none"> - Both Wellbeing Matters consultations completed – we are supporting the impacted staff members through the redeployment process. - Wellbeing Line is currently operating a waiting list/signposting to other support due to lack of staffing due to sickness. Have recruited NHSP cover but employment checks mean this won't start immediately - System procurement is proving a lengthy process and, combined with sickness, is impacting our ability to report data - Datix issue still being sorted due to a delay with tableau
Supporting our people	✓	Ergonomics	<ul style="list-style-type: none"> - Ergonomics vacancy means that the team are having to prioritise manual handling training. This is leading to a delay for ergonomic assessments – approx 4 weeks for an appointment and 4 weeks for reports. Cases are being prioritised where possible e.g. return to works over general desk assessments. - We are looking to mitigate this impact with several actions: 1. Exploring training support from an external company 2. support from the talent acquisition partners and expanding vacancy to either band five or band six. 3. Increased admin support including introduction of a tracker for better case management.
Efficient use of resources		Belonging to the Trust	
Programme SRO		Staff Benefits	<ul style="list-style-type: none"> - Staff benefits provider contract (Vivup) was up at the end of July. Currently in retender process with procurement support – are finally moving over hurdles with IG. One final query being explored by procurement
Tracey Slegg/ Bridget Gemal		News ways of working (Transformation)	
Support from other Services		NHS Health & Wellbeing Framework	<ul style="list-style-type: none"> - The updated framework has been on wider to do list for a while and has now been mentioned in the new NHS Long Term plan. Starting this work, including building a local wellbeing data dashboard, has been delayed due to staffing in the team. Work has started on this and planning to engage stakeholders in December 2023

RAG Rating	
Progress delayed	Red
Some but not all aspects delayed	Yellow
All on time and to plan	Green

Risks & Mitigations
<ul style="list-style-type: none"> • Sickness and maternity leave impacting on Wellbeing Matters capacity. Wellbeing Line is referring to Talking Therapies or Health Assured as an interim solution. • Comms recruitment being delayed by job matching so there will be a gap. • Ergonomics vacancy is still unfilled. Mitigations include looking at external training support, support from talent acquisition and increased admin support.

Budget Update
Working with finance on agreeing budget for Wellbeing Matters for 23/24 using underspend before moving to new budget from 24/25

Issues for the TBG/SPG/
Ergonomics 0.6FTE to 1.0FTE - still struggling on recruitment at 0.6FTE

Upcoming Activity
- Issue 5 of the newsletter and tour in November/December

Berkshire Healthcare –Clinical Education Team Projects December 2023

Which Strategy does this relate to?		Priority Themes & Projects of Work New projects of work can only be added if an existing project is complete			RAG Rating			
Trust Strategy outline to 2025		Themes & Projects of Work	Update on Project & RAG Rating	Measure	Progress delayed			
People Strategy 2021-2024		Growing and retaining for the future Clinical Competency Review	In-patient clinical education project: Two practice Educators are recruited to East and West inpatient Units. Orientation is underway. Aims to support upskilling of clinical workforce and professional development within clinical areas. 18 months project followed by business case in collaboration with In-patient units. Competency Review : Project for reviewing and updating band 2-7 Clinical competencies to support competency-based progression agenda. Band 5/6 completed; roll out is scheduled in December, band 4 competency review has started aims to finish by March 2024. IV competency and passport creation and implementation of Capital Nurse programme is in progress. Resus Project: Aims to fully implement Resus UK accredited curriculum across the Trust and complete the Roll out of new AEDs . New curriculum is being piloted and the AED roll out is scheduled to be completed by 31/12/2023. There may be delays if clinical areas are not able to address the safety concerns related to safe storage of AEDs. Escalated at Resus Committee meeting in November. QMIS project: Data collated each month for analysis in November to identify contributing organisations to DNA rates. A3 meetings with operational working group planned for 29th Nov & 29th Jan. Findings to be submitted at SPG on 7th Feb. (MT/RT) Technology Enhanced Clinical Education: Part of a wider HEE project. Essential Training Matrix has been created for Adult and MH clinical workforce . Currently being piloted to resolve start up issues . TEL administrator is currently undergoing training to enable digital learning content development. Additional IT kit has been secured for students and HCSWs to facilitate TEL /remote access etc Currently working on transitioning TNA and apprenticeship data onto Totara . Aims to start the pilot by September 2024.	The approved competency documents will be available on the competency hub. Functional skills project report and placement activity report DNA data Matrix online Training/CPD data report A3 and Action plan N/A Updated and functional essential training tab on Totara platform Paper to SPG January 2024	Some but not all aspects delayed			
Trust POAP							All on time and to plan	
Harm-free care	✓							
Good patient experience	✓							
Supporting our people	✓							
Efficient use of resources	✓							
People Strategy Objectives	✓							
Growing and retaining for the future	✓							
Looking after our people	✓							
Belonging to the Trust	✓				Looking after our people Inclusive and accessible CPD opportunities Functional skills support project	Networking session to discuss training needs delayed until new year. Survey being sent early Dec to collate base data. Person now in post, B1 to B6 survey has been developed to understand needs.		
New ways of working (Transformation)	✓	Belonging to the Trust Compassionate and inclusive leadership	Training sessions with Emailogic arranged for 7th & 12th December.					
		News ways of working (Transformation)	All services now have essential training visible on their Nexus profiles with the exception of Pharmacy. We are currently working with the Pharmacy team to finalise their training requirements. All managers/approvers have been sent an instructional video on how to process essential training change requests and the feedback has been positive. We've also taken steps to make the essential training requirements more visible for managers. Working with our platform provider we have created a separate area to view your teams essential training 'compliance' which is separate from the statutory and mandatory training.					
Next Steps		Digitalised management of essential clinical skills development and competency assessment (Clinical Education Totara project)						

