Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Team because of the COVID-19 pandemic)

10:00am on Tuesday 08 September 2020

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 July 2020	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
	QUALITY		
6.0	Patient Story - Sexual Health and the Move to a Digital Model	David Townsend, Chief Operating Officer/Joe Pither, Graduate Trainee and Anju Sharma, Sexual Health Service Manager	Verbal
6.1	Patient Experience Report – Quarter 1	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.2	Quality Assurance Committee Meeting - 18 August 2020 a) Minutes of the meeting b) Learning from Deaths Quarterly Report c) Guardians of Safe Working Quarterly Report	David Buckle, Chair of the Quality Assurance Committee/ Minoo Irani, Medical Director	Enc.
	EXECUTIVE UPDATE		
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
	PERFORMANCE		
8.0	Month 04 2020/21 Finance Report	Alex Gild, Deputy Chief Executive and Chief Financial Officer	Enc.
8.1	Month 04 2020/21 Performance Report	Alex Gild, Deputy Chief Executive and Chief Financial Officer	Enc.
8.2	Finance, Investment and Performance Committee meeting held on 30 July	Naomi Coxwell, Chair, Finance, Investment and Performance	Verbal

No	Item	Presenter	Enc.
	2020	Committee	
STRATEGY			
9.0	Workforce Disability Equality Standard Report	Kathryn MacDermott, Acting Executive Director of Strategy	Enc.
9.1	Workforce Race Equality Standard Report	Kathryn MacDermott, Acting Executive Director of Strategy	Enc.
9.2	COVID-19 Recovery Plan Report	Kathryn MacDermott, Acting Executive Director of Strategy	Enc.
9.3	Strategy Implementation Plan Report	Kathryn MacDermott, Acting Executive Director of Strategy	Enc.
CORPORATE GOVERNANCE			
10.0	Audit Committee Meeting held on 22 July 2020 – Minutes of the Meeting	Chris Fisher, Chair of the Audit Committee	Enc.
10.1	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
10.2	Schedule of Meetings	Martin Earwicker, Trust Chair	Enc.
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting –10 November 2020	Martin Earwicker, Chair	Verbal
13.	**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 July 2020

(conducted via Microsoft Teams because of COVID-19 social distancing requirements)

Present:	Martin Earwicker	Chair
	Chris Fisher	Non-Executive Director
	David Buckle	Non-Executive Director (*present from 10.15)*
	Naomi Coxwell	Non-Executive Director
	Mark Day	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Mehmuda Mian	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Deputy Chief Executive and Chief Financial Officer
	Debbie Fulton	Director of Nursing and Therapies
	Dr Minoo Irani	Medical Director
	Kathryn MacDermott	Acting Executive Director of Strategy
	David Townsend	Chief Operating Officer
In attendance:	Julie Hill	Company Secretary
	Mike Craissati,	Freedom to Speak Up Guardian
	Katie Warner	Head of Research and Development

20/091	**Welcome and Public Questions** (agenda item 1)
	The Chair welcomed everyone to the meeting including Dr Minesh Karia who was observing the meeting. The Chair reported that members of the public and Governors had been invited to submit questions about the Trust Board papers in advance of the meeting. It was noted that one question had been received as follows: **Question** *"How long does it take board members to read 387 pages and is this good use of their time?"*

	Response The Chair said that one of the responsibilities of the Board was to monitor the Trust's performance and explained that it was a requirement from the Regulator that certain reports were considered by the full Trust Board. This included the Quality Accounts, Safe Staffing and Learning from Death Reports etc. The Chair explained that the content of these reports had already been reviewed in detail by the Trust Board's Sub-Committees and that presenting the papers to the Trust Board was to make sure that the Board had an opportunity to raise any further issues etc. The above response would be emailed to the person who had submitted the question. **Action: Company Secretary**
20/092	**Apologies** (agenda item 2)
	There were no apologies. David Buckle, Non-Executive Director gave apologies for lateness as he had a dental appointment. Dr Buckle joined the meeting at 10.15am.
20/093	**Declaration of Any Other Business** (agenda item 3)
	There was no other business.
20/094	**Declarations of Interest** (agenda item 4)
	i. **Amendments to Register** – none
	ii. **Agenda Items** – none
20/095	**Minutes of the previous meeting – 12 May 2020** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday 12 May 2020 were approved as a correct record.
20/096	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board:** noted the action log.
20/097	**Freedom to Speak Up Guardian's Report (**agenda item 6.0)
	The Chair welcomed Mike Craissati, Freedom to Speak Up Guardian. The Freedom to Speak Up Guardian presented the paper and highlighted the following points: • The Freedom to Speak Up function had continued during the COVID-19 pandemic;

	• The Freedom to Speak Up Guardian had attended all the Diversity Road Show events and was a member of the Trust's Safety Culture Steering Group and Ethics Committee; • The Freedom to Speak Up Status Exchange meetings between the Guardian, Chief Executive, Director of Nursing and Therapies and Head of Operational Human Resources continued to provide a good forum for a structured information exchange, triangulation of information and ensuring action was completed; • The Guardian also met with the Head of Operational Human Resources separately to enable direct communication about case work in a confidential manner; • Staff who raised concerns were offered continual feedback on any investigation work undertaken as a result of Speaking Up and were supported throughout the process; • The Freedom to Speak Up process was originally intended to support staff to raise patient safety concerns, but the Trust received very few patient safety concerns. The Guardian mainly dealt with staff experience concerns and how staff felt at work, including bullying and harassment. Staff raised patient safety concerns via the Clinical Leadership structure. The Deputy Chief Executive and Chief Financial Officer asked how the Guardian was able to raise issues of bullying and harassment when the person wanted to remain anonymous. The Freedom to Speak Up Guardian said that as the Speaking Up process progressed, some staff agreed to waive their anonymity. The Chair asked how the Guardian measured the satisfaction of the Freedom to Speak Up process. The Freedom to Speak Up Guardian explained that staff were asked for their feedback on their experience of the Speak Up process rather than whether they were happy with the outcome of any investigation. The Chief Operating Officer pointed out that 50% of staff experience concerns were from a BAME background and related to bullying and harassment. The Chief Operating Officer said that the BAME staff Network had prioritised bullying and harassment last year and asked whether the Guardian thought bullying and harassment should continue to be a priority for 2020-21. The Freedom to Speak Up Guardian said that he would recommend that the BAME Staff Network continued its work to support the Trust to address bullying and harassment. Naomi Coxwell, Non-Executive Director said that Dido Harding, Chair, NHS Improvement had written to Boards about the importance of having a "Just Culture" and improving the grievance and disciplinary investigation process and asked whether the Freedom to Speak Up Guardian was involved with this work. The Freedom to Speak Up Guardian reported that if a Speak Up Concern related to learning from how a grievance or disciplinary investigation had been conducted, he would feed this back to Human Resources. The Freedom to Speak Up Guardian reported that he kept up to date with guidance and good practice from the National Guardian's Office. It was noted that the Freedom to Speak Up Guardian had reviewed the National Guardian's Office's recommendations in respect of the Whittington Health NHS case

	review and confirmed that the Trust was already compliant with the National Guardian Office's recommendations. On behalf of the Trust, the Chair thanked the Freedom to Speak Up Guardian for his work. **The Trust Board:** noted the paper.
20/098	**Annual Research and Development Report** (agenda item 6.1)
	The Chair welcomed Katie Warner, Head of Research and Development. The Head of Research and Development presented the paper and highlighted the following points: • The format of the Annual Research and Development Report had been changed from previous years and now included an overview of the research activity over the course of the last four years; • The report also focused on all research including research conducted by students and staff; • There were new sections on equity of access to research and the impact of research • The Research and Development team were keen to ensure that research activities were aligned with the Trust's strategic priorities; • Research was not only focused on patients but often included carers and staff. The Chair asked whether future reports could also include the diversity of the staff as well as patients who participated in research. The Head of Research and Development agreed to include the diversity of staff delivering research projects in future reports. **Action: Head of Research and Development/Medical Director** Mark Day, Non-Executive Director said that it was encouraging how the Trust's research and development activities continued to develop and asked whether patients and staff were informed of the outcomes of the research. The Head of Research and Development said that historically the Trust was not as effective as it could be in feeding back to participants and said that the Research and Development Team were looking at ways of virtually showcasing research as well as writing articles in the existing Trust Newsletters and thanking people for their participation. Chris Fisher, Non-Executive Director said that he welcomed the new format of the Annual Research and Development Report and particularly liked the four-year comparisons. **The Trust Board:** noted the paper.
20/099	**Annual Complaints Report (**agenda item 6.2)
	The Director of Nursing and Therapies presented the Annual Complaints Report and highlighted the following points:

	• During 2019-20, the Trust had received 231 formal complaints which equated to 0.02% of recorded patient contracts during the year; • Quarterly Patient Experience Reports were presented to the Trust Board and had consistently demonstrated that concerns raised around Community Health Service were much more likely to be raised as an informal concern with local resolution rather than as a formal complaint. This contrasted with Mental Health concerns which were more likely to be received as formal complaints; • National benchmarking data within the Model Hospital demonstrated that the number of formal complaints received by the Trust was comparable with other Trusts rated as Outstanding by the Care Quality Commission; • The Parliamentary Health Service Ombudsman received 5 complaints in relation to the Trust during 2019-20 and of these, the Ombudsman was not proceeding with 3 out of 5 complaints and were receiving the other 2 complaints. Naomi Coxwell, Non-Executive Director asked whether there had been an increase in the number of complaints received during the COVID-19 pandemic. The Director of Nursing and Therapies confirmed that the Trust had received a lower number of formal complaints during the COVID-19 period but pointed out that this trend may stop now that services were beginning to come back online. **The Trust Board:** noted the report.
20/100	**Quality Accounts 2019-20** (agenda item 6.3)
	The Medical Director presented the Quality Accounts 2019-20 Report which had been reviewed by the Quality Assurance Committee. The Medical Director reported that due to the COVID-19 pandemic, NHS Improvement had extended the legal deadline for finalising the Quality Accounts 2019-20 to 15 December 2020 and had removed the requirement to include the Quality Accounts as part of the Trust's Annual Report and Accounts. The Medical Director reported that the Trust had decided to work to the original timetable and the Quality Accounts 2019-20 were presented to the Board for final approval. The Medical Director highlighted a minor error as follows: • Page 100 of the agenda pack in the Patient Safety section, there was only one medication error and not two as stated in the report The Chair said that he found the Quality Accounts a very useful reference document. The Chair thanked the Medical Director and the staff involved in drafting the Quality Accounts. **The Trust Board**: a) Considered the Statement of Directors' Responsibilities in respect of the Quality Accounts 2019-20 and ensured that they were satisfied that the Quality Accounts in relation to the requirements detailed in the statement; b) Confirmed to the best of their knowledge and belief that the Quality Accounts 2019-20 complied with the requirements detailed in the statement in preparing the Quality Accounts; c) Authorised the Chair and Chief Executive to sign the Statement of Responsibilities.

20/101	**Annual Medical Appraisal and Revalidation Report** (agenda item 6.4)
	The Medical Director presented the paper which provided assurance that the Trust's medical appraisal and revalidation process was compliant with the regulations and was operating effectively within the Trust. The Medical Director reported that usually the Chair, on behalf of the Trust signed the Statement of Compliance, but due to the COVID-19 pandemic, assurance processes at regional and national level had been paused. The Medical Director reported that irrespective of the national assurance requests, he thought it was important that the Trust Board should receive assurance about the Trust's medical appraisal and revalidation processes. The Chair thanked the Medical Director and commented that the report provided positive assurance. **The Trust Board**: noted the paper.
20/102	**Six Monthly Safe Staffing Report** (agenda item 6.5)
	The Director of Nursing and Therapies presented the paper and reported that there was a national requirement for the Director of Nursing and Therapies and the Medical Director to confirm in a statement to their Boards that they were satisfied with the outcome of any assessment that staffing was safe, effective and sustainable. The Director of Nursing and Therapies and the Medical Director made the following declaration: "The mental health wards have, over the six month period, continued to raise some concern because of the sustained high number of temporary staff and redeployed staff, however, there has been successful recruitment and there was no correlated link between staffing levels and patient safety incidents, there is however, limited assurance that care was of a high quality at all times and it is possible that patient experience was compromised." The Chair asked for more information about the role of the ward Activity Co-ordinators. The Director of Nursing and Therapies explained that the Activity Co-ordinators had been trialed on Snowdrop Ward, Prospect Park Hospital and the feedback had been very positive. The Activity Co-Ordinators worked from 4pm until 10pm when patients tended to be more unsettled on the wards and either organised one to one or group activities to support patient recovery. Naomi Coxwell, Non-Executive Director asked about the impact of the COVID-19 lockdown on the wards. The Director of Nursing and Therapies explained that up until the last couple of weeks, bed occupancy on the wards had been much lower than normal, but bed occupancy had recently increased and was now at more normal level.

	Aileen Feeney, Non-Executive Director said that it was positive that safe staffing had been maintained over the last six months but asked whether there were plans in place to address staff turnover. The Director of Nursing and Therapies said that workforce was one of the Trust's strategic initiatives and reducing staff turnover was a key component. The Director of Nursing and Therapies said that it was clear that a number of staff left within the first one to two years of joining the Trust. It was noted that the Trust had developed a programme to support the new Prospect Park Hospital Preceptees who had started work last October and so far, only one Preceptee had left the Trust (out of 18). The Deputy Chief Executive and Chief Financial Officer reported that the Trust Board would have an opportunity to review the Trust's workforce plans as part of the In-Committee Board meeting. **The Trust Board:** noted: a) The paper; and b) The safe staffing declaration made by the Director of Nursing and Therapies and Medical Director
20/103	**Quality Assurance Committee Meeting – 19 May 2020** (agenda item 6.6)
	The minutes of the Quality Assurance Committee meeting held on 19 May 2020 had been circulated. The quarterly Learning from Deaths and Guardians of Safety Working reports which were reviewed by the Committee had also been circulated. **The Trust Board**: noted the: a) Minutes of the Quality Assurance Committee meeting held on 19 May 2020 b) Quarterly Learning from Deaths Paper c) Quarterly Guardians of Safe Working Paper
20/104	**NHS Infection and Prevention Control Board Assurance Framework COIVD-19 Report** (agenda item 6.7)
	The Director of Nursing and Therapies reported the national Prevention Infection and Control Board Assurance Framework had been published in May 2020 with the aim of supporting all healthcare providers to effectively self-assess their compliance with Public Health England and over COVID-19 related infection prevention and control guidance. The aim of the framework was to provide assurance to Boards that organisational compliance had been systematically reviewed. **The Trust Board**: noted the paper.
20/105	**Volunteer, Work Experience and Honorary Contract Annual Report** (agenda item 6.8)
	The Director of Nursing and Therapies presented the paper. The Director of Nursing and Therapies reported that Volunteers and people employed on honorary contracts played an important role in the Trust including supporting the Trust's COVID-19 pandemic work.

	The Director of Nursing and Therapies said that she was delighted that the Trust had been awarded the Queen's Award for Voluntary Services. The Chair congratulated the Trust on being awarded the Queen's Award for Voluntary Services and asked whether there were plans to celebrate the award. The Director of Nursing and Therapies said that there was an opportunity for a small number of Volunteers to attend one of the Queen's Garden Parties and said that the Trust would find a COVID-19 safe way of celebrating the award. **The Trust Board**: noted the paper.
20/106	**Executive Report** (agenda item 7.0)
	The Executive Report had been circulated. The following section was considered further: **a) COVID-19 Staff Risk Assessments Update** The Chief Operating Officer reported that since the report had been written the number of COVID-19 staff risk assessments for BAME staff had increased from 90% to 95% of eligible staff. It was noted that the Trust was following up why individual BAME staff risk assessments had not yet been completed. In some cases, this was because staff were currently off sick. **The Trust Board**: noted the paper.
20/107	**Month 02 2020-21 Finance Report** (agenda item 8.0)
	The Deputy Chief Executive and Chief Financial Officer presented the paper and highlighted the following points: • The Trust continued to operate within a COVID-19 influenced financial regime. No official guidance had been received, either extending the current regime or detailing any changes; • The overriding principle remained that NHS Provider organisations would report breakeven positions during this period, made possible by "Top-Up" central payments, covering both additional costs incurred in response to the COVID-19 pandemic and underlying deficits; • During this period, the Trust had no contracts with the Clinical Commissioning Groups. These local contracts had been replaced by centrally calculated block allocations • During months 2 and 3, the Trust had a small underlying financial surplus, driven by service closures and savings around staff working remotely; • A paper setting out the Trust's financial forecast for the remainder of the year would be submitted to the July 2020 Finance, Investment and Performance Committee; • The whole of the Trust's capital plan was part of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System's capital control total Chris Fisher, Non-Executive Director referred to page 303 of the agenda pack and asked for an explanation about the two sets of figures.

	The Deputy Chief Executive and Chief Financial Officer explained that the left-hand column referred to the NHS Improvement allocated plan and the right-hand column was the Trust's own financial forecast taken at the end of March 2020. The Chair commented that given the impact of COVID-19, the Trust would need to continue to be efficient with its resources when the COVID-19 financial regime ended. Naomi Coxwell, Non-Executive Director reported that the Finance, Investment and Performance Committee would be considering the Trust's forecast for the remainder of the year at its meeting on 30 July 2020. **The Trust Board noted:** the following summary of the financial performance and results for Month 02 2020-21: The Trust continued to operate under the interim COVID-19 finance regime with central funding being accrued to cover the COVID-19 response costs. This was to ensure that the Trust was able to report a breakeven position year to date. The report reflected financial performance against both an NHS Improvement calculated plan as well as the Trust's own internal forecast. Year to date cash was £46.8m versus the financial plan of £45.9m Year to date capital expenditure was £0.2m versus the financial plan of £0.3m.
20/108	**Month 02 2020-21 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Month 02 "Trust North" Performance Scorecard had been circulated. The Chair commented that it was a reassuring report and commented that he liked the. new more visual format of the report which was easy to follow. **The Trust Board:** noted the report.
20/109	**Vision Metrics Report** (agenda item 8.2)
	The Deputy Chief Executive and Chief Financial Officer reported that the Vision Metrics would be reviewed in the light of the Care Quality Commission's Outstanding rating for the Trust and when the Trust's Strategy was refreshed. The benchmarking positions would also be refreshed once detailed analysis toolkits were made available. It was noted that benchmarking data had been delayed because of the COVID-19 pandemic. **The Trust Board:** noted the paper.
20/110	**Annual PLACE Survey 2019 Results Report** (agenda item 8.3)
	The Chief Operating Officer presented the paper and reported that the PLACE (Patient-led Assessment of the Care Environment) was an annual national survey. The Chief Operating Officer made the following points:

	• The Trust remained above national and regional averages for all Trusts and Mental Health Trusts; • The Trust was the top performing Mental Health Trust regionally in all indicators (excluding food); • The Trust had the second highest average score across all Mental Health Trusts nationally Mehmuda Mian, Non-Executive Director asked whether the PLACE survey included talking to patients as well as to staff. The Chief Operating Officer confirmed that the PLACE survey included talking to patients. Chris Fisher, Non-Executive Director reported that the PLACE survey results were very positive but noted that the results highlighted that the St Mark's Hospital built environment was sub-optimal. **The Trust Board**: noted the paper
20/111	**Equality, Diversity and Inclusion Mid-Year Report** (agenda item 9.0)
	The Acting Executive Director of Strategy presented the paper and highlighted the following points: • The report provided a mid-year review on the progress made against the Trust's Equality Strategy 2016-20 and highlighted the achievements made over the past six months; • The report also set out the key areas of focus for the first four months of 2020 to ensure delivery of the Equality Strategy objectives and preparation for a new Equalities, Diversity and Inclusion Strategy to take effect towards the end of 2020 with a greater focus on inclusion and belonging; • The Trust had achieved its target in relation to 20% BAME staff representation of agenda for change bands 7-8a-d; • The Trust was continuing its work to reduce bullying and harassment and progress had been made but there was more work to be done The Chief Executive pointed out that the report used data from the 2018 NHS National Staff Survey and that the 2019 NHS National Staff Survey results showed that there had been more progress made against the Equality Strategy objectives. Naomi Coxwell, Non-Executive Director noted that the Trust had not achieved its target of being in the top 100 of the Stonewall Workplace Equality Index (the Trust was currently ranked 133) and asked whether there was more work to be done. The Acting Executive Director of Strategy said that the feedback from the Stonewall Relationship Manager had been very positive about the Trust 's performance and had highlighted a number of "quick wins" the Trust could implement. It was also noted that more organisations had joined the Stonewall Programme and therefore it was even more challenging to be in the top 100 organisations. The Acting Executive Director of Strategy said that the Trust had developed a work programme which was well received by the Diversity Steering Group.