Programme SRO

Pearly Thomas

Support

Clinical Education
 EDI team
 Training compliance team

Budget 2023/ 24

Competency project and Essential skills training matrix project for 2023/24 in funded by HEE funds . Our project plan/proposal will include funding requirements for 24/25 FY

Issues for the Trust Board/ SPG

Resus trainer business case - approved

Risks & Mitigations

See above box

Berkshire Healthcare – Workforce planning and temporary staffing – Update for December 2023

Which strategy does this relate to?		Work projects New projects can only be added if a project is completed and can be removed			RAG Rating
Trust Strategy outline to 2025		Themes of Work & Projects of work Growing and retaining for the future Increase numbers working via the bank	Update on Project & RAG Rating Improve bank fill rates to better meet demand and reduce agency usage. In October, bank fill reached 84.7% across all non-medical staff groups (the highest % across BOB/Frimley), and agency filled hours were 10.9% with over 1600 staff working via bank/agency covering the equivalent to over 512fte. Services with greatest use remain the same as previous months. Temporary Staffing are now represented at the Working Together meeting to ensure we build exit plans against the agency usage, and are prioritising the services as needed by operational colleagues and as advised by the People Partner. Temp to perm (CSWD) In October 2459hrs were worked by HCA's on the development programme with a further cohort for both Mental Health and Community Health inpatients currently being onboarded to support the agency cessation and demand increases over the winter period.	Measure Bank fill % & agency fill % Hours worked by CSWD	Progress delayed
People Strategy 2021-2024					Some but not all aspects delayed
Trust POAP		News ways of working (Transformation) Workforce visibility, deployment & optimisation	Implementation of unrostered units onto Healthroster. Going to plan with the majority of rosters now built focus is on training the users and improving user experience post launch. Concerns noted from some teams regarding direct benefits and the process. Improve roster KPIs. Focus is concentrated on implementation, this is be addressed during Q4 when the focus shifts to quality input/output in order to realise benefits Compliance with agency spend ceiling and regional agency ratecard. We remain compliant with the expenditure limit in October having spent 3.1% of our total pay bill on agency staffing. The number of price breaches has been consistently increasing due to pressure on our staffing gaps however they remain lower than average market rates for most roles. Unit cost tracker built to monitor progress. Compliance with NHSI agency rules. 38% of our agency fill was at breached rates (increase of c50% since the start of the financial year), 51% of which was for qualified nursing (October data, submitted in November) which has reduced. All medical shifts are at escalated rates. Off framework usage has reduced due to alternative supplier identified for GP's in CHS Urgent Care and successful recruitment into the nurseries and is at its lowest point in over 2 years (44 shifts declared in month). Recruitment plan – gap analysis Candidate attraction team in process of implementing plans around "5 priority profession". TBG Paper drafted on how to utilise workforce funding based upon projected gap analysis. People Business partners working with services to determine and conduct local workforce planning conversations. New projections for 3 year look ahead, starting to be worked on in November	Number of licences used (substantive/bank) Roster KPIs : approval lead time, unused contracted hours and annual leave % % of total pay bill spent on agency Numbers of off framework shifts reported Number of price cap breaches reported Delivered projections for discussion between People Partners and Divisions	All on time and to plan
Harm-free care					Service Lead
Good patient experience					Vicki Smith
Supporting our people	✓				Support
Efficient use of resources	✓				Temp Staffing eRostering Workforce
People Strategy Objectives	✓				Budget 2023/ 24
Growing and retaining for the future	✓				Current overspend in Temp Staffing actuals due to volume requesting PMVA training for bank work within MH Inpatients (Bluebell pilot switching on mandatory requirement)
Looking after our people					Issues for the Trust Board/ SPG
Belonging to the Trust					
New ways of working (Transformation)	✓				Risks & Mitigations
Next Steps					<ul style="list-style-type: none"> User engagement/readiness for Healthroster implementation NHSE banning the use of agency HCAs (likely to be next phase) - focus on improvements in lead time/rostering, bank recruitment and use of CSWD programme Use of non-framework agencies (Westcall GPs, nurseries and dental nursing) and 0% target
<ul style="list-style-type: none"> Focussed HCA and nursery staff recruitment to bank Plans to reduce non framework usage to be developed with Westcall and dental staffing Workforce paper going to TBG 					

Berkshire Healthcare – EDI – Update for December 2023

Trust Strategy Objectives		Priority Themes & Projects of Work		
A great place to work for everyone		New projects of work can only be added if an existing project is complete		
Which Strategies does this relate to?		Themes & Projects of Work	Update on Project & RAG Rating	Measures
People Strategy	✓	Becoming an Anti-Racist Organisation	2 out of 5 Workstream have now been booked. Board discursive attended to support Board reflecting on us becoming an anti-racist organisation. Faith project partner agreed. Steering group will also be set up to support this.	Significant movement in our WRES / staff survey results (multiple)
EDI Strategy	✓	Inclusive recruitment	Alex Gild assigned as AR workstream lead and dates set for December and January. Stephen looking at pay-gap RAG action list. Paper currently being drafted around interview questions.	WRES/WDES indicator 2. No. of RAG rated Greens on agreed inclusive standards
Safety Culture	✓	Community Engagement, and Health Inequalities	Trans pathways – exploring with patient experience and lived experience (LEAPS). Jackie Dyer attended the Brighter together event and shared the patient and carer race equality framework and this work was also presented to DSG and Exec. Commence EDS2. New interpretation and translation services develop new process, policy, and awareness raising to increase patient access to the service and make easier for staff to navigate. Plan for re-tendering of Remark (BSL) service.	EqlA is embedded in BHFT. EDS2 complete. Fill rate against 98% KPI Monitor insights – usage, and languages
Trust POAP	✓	Education and communication	Training completed for Governors & NED's in November Review of EDI related training and resources – gap analysis, EqlAs, employee relations. Strategically embed EqlA's – training, comms, governance. Planning for neurodiversity event in December. Inclusive employer micro webinars in production. Train the trainer for culture intelligence completed. Anti-racism book club launched.	EDI mandatory training compliance 95%. Induction feedback scores.
Harm-free care	✓	Accessible Information Standard	Updates to Rio circulated to DSG in October 2023, neurodiversity strategy output will include further changes Gap Analysis and maturity assessment. Review guidance, materials and support to services.	Adherence to AIS.
Good patient experience	✓	Reduce Inequalities through data and shared experiences	Communication and action to improve declarations / Listening and engagement events. Development of EDI dashboard in progress. Review of our EDI policies. Review our approach to reasonable adjustments. QMIS is ongoing and at the fishbone stage in our approach for reasonable adjustments. Launched the reasonable adjustments video. Review reporting processes and our approach to bullying, harassment and hate. We are mapping our activity against the NHS EDI improvement plan and has gone to board in November 2023. EDI objectives for board agreed.	Reduce 'unknown' or 'not stated' declarations in ESR +Changes to our Pay Gaps. +Changes to our WRES, WDES, SS metrics.
Supporting our people	✓	Develop Staff Networks	Develop intersectional resources. Undertake staff network maturity assessment. Shared ToR with steering group. Collating feedback currently had first steering group. Explore development of a 'Women's staff network.	Progress against Maturity Assessment
Efficient use of resources	✓			
Programme SRO				
Ash Ellis				
Support from other Services				
Patient Experience				
Community Engagement				
Wellbeing / Recruitment				
Information Teams				

RAG Rating	
Progress delayed	Red
Some but not all aspects delayed	Yellow
All on time and to plan	Green

Risks & Mitigations	
Capacity	0.1 WTE Translation service now not available.