	Aileen Feeney, Non-Executive Director referred to objective 4 (page 361 of the agenda pack) and asked for more information about the high level of stress and anxiety related sickness amongst disabled staff. The Acting Executive Director of Strategy agreed to find out more information about and inform the Trust Board. **Action: Acting Executive Director of Strategy** Mehmuda Mian, Non-Executive Director asked for an update on the Trust's Making It Right Programme. The Acting Executive Director of Strategy reported that that the Making It Right Programme pilot had been well received by the BAME staff who had attended. It was noted that the last cohort of the programme had not been as well attended as the previous courses. Since then, the content of the programme had been reviewed and updated. The Acting Executive Director of Strategy also reported that the programme was going to be broadened to include LGBT+ and Disabled staff. The Chair said that it was pleasing that progress had been made and welcomed the Trust's commitment to continuing its focus on Equalities, Diversity and Inclusion. **The Trust Board:** noted the paper.
20/112	**COVID-19 Pandemic Recovery Plan Update Report** (agenda item 9.1)
	The Acting Executive Director of Strategy presented the paper and highlighted the following points: • The Trust had commenced the process of its post COVID-19 recovery and service restoration; • The initial work has focused on prioritising the re-opening/extending of services. The prioritisation process required a service to complete a Quality Impact Assessment (QIA) that set out how the service would be operating and how any risks would be managed; • The Quality Impact Assessments were approved by either the Medical Director or by the Director of Nursing and Therapies as appropriate; • In addition, services were required to complete an Estates Facilities Management template that set out the requirements for Personal Protective Equipment (PPE) and estates requirements, for example, additional social distancing signage and introducing one-way flows through buildings. This template must be approved by the Director of Estates and Facilities; • During the COVID-19 pandemic there has been a significant increase in the use of remote working across services. This had included telephone triage to direct patients to the right service/professional, follow-up appointments and diagnostics and virtual consultations; • A key aim of the post COVID-19 Recovery Plan was to support staff and team resilience and wellbeing following the social and psychological impact of responding to the COVID-19 pandemic; • The Trust was also working closely with both the Integrated Care Systems to ensure service recovery was aligned across different providers.

	Chris Fisher, Non-Executive Director referred to page 370 of the agenda pack and commented that there were 20 services identified for recovery which were currently awaiting approval. The Acting Executive Director of Strategy explained that services which were identified as a priority had been fast tracked. It was noted that some services could not be moved into recovery until staff who had been deployed to other services during the COVID-19 pandemic were able to return to their substantive posts. Mark Day, Non-Executive Director commented that inevitably the phases approach to service recovery was confusing to the public and asked whether the Trust was proactive in communicating what was happening to both its patients and potential patients. The Acting Executive Director of Strategy said that when services came back online, patients received a letter. In addition, the Trust's website was updated with the latest service information. Mark Day, Non-Executive Director asked whether Governors had been kept up informed about services coming back online. The Acting Executive Director of Strategy agreed to inform Governors. **Action: Acting Executive Director of Strategy** Naomi Coxwell, Non-Executive Director asked whether there was likely to be pent up demand for services post COVID-19. The Acting Executive Director of Strategy reported that the Trust had developed a service capacity model which took into account increasing demand and increased waiting lists. The model used service demand based on 2019-20 as a baseline and included demographic growth in order to identify likely future demand. The Acting Executive Director of Strategy pointed out that the impact of the COVID-19 pandemic on mental health and the impact of patients' treatment being delayed on their outcomes was not yet known. **The Trust Board**: noted the report.
20/113	**Audit Committee Meeting – 27 May 2020** (agenda item 10.0)
	Chris Fisher, Non-Executive Director reported that the Audit Committee meeting held on 27 May 2020 was a special meeting convened to approve the Annual Accounts 2019-20 on behalf of the Trust Board. Mr Fisher paid tribute to the work of the Finance Team who had worked to the same timetable as last year even though NHS England/Improvement had extended the deadline for submission of the Annual Accounts because of the COVID-19 pandemic. Mr Fisher also reported that the Head of Internal Audit's Opinion for 2019-20 for the Trust was that "the organisation has an adequate and effective framework for risk management, governance and internal control". This was the Internal Auditors highest level of assurance. Mr Fisher reported that the Audit Committee had not met in April 2020 because of the COVID-19 pandemic but confirmed that Audit Committee meetings had now resumed and that the next meeting would be held via Microsoft Teams on 22 July 2020.

	The Chair thanked Chris Fisher for his update. **The Trust Board**: noted the minutes of the Audit Committee meeting held on 27 May 2020.
20/114	**Trust Seal Report** (agenda item 10.1)
	The Deputy Chief Executive and Chief Financial Officer reported that the Trust's seal had been affixed to the following documents: • A Deed of Variation in relation to Jasmine Ward works • A Lease in respect of 4th and 5th floor, Nicholson House, Maidenhead. **The Trust Board**: noted the report.
20/115	**Corporate Risk Register – New Risk - Nosocomial Infections** (agenda item 10.2)
	The Director of Nursing and Therapies reported that there was emerging national evidence about the risk of staff to staff transmission of COVID-19 in hospital settings. It was noted that the risk was both in terms of staff contracting COVID-19 and impacting on the Trust's ability to deliver services and in terms of staff having to self-isolate as part of the test and trace system. The Director of Nursing and Therapies said that she had assessed the risk as "severe" and reported that the Trust had put in place a range of mitigations to reduce the risk of staff to staff COVID-19 transmission. The Chair asked whether the controls that had been put in place to manage the risk were adequate. The Director of Nursing and Therapies explained that the right controls were in place but every organisation was struggling to ensure that there was always 100% compliance with the controls. The Director of Nursing and Therapies commented that as the rest of the country was experiencing an easing of the lock-down requirements, it was increasingly challenging to ensure staff maintain the 2 metre distancing rule and the correct use of Personal Protective Equipment. Mehmuda Mian, Non-Executive Director asked whether the Trust had enough stocks of the correct Personal Protective Equipment. The Director of Nursing and Therapies reported that with the exception of the Community Dentistry Service and some specialist Children and Young People's services, the Trust's staff were not required to use enhanced Personal Protective Equipment because staff were not undertaking aerosol generating procedures and confirmed that the Trust had adequate stocks of the required Personal Protective Equipment. **The Trust Board**: approved the inclusion of the risk of nosocomial infections on the Trust's Corporate Risk Register.

20/116	**Council of Governors Update** (agenda item 10.4)
	The Chair reported that the Council of Governors Live Broadcast Briefing meeting held on 10 June 2020 had been well received by the Governors. This meeting provided an opportunity for the Executive to brief the Governors about the Trust's response to the COVID-19 pandemic and to inform the Governors about the Trust's post COVID-19 Recovery Plan. The Chair reported that the next formal Council of Governors meeting on 29 July 2020 would be conducted via Microsoft Teams.
20/117	**Any Other Business** (agenda item 11)
	There was no other business.
20/118	**Date of Next Public Meeting** (agenda item 12)
	The next Public Trust Board meeting would take place on 08 September 2020.
20/119	**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 July 2020.

Signed……. Date 08 September 2020
(Martin Earwicker, Chair)

Berkshire Healthcare NHS Foundation Trust

BOARD OF DIRECTORS MEETING 08/09/20

Board Meeting Matters Arising Log – 2020 – Public Meetings

Key:

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

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
10.12.19	19/248	Vision Metrics	The Deputy Chief Executive and Chief Financial Officer to present options for linking True North and the Vision Metrics to the Finance, Investment and Performance Committee.	TBC	**AG**	Holding of the review whilst the Trust's Strategy and True North objectives are refreshed during Covid-19 transition. Latest vision metrics update reports good progress over 2019/20, supported by an Outstanding	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						overall Care Quality Commission rating.	
11.02.20	20/011	True North Performance Scorecard	The Medical Director and Director of Nursing and Therapies to include quarterly information about non-constitutional waiting times which they were concerned about and why together with any actions that were put in place to address waiting times and to mitigate any patient safety risks.	September 2020	**MI/DF**	The Trust's Tableau information system is currently limited in its ability to digitally collect non-constitutional wait times for the full range of Trust services. The Trust is compliant with all constitutional waits. All waits (constitutional and several non-constitutional) are reported to the monthly Quality & Performance Executive; in addition, Clinical Directors will escalate to QPEG if quality and safety concerns relate to service waits. For wait times which raise	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						patient safety concerns at QPEG, the Medical and Nursing Director will support discussion and risk mitigation and report this to trust Board as a Quality Concern'.	
11.02.20	20/014	Strategy Implementation Plan 2019-20	A post project review of the Trust's new Intranet to be undertaken in order to learn any lessons for future initiatives.	December 2020	**KM**	Nexus has now been successfully launched and an options paper for evaluating the project will be considered at the next programme board.	
11.02.20	20/021	Governor Update	The Company Secretary to arrange a Joint Board and Council of Governors' session on the role of the Governors and the relationship between the Council and the Board.	TBC	**JH**	A training event was arranged for 6 May 2020, but this has been deferred due to COVID-19 social distancing requirements	
14.04.20	20/056	"Dido Harding" Letter	The Finance, Investment and Performance Committee to receive a comprehensive report on the Trust's	July 2020	**AG/JN**	Completed - on the agenda for the July 2020 Finance,	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			Disciplinaries and Grievances.			Investment and Performance Committee	
12.05.20	20/065	Matters Arising - Equality Strategy	The Equality Strategy to be developed as part of the Three-Year Strategy Refresh.	Oct 2020	**KM**	Trust Board has agreed to have a dedicated Equalities, Diversity and Inclusion Strategy. This work has started with a provisional due date of Sept 2020 for the 1st draft.	
12.05.20	20/065	Matters Arising – Finance Report	The action (min 19/206) from the meeting on 19 November 2019 set out below to remain on the action log until the Finance, investment and Performance Committee has had an opportunity to review the issue: The Finance, Investment and Performance Committee to be provided with more information about the increase in the number of admin roles and whether this resulted in greater efficiencies elsewhere in the Trust.	July 2020	**AG**	The increase in administrative and management roles was discussed at the July 2020 Finance, Investment and Performance Committee.	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
12.05.20	20/067	Patient Experience Report	The Director of Nursing and Therapies to consider including more detail of the 15 Step Visit Reports as part of the Patient Experience Report.	TBC	**DF**	15 Step Visits are currently paused because of COVID-19. The action will be completed when 15 Step Visits resume.	
14.07.20	20/092	Public Question	The Board's response to the question to be emailed to the member of the public who submitted the question.	July 2020	**JH**	The Company Secretary emailed the member of the public who had submitted the question to the Board after the July 2020 Trust Board meeting.	
14.07.20	20/098	Annual Research and Development Report	The Head of Research and Development to include the diversity of staff delivering research projects in future reports.	September 2020	**MI/KW**	The diversity of staff delivering research projects will be included in future annual research and development reports.	
14.07.20	20/111	Equality, Diversity and Inclusion Mid-Year Report	The Acting Executive Director of Strategy agreed to find out more information about the high level of stress and anxiety amongst disabled staff and inform the Trust Board	September 2020	**KM**	Completed: Appendix - Note on Action Log 20/111	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
14.07.20	20/112	COVID_19 Pandemic Recovery Plan Update Report	The Governors to be kept informed about services coming back online.	September 2020	**KM**	An update will be provided to the next meeting of the Council of Governors on 23 September 2020.	

Note on Action Log 20/111

The Acting Executive Director of Strategy agreed to find out more information about the high level of stress and anxiety amongst disabled staff and inform the Trust Board

The data provided in the table below indicates why there is "high level of stress and anxiety amongst disabled staff". Staff consistently report higher levels of emotional disquiet with their lived experiences in their roles and with the general culture within their teams compared to their non-disabled peers. Disabled staff do not feel that their contribution is recognised enough, don't feel they have a voice and experience higher levels of harassment, bullying or abuse from patients, colleagues and managers. The data suggests that there is a gap of 18% in the experiences of staff who have experienced work-related stress in the last 12 months between staff with a disability and their non-disabled colleagues. Furthermore, 19% more staff with a disability report to having to come to work when not feeling well enough to perform their duties compared to their non-disabled colleagues.

As part of taking this forward the Organisational Development Lead for Equality, Diversity & Inclusion has met with the Staff Side representatives and the following concerns were raised viz-a-viz Purple:

- Lack of recognition of faithful quiet people - people with a disability.
- Perceived lack of pace on moving forward with Reasonable Adjustments
- The Reasonable Adjustments policy has been approved and shared with staff

The Purple network

The stats included in the WDES reflect that we still have ground to cover, but that progress has been made. This is within the context of the Purple Network being a relatively young network and the current Chair has not been available for a while and no dedicated admin support. We have an interim Chair in place whilst recruitment is undertaken for the substantive replacement. A new administrator supporting the networks started on the 1st September.

The Purple network will be taking a QI approach to identifying the key problems to focus on as part of developing the E, D & I strategy.

Key immediate actions:

- Follow up and embed reasonable adjustments policy, this was a network priority prior to COVID.
- Continue to share staff stories of disability and/or caring responsibilities to improve confidence of reporting as disabled and achieve appropriate adjustments.
- Provide an analysis of WDES progress and gaps

Q	Description	Disabled	Not Disabled	Difference
2a	Often/always look forward to going to work	62%	67%	-5%
4b	Able to make suggestions to improve the work of my team/dept	74%	84%	-10%
4c	Involved in deciding changes that affect work	52%	61%	-9%
4d	Able to make improvements happen in my area of work	59%	68%	-9%

4j	I receive the respect I deserve from my colleagues at work	71%	78%	-7%
5a	Satisfied with recognition for good work	60%	69%	-9%
5b	Satisfied with support from immediate manager	71%	78%	-7%
5c	Satisfied with support from colleagues	79%	85%	-6%
5d	Satisfied with amount of responsibility given	73%	79%	-6%
5e	Satisfied with opportunities to use skills	71%	77%	-6%
5f	Satisfied with extent organisation values my work	54%	61%	-7%
5g	Satisfied with level of pay	32%	39%	-7%
5h	Satisfied with opportunities for flexible working patterns	58%	67%	-9%
6c	Relationships at work are unstrained	48%	65%	-7%
7c	Able to provide the care I aspire to	63%	71%	-8%
8a	My immediate manager encourages me at work	73%	80%	-7%
9d	Senior managers act on staff feedback	40%	48%	-8%
11c	Not felt unwell due to work related stress in last 12 months	45%	63%	-18%
11d	In last 3 months, have not come to work when not feeling well enough to perform duties	29%	48%	-19%
13a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	70%	77%	-7%
13b	Not experienced harassment, bullying or abuse from managers	84%	92%	-8%
13c	Not experienced harassment, bullying or abuse from other colleagues	77%	86%	-9%

Berkshire Healthcare
NHS Foundation Trust

Board	8th September 2020
Title	Patient Experience Report Quarter 1 (April -June 2020)
Purpose	The purpose of this report is to provide the Board with an overview of the patient experience information and activity for Quarter 1
Business Area	Nursing & Governance
Author	Elizabeth Chapman, Head of Patient Experience
Relevant Strategic Objectives	True North goals of Harm free care, Supporting our staff and Good patient Experience
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	N/A
Legal Implications	N/A
SUMMARY	Toward the end of March, to enable providers to focus on responding to the COVID pandemic, there was national direction issued that formal complaint process could be paused, although acknowledgement and recording of complaints should continue, new complaints should be triaged, and immediate action taken around any patient safety or safeguarding concerns. Complaints were to remain open until further notice, unless an informal resolution could be achieved, or the complainant chose to withdraw their complaint. In BHFT we continued to respond in writing to all complaints opened prior to this time and we are offering local/ informal resolution as an alternative for all new complaints. We continued to log, review and triage all complaints received and where informal resolution was not possible complaints were formally responded to as soon as services are able. The decision to proactively continue to respond to complaints has meant that whilst there was an increase in new complaints received towards the end of June, there was not a significant backlog of complaints that also required a response when nationally formal processes were advised to resume. In addition, from 26th March the Parliamentary and Health Service Ombudsman stopped accepting new NHS complaints or working on open cases; PHSO activity resumed on 1 July 2020. Collation and submission of FFT has been suspended; whilst there is no national restart date we are commencing with new format from 1st September. During the quarter there has been a general reduction in all patient experience activity no significant changes or themes have been noted from the information that has been received.