Budget Update	
RA, and Translation budget is	considerably less than demand.

Issues for the Trust Board/ SPG	
EDI Improvement Plan in Dec23	to SPG

Upcoming Activity	
Anti racism workstreams	Community forum
New Staff Networks	Multi-faith engagement project

Berkshire Healthcare – Leadership and OD December 2023

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?
People Strategy
EDI Strategy
Safety Culture

Trust POAP	
Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	✓

Programme SRO
Ash Ellis

Support from other Services

HR,
Communications,
Subject Matter Experts,
L&D,
Staff Networks

Priority Themes & Projects of Work

New projects of work can only be added if an existing programme is complete

Themes & Projects of Work	Update on Project & RAG Rating	Measures/ RAG Ratings
Leadership and management training	We are defining target groups looking to build into induction processes. Reviewing Managers handbook. Developed a compassionate leadership webinar and will go live in December 2023.	Training compliance of 95% Staff survey management scores
Team development	To support development of high performing teams throughout the organisation. Work with complex teams to offer OD support to enable teams to work in the best way possible in line with the Trust True North goals. Develop team development framework and process, develop OD Group. Establish a clear robust conflict pathway. SD review commenced with TCM and community services directorate. Develop a pool of mediators – reviewing quotes. Developing a facilitator workshop for team leads to develop their own 'away day'. We have now offered three new OD & Leadership roles which will start with the Trust in the New year.	Reduction in conflict cases Triangulation of data for teams going through development – to see increase in performance
Talent Management	Build and embed our talent management and succession planning framework. Review of talent pipelines. Review of appraisal/career conversations. Appraisal mid-year promoted and underway Review of LNA/CPD process. Develop competency based progression and talent pools. Talent Board guidance developed.	Retention figures. +changes to our WRES, WDES, Pay gaps. Access to CPD data.
Leader and Manager support	Communicate, implement and embed behaviours framework and leadership competencies. Develop 360 tool and facilitators. Discovery work undertaken moving into design phase. Develop Coaching Network – infrastructure and pool of Coaches. 12 coaches now completed training and awaiting accreditation, Planned comms to promote launch. Define approach to mentoring. Develop a resource repository. Developed action learning sets and have three facilitators to support this.	No. of people accessing coaching. / Evaluation No of people accessing 360's.
Communications	Develop a communications strategy – visual pathways and prospectus – first draft produced and comments collected and fed back. Regular promotion of opportunities, targeted inclusive development – via staff networks.	

RAG Rating	
Progress delayed	Red
Some but not all aspects delayed	Yellow
All on time and to plan	Green

Risks & Mitigations
Capacity Resource / currently recruiting Budget funding

Budget Update
Exploring where funding will come from

Issues for the Trust Board/ SPG

Upcoming Activity
Manager's handbook Manager's development offer Leadership competences