	• 44 complaints were received – This is lower than any previous quarter of the last 2 years. 50% of these (22) were received in June. • There were no areas that saw a significant increase in complaints compared to last year. • The services with the highest number formal complaints during the quarter were inpatient wards (both Physical and Mental Health), Out of Hours GP and CRHTT. Whilst a very small number could be attributed to the COVID pandemic, for example dissatisfaction with discharge arrangements due to changed processes, most of the complaints were around communication and dissatisfaction with clinical care not related to COVID or the pandemic response. • Neither of the formal CAMHS complaints received during the quarter related to service wait times and there were only 2 MP complaints related to CAMHS during the quarter. This is a significant reduction on any quarter last year; although the service is looking at alternative ways to reduce wait lists for ASD/ ADHD pathways the there is no reduction in wait lists at the present time. • Of the 4 Bluebell ward complaints (3 separate complainants), all related to staff attitude although 2 were historical complaints (Jan 2020) • The response rate for complaints within agreed timescale remained at 100%. • Of the 35 complaints closed in the quarter 71% were partially or fully upheld which is higher than in previous quarters, usually around 60% of the complaints are fully or partially upheld and perhaps reflects that there were generally less complaints received. • Compliments at 873 is significantly lower than previous quarters, however given many of our planned services were not seeing patients for routine care this is again perhaps not surprising. • For 25% of our complaints the ethnicity of the complainant is unknown and therefore it is not possible to draw any comparisons with local population demographics; work is required to improve the capture of ethnicity data for all complainants, the gender split was approximately 50:50 this quarter which is significantly different from last quarter where almost 75% of complainants were women. • There are remains 3 open ombudsman complaints at present all of these have been be on hold due to COVID19 pandemic. • MP enquires decreased to 5 in Q1 from 10 in Q4–These all related to Mental Health services (CAMHS, CMHT and PICU) but were very specific to individual circumstances of the person who had contacted the MP. • There was a significant reduction in local resolution complaints received during the quarter (19 received which is about half the number received in previous quarters). Most locally resolved complaints continue to be in relation to physical health services (14 of the 19), only one was in relation to children's speech and language therapy compared to 10 received last quarter. The 2nd stage for development of a new patient experience measure is currently out to tender.

ACTION REQUIRED	The Board is asked to: Note the report.

Berkshire Healthcare
NHS Foundation Trust

Quarter One– Patient Experience Report (April to June 2020)

Main Report

1. Introduction

This report is written for the board and contains the quarterly patient experience information for Berkshire Healthcare (The Trust) incorporating; complaints, compliments, the Friends and Family Test, PALS and our internal patient survey programme (which is collected using paper, online, text, kiosks and tablets).

From mid-March 2020, to align with national guidance and directives, the active collection of the FFT was suspended.

A revised complaints process was also brought in, which saw the Complaints Office supporting Investigating Officers with compiling response to complaints, triaging complaints in a different way to escalate concerns about patient safety, and following a review, placing a small number of formal complaints on hold (or paused). These complainants were all contacted and informed of this, advising them to contact the Complaints Office if they had any concerns. New complaints continued to be logged and the aim was to resolve complaints through an informal/local resolution where possible. This process freed up clinician's time to focus on the management of additional clinical need.

There was a national pause on the complaint handling, driven nationally through NHSE/I and for the Parliamentary and Health Service Ombudsman (PHSO) in March.

A letter was drafted and approved by Senior Leaders within the Nursing Directorate (where the Patient Experience Team are based), which was sent to complainants where it was identified that we could not adequately continue with the complaint investigation at that time.

As at 3 April 2020 there were 31 open Formal Complaints, of which 7 were paused by the Trust, 2 were paused at the request of the complainant and the remaining cases continued to be progressed and responded to.

The Complaints Office have continued to triage and assess complaints as they come in, with some services being able to resolve complaints locally.

From mid-June, the Complaints Office spoke with IOs about the lift of the pause in terms of their capacity to pick up complaints that have been on hold, and these are back up and running.

The decision to continue the complaints process proactively has meant that while an increase is being seen in complaints coming towards the end of June, we do not have many pre Covid-19 cases in addition.

The Covid-19 pandemic has meant that the way that Berkshire Healthcare provides services has had to adapt, and fast. In practice, this has meant a rapid move to remote appointments, by telephone or video call, and face to face appointments only where necessary. The services are currently collating feedback on the experience of using technology as an alternative to face to face appointments.

2. Complaints received

2.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2019-20 and 2020-21 by service, enabling a comparison. During Quarter one 2020-21 there were 44 complaints received (including re-opened complaints), this is a decrease compared to 2019-20 where there were 50 for the same period.

There were 136,464 reported contacts and discharges from our inpatient wards, giving a complaint rate of 0.03%.

Table 1: Formal complaints received

	2019-20						2020-21			
Service	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of Total**	**Change to Q4**	**Q1**	**Total for year**	**% of Total**
CMHT/Care Pathways	8	10	6	13	**37**	**16.02**	↓	4	4	9.09
CAMHS - Child and Adolescent Mental Health Services	10	8	8	4	**30**	**12.99**	↓	2	2	4.55
Crisis Resolution & Home Treatment Team (CRHTT)	2	2	4	6	**14**	**6.06**	↓	4	4	9.09
Acute Inpatient Admissions – Prospect Park Hospital	5	3	7	6	**21**	**9.09**	↑	7	7	15.91
Community Nursing	4	3	6	2	**15**	**6.49**	-	2	2	4.55
Community Hospital Inpatient	6	1	5	3	**15**	**6.49**	↑	5	5	11.36
Common Point of Entry	2	6	2	2	**12**	**5.19**	↓	1	1	2.27
Out of Hours GP Services	0	1	7	1	**9**	**3.90**	↑	4	4	9.09
PICU - Psychiatric Intensive Care Unit	0	0	1	0	**1**	**0.43**	↑	2	2	4.55
Urgent Treatment Centre	1	1	1	0	**3**	**1.30**	↑	1	1	2.27
Older Adults Community Mental Health Team	1	0	0	0	**1**	**0.43**	↑	1	1	2.27
10 other services in Q1	11	19	21	22	**73**	**31.60**	↓	11	11	25.00
Grand Total	**50**	**54**	**68**	**59**	**231**		↓	**44**	**44**	

Complaints are reported against the geographical locality where the care was received which is the most meaningful way of recording. The following tables show a breakdown of the formal complaints that have been received during Quarter one and where the service is based. Complaints relating to end of life care are considered as part of the Trust mortality review processes.

Appendix one contains a listing of the formal complaints received during Quarter one. Since 2018-19 the severity of the complaint has been extracted from the completed Investigating Officers Report; complaints under investigation at the end of Quarter one will not have this information.

2.2 Adult mental health service complaints received in Quarter one

23 of the 44 (52%) complaints received during Quarter one were related to adult mental health service provision.

Table 2: Adult mental health service complaints

	Geographical Locality					
Service	Bracknell	Reading	Slough	West Berks	Wokingham	Grand Total
Adult Acute Admissions - Bluebell Ward		4				4
Adult Acute Admissions - Daisy Ward		1				1
Adult Acute Admissions - Rose Ward		1				1
Adult Acute Admissions - Snowdrop Ward		1				1
CMHT/Care Pathways		2		1	1	4
CMHTOA/COAMHS - Older Adults Community Mental Health Team			1			1
Common Point of Entry					1	1
Complex Treatment for Veterans		1				1
Crisis Resolution and Home Treatment Team (CRHTT)	2	2				4
PICU - Psychiatric Intensive Care - Sorrel Ward		2				2
Psychological Medicine Service			1			1
Traumatic Stress Service		1				1
Veterans TILS Service		1				1
Grand Total	2	16	2	1	2	23

2.2.1 Number and type of complaints made about a CMHT

4 of the 44 complaints (9%) received during Quarter one related to the CMHT service provision. In Quarter four, there were 13 complaints and up to this quarter there were between 6 and 10 complaints for CMHT in each quarter. There were 14,938 reported attendances for CMHT and the ASSiST service during Quarter one giving a complaint rate of 0.02% compared to 0.10% in Quarter four and 0.04% in Quarter three.

Table 3: CMHT complaints

	Geographic Locality			
Main subject of complaint	Reading	West Berks	Wokingham	Grand Total
Access to Services		1		1
Attitude of Staff	1			1
Care and Treatment			1	1
Confidentiality	1			1
Grand Total	2	1	1	4

There were no complaints received about the CMHTs based in Slough, Windsor, Ascot and Maidenhead or Slough.

2.2.2 Number and type of complaints made about CPE

There was no theme to the complaints received.

There was one complaint received about CPE, where the patient feels that they were discharged inappropriately.

There were 1,871 contacts with CPE during Quarter one, giving a complaint rate of 0.05% compared to 0.09% in Quarter four and 0.07% in Quarter three.

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

During Quarter one, 7 of the 44 complaints (16%) related to Adult Acute mental health inpatient wards this similar in number to Quarter three and Quarter four. In addition, there were two formal complaints about our PICU (Sorrel Ward).

There were 249 reported discharges from mental health inpatient wards during Quarter one giving a complaint rate 2.81% compared to 2.21% in Quarter four and 3.12% in Quarter three.

Table 4: Mental Health Inpatient Complaints

	Ward					
Main subject of complaint	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	PICU - Sorrel Ward	Grand Total
Attitude of Staff	4					4
Care and Treatment		1	1		1	3
Communication				1	1	2
Grand Total	4	1	1	1	2	9

All of the complaints received about Bluebell Ward were about attitude of staff. This was not a theme across any of the other wards.

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

In Quarter one, 4 of the 44 complaints (9%) were attributed to CRHTT, a decrease from 6 in Quarter four which was the highest number received in a quarter over the last year. There were 13,762 reported contacts for CRHTT during Quarter one giving a complaint rate of 0.02% compared to 0.04% in Quarter four.

Table 5: CRHTT complaints

Main subject of complaint	Number of Formal Complaints
Attitude of Staff	2
Care and Treatment	1
Communication	1
Grand Total	4

The Two complaints about attitude of staff are from the same person (their complaint was both received and re-opened in Quarter one).

2.3 Community Health Service Complaints received in Quarter one

During Quarter one, 15 of the 44 complaints (34%) related to community health service provision.

Table 6: Community Health service complaints

	Geographical Locality					
Service	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	Grand Total
Henry Tudor Ward				1		1
Jubilee Ward		1				1
Oakwood Ward	2					2
Windsor Ward					1	1
District Nursing (Community Nursing)			2			2
Out of Hours GP Services	4					4
Podiatry				1		1
Sexual Health		1				1
Tissue Viability				1		1
Urgent Treatment Centre			1			1
Grand Total	6	2	3	3	1	15

GP Out of Hours (WestCall) received the most complaints (4), Oakwood ward (2) and Community Nursing (3, including the Tissue Viability Service).

2.3.1 Community Health Inpatient Ward Complaints

During Quarter one, 5 of the 44 complaints (11%) received related to inpatient wards. There were 616 reported discharges from community health inpatient wards during Quarter one giving a complaint rate of 0.81% compared to 0.52% in Quarter four and 0.95% in Quarter three.

Table 7: Community Health Inpatient complaints

	Ward				
Main subject of complaint	Henry Tudor Ward	Jubilee Ward	Oakwood Ward	Windsor Ward	Grand Total
Care and Treatment		1	2		3
Communication				1	1
Discharge Arrangements	1				1
Grand Total	1	1	2	1	5

The Two complaints about care and treatment on Oakwood Ward are from the same person (their complaint was both received and re-opened in Quarter one).

2.3.2 Community Nursing Service Complaints

In Quarter one, 3 of the 44 complaints (7%) were related to care and treatment within community nursing services. Both the complaints for community nursing were about the team based in West Berkshire and one was for the Tissue Viability Team.

There were 69,330 reported attendances for the Community Nursing Service during Quarter one giving a complaint rate of 0.004% compared to 0.005% in Quarter four and 0.008% in Quarter three. This is a very small complaint rate well below the Trust overall rate of complaints per contact.

Table 8: Community Nursing Service complaints

	Service and Geographical Locality		
	District Nursing	Tissue Viability	
Main subject of complaint	West Berks	Windsor, Ascot and Maidenhead	Grand Total
Care and Treatment	2	1	3
Grand Total	2	1	3

There were no themes to the two complaints about the community nursing team based in West Berkshire.

2.3.3 GP Out of Hours Service (WestCall) Complaints and Urgent Care Centre

There were four complaints about the GP Out of Hours Service received in Quarter one, three were about care and treatment and one was about the incorrect dose of medication being prescribed.

There were 16,959 contacts with WestCall giving a complaint response rate of 0.02% compared to 0.005% in Quarter four and 0.03% in Quarter three.

Table 9: WestCall complaints

Main subject of complaint	GP Out of Hours Complaints
Care and Treatment	3
Medication	1
Grand Total	4

There were was one complaint about the Urgent Care Centre based in West Berkshire Community Hospital, which was about a missed fracture.

There were 3,930 contacts (a reduction from 6,306 contacts during the previous quarter) with the Urgent Care Centre during Quarter one, giving a complaint relate of 0.02%.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children complaints

During Quarter one, 2 of the 44 complaints (5%) were about children's physical health services (both of which were for the Health Visiting service).

Table 10: Children and Young People service physical health service complaints

	Geographical Locality		
Service	West Berks	Wokingham	Grand Total
Health Visiting	1	1	2
Grand Total	1	1	2

One complaint was about care and treatment, and one was about the attitude of staff.

2.4.2 CAMHS complaints

During Quarter one, 4 of the 44 complaints (9%) were about CAMHS services (including CPE and Willow House); since Quarter one 2018-19, the number of complaints received has ranged from between 6 and 10 per quarter, so this is a sustained decrease. Two of the complaints were about specialist CAMHS, one was about the CAMHS CPE and one was about Willow House (inpatient ward). There were 8,186 reported attendances for CAMHS during Quarter one giving a complaint rate of 0.04% compared to 0.05% in Quarter four and 0.11% in Quarter three.

Table 11: CAMHS Complaints

	Main subject of complaint				
Service/Geographical Locality	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	Grand Total
Adolescent Mental Health Inpatients - Willow House		1			1
CAMHS – AAT –West Berks			**1**		**1**
CAMHS - Anxiety and Depression Pathway - Reading				**1**	**1**
Common Point of Entry (Children) - Wokingham	**1**				**1**
Grand Total	1	1	1	1	4

There were no themes to the complaints about CAMHS and there were no formal complaints about waiting times and delays in accessing the service.

2.5 Learning Disabilities

There were no complaints about the community-based team for people with a Learning Disability or Learning Disability Inpatient Ward (called the Campion Unit) during Quarter one.

3. KO41A return

Each quarter the complaints office submits a quarterly return, called the KO41A.

This looks at the number of new formal complaints that have been received by profession, category, age and outcome. The information is published a quarter behind.

The collection and reporting of this data has been paused by NHS Digital due to Covid-19 and there is currently no indication of when this will start back up.

4. Complaints closed

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome). During Quarter one there were 35 complaints closed compared to 56 in quarter four and 61 in Quarter three.

4.1 Outcome of closed formal complaints

Table 12: Outcome of formal complaints closed

	2019-20						2020-21		
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**% of 19/20**	**Comparison to Q4**	**Q1**	**% of 20/21**
Case not pursued by complainant	0	0	0	0	0	0	↑	1	2.86
Consent not granted	1	0	0	0	1	0.45	-	0	0.00
Local Resolution	1	1	0	0	2	1.92	-	0	0.00
Managed through SI process	0	0	0	0	0	0	-	0	0.00
Referred to another organisation	1	0	0	0	1	0.45	-	0	0.00

No further action	0	0	0	0	0	0	-	0	0.00
Not Upheld	16	20	23	24	83	37.56	↓	9	25.71
Partially Upheld	17	22	28	23	90	40.72	↓	13	37.14
Upheld	11	13	10	9	43	19.46	↑	12	34.29
Disciplinary Action required	0	1	0	0	1	0.45	-	0	0.00
Grand Total	**47**	**57**	**61**	**56**	**221**			**35**	

The 25 complaints closed and either partly or fully upheld in the quarter were spread across several differing services; however, 3 of the 4 complaints upheld and partially upheld about CRHTT were about attitude of staff (one member of staff was named twice and they are being supported by the Clinical Nurse Specialist) and all 3 of the upheld and partially upheld complaints about Bluebell Ward were about the attitude of staff (2 named individuals who are being supported by the Clinical Lead).

17 of the 25 complaints were found to be upheld or partially upheld. Of these 17, 47% related to attitude of staff and 53% were about care and treatment.

Table 13: Complaints upheld and partially upheld relating to attitude of staff and care and treatment

	Main subject of complaint		
Service	**Attitude of Staff**	**Care and Treatment**	**Grand Total**
Adult Acute Admissions - Bluebell Ward	3		3
Crisis Resolution and Home Treatment Team (CRHTT)	3		3
Out of Hours GP Services		2	2
Eating Disorders Service	1	1	2
Community Hospital Inpatient Service - Oakwood Ward		1	1
Community Hospital Inpatient Service - Henry Tudor Ward		1	1
Intermediate Care	1		1
Children's Speech and Language Therapy - CYPIT		1	1
Physiotherapy (Adult)		1	1
Community Hospital Inpatient - DO NOT USE		1	1
Health Visiting		1	1
Grand Total	**8**	**9**	**17**

4.2 Response Rate

The table below shows the response rate within a negotiated timescale, as a percentage total.

Weekly open complaints situation reports (SITREP) sent to Clinical Directors, as well as on-going communication with the Complaints Office throughout the span of open complaints to keep them on track as much as possible.

Table 14 – Response rate within timescale negotiated with complainant

2020-21	2019-20				2018-19				2017-18				2016-17			
Q1	**Q4**	**Q3**	**Q2**	**Q1**	**Q4**	**Q3**	**Q2**	**Q1**	**Q4**	**Q3**	**Q2**	**Q1**	**Q4**	**Q3**	**Q2**	**Q1**
100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

5. Characteristic data

5.1 Ethnicity

One of the ways that the Trust can monitor the quality of its services is by seeking assurance through the complaints process, that people are not treated negatively as a result of their ethnicity or other protected characteristic.

The tables below show the characteristics of patients who have had complaints raised about their care between April and June 2020. This does not include where a different organisation was leading the investigation.

Table 15: Ethnicity

Ethnicity	Number of patients	%	Census data %
Black African	2	5.26%	1%
Not stated	10	26.32%	-
Other Asian	3	7.89%	15.10%
Other Mixed	3	7.89%	-
White British	14	36.84%	80%
White Other	6	15.79%	-
Grand Total	38	100.00%	

5.2 Gender

There were no patients who identified as anything other than male or female during Quarter one.

Table 16: Gender

Gender	Number of patients	%	Census data %
Female	20	52.63%	50.90%
Male	18	47.37%	49.10%

5.3 Age

Table 17: Age

Age Group	Number of patients	%	Census data %
Under 12 years old	4	10.53%	31.60%
12 - 17 years old	2	5.26%	
18 - 24 years old	2	5.26%	14.90%
25 - 34 years old	6	15.79%	
35 - 44 years old	7	18.42%	15.40%
45 - 54 years old	6	15.79%	19.3%
55 - 64 years old	4	10.53%	
75 years old or older	6	15.79%	18.7% (65 - 75)
Not known	1	2.63%	-
Grand Total	38	100.00%	

6. Parliamentary and Health Service Ombudsman

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

The Parliamentary and Health Service Ombudsman (PHSO) are independent of the NHS and facilitate the second stage of the complaints process. The table below shows the Trust activity with the PHSO since April 2018.