Berkshire Healthcare – Violence Reduction & Prevention – December 2023

Trust Strategy Objectives		Priority Themes & Projects of Work New projects of work can only be added if an existing programme is complete			RAG Rating	
A great place to work for everyone	✓	Themes & Projects of Work	Update on Project & RAG Rating	Measures	Progress delayed	Red
Which Strategies does this relate to?		Personal Safety	Develop and promote the use of Body Worn Cameras, awaiting DPIA for final signed off SOP signed off. Develop and promote use of Mechanical restraint using soft restraint kit, this will be reviewed case by case as required. Currently providing workshops and support to Sorrel ward for high-risk patient waiting for medium secure bed. Commenced review of national VPR standards and Sexual Safety charter. Translating key theoretical elements of personal safety to a variety of languages to support staff whose first language is not English. New sexual safety policy is in development. Now new criminal justice panel set up at PPH to support prosecutions.	Staff/patient experience following 3 month trial – reduction in violence and aggression Compliance to standards /progress against standards/Strategy	Risks & Mitigations	
People Strategy	EDI Strategy				Safety Culture	Capacity- resources one team member down for at least two months. Time Collaboration / support Training
Trust POAP		Training Development	Search training package continuing to be developed and policy is being reviewed, due to go to SLT first week in November – delayed to end Nov. Plan to include definitions of sexual conduct, violence and anti-racism now included in PSTS. Work with the GSA to develop new interventions that reduce floor restraint. Working towards becoming a Teaching Centre Status for a Level 3 award in teaching, and by doing so, delivering this course in house to save cost and offering staff the opportunity to work towards their career goals.	Reduction in no. restraints. Reduction in level of injury Introduction of new skills to courses	Budget Update	
Harm-free care	✓				Consultant for VPR (Band 8a) NHSP – TNA NHSP – Potential PMVA training costs	
Good patient experience	✓	Clinical Development	Strengthen clinical input and collaboration / Patient experience Support wards with care plans and plan to have full time tutors assigned to wards to provide additional support. New b6 to lead this work – started 20 th November 2023. Reviewing our support to wards including reviewing Datix incidents in a timely way/subsequent actions. New process for learning from CCTV – learning now being shared with all tutors. Explore inclusion of experts by experience / co-production – have now identified a person with lived of experience of restraint (rather than admission to PPH only). Develop evidence-based practice	Evidence of RRN collaboration Involvement of EbE	Issues for the Trust Board/ SPG	
Supporting our people	✓				Recognition of the workforce RA And TNA needing to be Undertaken Letter to CEO from HSE	
Efficient use of resources	✓	Training Needs Analysis (TNA)	Undertake a Trust-wide workforce risk assessment, ToR has now been agreed – Consultant work Using workforce risk assessment and to complete a Training Needs Analysis (TNA) with all services to define the right level of training for our people. Implement target groups and monitor compliance. Including developing a bespoke package for CAMHS and scenarios in neurodiversity –Phoenix staff now included in our training. Workshops will be starting for Phoenix staff and autism ‘train the trainer’ programme. Improve processes with L&D/HR including the link with job adverts, job descriptions, OH and any exemptions. Data shows that 127 NHSP would be eligible for PMVA trainings (as minimum of 3 shifts worked a month). Additional 6-day PMVA course added in Jan to offer 8 places to NHSP and 8 places to support our backlog due to high number of new starters to PPH.	Training compliance % PMVA Breakaway PSTS Conflict Resolution	Upcoming Activity	
Programme SRO					Income generation	Deliver a GSA train the trainer programme - possible course taking place in 2024 – date held Promotion and marketing of bespoke training courses. Screen saver to advertise for in-house PSTS/Breakaway tutors will be shown in Dec. Frimley have been in contact for a potential Breakaway train the trainer. Ongoing income generation from RBH & ISS.
Ash Ellis						
Support from other Services						
Clinical Leads / Service Leads						
Communications, L&D, HR						
Patient Experience						
Wellbeing Matters						

Trust Board Paper

Board Meeting Date	12 th December 2023
Title	Digital Strategy – Autumn 2023 Update Report
	Item for noting
Reason for the Report going to the Trust Board	Quarterly progress update
Business Area	Corporate
Author	Mark Davison, CIO
Relevant Strategic Objectives	<p>Patient safety</p> <p>Digital processes to reduce errors. Identify gaps in care and facilitate earlier intervention.</p> <p>Patient experience and voice</p> <p>Improve access to care and empower them to manage their own health.</p> <p>Health inequalities</p> <p>Identify gaps in care and facilitate earlier intervention.</p> <p>Workforce</p> <p>Support our people to build a digital-ready workforce. Facilitating flexible working anytime, from anywhere.</p> <p>Efficient use of resources</p> <p>Utilise process automation, transaction integration and AI to improve our productivity and maximise our time spent with our patients</p>

Digital Strategy – Autumn 2023 update

Background

We agreed our digital strategy in December 2021 with a vision to “Release more time to care, improve our population’s health through digital integration with other care providers in our region and automation of our processes. Our patients will have more choice on how they receive their care and will be able to engage more effectively in their own health and well-being.” Our strategy has 3 objectives.



This report summarises the progress made since our last update to the board in July 2023.

Summary

Our Digital strategy programmes delivery is broadly in-line with plan, however, some supplier delays and stakeholder availability during the summer has had a minor impact on timelines.

Expansion of the digital agenda across the organisation continues to progress well with the operations reconfiguration including information asset ownership and leadership and meaningful use of applied technologies increasing each year across the majority of services. The Trust leadership development programme now includes digital elements to enhance future use of digital services.