In response to the Covid-19 pandemic from mid-March 2020, the PHSO suspended the investigation of existing investigations and accepting new cases. This restarted at the end of June 2020. This means that during Quarter one there were no new complaints taken to the PHSO.

Table 18: PHSO activity

Month open	Service	Month closed	Current Stage
Dec-18	Psychological Medicines Service	Open	Investigation Underway
Nov-19	CAMHS	Open	PHSO have requested information to aid their decision on whether they will investigate
Jan-20	CMHT/Care Pathways	n/a	PHSO not proceeding as Local Resolution had not been exhausted with the Trust
Mar-20	CMHT/Care Pathways	Open	Underway

The Trust is actively promoting the PHSO campaign for a complaints standard framework.

7. Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they are involved in but are not the lead organisation (main area of complaint is about another organisation and therefore that organisation takes the lead). There were two received that were led by another organisation during Quarter one, both led by Frimley Health. One was about care on Jubilee Ward and the other was about access to the Psychological Medicines Service (PMS) at Wexham Park Hospital.

8. MP enquiries, locally resolved complaints and PALS

8.1 MP enquiries

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

Table 19: MP Enquiries

	Main theme of complaint			
Service	Care and Treatment	Communication	Waiting Times for Treatment	Grand Total
CAMHS - ADHD			1	1
CAMHS - Specialist Community Teams	1			1
CMHT/Care Pathways	2			2
PICU - Psychiatric Intensive Care - Sorrel Ward		1		1
Grand Total	3	1	1	5

There were 5 MP enquiries raised in Quarter one, a decrease from 10 in Quarter four and compared to 5 in Quarter three. The number of MP complaints has varied each quarter over the last year from 3-12.

8.2 Local resolution complaints

The complaints office will discuss the options for complaint management when people contact the service, to give them the opportunity to make an informed decision as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint locally. Some concerns are received and managed by the services directly and the complaints office is not involved. These are called Local Resolutions and services log these so that we can see how services are doing at a local level.

Table 20: Concerns managed by services – Local Resolution complaints

Service	Number of concerns managed by services
District Nursing (Community Nursing)	4
Other	3
Intermediate Care	2
CAMHS - ADHD	1
Children's Speech and Language Therapy - CYPIT	1
CMHT/Care Pathways	1
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1
Continence	1
Health Visiting	1
Neuropsychology	1
Out of Hours GP Services	1
Perinatal Mental Health	1
Urgent Treatment Centre	1
Grand Total	**19**

Two of the four concerns resolved locally about the Community Nursing service were about the attitude of staff (one about the West Berkshire team and one about the Reading team). These have been shared with the Clinical Governance Lead for Community Health Services based in the West for her to review.

8.3 Informal complaints received

An informal complaint is managed locally by the service through discussion (written or verbal) and when discussing the complaints process, this option is explained to help the complainant to make an informed choice.

There have been four informal complaints received during Quarter one, which cover various aspects of care and communication with CAMHS - Child and Adolescent Mental Health Services, CMHT and Common Point of Entry (CPE).

8.4 NHS Choices

There were no postings during Quarter one.

8.4.1 PALS Activity

PALS has continued to provide a signposting and information service throughout the pandemic response. A member of the team has been onsite at Prospect Park Hospital (PPH) one day per week to ensure that any post or physical enquiries are picked up. The PALS answerphone is remotely accessed on a daily basis.

PALS developed the initial guidance on Virtual Visiting and facilitated the Message to Loved One service that was available across all inpatient areas. PALS have held monthly meetings with Advocates who would ordinarily be based at PPH and ensured that updated information on advocacy support was circulated to the wards.

The options for the enquiry subject have been updated during Quarter one, so it will be clearer to separate the contacts that were enquiries and the contacts that were concerns.

There were 408 contacts recorded during this period and in addition there were 143 contacts which referred to non-Trust services. The main reasons for contacting PALS were:

- Communication with other organizations and within the Trust (150 contacts)
- General information requests (75 contacts)
- Choice and flexibility of access to services (65 contacts)
- Long wait for an appointment (15)

Contact around choice and flexibility of access included:

- Arrangements for access due to Covid19 outbreak
- Asking for confirmation of the time for virtual appointments
- Access to the Continence Service
- Asking how we are holding appointments
- Confirmation that referrals to CAMHS have been received
- Asking about access to the sedation clinic of the Community Dental Service
- Asking if carer groups are going ahead

Contact around long wait for an appointment included:

- Waiting for an appointment with psychiatrist (CPE)
- Long wait for CAMHS appointments
- Waiting times for Neuropsychology

9. The Friends and Family Test

The NHS Friends and Family Test (FFT) gives an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has aligned its Strategic Objectives to support a 15% response rate for the FFT in both physical and mental health services. The results of the NHS England national review of the FFT have been

published and the FFT question was due to change from April 2020 to *Overall, how was your experience of our service.*

NHSE/I issued a national pause on the mandatory active collection and reporting of the FFT in March 2020. The Trust has continued to collect the FFT via non-contact methods such as SMS (3,079 responses), online link and by telephone for local learning and service development. The Patient Experience Team has worked with wards in both physical and mental health services, to telephone patients who have given consent to be telephoned after their discharge. The feedback has been positive, and staff were able to also speak with family members and carers on several calls. From May 2020, in addition to the FFT, patients were prompted to share their experience of being in hospital during the pandemic (*Q2: Please can you tell us why you gave your answer?* (Prompt to find out more about PE, feeling safe, assured, hand hygiene, visiting restrictions).

NHSE have said that the FFT reporting will formally start again from 1 October 2020; this is being considered and Trusts will be informed as soon as possible. When the FFT is reinstated, it will be the new FFT question (rating of care rather than recommendation to others) which was due to be launched from 1 April 2020 (and paused). The Trust has made the decision to start the new FFT locally from 1 September 2020 in readiness for the NHSE launch.

Examples of the feedback received from the telephone calls are:

"Very pleased with the service. Hard for dad to sometimes understand as doctors were in a hurry and he found the masks confusing. Dad contracted COVID-19 while on the ward so overall care was fair."

“It was good considering we are going through COVID. The staff were good, some of the younger staff were not great. I had to ask for things 3 or 4 times. I had to wait for my insulin for an hour and a half and also urine bottles were not emptied on time. Sometimes it feels the younger staff are like customer services in a shop but overall it was good.”

“Staff were good and listened to me, they regarded me as a human being and not just a patient.”

“They were very good; they took the time to understand me when I could not talk. They were brilliant as they helped me get into a wheelchair when I could not walk and let me see my daughter through the window which was very nice.”

"The ward was brilliant; all the staff were so nice and friendly. The food was also great. It was like a first class hotel. I have even asked if I can go back and book a week's stay without the ailments! I have broken my arms so using the soap dispenser in the sink was a bit difficult as it was quite high up but the overall service was very good."

“It was awkward, patients were yelling on the ward for bed pans and staff were getting irritated. We are told to clap and dance but I did not see staff at their best. The lady who has come to see me since has given me eye medication and I am feeling better.”

“Sometimes there were minor duplications of services where I was asked the same thing by more than one person.”

“They could answer calls quicker, we had to wait sometimes for 5 to 10 minutes to go to the toilet and in that time it was too late”.

The feedback was shared anonymously to the wards.

10. Our internal patient survey

The existing patient survey programme was paused from mid-March, alongside the collection and reporting of the FFT. Some services have continued to collect this information for internal service monitoring and development use, but the use of handheld devices to collect feedback has and continues to on pause. The Patient Experience Team has liaised with colleagues in Infection Prevention and Control, and cards will be reintroduced by services locally scanning and emailing cards across. This does mean that some services who leave cards and freepost envelopes with patients will not be able to give their feedback in the first instance. The team are

looking at how to reintroduce the use of handheld devices in a safe way, which will involve thorough cleaning between patients and for devices to be added to routine cleaning schedules in services.

Work continues on the new Patient Experience Measurement tool to improve Berkshire Healthcare's measurement, analysis and dissemination of patient feedback across all Community and Mental Health Services, this will complement the Friends and Family Test.

11. Learning Disabilities survey

As this is part of our Internal Patient Survey, this was paused during Quarter one as part of the pandemic response.

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

There is no activity to report for Always Events, Patient Participation and Involvement Champions and 15 Steps as these were not carried out as part of the pandemic response.

Healthwatch

The quarterly Healthwatch meeting has been suspended. There have been open and regular channels of communication between the Patient Experience Team and the Healthwatch organisations across Berkshire, on individual cases and for sharing communication with communities. From 1 July 2020, a Partners Meeting for Healthwatch Orgs based in the West of Berkshire, the Trust and RBH have taken place (as the Trust and RBH were both meeting separately).

Volunteer expenses

The PPI Team have actively processed and supported the reimbursement of expenses for the army of volunteers who have supported the Trust, by using the existing service user expenses process (rather than a separate process as was originally proposed).

13. Compliments

There were 873 compliments reported during Quarter one. The services with the highest number of recorded compliments are in the table below.

Table 22: Compliments

Service	Number of compliments
Talking Therapies	536
District Nursing (Community Nursing)	69
Criminal Justice Liaison and Diversion Service - (CJLD)	25
Heart Function Service	19
CMHTOA/COAMHS - Older Adults Community Mental Health Team	18
Community Dietetics	17
Community Respiratory Service	15
Lower Limb Clinic	14
Crisis Resolution and Home Treatment Team (CRHTT)	13
CMHT/Care Pathways	12

Table 23: Examples of compliments received during Quarter one

Children's SALT *"L has cited your sessions as one of his lockdown highlights. I think he is getting a lot from your teaching but he thinks he is playing. Thankyou"*	Community Nursing - WAM *"The nurse who came last time to dress my pressure sore did a fantastic job and it has been the best it has ever been"*
Rapid Response - West *"The service was so good. Everyone was very special. Good job we have got you 100/100"*	Community Nursing - West *"We really cannot thank you enough for everything you have done for our family over these last few weekend. You really went above & beyond for us, and we truly would not have survived without your support. You helped our family to navigate the most difficult of waters and you brought light and laughter into our home even on the darkest of days. We want you to know that you have made a huge difference to our lives and we are forever indebted to you"*
Windsor Ward *"We would just like to say thank you very much for all the care you have taken of my mother and for enabling us to visit and to speak to her in these difficult times"*	Berkshire Traumatic Stress Service *"You have completely changed my life – I feel like I am now truly living. I used to feel that I was in prison but now feel free and am connecting with life and experiencing things day to day. You are like an angel that came into my life at the right time. You have restored my faith in humanity. You are a wonderful human being"*
CMHT – West Berkshire (to the Psychiatrist) *"When I first met you, I was a misunderstood daughter, sister, sister in law niece, friend and wife.* *It sounds ridiculous writing this, however it's, true. You gathered information about my symptoms, and back story, before choosing both my medical treatment, and CPN support. I was acting out in rage and regret..... rage and regret at home.* *I took seroxat, I was stood in my kitchen at home, beside myself, overwhelmed by bipolar / psychotic symptoms. Then it happened... The long awaited recovery. I took my seroxat and felt a, deep sense of peacefulness in my body and mind.* *I noticed a smile on my face, a long awaited response to the right medication.* *Years before we met, I was misdiagnosed with schizophrenia and consequently mistreated with risperidol, I responded badly to this mistake the doctors made, became zombie like, shut down emotionally and spiritually. It was horrendous. My then CPN nurse was uninterested in my recovery. My new CPN offered me outstanding support, and your correct diagnosis and treatment has assisted me in a number of ways such as :* *1. A sense of inner calm* *2. This calm enables me to better communicate my needs, being calm means I make better choices and decisions.* *3. You have proved to me how a holistic approach to good mental health is key to my*	

success.

4. You and my CPN sign posted me to the Recovery college, And it was a fascinating, and empowering experience for me.

5. You connected me with my outstanding CPN, who empowered me to use my voice, to communicate my needs, and me to tell my husband how he could support me. As a result my marriage improved.

6. My CPN Assisted me to find the right job, that I felt I thrived in, and when there were challenges she met with me and my employer to work things out and this helped me sustain my job.

You've made great choices and decisions to keep me well. You are fascinating to talk with, and I can sense and feel the compassion and love under your care, that I have not had before. You are such a beautiful person and you offer an outstanding service. Thank you so much"

Table 24: Compliments, comparison by quarter

	2018/19					2019/20					2020/21
	Q1	Q2	Q3	Q4	18/19	Q1	Q2	Q3	Q4	20/21	Q1
Compliments	1,008	1878	1,670	1,409	5,965	1,404	1,389	1,437	1,436	5,666	873

14. Changes made as a result of feedback

Memory Boxes

The staff at West Berkshire Community Hospital developed Memory Boxes, which have been shared with the family of people who have died in our care during Covid-19. These have been overwhelmingly positive and a touching way to keep families connected during this time.

Services were asked to share examples of positive patient experiences and feedback they have received during the pandemic response:

WBCH, End of Life Care (a letter from a relative):

"Thank you for your letter dated 17th May expressing your condolences on the passing of my mother at the West Berkshire Community Hospital on 16th May. In response to your request for feedback on the care she received at the hospital I have written my thoughts below.

A few days after my mother's passing I wrote a Thank You card to all the staff on Donnington Ward thanking them for the kind care and attention they gave to my mum during her 11 day stay with them. I do hope they have received the card safely because I wanted them to know what a marvellous job they all did and how I am immensely grateful to every one of them.

My Mum had been in Royal Berks Hospital for some weeks with sepsis and pneumonia amongst other things, and she was very unhappy there. Of course we were not allowed to visit her which made the situation worse for her, and for us. When I spoke to her on the phone every day she asked me to see if the Doctor's would allow her to come home with me. It was torture for me to know that she was so unhappy and I felt powerless to help her in any way.

However, when she was transferred to Donnington Ward at the West Berkshire Community Hospital it was a different story altogether. The kind nurses arranged for her to speak to me most days on their I-Pad which we both thoroughly enjoyed. When I asked her how she was

getting on she could not praise the staff enough. She said they were all lovely and she obviously felt very happy there because she did not ask once to come home with me! She said the food was lovely too, something she had not been able to say for at least 6 weeks previously. One lovely nurse had even made time to take Mum around the garden in a wheelchair and I know that Mum would have enjoyed this very much being a very keen gardener in her day.

When Mum's condition unfortunately took a turn sharply downhill and she began refusing all food and drink the nurses contacted me and asked if I would like to come and see her. That was on Thursday lunchtime. I grabbed a few things and went immediately to her bedside in Rainbow Room 2 and there I stayed until she eventually passed peacefully away on Saturday evening.

During this time I saw for myself the complete and utter dedication that the nurses and doctors all had to ensure that my Mum received the best possible care. I only had to put my head around the door to say I was a bit worried about a noise Mum was making, or a facial expression she had, and they were there immediately to reassure me and to ensure that Mum was not distressed in any way. The minute she appeared to need more air they gave her oxygen and immediately she became peaceful. When she groaned because her leg hurt when it was moved they immediately gave her medication for the pain. On Friday after lunch they started the pump syringe and Mum blissfully slept for the next 30 hours. The nurses were very sensitive in giving Mum and I uninterrupted time together so that I could comfort her, talk to her and say goodbye to her, but at the same time they were attentive enough to provide first class compassionate care and make sure that Mum was clean, comfortable and peaceful at all times.

I cannot find the words to express enough gratitude to all the staff on Donnington Ward at the West Berkshire Community Hospital. For Mum and I to be able to spend our last few days together in such a warm and caring environment was so special. To know that she passed away so peacefully with no distress and no suffering will be an enormous comfort to me for the rest of my life. So my heartfelt thanks go to all the Doctors and nurses who helped to care for Mum so well. You have made a huge impact on my life and I will always be eternally grateful for the warm and loving care you gave to Mum."

EMBRACE Slough; the Trust supplied IT equipment to help people continue accessing the service:

"I've been missing the group so much and I am so appreciative of you for organising this."

"I look forward to once again re-joining everyone virtually: it's been too long."

"Absolutely wonderful, like being reborn, a whole new way of life. Words cannot express what you guys have done for me".

(Carer's feedback): "This is quite exceptional: it will really make a difference for him. He is all alone in his room and this will help him to re-connect with people."

"I'm looking forward to joining the group- I am desperate to see everyone again as I've had to self-isolate during Covid."

Case study:

Following years of severe and enduring mental health difficulties and three lengthy psychiatric admissions, B was admitted to psychiatric hospital again during Covid as he was deemed to be a high risk to self. B was supported to be discharged after 46 days in hospital by a care coordinator and our psychological team specialising in assertive stabilisation. It was identified that B experiences a sense of loneliness and had lost a sense of purpose in his life. As a result, EMBRACE community group programme was offered to B, aimed at developing a sense of purpose and belonging through co-produced group programme and peer support.

Unfortunately, B's deprived background meant he was unable to purchase a device though which he would access internet and digital offer.

BHFT organised to loan an internet-ready device to B and clinical staff then helped B set up an email account and access Teams app. B is now able to join psycho-educational workshops and peer-supported sessions as a part of EMBRACE group community programme. He connected to his peer mentor through a common interest of music and famous guitar players. B learnt about emotions experienced during Covid, as well as an importance of a routine through digital workshops. As a result of finding out about B's strengths, B was also supported to digitally access our partner social enterprise Green Cloud, to join people interested in horticultural work, as B used to work in the field prior to his physical disability issues.

As a result, B now has access to five digital groups per week, as well as our co-produced website with psycho-educational resources.

CAMHS A&D Team:

In February 2020, the CAMHS A&D Team launched SHaRON, an online self-help and resources network for parents and carers. Since the launch, 183 parents and carers have joined. A recent compliment was received about SHaRON: "*I am finding it really helpful to have a safe place to share things that I wouldn't necessarily talk about with friends and family and certainly not my own social media. For example yesterday I posted that my daughter went for a walk and I was proud - many of my life friends would never understand that to be an achievement but I knew sharing it here would be understood. I find it easy to use and it would be nice to get to know some other parents so we can support each other.*"

The CAMHS Anxiety & Depression (A&D) Team have been offering a remote assessment and treatment service throughout the lockdown period. Right at the start of lockdown, members of the CAMHS A&D team led training for all CAMHS clinicians in delivering services remotely, which over 80 CAMHS staff attended. 60% of those clinicians who responded to the survey about the training sessions 'strongly agreed' with the statement: '*The recent Clinical Effectiveness Forums have been helpful in supporting me with telephone and/or online appointments.'*

The CAMHS A & D team have been running workshops for parents online throughout the pandemic period. This has enabled more parents to access specialist information, support and resources. More parents were able to attend remotely with time saved from travel and work, and more parents asked questions because they were able to do this anonymously during the workshop. When asked what they gained from the workshop, parents commented:

'A clearer understanding of the process that CAMHS goes through in assessing our child and the support that can be given. We also got some good practical ideas on how to provide day to day'; 'The more knowledge the more help I can give my son'; and 'That he [son] is not alone and that there are a lot of children like him.'