There have been significant challenges in national planning and recruitment including within our supplier market. Key projects at risk are; Community Nurse scheduling as the supplier is yet to integrate their product with our electronic patient record (Rio) and a new digital staff record as NHS England has published its intentions to deliver the new solution 2027-2032.

We have successfully submitted bids for national funding submitted for patient booking integration with the NHS app, enabling patients to see all their NHS appts in one place and for additional cyber security measures.

The successful supplier (Palantir) for the new National £480m procurement for a [Federated Data Platform](#) was announced in November. We are awaiting detailed implementation plans, but understand the national priorities are currently focused on Acute sector use cases: population health and person insight, care coordination, supply chain, vaccination and immunisation, and elective recovery. Primary Care data will not be included and it does not provide a clinical view of a patient’s shared care record.

key projects currently in progress;

- Solution for voluntary and charity sector partners to be able to access our care records (Rio)
- Increasing our integration with Rio to; SilverCloud (online therapeutic platform), Digital Dictation, Connected Care (shared care records), Talking Therapies and Microsoft Teams (video/online appointments) systems
- Discharge documentation will be received direct from acute services, initially to address quality concerns for new birth notifications
- Progression of digital patient engagement through direct patient data into Rio using e-forms, such as patient questionnaires and integration of digital appt. bookings with the NHS app
- Intelligent Automations, digital integrations and digital correspondence to free-up operational time

- Upgrade of all laptops and PCs to Windows 11

Highlights – optimise how we work...

Data sharing enhancements with our shared care record (Connected Care) has continued, additional data is now being shared with the delivery of physical health and communication preference information. This provides the preferred contact medium for patients with a disability and the latest physical health information recorded. This has been set up to be shared in real time, so the latest recorded information is always available. Connected Care usage across partner organisations continues to increase with live front-line use across Berkshire i.r.o. 700,000 accesses p.a. BOB ICS have agreed funding to support to Oxford University Hospitals for them to finally populate the TVS Connected Care platform with their patient records.

A digital solution for the use of our EPR to support partnership with voluntary sector organisations (VCSE) is now in test. It will be implemented to augment the current proof of concept solution and the output will provide a blueprint, including costs, for voluntary organisations which the Trust may wish to partner with. The Digital team are working with Operations colleagues to define a common VCSE operating framework for 'onboarding & decommissioning' new 3rd sector partners. The key aim is to be able to on-board partners quickly and share appropriate patient records safely and legally between organisations.

The upgrade programme for our Rio electronic patient record (EPR) is ongoing as planned. The July upgrade and October infrastructure update completed and the December upgrade is on track to be delivered on plan. Talking Therapies (iAPTUS) and Rio integration went live in November supporting the *One Team* programme. EPR retender activities have been approved to proceed with a direct award on a national framework contract. Expected completion in Q2 2024.

Provider collaborative and system partnership approach to population health management is developing. Autumn workshops and meetings have been held between GPs, CEOs and Berkshire West Place MD to trial an approach to utilise PHM capabilities in Berkshire West Place.

The Intelligent Automation team has been established and to date 11 processes are now operating and saving 33,000 hrs of staff time every year. Robust governance and oversight arrangements have been put in place jointly between digital, finance and operations. 21 automations are currently being built to save a further 48,000 hrs of staff time per year. As the programme has matured, we are seeing opportunities being presented through the work with our services ensuring that the programme has a robust pipeline of future processes to deliver. A progress and review report on this programme will be presented to Trust Business Group in December 2023.

Our digital medications management solution is now in full use across all of our physical health wards and the re-tender for a replacement Trust-wide solution has been approved and procurement activities started. We expect to deliver the new system in 2025-26.

Highlights – empower our patients ...

Our Digital Appointment Correspondence systems usage continues to expand within services, many of which are switching manual printing and posting of letters to direct digital delivery via Envoy post. This supports a reduction in the need for local printers, franking machines and paper sundries. In conjunction with our other digital correspondence and dictation platform they have realised circa £200k of cash releasing savings. System assurance checks on extending this solution to enable E Forms for patient curated data identified additional work prior to enabling this. Therefore, this is delayed until Q1 2024. Once completed, this will enable patients to complete outcome measures from their mobile phone, reducing manual processing and extended appointment times.