Intensive Management of Personality Disorder and Clinical Therapies Team:

Every week that we were in lockdown, one of our DBT patients put together a 10 page PDF document that contained activities to distract people, soothe people, entertain them, get them physically moving… the activities drew on all the skills she had been learning in DBT that she thought it would be imperative to be practising whilst in lockdown. Each week the document included online resources and "virtual events," app suggestions, amusing cartoons, puzzles, craft activities, physical exercise activities. At the start of every week, the document was sent to other patients in DBT who had requested it and it was really well received.

Health Visiting Wokingham: Responding to a Parent:

A mother recently declined a home new birth visit, stating she didn't want anything to do with the HV service due to a previous poor experience from where she had lived previously. She has an older child and stated that she didn't want any development reviews for them either.

The service lead felt that we should make every attempt to engage with this family, particularly as they are new to the area and there are the current challenges of Covid-19. She asked the health visitor to write to the mother, reminding her of the universal service and our additional interim contacts, stating that a health visitor would call her at 4 weeks to see if she had any questions or needed any support. We also acknowledged her previous poor experience. The mother contacted the Duty HV service by email and accepted a home visit.

At the end of the new birth visit, the mother told the health visitor that she really appreciated her visit. She had accepted the home contact from the tone of the letter and the acknowledgement of her previous experience. She stated that she had got lots of information during the visit and felt that she had not been judged. The mother has accepted further contact / visits from the health visitor and has actively requested that her older child receives their 2-year review later this year.

School Nursing Service:

During the work-around for Covid, clients have not been able to be seen face to face in our Nocturnal Enuresis clinics, the key with this work is to involve both the family and child. Initially contacts were maintained by telephone whilst the One consultation system was set up for video calls and although parents were very grateful for the continued support, this often left the child out of the appointment. However, once the new system was up and running and mastered by the staff who needed to use it, this was the feedback from one member of staff:

"I did my first One Consultation and it went well! The parent said she found the joining instructions easy using her mobile phone. The child although shy was engaged. Mum said, "See there was a person who was telling me you should drink and go to the toilet. I was not making it up." The child laughed at this comment. Their connection dipped near the end of the consultation but we picked it up by telephone conferencing. I'll be issuing a bed-wetting alarm following our consultation which will be collected from the main reception. The child said he definitely preferred it when he could see me even though I heard him comment at the end of the call that I wasn't wearing any make-up!"

As a response to Covid and to maintain a direct contact for our children and young people, particularly those still not in school, School Nursing have set up a new advice and support line across all its localities which launched on the 11 June 2020 and was advertised through our schools, local authority partners, social media and the Berkshire Healthcare web-site. This new initiative has already been well utilised by families who have described the service as "very quick" to receive a response and advice/support. Of the 7 families who have currently given feedback, all said they would be 'extremely likely' to recommend the service. Further specific comments were;

"The lady I spoke to was very helpful and I was very reassured speaking to someone who knew what they were talking about. I received guidance which really helped. it gave me a different perspective which helped me a great deal"

"Very efficient, very respectful and didn't make me feel silly and was very professional"

"Million percent likely. Was very concerned about my son's wellbeing and felt I had a very good response with helpful advice"

Immunisation Service:

From 23 March 2020, in response to the Covid 19 pandemic the programme for the school-aged immunisation service was suspended. This team were amongst the first to be redeployed and supported a variety of services such as the 'AIR Team', managing referrals for the Covid Swabbing team and work on the community wards. Whilst this was happening an information line was set up by the team to support families during the crisis, many of those calls came from parents who were anxious that their child's immunisations were being delayed and wanting to know when they would re-start. Therefore, it is great to see the team back in action so soon; working with schools across all Berkshire localities, in a complex situation of needing to comply with schools guidance but also follow guidance for healthcare workers, the team are back in our schools delivering HPV vaccinations as well as some catch-up vaccines as needed. In addition, following a successful redeployment as a PPE champion, Berkshire Healthcare's own Health Inequalities Nurse is also now operational once more, supporting other teams and families to ensure that children and young people have access to vaccines whatever their barriers might be.

Significant challenges are ahead as the team plan, what is likely to be, a very challenging flu season, but one thing is for sure, if any team can do it, then this team can.

A letter sent to our Chief Executive about their experience of the Immunisation Service:

Dear Julian,

I hope you find yourself fit and well.

I am writing to you directly because I wanted to make you aware of the great work of one of your members of staff.

Over the last year I have had the privilege of working together with your Health Inequalities Nurse to deliver a course of immunisations to a vulnerable teenager in her own home.

She has been professional and able to engage the young girl when others couldn't. She is now fully immunised thanks to her.

I am so pleased that you have this service and it delights me to think that I can fall back on BHFT and the nurse for support in this area in the future. She Nicky is a star and I thought you should know.

Healthwatch Bracknell Forest:

Healthwatch Bracknell Forest is running the Community Response during the COVID-19 pandemic in Bracknell Forest. On several occasions during conversations with residents we have had reason to call Common Point of Entry; this has resulted in an instant response from the Community Nursing Service. One resident reported back to us that they were told that the intervention had avoided a hospital admission.

"During this time, we have made many more enquiries to Berkshire Healthcare about their services on behalf of residents and patients. These have always been promptly responded to and the answers have helped the residents and patients in Bracknell Forest during these difficult times".

15. Shifting the mindset – a closer look at NHS Complaints

This action plan has been put on hold. Healthwatch and the CQC are launching a campaign to encourage feedback (not just complaints) called 'Because we all care'. The Trust are working with local Healthwatch organisations on how we can support the campaign locally.

Elizabeth Chapman

Head of Service Engagement and Experience

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	Out of Hours GP Services	High	Pt in early pregnancy attended 2 x OHGP appts with severe abdominal pain, dr said unable to detect anything for first 6 weeks. At next appointment was prescribed antibiotices. Pt attended A&E in Hungry and had emergency surgery for an ectopic pregnancy resulting in the loss of a fallopian tube. Pt wants the rationale behind treatment given on both visits	Upheld	No evidence of thorough physical examination or referral to EPU.	Care and Treatment
Reading	Community Hospital Inpatient Service - Oakwood Ward	High	DECEASED PT: Transferred from the RBH, staff unaware of proteins shakes needed for the pt. No physio took place (which was advised by the RBH) due to staff sickness, resulting in the pt being left in bed and hoisted to a chair for dialysis at the RBH. Paramedic and RBH consultant agreed for pt to remain on Oakwood for EOL care	Partially Upheld	Ward Manager to ensure that the nutritional requirements of patients are made available to all staff through the nursing handover process and also on the Patient Safety at a Glance Board where key information about patients is visually available for all members of the ward team. The Ward Manager to discuss this incident with the staff in a team meeting so that staff can learn from this incident, reflect and change their practice through supervision.	Care and Treatment
Slough	Jubilee Ward	Low	RE-OPENED - Clarity required on some of the response dent in Dec 2019 Complainant wishes to know if staff are trained to deal with hypoxic brain jury on the ward and why the pt was discharged after 9 days when advised it would be at least 28 days.	Partially Upheld	Information for carers on the ward has since been improved. The expectations of the family were not made clear when the patients was transferred to the ward.	Care and Treatment
Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Low	A patient assessed by CRHTT feels that staff have lied about his mental health. The patient is currently unwell and lacks insight into his mental health. The patient has clearly stated that he wants this to make a complaint. Limited further information has been provided, however two members of staff have been named who work within the service.	Not Upheld	No evidence to support patient's claims that staff lied about him or that he was assaulted. No action taken by TVP in relation to assault	Attitude of Staff

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
Bracknell	Physiotherapy (Adult)	Low	Service have discontinued the provision of physio to the pt and the complainant is unhappy at this decision.	Upheld	Discuss next team meeting concerning patient goals, ensuring they are clearly written in the notes and communicated with the patient Discuss at next team meeting the need for discharge planning to be documented and discussed with patients through out their treatment	Discharge Arrangements
Slough	Community Paediatrics	Low	Complainant believe the pt has been misdiagnosed. seeking legal advice and has complained to GMC. Has also contacted news outlets.	Not Upheld	IO found no evidence to support any of the allegations made by the complainant.	Care and Treatment
Reading	Adult Acute Admissions - Bluebell Ward	Low	Pt over heard staff talking about them and other patients through the door and it has left them distressed. Complainant feels this is a breach of privacy under GDPR.	Upheld	Apology made and learning is that chairs are moved from outside ward office and staff direct patients to wait in communal areas.	Confidentiality
Bracknell	Children's Speech and Language Therapy - CYPIT	Low	Mother is complaining about service her son has been involved with since March 2019 .He has been seen by SLT and paediatrics for eating issues. They have had do all the chasing but are no further forward. They feel let down and messed around.	Partially Upheld	Referral took longer than it should have been and the patient exceeded 18 weeks wait for an appointment.	Care and Treatment
Bracknell	Talking Therapies	Low	Mother is making a complaint about the SI process. Her daughter took her own life; she has a copy of the SI report and feels there are inaccuracies in it.	Partially Upheld	There are elements where we have taken learning from	Other
West Berks	CMHT/Care Pathways	Low	Pt did not meet criteria for IMPACTT services. Complainant would like BHFT to consider funding pt at 'Still the Hunger' for their DID diagnosis	Upheld	Communication was poor from the service due to staffing levels.	Access to Services
West Berks	CMHT/Care Pathways	Low	Re-opened Pt did not meet criteria for IMPACTT services. Complainant would like BHFT to consider funding pt at 'Still the Hunger' for her DID diagnosis	Upheld	Apology and same explanation: Communication was poor from the service due to staffing levels.	Access to Services
Slough	Eating Disorders Service	Low	Pt extremely unhappy with the approach from the BEDS service who came across as judgemental and lacking in any empathy	Partially Upheld	Learning for the service	Attitude of Staff

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Solictors state pt wishes for inpt admission or further support in the community as the pt is in a constant state of crisis and high risk of completing suicide - solicitor states failure to offer adequate services is potentially, therefore, negligent	Not Upheld	From the response, it appears that all care and treatment is appropriate, the care coordinator is engaged with patient and the current plan is appropriate.	Care and Treatment
Wokingham	CMHT/Care Pathways	Low	Father of patient has raised concerns about CMHT saying she has been turned away without any offer of support, CRHTT hung up on her and they are unhappy with the Snowdrop Ward too.	Not Upheld	No clinical failings. Explanations of actions taken given and apologies he felt excluded from the communication loop.	Care and Treatment
Windsor, Ascot and Maidenhead	Podiatry	Low	Service Lead contacted the complainant and confirmed the main concerns are: 1.Attitude of the staff member 2.Treatment of her foot –' what she did or didn't do' which has in complainants view caused the on-going deterioration of her foot 3.Impact financially of the additional treatments and travel to Wexham, that complainant has had since the initial problem treated by Podiatry BHFT with her right foot.	Not Upheld	There is no evidence to suggest the dressing used caused deterioration of the wound	Care and Treatment
Windsor, Ascot and Maidenhead	Podiatry	Low	Re-opened: Service Lead contacted the complainant and confirmed the main concerns are: 1.Attitude of the staff member Saddaf Qureshi Podiatrist 2.Treatment of her foot by Saddaf Qureshi on 10th June 2019 –' what she did or didn't do' which has in complaints view caused the on-going deterioration of her foot 3.Impact financially of the additional treatments and travel to Wexham, that complainant has had since the initial problem treated by Podiatry BHFT with her right foot.	Not Upheld	Re-opened. There is no evidence to suggest the dressing used caused deterioration of the wound	Care and Treatment
Wokingham	Common Point of Entry (Children)	Low	Pt struggling with not sleeping and anxiety which is effecting the family. Family very unhappy that a referral has been 'dismissed' and at the attitude of the staff member they recently spoke to.	Not pursued by complainant.	Not pursued by complainant.	Attitude of Staff
Wokingham	Common Point of Entry	Low	Pt discharge before seen, unhappy as he believes he should have been given a chance and he feels no objective reason has been given.	Case not pursued by complainant	Not pursued by complainant.	Care and Treatment

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	Out of Hours GP Services	Low	Pt attended WestCall and believes they were given medication that had a contraindication with existing medication.	Partially Upheld	No clinical failings and prescription was appropriate. However, communication could have been better and a discussion at the time of consultation may have been useful.	Care and Treatment
Reading	Adult Acute Admissions - Bluebell Ward	Low	Pt wishes to conplain about the aggressive attitude of her key worker when she was a pt in 2019.	Partially Upheld	Complete a personal reflection about communication style in interactions with patients and how that might be perceived by others	Attitude of Staff
Reading	Adult Acute Admissions - Bluebell Ward	Low	Re-Opened: Pt wishes to complain about the aggressive attitude of her key worker when she was a pt in 2019.	Partially Upheld	Re-opened: Complete a personal reflection about communication style in interactions with patients and how that might be perceived by others.	Attitude of Staff
Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt feels let down by the Crisis team who did not follow through on her care plan, then arrived unannounced at her door without PPE or social distancing.	Partially Upheld	Staff identified for telephone training.	Attitude of Staff
Bracknell	Talking Therapies	Minor	Complaint about information shared with Talking Therapies which has been escalated as a children's safeguarding concern.	Upheld	Staff member's action were over zealous. Training/supervision offered and raised awareness with TT SMT	Communication
Windsor, Ascot and Maidenhead	Physiotherapy (Adult)	Minor	Pt unhappy with therapy received, feels it has increased pain to a different area	Partially Upheld	No specific fault or blame identified but have informed clinician involved - so they can reflect and be more self aware in the future. Discussed with the clinician the importance on treating the problem area as well as other areas found to be contributing on assessment.	Care and Treatment
Windsor, Ascot and Maidenhead	Tissue Viability	Minor	Re-opened as clarity required around the records of different bandages. Care and treatment from the wound care clinic	Not Upheld	Advocate	Care and Treatment

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
Wokingham	Talking Therapies	Minor	TT text appt arrangements to the mother of a pt who had not told their parent they were under TT this has occurred 3 times	Upheld	Operational review when identify clients at the point of contact i.e asking the client to confirm there telephone number. When clients are discharged from CAMHS to adult services system information to be updated with current contact details.	Confidentiality
West Berks	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Girlfriend of patient has complained about the attitude of a member of the Crisis team when they spoke to her boyfriend over the phone. She said she has never heard anyone in the NHS be so rude to a patient. If she hadn't been there for support her boyfriend she can't bear to think what he might have done.	Upheld	Weekly supervision with member of staff. Attitude awareness training	Attitude of Staff
Bracknell	District Nursing	Minor	patient had surgery and needed tinzaparin injections for six weeks. She is needle phobic and cannot administer these herself so it was agreed the DNs would visit. Now, after just two week, the DNs are withdrawing the service to her, leaving her at risk of DVT.	Not Upheld	Patient did not meet with criteria for home visits.	Care and Treatment
West Berks	Intermediate Care	Minor	Carers say that appointment was cancelled without notice, staff member acted patronising and then refused to speak to the complainant to discuss.	Partially Upheld	Clinicians to be reminded that they should check Rio notes in full prior to visit. Including uploaded documentation. Clinicians will ask relatives how they wished to be kept informed and a note recorded on the patient's notes.	Attitude of Staff

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Patient is complaining that a named member of staff told her that every member of CRHTT staff had an issue speaking to her on the phone. She continues to have unsatisfactory phone conversations with this staff member when she uses CRHTT	Upheld	Upheld as call listened to and it was clearly heard. Staff member has apologised and will attend training and have supervision.	Attitude of Staff
Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	Minor	Daughters have raised many concerns, through safeguarding, about the care of their father whilst on the ward	Upheld	The key learning points include communication, documentation and hygiene. These will be followed up with staff, who will reflect on the points raised in the complaint and the ward manager will lead on implementing an action plan improve these three key areas. The formal meeting will be a starting point. In addition, staff have already been reminded to regularly check walking frames and other personal items, particularly when a patient has a degree of faecal incontinence.	Care and Treatment
Windsor, Ascot and Maidenhead	Eating Disorders Service	Minor	Pt on a wait list for BEDS despite having been seen twice by Psychologist.	Upheld	Upheld as we have acknowledged the wait is longer than wanted.	Care and Treatment
Reading	Adult Acute Admissions - Bluebell Ward	Minor	Unacceptable attitude of staff member belittling and bullying	Upheld	Both elements of the complaint have been fully upheld by the respective IOs. Evidence found of suggested bullying by staff member. PALS actions could have been better.	Attitude of Staff

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Moderate	Pt not provided info on his rights, wasn't advised of advocacy, procedures for assessing and documenting consent were not followed, he did not receive a copy of his care plan thus no clarity of what he was prescribed.	Partially Upheld	Patient consented to CRHTT treatment however did not receive information on the MHA or advocacy services.	OTHNUR
Wokingham	Health Visiting	Moderate	Mother noticed child walked with her right foot raised, questioned medics as believes something was missed at birth, 6 weeks check, 9 month check and paramedic at Finchampstead Surgery. Why was this not picked up at her 9 month developmental check or flagged for professionals to look into again given her results?	Partially Upheld	All health visiting staff to be reminded to review records prior to client contact and if concerns recorded Connected Care to also be reviewed. All health visiting staff to be reminded/trained on the possible causes of gross motor skill delay including hip dysplasia and how to alert parents to these without causing undue concern. This case to be used as a case study. Review the guidance given to parents if there is a low score in any area of the ASQ.	Care and Treatment

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	08 September 2020
Title	**Quality Assurance Committee – 18 August 2020**
Purpose	To receive the unconfirmed minutes of the meeting of the Quality Assurance Committee of 18 August 2020
Business Area	Corporate
Author	Julie Hill, Company Secretary for David Buckle, Committee Chair
Relevant Strategic Objectives	To provide good outcomes from treatment and care.
CQC Registration/Patient Care Impacts	Supports ongoing registration
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equalities and Diversity Implications	N/A
SUMMARY	The unconfirmed minutes of the Quality Assurance Committee meeting held on 18 August 2020 are provided for information. Attached to the minutes are the following reports which were discussed at the Quality Assurance Committee meeting and are presented to the Trust Board for information: • Learning from Deaths Quarterly Report • Guardians of Safe Working Hours Quarterly Report
ACTION REQUIRED	The Trust Board is requested to receive the minutes and the quarterly Guardians of Safe Working Hours and Learning from Deaths Reports and to seek any clarification on issues covered.