Recent award of funding from NHS E will support integration with the NHS App via the national [Wayfinder](#) programme. This will mean we are one of the first mental health care providers to be integrated with the App. Integration will support patients as they will be able to see all health appointments in the NHS app from multiple organisations. RBFT are already integrated, as are OUHFT, Frimley to follow. This will enable Berkshire patients to begin to see a [single view](#) of their NHS appointments.

There have been substantial delays across the ICS in scaling-up the use of virtual wards, although existing BHFT schemes are already delivering against the regional performance objectives. Acute frailty wards for east and west have been implemented in our EPR (Rio). Heart failure beds in shared care record (Docobo) live in East. There is some work to do at an ICS level to design final systems solution(s) and at scale processes for utilising this to increase patient throughput. Some Trusts continue to prefer their own solution over a joint approach. Average daily capacity is 8/15 beds in Frimley 31/40 in Berkshire West.

Highlights – enable our people...

We have completed vital recruitment to our digital skills training team and they have been very busy setting up pathways, cohorts and accessible instructor led courses for learning content and engagement. Over 1,900 operational staff have now attended at least one of the programme modules. The new learning approaches (on-line, instructor led with on-line reply and future reference guides) has been universally welcomed by staff with many liking the “free-to-attend-again” approach enabling them to fully embed their new skills at times convenient to them. More enhancements to this service are planned throughout 2023, including working with offerings for our more advanced people, supporting citizen developers and creating peer networks for sharing problems and solutions. The Team are supporting the Windows 11 rollout with dedicated courses for Trust staff and other mediums such as Videos, user guides, etc.

Enhancing the speed with which our staff can access their digital tools has been completed at all but 2 school sites. We have implemented accessible Wi-Fi across all GP sites in Berkshire using the “GovRoam” platform which allows any BHFT member of staff to connect to high-scale secure networks at any GP site to access clinical and other systems. Our Acute partners have committed to implementing before the end of March 2024. Work is beginning to include Social Care sites during 2024.

The talent management and leadership development schemes and processes have now been refreshed to include digital elements. We are also encouraging teams to take local action on this utilising the personal development, networking and digital skills development tools. Ensuring our workforce has the skills to deliver their role effectively in this digital age is a key part of being ready and able to deliver outstanding care. 1900 staff have now attended at least one module of our digital skills programme, with demand outstripping availability.

Our ward bed management solution (FLOW) is in the pre-implementation phase and due to go live early 2024 for Community Inpatients, replacing their manual spreadsheet processes. FLOW short-term leave will be trailed across two mental health wards towards the end of the year, with a view to giving staff greater visibility of patients on leave and when they go AWOL.

Multiple support applications are being investigated for suitability to support staff manage demand and time. Limbic is a natural language processing (AI) solution to automate initial triage for IAPT and secondary care MH referrals. The Joy app is a social prescribing support library to enable identification and referrals for efficient sign posting of patients. We are also conducting early trials into the widescale deployment of chatbots in RiO and the use of AI to support staff in producing their ambient documentation.

A new service to ensure staff laptops which become faulty can be remotely replaced within 24 hours has now gone live. This greatly reduces the amount of time operational staff have to make do with interim arrangements reducing disruption to them. It will be extended to phones and tablet devices early in 2024.

Trust Board Paper

Board Meeting Date	12 December 2023
Title	External Well-Led Review Action Plan Update Report
	Item for Noting
Reason for the Report going to the Trust Board	<p>NHS England's Code of Governance for Provider Trusts recommends that Trusts commission an external review of governance every 3-5 years.</p> <p>The Trust commissioned DCO Partners to undertake an external well-led review of governance. DCO</p> <p>The DCO's Well Led Review Report was issued to the Trust in May 2023 and its conclusions and recommendations were discussed at the Trust Board Discursive meeting in June 2023. An action plan was developed setting out the Trust's response to any required actions. The Action Plan was presented to the Trust Board meeting in July 2023 and it was agreed that the Trust Board would receive an update on the implementation of the Action Plan in six months' time.</p> <p>The Trust Board is required to note the progress in implementing the Action Plan.</p>
Business Area	Corporate Governance
Author	Julie Hill (on behalf of the Trust Chair)
Relevant Strategic Objectives	The CQC Well-Led Domain underpins all the Trust's strategic objectives.