Berkshire Healthcare
NHS Foundation Trust

Minutes of the Quality Assurance Committee Meeting held on Tuesday, 18 August 2020, Fitzwilliam House, Bracknell

Present:	David Buckle, Non-Executive Director (Chair) Aileen Feeney, Non-Executive Director David Townsend, Chief Operating Officer Dr Minoo Irani, Medical Director Debbie Fulton, Director of Nursing and Therapies
In attendance:	Julie Hill, Company Secretary Jayne Reynolds, Regional Director (East) *(present for agenda item 5)* Dan Groves, Physiotherapy Professional Lead *(present for agenda item 5)* Heidi Ilsley, Deputy Director of Nursing Sue McLoughlin, Deputy Director of Nursing

The meeting was conducted virtually via Microsoft Teams because of the COVID-19 pandemic social distancing requirements.

1 Apologies for absence and welcome

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

Julian Emms, Chief Executive joined the meeting to give his apologies because the meeting clashed with the Frimley Health and Care Integrated Care System Board meeting. It was noted that the 2021 dates of the Committee had been changed to ensure that the meetings would not clash with the Frimley meeting.

The Chair welcomed everyone to the meeting and in particular welcomed Dan Groves, Physiotherapy Professional Lead, Jayne Reynolds, Regional Director (East), Heidi Ilsley, Deputy Director of Nursing and Sue McLoughlin, Deputy Director of Nursing.

2. Declaration of Any Other Business

The Chair reported that he would raise the frequency of the meetings and the volume of papers at the end of the meeting.

3. Declarations of Interest

There were no declarations of interest.

4.1 Minutes of the Meeting held on 19 May 2020

The minutes of the meeting held on 19 May 2020 were confirmed as an accurate of the proceedings.

4.2 Matters Arising from the Minutes and Matters Arising Log

The Matters Arising Log had been circulated.

The Committee noted the schedule of actions.

5. Patient Safety and Experience

5.0 Carer's Strategy

Dan Groves, Physiotherapy Professional Lead explained that he had been seconded to work on the Carers Strategy for two days a week. Mr Groves gave a presentation on the development of the Trust's Carers Strategy and highlighted the following points:

- The vision for the Carers Strategy was: "All Berkshire Healthcare services will have a defined carer offer, which is informed, understood and valued by carers. Services will regularly review their offer and provide evidence of their compliance through a process of self-assessment";
- The Trust had established a Carers Task and Finish Group with engagement from Berkshire Local Authorities and Carer Support Groups/Agencies and had developed a Two-Tier Carer Offer:

  Tier 1 Offer:
  - Staff will be "carer aware"
  - Services will identify carers and involve them in the planning of care;
  - Staff will refer or signpost carers to relevant support

  Tier 2 Officer – in addition to Tier 1:
  - Services will have allocated staff responsible for carers;
  - Services will provide an introduction to the service and relevant information across the care pathway;
  - Services will provide a range of carers support and obtain carers feedback
- The carer offer was aligned with the national Triangle of Care standards, but the Carers Task and Finish Group had decided to adopt the two-tier approach because some services did not have frequent carer involvement. All adult mental health services would provide tier 2 support to carers;
- Services would assess their compliance against the standards by completing either the Tier 1 or Tier 2 self-assessment form;
- The Carers Strategy implementation plan included the creation of a permanent new role of Trust's Carer Lead and the development of a Friends and Family Carers Group responsible to deliver the actions and recommendations made in the Carers Strategy.

Aileen Feeney, Non-Executive Director commented that she was surprised that older people Community services were not included in the Tier 2 offer.

Dan Groves explained that part of the challenge was that for Community Health services, many people, for example, husbands and wives did not regard themselves as "carers" for their spouses. The Trust was keen not to mandate all services to provide Tier 2 support but for those services which involved frequent carer support,

for example, older people community services it would be appropriate to provide Tier 2 support to carers.

The Chair asked whether the District Nursing service would be providing Tier 2 support to carers.

The Chief Operating Officer explained that the District Nursing service would be a Tier 1 service although there would be individuals for whom it would be appropriate to provide Tier 2 support.

The Regional Director (East) pointed out that the District Nursing services visited a large number of patients and that a large number of patients were only seen once. It was noted that patients with complex health needs would be part of the multi-disciplinary team approach and that carer support would be part and parcel of their ongoing care.

Sue McLoughlin, Deputy Director of Nursing reported that the Trust had tried the "one size fits all" approach with respects to carers in the past and that in her view, the Two-Tier approach was more appropriate.

The Chair suggested that the Carers Strategy included an explanation about why services such as District Nursing were assessed as requiring Tier 1 carer support.

Action: Chief Operating Officer/Regional Director (East)

The Chief Operating Officer pointed out that the flow chart designed to determine which services were Tier 1 and which were Tier 2 did not include Children's services.

The Regional Director (East) agreed to reference the carers support provided by the Children, Young People and Families service.

Action: Chief Operating Officer/Regional Director (East)

The Chair welcomed the section on compliance with the Carers Strategy but pointed out that it would be important to ensure that carers' feedback was obtained to ensure that the Carers Strategy was working on the ground.

Dan Groves pointed out that the Carer feedback was an integral component of the Carer Strategy.

The Regional Director (East) said that the new Carers Lead role would provide responsibility and clear accountability for ensuring that services were engaging supporting carers in line with the new Carers Strategy.

The Chair asked about the next steps for the Carers Strategy.

The Regional Director (East) said that once the Carers Strategy had been approved by the Business and Finance Executive the Strategy would move to the implementation phase.

The Chair requested the Committee receive an update on the implementation of the Carers Strategy in one year's time.

Action: Chief Operating Officer/Regional Director (East)

The Chair thanked Dan Groves, Physiotherapy Professional Lead and Jayne Reynolds, Regional Director (East) for their presentation on the Carer's Strategy.

5.1 Sexual Safety on Mental Health and Learning Disability Wards Update Report

The Director of Nursing and Therapies presented the paper and reminded the meeting that the Care Quality Commission's Report, Sexual Safety on Mental Health Wards, published in September 2018 set out recommendations on how sexual safety could be improved.

The Director of Nursing and Therapies reported that the Trust had developed an action plan to address the Care Quality Commission's recommendations and had made good progress against the original action plan. It was noted that a review of recent incidents had demonstrated that there was work required to support a further reduction of incidents and work had commenced using the Quality Improvement methodology with the Safeguarding Team, Preceptees, key Ward staff and the Patient Safety Officer

The Committee noted the report.

5.2 Quality Concerns Report

The Director of Nursing and Therapies presented the paper and reported that a new quality concern had been added to reflect the quality and safety concerns identified as part of the Care Quality Commission's inspection in 2019 which had resulted in "must do" actions for the Trust.

The Chair said that he always found the Quality Concerns a useful report and commented that it was important that the whole Trust Board had a common understanding about the key safety and quality concerns.

The Committee noted the report.

5.3 Serious Incidents Report – Quarterly Report

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

- There were 12 Serious Incidents reported during the quarter:
    - 7 suspected suicides
    - 2 attempted suicides
    - 3 pressure ulcers
- In response to thematic analysis, learning and requirements for improvement that had been identified from serious incident investigations, there had been significant patient activity across the Trust during the quarter;
- This had included work around the risk documentation Standard Operating Procedure to include COVID-19 issues and also Neurodiversity and Autism prompts for risk assessment; CPA policy and improvements to support the practical implementation of patients on CPA; continuing to roll out the Mood App; delivery of training in relation to telephone skill; and presentations to the Community Mental Health teams to update them on suicide statistics and prevention and bespoke safety planning sessions;
- The Trust was using Quality Improvement methodology to review the Serious Incident processes to support the Trust's Safety Culture work.

The Chair asked about the proposed changes to the Serious Incident processes.

The Director of Nursing and Therapies explained that the national processes for the investigation of Serious Incidents was not changing but the national Patient Safety

Strategy was looking to develop a Safety Culture which would change the way Serious Incidents, staff grievances and disciplinaries were investigated and acted upon. The Safety Culture work would focus on what went wrong rather than why someone did not do something quite right. Another key aim of the Safety Culture work was around ensuring that staff were confident about raising concerns and speaking up.

The Chair asked whether the Trust's doctors felt supported by the Trust when things went wrong.

The Medical Director said that the Trust's culture had changed significantly over the years and there was now a much greater focus on the learning from Serious Incidents and confirmed that in his opinion, doctors did feel that they were supported when things went wrong.

The Committee noted the report.

5.4 Learning from Deaths Quarterly Report

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

- In Quarter 1 of 2020/21, 1,326 deaths were recorded on the clinical information system (RiO) where a patient had been in contact with a Trust service in the year before they died;
- Of the deaths, 170 met the criteria to be reviewed further. All 170 deaths were reviewed by the Mortality Review Group. 98 deaths were closed with no further action; 72 deaths required "second stage" review (using an initial findings review/structured judgement review methodology);
- Of the 72 deaths, 7 were classed as "Serious Incidents" requiring investigation
- During Quarter 1 the Mortality Review Group had reviewed the findings of 32 second line review reports of which 16 related to patients with a learning disability.
- Of the 32 case reviews received by the Mortality Review Group, 4 reviews were escalated as potential lapses in care and 1 case had been confirmed as a lapse in care. This concerned the death of a deteriorating patient on one of the Trust's Community wards.

The Chair requested a copy of the Structured Judgment Review report into the lapse in care death. The Medical Director agreed to forward a copy of the report to the Chair after removing any patient identifiable information.

Action: Medical Director

The Chair requested further information about the Trust patients who had died of COVID-19.

The Medical Director confirmed that 20 patients had died on the Community wards and all of whom had underlying health conditions. In addition, two Mental Health patients had contracted and died of COVID-19 (both patients were transferred to acute hospitals).

The Chair said that given the increased number of deaths during the COVID-19 pandemic, it was reassuring that there had only been one death where there had been a lapse in care.

The Committee noted the report.

5.5 CQC Infection, Prevention and Control Assessment Report

The Director of Nursing and Therapies presented the Infection Prevention and Control Board Assurance Framework which had been updated since it was presented to the July 2020 Trust Board meeting.

The Director of Nursing and Therapies reported that the Care Quality Commission had been tasked with responsibility for assessing whether Trust Boards had full assurance regarding effective infection prevention and control processes and practices and therefore had safe deliver of care in relation to the COVID-19 pandemic.

The Director of Nursing and Therapies reported that the Care Quality Commission has assessed the Trust on 16 July 2020 and had issued the outcome of their assessment on 20 July 2020 (attached as an appendix to the paper). It was noted that the Care Quality Commission were satisfied with the Trust's infection prevention and control systems and processes.

The Committee noted the report.

5.6 Well-Led Care Quality Commission Inspection Must Do and Should Do Action Plans

The Director of Nursing and Therapies presented the paper and reported that following the November-December 2019 inspection, the Care Quality Commission had rated the Trust as "Outstanding". As part of the inspection, the Care Quality Commission had assessed two core services (Specialist Community Mental Health Services for Children and Young People and Acute Wards for Adults of Working Age and Psychiatric Intensive Care Wards) where the Trust must take action.

The Director of Nursing and Therapies reported that the Care Quality Commission had also identified some "should do" actions or the Acute wards for Adults of Working Age; Child and Adolescent Mental Health wards; Specialist Community Mental Health Services for Children and Young People; Community Inpatient wards; Community Adult services; and End of Life care.

It was noted that action plans had been developed to implement both "Must Do" and "Should Do" actions.

The Director of Nursing and Therapies reported that the replacement doors at Prospect Park Hospital had been ordered and would be installed over the coming months.

The Committee noted the report.

5.7 Action Plan in Response to Regulation 28 Notice

The Director of Nursing and Therapies presented the paper which set out the Trust's response to the Coroner's Section 28 report to prevent future deaths issued.

The Director of Nursing and Therapies explained that on 2 March 2020, following the inquest of Sophie Booth, the Coroner had issued a Section 28 report in relation to four areas of concern:

- Ensuring salient information was best captured by referrers when completing and sending referral forms to the Trust's Common Point of Entry service;

- The importance of effective due diligence when triaging referrals where the potential client had experienced an episode of mental health crisis abroad;
- Assurance that downgrading referrals from red to amber was consistently conducted in a rational and proportionate manner, including seeking further information from the referrer or potential client as required; and
- Ensuring that mental health services communicate effectively – particularly in relation to information sharing where someone was referred into more than one service.

The Director of Nursing and Therapies reported that the action plan had now been completed and had therefore been closed.

The Committee noted the report.

5.8 Annual Clinical Claims and Litigation Report

The Chair reported that the Annual Clinical Claims and Litigation Report had also been submitted to the Audit Committee.

The Committee noted the report.

5.9 Patient Safety Strategy and Safety Culture Report

The Director of Nursing and Therapies presented the paper and reported that in July 2019 NHS England/Improvement had published the NHS Patient Safety Strategy, Safer Culture, Safer Systems and Safer Patients document. It was noted that the Strategy recognised that in order to reduce patient harm, national and organisational culture as well as systems needed to improve.

The Director of Nursing and Therapies said that the Trust had developed a plan detailing the further actions which needed to be undertaken to develop the Safety Culture within the Trust whilst recognising that the NHS Staff Survey 2019 results had demonstrated a good culture on which to improve further. Appendix 1 of the report set out the progress against the implementation of the recommendations set out int eh National Patient Strategy.

It was noted that the Trust's Patient Safety Culture was currently focussed on the following areas:

- Review of Human Resources policies and process to support the principles of 'just culture'
- Review of Serious Incident policy and process to support the principled of 'just culture'
- Staff understanding of the impact of civility and kindness on psychological safety
- Enhancing psychological support to staff
- Preventative measures (working with high risk and complexity)

The Chair acknowledged that the Trust's Patient Safety and Safety Culture work was starting from a strong position and that this had been recognised by the Outstanding rating given to the Trust by the Care Quality Commission. The Chair cautioned against complacency and pointed out that there was always room for improvement and that the Trust needed to be mindful of unwarranted variation and pockets of sub-optimal performance.

The Committee noted the report.

5.10 Trust's Stuff Vaccination Campaign Report

Heidi Ilsley, Deputy Director of Nursing reported that on 24 July 2020, the Department of Health and Social Care announced a revised national Flu Campaign which included the requirement that all staff receive the flu vaccination this year to support plans to "Ready the NHS – both for the risk of a second peak of coronavirus cases and to relieve winter pressures".

The Deputy Director of Nursing reported that the Trust's Flu Campaign would include two Drive Through vaccination clinics based at Ascot Racecourse and West Berkshire Community Hospital, booked Flu Vaccination clinics, roving peer vaccinators and flu vouchers. It was noted that the Trust was also discussing incentives to persuade more people to be vaccinated.

The Chair said that he understood how challenging it was to persuade all staff to have the flu vaccination but stressed that the Trust needed to do everything it could to persuade staff to be vaccinated so as not to put a vulnerable person at risk.

The Director of Nursing and Therapies said that in previous years Public Health England had set out the high-risk services such as patients receiving chemotherapy and other immune compromised patients where it was essential that staff were vaccinated against flu. If staff working in these areas were unwilling to be vaccinated, they would be moved to other areas.

The Director of Nursing and Therapies said that nationally there was a reluctance to mandate that all clinical staff received the flu vaccination because of concerns about human rights.

The Director of Nursing and Therapies reported that the Trust was proactive in contacting clinical staff who did not take up the offer of a flu vaccination to find out the reasons why and if possible, to try and persuade them to change their minds.

Aileen Feeney, Non-Executive Director reported that she had attended the Executive's All Staff Briefing which had included a slot on the Trust's Flu Campaign and the national requirement for 100% of staff to be vaccinated and asked whether there had been any feedback from staff.

Heidi Ilsley, Deputy Director of Nursing reported that the comments at the All Staff Briefing were positive. It was noted that the Trust would again be offering support to staff who had a needle phobia.

The Committee noted the report.

5.11 COVID-19 Board Assurance Framework Risk

The COVID-19 Board Assurance Framework Risk had been circulated.

The Medical Director reported that now that the initial peak of the COVID-19 pandemic was over, the risk would be re-drafted to reflect the risks in relation to the post COVID Recovery and the planning for a possible COVID-19 surge during the winter.

Action: Acting Executive Director of Strategy/Regional Director (East)

The Director of Nursing and Therapies pointed out there remained the potential risk that the Track and Trace process requiring a significant number of staff having to self-isolate. The Director of Nursing and Therapies reported that the Trust's

mitigations included staff maintaining the two metre social distancing requirements and face coverings for all staff at Trust sites.

Aileen Feeney, Non-Executive Director asked whether staff were complying with the social distancing and face covering requirements.

The Director of Nursing and Therapies reported that the majority of staff were complying with the rules but there were small pockets of non-compliance especially amongst non-clinical staff who were less familiar with infection control procedures. The Director of Nursing and Therapies reported that the Trust regularly reminded all staff about the importance of social distancing and other infection control measures.

The Committee noted the report.

Clinical Effectiveness and Outcomes

6.1 Quality Accounts 2020-21

The Medical Director presented the paper and reported that the data set out in the quarter 1 Quality Accounts Report had been aligned to the Trust's new Plan on a Page.

The Chair commented that he liked to receive the quarterly Quality Accounts Reports and proposed that the Committee allocate a longer time to discuss the 3rd quarter Quality Accounts.

Action: Medical Director/Head of Clinical Effectiveness and Audit

The Committee noted the report.

6.2 Clinical Audit Report

The Medical Director presented the paper and reported that because of the COVID-19 pandemic we do not have any new published national clinical audits to bring to this meeting. It was noted that the publication of national clinical audit reports had now resumed.

The Medical Director reported that the Clinical Audit Report and Quarter 1 Summary Report provided the Committee with a summary of the findings of the National Clinical Audits that the Trust had participated in during 2019-20 and gave examples of how the Trust used the clinical audits as a key driver to create change in the Trust in processes and documentation which often resulted in further work being undertaken to gain assurance that actions were implemented and were working and that improvements were being made.

The Chair commented that the report cover sheet provided a very helpful summary.

The Chair reminded the meeting that he was on the Board of Trustees of the Stroke Association and said that for his personal interest, he would welcome having a conversation with the relevant member of staff about the how the Trust contributed to the National Stroke Rehabilitation Audit (SSNAP).

Action: Director of Nursing and Therapies

The Committee noted the report.

Corporate Governance

7.0 Quality Assurance Committee – Annual Review of Effectiveness

The Company Secretary reported that she would be circulating the Committee's Annual Review of Effectiveness Survey shortly and requested that everyone completed the survey.

Update Items for Information

8.0 Guardians of Safe Working Hours Quarterly Report

The Medical Director presented the paper which had been written by the Trust's Guardians of Safe Working Hours.

It was noted that during the reporting period (1 May 2020 to 4 August 2020) there were two "hours and rest" exception reports totally an extra 4.5 hours worked over and above the Trainees' work schedules and no "education" reports.

It was noted that the Guardians 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.