External Well Led Review Report Action Plan Update – December 2023

No	Recommendation	Trust's Response	Actions	By	Progress Update/Completed
1	Strategy development needs more specificity, to allow the NEDs to engage and to translate the aspirations of the Trust into concrete plans over a 5-year timeframe and led by the Trust Board. From this can follow harder-edged strategic objectives	When the review was conducted, the Trust was half way through the strategy review process so the Reviewers may not have been aware of the whole process. All Board members received a briefing note setting out the strategy review process. Non-Executive Directors were also invited to participate in various workshops etc.	Future strategy reviews to set out the complete review process at the outset including timescales and outputs from each stage of the process.	Deputy Chief Executive	To be actioned when the Trust's Strategy is next refreshed.
2	A board development plan is now needed to cover a variety of new areas and to reflect gaps in knowledge on the part of NEDs. Areas to cover include: a) Developing a risk appetite	a) Risk appetite – the Board's risk appetite needed to be considered in the context of specific initiatives/major decisions etc rather than developing an overall risk appetite	The Board to consider risk appetite in the context of specific initiatives/major decisions etc. The Board should also consider risk appetite in the context of horizon scanning discussions	All Board Members	Risk Appetite is considered as part of the Board's strategic discussions.

No	Recommendation	Trust's Response	Actions	By	Progress Update/Completed
			A checklist of the key things the Board needs to consider to be developed in respect of major decisions	Deputy Chief Executive	Need to discuss to ensure checklist captures what is needed/useful for Board in relation to major decisions, if not risk appetite related. Major Board decisions will usually be supported by a business case / paper that outlines key issues/risks/opportunities on a case-by-case basis
	b) A better understanding of system working and the impact of working with two very different ICSs, now that they are up and running	b) System Working – the Board was kept informed about the structural changes to the ICSs but the Chair/CEO could do more to feedback on their informal ICS discussions.	The In Committee Executive Report to include a standing item on ICSs – some months this would only be a verbal update at the meeting	Chief Executive	The In Committee Executive Report template has been amended to include a standing item on System Working.
	c) Understanding the potential for collaboration with stakeholders such as Local Authorities, the Voluntary Sector and Private healthcare, and how best to negotiate this	c) The Board would benefit from having opportunities to meet local authority, voluntary sector and private sector partners.	Local authority, voluntary sector and private sector partners to be invited to attend Discursive/In Committee Board meetings	Chief Executive	The schedule of Board meetings has been amended to increase the number of Board Discursive meetings from 4 to 5 meetings per annum. This will provide more opportunities for

No	Recommendation	Trust's Response	Actions	By	Progress Update/Completed
					strategic discussions including with external partners.
	d) A dedicated programme to pursue innovation and ideas generation	d) Innovation and Ideas Generation – this was part of the Trust's current strategy			As above, the additional Board Discursive meeting will increase the time the Board has for strategic discussions, including discussions about digital innovation and opportunities for using digital to support the implementation of the Trust's Strategy.
3	The Trust is capable of more innovation, especially in the digital area, and the Board should discuss faster progress as part of its strategy, and consider taking on a digital partner	The Trust was in discussions with digital partners to support the Digital Strategy.	In addition to the formal six monthly updates on the Trust's Digital Strategy there should be more opportunities for the Board to have informal discussions about digital innovation etc at Trust Board Discursive/In Committee meetings.	Deputy Chief Executive	As above
4	The Board should consider how best to support the Governors over their Public duty and to look for	Governor public engagement was challenging because although this was a governor duty, it was not clear about the purpose of public	The Chair to discuss this recommendation with the Governors.	Chair	

No	Recommendation	Trust's Response	Actions	By	Progress Update/Completed
	opportunities to work with NEDs	<p>engagement in the current context.</p> <p>The Governors had a number of opportunities to work with the Non-Executive Directors, for example at the breakout sessions at the Joint NEDs/CoGs meetings and joint service visits.</p>	The Company Secretary to ask NHS Providers to include a slot on governor public engagement at the governor development session on 19 July 2023.	Company Secretary	On the programme for the NHS Provider's training on 19 July 2023
5	The Trust should consider establishing a shadow board to expose suitable candidates to the work of senior leadership, and promote diversity	The merits of setting up a shadow Board to review the Board's reports etc was limited. However, providing an opportunity for junior staff, particularly staff with protected characteristics to work on a real life strategic issue and present their recommendations to the Board could help both the Board and provide a development opportunity for the participants.	The Deputy Chief Executive and Director of People to develop the process for selecting candidates to work on a strategic issues and to develop the terms of reference for the group.	Deputy Chief Executive/Director of People	Proposal deferred to early in the New Year.