8.1 Annual Infection and Control Report 2019-20

The Annual Infection and Control Report 2019-20 had been circulated.

The Committee noted the report.

8.2 Annual Safeguarding Report 2019-20

The Annual Safeguarding Report 2019-20 had been circulated.

The Committee noted the report.

8.3 Place of Safety Annual Report 2019-20

The Place of Safety Annual Report 2019-20 had been circulated.

The Committee noted the report.

8.4 Mental Health Act Annual Report 2019-20

The Mental Health Act Annual Report 2019-20 had been circulated.

The Committee noted the report.

8.5 Quality Executive Committee Minutes

The minutes of the Quality Executive Committee meetings held in May 2020, June 2020 and July 2020 were received and noted.

Closing Business

8.0 Standing Item – Horizon Scanning

The Company Secretary reported that the Committee had previously identified the following items for future meetings.

- Trust's compliance with the new CPA Guidance
- Single room and therapeutic environment at Prospect Park Hospital
- Review of the Quality Improvement Programme True North Patient Safety Indicators
- Eating Disorder Service and the Wider System
- Review of the MSK Pathway
- Post COVID-19 Lock Down and its impact on the Trust's demand for services (particularly mental health services)
- Managing the interface between physical health and mental health.

The Chair requested that the Committee receive a short report on the Duty of Candour process.

Action: Director of Nursing and Therapies and Company Secretary

9.1. Any Other Business

Frequency of Meetings and Volume of Papers

The Chair commented that the Committee met four times a year and asked other members of the Committee whether they felt that the Committee should meet more frequently.

It was noted that the Trust Board had a strong quality focus and that during the COVID-19 pandemic, the Trust Board had received assurance reports about patient safety.

The Medical Director said that in his view, quarterly meetings worked well because the Committee received good quality assurance reports and the Committee was able to conclude its business within two hours.

The Chair said that the Committee had the option of holding additional meetings if there was a particular issue which required an urgent or a more in-depth discussion. The Chair said that he agreed with the comments made by the Medical Director but said that he wanted to give other members of the Committee an opportunity to reflect on the frequency of meetings.

Sue McLaughlin, Deputy Director of Nursing pointed out that the Trust had a range of other processes to scrutinise quality which fed into the Committee's regular reporting.

Aileen Feeney, Non-Executive Director reported that she also felt that the frequency of meetings was appropriate and said that it was important that the Executive and Senior Management were not overburdened by producing more frequent reports.

The Chair also asked members of the Committee whether they were content by the volume and length of papers and commented that he personally found it helpful if relevant additional papers were included with reports, for example, the Care Quality Commission's report on the Trust's Infection, Prevention and Control Board Assurance Framework assessment.

The Director of Nursing and Therapies explained that the Committee's regular reports were written for other Trust Committees and/or were required externally so reducing the volume or length of reports would be more work for report authors.

The Chair thanked the Committee for their comments and it was agreed that the Committee would continue to meet quarterly and that no changes were required to the format of the reports.

9.2. Date of the Next Meeting

17 November 2020

These minutes are an accurate record of the Quality Assurance Committee meeting held on 18 August 2020.

Signed:-

Date: - 18 August 2020

Berkshire Healthcare
NHS Foundation Trust

QPEG / QAC/ Trust Board	August 2020
Title	**Learning from Deaths Quarter 1 Report 2020/21**
Purpose	To provide assurance to the Trust Board that the trust is appropriately reviewing and learning from deaths
Business Area	Clinical Trust Wide
Authors	Head of Clinical Effectiveness and Audit, Medical Director
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
Resource Impacts	The trust mortality review and Learning from Deaths process has operated without any additional resource allocation since it was launched in 2016. Additional resource will be required to progress further quality improvements.
Legal Implications	None
Equality Diversity Implications	A national requirement is that deaths of patients with a learning disability are reviewed to promote accessibility to equitable care. This report provides positive assurance of learning from these deaths
Summary	1326 deaths were recorded on the clinical information system (RiO) during Q1 (Q4 837) where a patient had been in contact with a trust service in the year before they died. Of these 170 (Q4 106) met the criteria to be reviewed further. All 170 were reviewed by the executive mortality review group (EMRG) and the outcomes were as follows: • 98 were closed with no further action • 72 required 'second stage' review (using an initial finding review (IFR)/ Structured Judgement Review (SJR) methodology). • Of the 72, 7 were classed as Serious Incident Requiring Investigation (SI) During Q1, the trust mortality review group (TMRG) received the findings of 32 2nd stage review reports, of which 16 related to patients with a learning disability (these are cases reviewed in Q1 and will include cases reported in previous quarters). Of the 32 reviews received by the TMRG in Q1, 4 reviews were escalated as a potential lapse in care, 1 case has been confirmed as lapse in care provided (see below). Death which occurred in June 2019 and was retrospectively reported in January 2020, the learning from this case related to importance of timely transfer of the patient for acute hospital care in accordance with the trust policy: Assessment and identification of the deteriorating patient (using the National Early Warning score (NEWS 2) tool in the adult in-patient setting).

	3 of the 4 cases escalated for further review/ additional information were confirmed not to be a lapse in care and the following learning was identified. • Tapering of diazepam dosage rather than abrupt withdrawal and importance of clinical responsiveness to abnormal blood test results. • GP Out of Hours service to offer face to face patient assessment if any red flag symptoms noted on telephone triage. • If community nursing staff visiting a patient are unable to observe/ review a sacral wound, then a multidisciplinary team discussion re ongoing care and best interest decision should be considered alongside a referral to Wound care Specialist Nurse. **Learning from Serious Incidents (Source: Q1 SI Report)** Themes which have been identified as learning from outcome of SI investigations. 1. The risk documentation standard operating procedure (SOP) has been updated to reflect learning from Covid-19 and to ensure CYPF Autism Assessment Team are included. The aide-mémoire for helping staff with important areas to cover when completing risk activities has been updated to include Neurodiversity/Learning Difficulties and Parenting/Carer support (CYPF & Younger Adults). 2. The Care programme approach (CPA) recording system and policy have been updated and we are linking in with system partners to improve CPA transfers as this has been noted as an issue in serious incidents. A new electronic format is based on service user and carer feedback which has been tested by staff from all divisions. The form is at the end stage of testing and has links to clustering, physical health screening, risk and the safety plan to ensure these issues are not overlooked. A go live date is expected to be scheduled before the Autumn. 3. Work has also continued throughout Q1 on the roll out of the Mood Diary App. There has been a significant increase in uptake of this App from mental health users and onboarding has now taken place within Trauma and Complex Treatment Service, Veteran Service and across the CMHTs. Considerable work is underway with individual teams to train them as well as communications to users to make them aware that the App is available. 4. Virtual training has been delivered on empathic listening skills, tone of voice and meaningfully linking this in with safety planning using small groups and practicing the skills live by putting people in the (virtual) hot seat. There are also plans to commence a rolling bi-monthly group supervision for staff on triage offering a regular opportunity to listen back to recordings and reflect on the interactions. Staff will be given the opportunity to discuss calls that have been a challenge for them personally. Scenarios can be recreated live and tailored to meet the learning needs of individuals and the group. This will provide a safe place to rehearse **Learning from the mortality review process (first and second stage review of deaths)** • A thematic and learning review of 4 cases where falls (with suspected head injury) were a contributing factor, the learning from

	this review was noted at the August TMRG and learning implementation plan agreed. • The management of the deteriorating patient continues to be a theme, this is a trust quality priority and will be monitored through the True North objectives that no patient should die as a result in a lapse in care when a deterioration in health was not managed appropriately. • Learning specific to community nursing and management of pressure ulcers identified that if staff visiting a patient are unable to observe/ review a sacral wound then a multidisciplinary team discussion re ongoing care and best interest decision should be considered alongside a referral to Wound care Specialist Nurse. • Learning specific to an out of hours GP case identified that a patient with any red flag symptoms should be assessed face to face. Learning from this case has been discussed with the clinical team. • The learning disability service have produced two significant pieces of work (Covid-19 Symptom Checker and the Respiratory Health Care Pathway) which will support services in reducing the risks of Covid-19 and other respiratory illnesses for people with learning Disabilities. • Learning for community services to ensure timely and accurate 1st stage reviews are reported. **Medical Examiner (ME) process** National guidance specific to Covid-19 requires that a death of any staff member would need to be reported by their employing organisation and an ME review would be required. Royal Berkshire NHS Foundation Trust have agreed to provide ME support, should such a situation arise in BHFT. **Conclusion** There has been a significant increase in activity for Q1 compared to previous quarters at first stage review with an enhanced level of scrutiny by the EMRG and also with the number of 2nd stage reviews requested. A significant amount of national guidance was published in Q1 relating to Covid-19 management. All guidance was implemented, and we reported all the required deaths due to Covid-19 to the Covid-19 Patient Notification System (CPNS) and where required to the CQC. A lapse in care was identified for one death in this quarter and this related to a patient who had died in June 2019 and was reported retrospectively.
ACTION REQUIRED	The committee is asked to receive and note the Q1 learning from deaths report in order to provide assurance to the Trust Board that the Trust is complying with CQC and NHS Improvement requirements in respect of learning from deaths.

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1.0 Purpose

It has become increasingly important for trusts to evidence that they are systematically and continuously reviewing patient outcomes including mortality (patients who have died).

It is acknowledged that most deaths do not occur as a result of a direct patient safety incident. None the less, it is important that opportunity for learning from deaths and learning from the review of the care provided and patient experience of our services in the period prior to the person's death are not missed and that when deaths are deemed not to require any further investigation the rationale and justification for this is clearly documented.

2.0 Scope

This report supports the Trust learning from deaths policy which was published in August 2017 and updated in March 2019.

3.0 Introduction

Berkshire Healthcare is a combined community and mental health trust, providing a wide range of services to people of all ages living in Berkshire. The trust employs over 4,200 staff who operate from our many sites as well as out in people's homes and in various community settings. This report sets out how we review deaths of patients who have been under our care at any point in the year before they died, to ensure that the most appropriate care was given.

The first part of the report identifies the total numbers of patients who have died, in most cases these are expected deaths but where a specific 'red flag' or concern is noted (as identified in our policy) we then review these deaths further. First stage review is through weekly review of Datix reported deaths by the Executive Mortality Review Group (EMRG). Second stage reviews (using IFR/SJR) are discussed at the monthly Trust Mortality Review Group (TMRG) where learning is identified, and service improvement actions are followed through.

The level of review will depend on whether certain criteria are met, the report sets out the numbers which were reviewed and the type of review we conducted.

We review the care provided for all patients who had a learning disability and died. We are required to notify the National Learning Disability Mortality Review Process (LeDeR) of all patients who have died with a learning disability, LeDeR carry out an independent review which also involves contacting the person's family. The purpose of this is to learn from all aspects of care (primary, secondary, community and social care) and inform national learning.

Following second stage review, any death where there is suspected to be a lapse in care which could have potentially contributed to the death of the patient would be escalated to a full investigation using a Root Cause Analysis (RCA) approach.

The final section of this report looks at the learning we have identified from the review of deaths in the quarter.

Definitions:

2nd stage Case Review (SJR/IFR): A review is usually a proactive process, often without a 'problem', complaint or significant event. It is often undertaken to consider systems, policies and processes. A review is a broad overview of a sequence of events or processes. It can draw on the perceptions of a range of individuals and a range of sources. The resulting report does not make findings of fact, but it summarises the available information and makes general comments. A review may identify some areas of concern that require investigation e.g. if there is some evidence of poor practice, in which case the appropriate recommendation for an investigation should be made.

Investigation (RCA and SI): An Investigation generally occurs in response to a 'problem', complaint or significant event. An investigation is often initiated in relation to specific actions, activities or questions of conduct. It is a systematic analysis of what happened, how it happened and why. An investigation draws on evidence, including physical evidence, witness accounts, policies, procedures, guidance, good practice and observation - in order to identify the problems in care or service delivery that preceded the event to understand how and why it occurred and to reduce the risk of future occurrence of similar events.

4. Summary of Deaths and Reviews completed in 2020/21.

Figure 1	17/18 total	18/19 total	19/20 total	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	YTD 20/21
Number of deaths seen by a service within 365 days of death	4381	3961	3884	**1326**				**1326**
Total deaths screened (Datix) 1st stage review	307	320	406	**170**				**170**
Total number of 2nd stage reviews requested (SJR/IFR/RCA)	153	134	198	**72**				**72**
Total number of deaths investigated as serious incidents	32	40	43	**7**				**7**
Total number of deaths judged > 50% likely to be due to problems with care (lapse in care)	1	3	3	**3**				**3**
Number of Community Hospital Inpatient deaths reviewed (Including patients at the end of life)	123	144	124	**56**				**56**
Total number of deaths of patients with a Learning Disability	35	28	47	**18**				**18**
Total number of deaths of patients with LD judged > 50% likely to be due to problems with care	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

4.1 Total Number of deaths in Q1

The trust electronic patient record (RiO) is directly linked to the national spine which allows information regarding deaths to be shared amongst providers of health care. Figure 2 identifies all deaths where a patient had any contact with one or more of the trust services in the preceding 365 days before their death and was on an active caseload of the service at the time of death .In Q1, 1326 (Q4 837) deaths were recorded, this is a significant increase on previous Q1 figures and is likely to further increase when the data is refreshed at Q2 to consider the GP spine upload lag. Figure 2 below details the previous Q1 final figures (after updating) alongside the average number of deaths for that period compared to the current Q1 figures (which will be refreshed at Q2).

Figure 2	Total Q1 2017	Total Q1 2018	Total Q1 2019	Average of 3 previous Q1	**Total Q1 2020**
Nursing episode	522	437	426	462	**601**
Dietetics	160	117	54	110	**82**
Old age psychiatry	106	95	71	91	**112**
Community health services medical	66	68	100	78	**150**
Speech and language therapy	85	55	25	55	**22**
Podiatry	67	53	59	60	**69**
Palliative medicine	34	43	59	45	**46**
Rehabilitation	24	12	34	23	**58**
General medicine	24	18	24	22	**22**
Adult mental illness	24	16	30	23	**28**
Cardiology	12	14	7	11	**17**
Physiotherapy	20	6	33	20	**25**
Genito-urinary medicine	2	4	8	5	**14**
Clinical psychology	5	3	1	3	**6**
Geriatric medicine	4	2	3	3	**9**
Intermediate care	6	2	16	8	**36**
Community paediatrics	2	2	1	2	**1**

Learning disability	5	3		3	**2**
Respiratory medicine	12	0	15	9	**20**
Occupational therapy	0	0	1	0	**5**
Child and adolescent psychiatry	0	0	1	0	**1**
Grand Total	1180	960	967	1036	**1326**

Figure 3 below details those deaths where there was an alert on the patients record to state they had confirmed or suspected Covid 19 at the time of death.

Figure 3. Confirmed or suspected COVID 19 alert on Rio at time of death	**Apr-20**	**May-20**	**Jun-20**	**Total Q1**
Nursing episode	75	40	11	126
Community health services medical	30	15	3	48
Old age psychiatry	27	7		34
Dietetics	6	5	1	12
Podiatry	7	3		10
Intermediate care	5	3	2	10
Rehabilitation	7	1		8
Respiratory medicine	3	3	1	7
Adult mental illness	2	2		4
Physiotherapy	3		1	4
Geriatric medicine	1	2		3
Palliative medicine	1		2	3
Genito-urinary medicine	2	1		3
Speech and language therapy	1	2		3
General medicine	1	1		2
Cardiology	1	1		2
Learning disability	1			1
Occupational therapy		1		1
Grand Total	173	87	21	281
RIO flag recorded as recovered from C19 at time of death				
Nursing episode	1	9	5	15
Community health services medical		5	1	6
Dietetics		1	1	2
Intermediate care		2		2
Palliative medicine		1		1
Old age psychiatry		1		1
Learning disability		1		1
Rehabilitation		1		1
Grand Total	1	21	7	29

Figure 4 below details the age of the patients; this has allowed us to also ensure we are aware of all children's deaths which are reviewed in detail by the child death overview panel (CDOP) hosted by the Local Authority. The highest number of deaths is in the over 75 age group with the majority of these in receipt of community nursing services in their homes/ care homes/ receiving care at the end of life.

	April to May 2020				
Figure 4	**A:0-17**	**B:18-65**	**C:66-75**	**D: Over 75**	**Grand Total**
Grand Total	**4**	**121**	**196**	**1005**	**1326**

4.2 Total Deaths Screened (1st stage review)

The Trust learning from deaths policy identifies several criteria which if met require the service to submit a Datix form for review on the Trust incident management system following the notification of a death.

First stage reviews occur weekly by the Executive Mortality Review Group (EMRG) which consists of the Medical Director, Director of Nursing and Governance, Lead Clinical Director, Deputy Director of Nursing and Quality and the Head of Clinical Effectiveness & Audit.

There are four outcomes upon EMRG review (as identified in the learning from deaths policy):

1. Datix form advised to be closed, no 'red flags'/ concern identified.
2. Further information requested to be able to make a decision, to be reviewed at next EMRG
3. Identified as a serious incident (SI)
4. Identified as requiring a second stage review (SJR/IFR) report

170 (Q4 105) deaths were submitted for review in Q1, an increase of approximately 70 cases from previous quarters, the average per quarter last year was 102 with a range of 90 to 108.

At first stage review the EMRG review a summary of the patient's care. Of the 170 deaths undergoing first stage review, 98 were closed with no further action required, 72 were referred for 2nd stage review and of these 7 were classed as serious incidents for RCA investigation.

For 65 of the 1 stage reviews (Datix), C19 or suspected C19 was mentioned, of these 43 were closed at EMRG, the EMRG requested a second stage review for 22 cases. Appendix 2 details cases by service.

5. Involvement of families and carers in reviews and investigations

There are established processes to involve all families and carers where a death is reported as an SI or a death which relates to an individual with a learning disability and these are detailed with regards to the level of involvement for those deaths reported in Q1. In addition, for all expected inpatient end of life deaths or deaths where a 2nd stage review (SJR) is undertaken, the family will receive a letter of condolence and the bereavement booklet, with the opportunity to raise any concerns about the care provided to the patient.

6. 2nd Stage Reviews Completed

The purpose of the 2nd stage review of deaths is to determine if any potential problem or lapse in care may have contributed to the person's death, to identify learning and to utilise the learning to guide necessary changes in services in order to improve the quality of patient care. It is expected that, over a period, these improvements in response to learning from deaths will nationally contribute to reduction in premature deaths of people with learning disabilities and severe mental illness.

The Trust-wide mortality review group (TMRG) meets monthly and is chaired by the Medical Director; 32 (51 in Q4 of 2018/19) reviews have been received and considered by the group in Q1. Figure 5 details the service where the review was conducted.

Figure 5: Reviews Conducted in Q1

	Total Number	Divisions
April 2020	7	Learning Disabilities: 4 East Physical Health: 1 East Mental Health 1 West PH: 1
May 2020	10	Learning Disabilities: 5 West Physical Health: 1 East Physical Health:1 East Mental Health:2 MH Inpatients: 1
June2020	15	Learning Disabilities: 7 West Physical Health:2 West Mental Health:4 East MH: 2

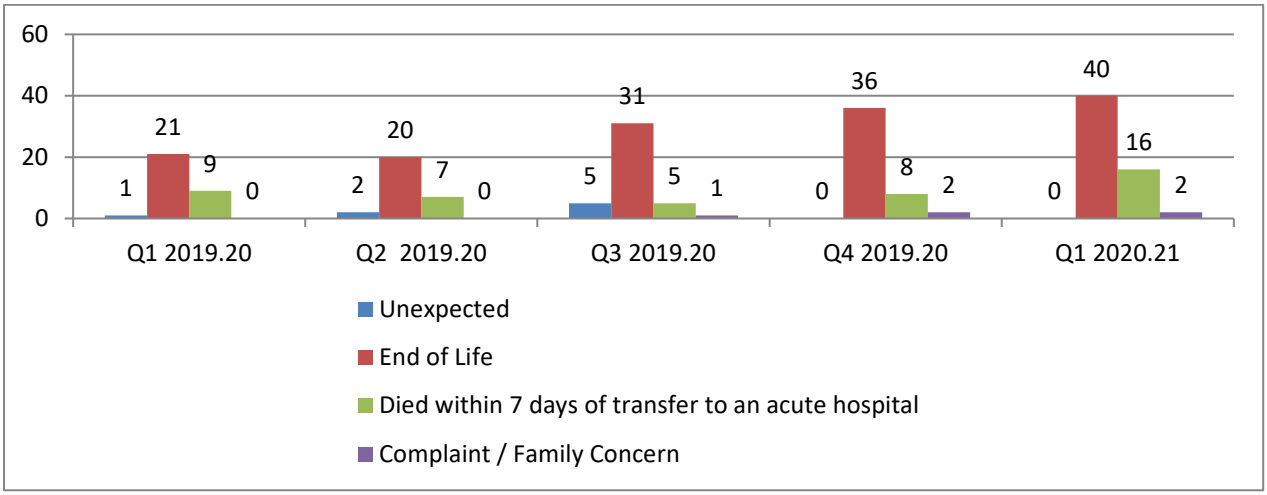
Upon review the trust mortality review group will agree one of the following:

- Request further information (if required) from trust services or other providers
- Agree to close the case and note any actions on the action log
- Agree to close and make recommendation for service and trust level learning and improvements
- Identify a potential lapse in care and recommend investigation using RCA approach.

An action log is maintained and reviewed by the group to ensure that all actions are completed.

7. Deaths of patients (including palliative care) on community health inpatient wards
For community health inpatients we require all deaths to be reported on the Datix system including patients who are expected to die and receiving palliative care. Figure 6 details these. In addition, we are now required to complete a national submission to the Covid Patient Notification System (CPNS) on patient deaths where the patient had a positive Covid result within 28 days of death or had Covid 19 stated on the medical certificate of cause of death (MCCD).

Figure 6: Deaths occurring on the community health inpatients wards or following deterioration and transfer to an acute hospital.



In Q1 56 (Compared to 46 in Q4 of 2019/20) deaths in total were reported, 51 by the Community Inpatient Wards and five deaths were reported for patients on a mental health ward (all 5 transferred to an acute hospital).
Of the 56 reported deaths, 40 were expected deaths and related to patients who were specifically receiving end of life care. These were reviewed by the EMRG, 35 were closed where enough information had been provided to give assurance that appropriate end of life care had been given. 5 cases were reviewed as 2nd stage reviews (detailed in section 7.1).
Two of the 1st stage reviews which had been closed at EMRG were reopened following 1 formal complaint and 1 family concern which were received. Both related to end of life patients who were Covid 19 positive, 2nd stage reviews were requested, one has since been closed and the 2nd is due for review at the August TMRG.

16 deaths were unexpected (8 in Q4), all 16 were transferred to an acute hospital where they subsequently died within 7 days of transfer, 2nd Stage reviews were requested for 13 and 3 were closed at 1st stage review. Of the 2nd stage reviews completed one has been declared as a lapse in care (see lapse in care section).

7.1 Covid-19 related deaths on inpatient wards between April and June 2020
20 deaths which occurred on our community health wards were reported to the CPNS, Covid 19 was stated on the medical certificate of cause of death for all. All 20 patients had been transferred to us from an acute hospital, 15 were transferred to BHFT as palliative/ end of life care patients and 5 were subsequently identified for palliative care whilst an inpatient with us. All 5 were reviewed through the 2nd stage review process to give assurance that this was the most appropriate management plan.

Demographics and summary of the 20 patients
8 Female and 12 Male

Age range was 59 – 104
Average and Mode were 87 years.
All patients had significant comorbidities with 3 patients having a cancer.

There is a requirement to submit this information with 24 hours of the death, 18 deaths were submitted within this timeframe, 2 deaths were reported retrospectively following notification from the CPNS. A full review was undertaken and identified that a 1st stage review was not completed in one case and that a second case was incorrectly detailed on the 1st stage review. Learning was identified by the services and in addition all MCCDs were checked for cause of death to ensure that they had been submitted correctly.

Additionally, 2 deaths were recorded where the patient was transferred from our mental health inpatient wards and sadly died in an acute trust from Covid 19, whilst the acute trust was responsible for reporting to the CPNS we were required to submit additional reporting to the Care Quality Commission (CQC) on these cases.

8. Deaths of Children and Young People
In Q1 11 (Q4= 5) deaths were submitted as a Datix for 1st stage review. 9 cases were closed at EMRG following 1st stage review, 2 cases are being taken forwards for a 2nd stage review to feed into a safeguarding meeting.

9. Deaths of adults with a learning disability
In Q1 the Trust Mortality Review Group (TMRG) reviewed a total of 16 deaths of adults with learning disabilities who had received services from Berkshire Healthcare in the 12 months prior to their death. The Structured Judgement Review methodology was used for all reported deaths with these reviews appraised by the LD Clinical Review Group (CRG) prior to review and sign off by the TMRG.

Of these 16 deaths there were no identified lapse in care provided by Berkshire Healthcare.

Demographics:
Gender:

Female	5
Male	11

The age at time of death ranged from 35 to 86 years of age (median age: 68yrs)
Severity of Learning Disability:

Mild	2
Moderate	2
Severe	1
Profound	2
Not Known	9

Ethnicity:

White British	15
White Other	1

The deaths were attributed to the following causes:

Immediate cause of death	Number of deaths	Were any of these deaths COVID related?
Respiratory System	10	6 confirmed C19 1 suspected C19
Digestive System	2	No
Heart & Circulatory System	2	No
Other	2	No

For COVID related deaths:

COVID related - community	2
COVID related - hospital	4
COVID suspected but unconfirmed	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 has been no specific feedback or concerns raised through this contact.

Work undertaken to mitigate risks/impact of Covid-19:
There were 6 deaths reported where the person had been identified as having Covid-19 and 1 with suspected Covid-19. Of these deaths 5 people were over the age of 60. Of the other 2 people, 1 was 59 and the other was 42. 6 of the deaths were male patients and 1 was female. All the deaths were people of White British ethnicity.

Each of the Covid-19 related deaths had either comorbid physical health or mental health conditions and for some they had both comorbid physical health and mental health conditions. It is difficult to identify themes relating to comorbidity at this point in time due to the different health needs of the 7 people, but the learning disability service will continue to review this alongside the wider National LeDeR Covid-19 Rapid Review report once this is published, to identify specific risk factors and learning.

Early in the Covid-19 pandemic the learning disability service identified the potential increased risk of Covid-19 to people with learning disabilities. To mitigate against this the service has identified that all people with a learning disability are vulnerable from Covid-19 (based on the PHE guidance that all people advised to have a flu vaccine fall in to the vulnerable group) and have reviewed their caseload to identify people who may be identified as extremely vulnerable and in need of shielding. The teams identified people who may need to shield and liaised with GPs regarding the shielding lists. The CTPLDs have also provided a point of contact for advice on management of Covid-19 guidance for people with learning disabilities, their families and carers. This has included advice on social distancing, access to support if shielding/extremely vulnerable, advice on the use of PPE, access to Covid-19 testing, how to manage cohorting if suspected/confirmed cases of Covid-19 are identified as well as continuing to provide advice and support and essential clinical visits, where based on clinical risk, this was absolutely necessary.

In addition to this, the learning disability service has developed a Covid-19 symptom checker for people with learning disabilities. The aim of this is to identify the signs and symptoms of Covid-19 and to ensure that people, families and carers can access the right care and treatment in a timely way, but also to reduce potential risks of diagnostic overshadowing. A copy of this is available electronically via the link below:

https://www.berkshirehealthcare.nhs.uk/our-services/mental-health-and-wellbeing/learning-disabilities-ctpld/

In addition to the Symptom Checker the learning disability services have also developed a Respiratory Care Pathway. This includes a respiratory Health Screening tool and an MDT review process where people are identified as being at risk from Respiratory related illnesses. The Respiratory health Pathway provides a Care Plan and interventions to promote respiratory health and wellbeing as well as what to do when there are concerns regarding a person respiratory health. We hope that these two significant pieces of work (Covid-19 Symptom Checker and the Respiratory Health Care Pathway) will support services in reducing the risks of Covid-19 and other respiratory illnesses for people with learning Disabilities.

10. Deaths categorised as Serious Incidents (In line with Trust SI policy and Learning from deaths policy)

In Q1, 7 deaths (7 in Q4) have been reported as serious incidents; figure 5 details the service where the SI occurred.

Figure 5. Service (**Source Q4 Serious Incident Report)**	**Number**
Reading Community Mental Health Team (CMHT)/ Intensive Management of Personality Disorders and Clinical Therapies Team (IMPACTT)	1
Reading CMHT	1
Wokingham CMHT	1
West Berkshire CMHT	1
Crisis Resolution and Home Treatment Team (CRHTT)West	1
WAM CMHT	1
Bracknell CMHT/IMPACTT	1
Total	**7**

10.1 For all deaths which are categorised as an SI

The family is contacted in line with our duty of candour (DoC) policy and advised of the process of investigation. Someone from the service (usually a senior clinician or manager) makes contact with the family as soon as it is known that an incident causing death has occurred. At this time, they offer a face to face meeting which will include:

- an explanation about what is known regarding the incident,
- the offer of support
- An explanation regarding the investigation process including who the investigating officer is and that they will be in touch.
- an apology for the experience, as appropriate

The family is contacted in line with our duty of candour (DoC) policy and advised of the process of investigation. Someone from the service (usually a senior clinician or manager) makes contact with the family as soon as it is known that an incident causing death has occurred. At this time, they offer a face to face meeting which will include:

- an explanation about what is known regarding the incident,
- the offer of support
- An explanation regarding the investigation process including who the investigating officer is and that they will be in touch.
- an apology for the experience, as appropriate

Duty of Candour (DoC) applied to 7 deaths in Q1 (all were reported as suspected suicides and currently under SI investigation). Phone contact has been attempted with all families or nominated next of kin (NoK). 2 phone contacts have gone unanswered and for one of these, there are no address details available. All other 6 families / NoK have received a. DoC letter and written communication providing condolences, with an explanation of the investigation and provision of offers of support

2 families took up the offer of a face to face meeting with the service at this stage. Some families may not take up the offer of a meeting with the service but have met later with the IO as part of the investigation. In addition, further opportunities to meet or talk, should they wish, are offered at the point of sharing any outcomes in written format from the review or investigation.

10.2 Lapse in Care

Of the 32 reviews received by the TMRG in Q1, 4 reviews were escalated as a potential lapse in care, 1 case has been confirmed as lapse in care provided (see below).

> Death which occurred in June 2019 and was retrospectively reported in January 2020, the learning from this case related to importance of timely transfer of the patient for acute hospital care in accordance with the trust policy: Assessment and identification of the deteriorating patient (using the National Early Warning score (NEWS 2) tool in the adult in-patient setting).

3 cases were deemed on reflection not to be a lapse in care based on additional information provided, the following learning was identified.

- Tapering of diazepam dosage rather than abrupt withdrawal and importance of clinical responsiveness to abnormal blood test results.
- GP Out of Hours service to offer face to face patient assessment if any red flag symptoms noted on telephone triage.
- If community nursing staff visiting a patient are unable to observe/ review a sacral wound, then a multidisciplinary team discussion re ongoing care and best interest decision should be considered alongside a referral to Wound care Specialist Nurse.

11.Learning from Deaths

The aim of the trust policy and process is to ensure that we learn from deaths and improve care even when the death may not be due to a lapse in care. The following section details areas of quality improvement identified in Q1.

11.1 Learning from Serious Incidents (Source: Q1 SI Report)

Themes which have been identified as learning from outcome of SI investigations.

1. The risk documentation standard operating procedure (SOP) has been updated to reflect learning from Covid 19 and to ensure CYPF Autism Assessment Team are included. The aide-mémoire for helping staff with important areas to cover when completing risk activities has been updated to include Neurodiversity/Learning Difficulties and Parenting/Carer support (CYPF & Younger Adults).
2. The Care programme approach (CPA) recording system and policy have been updated and we are linking in with system partners to improve CPA transfers as this has been noted as an issue in serious incidents. A new electronic format is based on service user and carer feedback which has been tested by staff from all divisions. The form is at the end stage of testing and has links to clustering, physical health screening, risk and the safety plan to ensure these issues are not overlooked. A go live date is expected to be scheduled before the Autumn.
3. Work has also continued throughout Q1 on the roll out of the Mood Diary App. There has been a significant increase in uptake of this App from mental health users and onboarding has now taken place within Trauma and Complex Treatment Service, Veteran Service and across the CMHTs. Considerable work is underway with individual teams to train them as well as communications to users to make them aware that the App is available.
4. Virtual training has been delivered on empathic listening skills, tone of voice and meaningfully linking this in with safety planning using small groups and practicing the skills live by putting people in the (virtual) hot seat. There are also plans to commence a rolling bi-monthly group supervision for staff on triage offering a regular opportunity to listen back to recordings and reflect on the interactions. Staff will be given the opportunity to discuss calls that have been a challenge for them personally. Scenarios can be recreated live and tailored to meet the learning needs of individuals and the group. This will provide a safe place to rehearse

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

Actions and learning identified during the previous quarter have been completed / shared. In Q1, there were no identified actions for the LD service to take forward, however there was ongoing evidence of good

communication across a range of BHFT services and with colleagues in acute care / other services. There was also ongoing evidence to show that BHFT services were responsive to individuals needs and that care was delivered in a timely way.

In one instance the reviewer had attributed a rating of excellent overall care to the communication between the numerous professionals involved, reporting that this enabled any care delivery problems or queries to be addressed promptly and without any identified negative impacts upon the individual's quality of life.

Good practice was identified for all the COVID-19 related deaths. An example of good practice was the steps taken to meet mental health and physical health needs of individuals. This was in addition to good communication and partnership working between professionals and the individual's carers. There were also two instances where the allocation, assessment and interventions undertaken by BHFT professionals appeared to be in line with best practice.

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

11.3 Mental Health Inpatients

A thematic and learning review of 4 cases where falls (with suspected head injury) were a contributing factor, the learning from this review was noted at the August TMRG and learning implementation plan agreed.

11.4 Community Physical Health

The management of the deteriorating patient continues to be a theme, this is a trust quality priority and will be monitored through the True North objectives that no patient should die as a result in a lapse in care when a deterioration in health was not managed appropriately. Specific action identified include:

- Need to improve quality of local Induction for Agency and NHSP staff
- Staff update required round skills and competence to monitor and escalate the deterioration of patients in accordance with trust Policy.
- Patient handover needs to reflect the ongoing nursing care and monitoring requirements.
- Care Plans, observation charts and patient records need to be consistent in recording when there is a deviation from the normal NEWs baseline.
- Staff should not rely solely on RiO entry to communicate required actions for patients. Review Quality of shift hand-over.

Learning specific to community nursing and management of pressure ulcers identified that if staff are unable to observe/ review a sacral wound then a multidisciplinary team discussion re ongoing care and best interest decision should be considered alongside a referral to Wound care Specialist Nurse.

Learning for community services to ensure timely and accurate 1st stage reviews are reported.

Learning specific to an out of hours GP case identified that a patient with any red flag symptoms should be assessed face to face. Learning from this case has been discussed with the clinical team.

12. Medical Examiner (ME) process

The national ME process in acute trusts was suspended during the peak of the pandemic, this has now restarted. We are awaiting the publication of national guidance for community/mental health trusts which is due imminently and this will require implementation by April 2021.

National guidance specific to Covid 19 requires that a death of any staff member under their care would need to be reported by the employing organisation and an ME review would be required. In the unlikely event we were to be in this position then the Royal Berkshire NHS Foundation Trust would provide ME support.

13 Conclusion

There has been a significant increase in activity for Q1 based on previous quarters, both at first stage review and the level of detail reviewed by the EMRG and the number of 2nd stage reviews requested.

A significant amount of national guidance was published in Q1 relating to Covid 19 management. All guidance was implemented, and we reported all the required deaths due to Covid 19 to the CPNS and where required to the CQC.

1 death had a lapse in care identified which related to a death which occurred in June 2019 and was reported retrospectively.

Appendix 1

Figure A: Number of deaths of patients who were open to services and had contact in the preceding 365 days before death.

	April	May	June	Total
NURSING EPISODE	320	177	104	601
COMMUNITY HEALTH SERVICES MEDICAL	78	54	18	150
OLD AGE PSYCHIATRY	76	23	13	112
DIETETICS	43	21	18	82
PODIATRY	44	17	8	69
REHABILITATION	36	14	8	58
PALLIATIVE MEDICINE	21	16	9	46
INTERMEDIATE CARE	20	13	3	36
ADULT MENTAL ILLNESS	15	11	2	28
PHYSIOTHERAPY	15	7	3	25
SPEECH AND LANGUAGE THERAPY	14	5	3	22
GENERAL MEDICINE	11	9	2	22
RESPIRATORY MEDICINE	12	4	4	20
CARDIOLOGY	8	6	3	17
GENITO-URINARY MEDICINE	7	5	2	14
GERIATRIC MEDICINE	5	4		9
CLINICAL PSYCHOLOGY	3	2	1	6
OCCUPATIONAL THERAPY	3	2		5
LEARNING DISABILITY	1	1		2
CHILD and ADOLESCENT PSYCHIATRY		1		1
COMMUNITY PAEDIATRICS			1	1
Grand Total	732	392	202	1326

Berkshire Healthcare
NHS Foundation Trust

QAC Meeting Date	August 2020
Title	Guardian of Safe Working Hours Quarterly Report (May 2020 to August 2020)
Purpose	To assure the Trust Board of safe working hours for junior doctors in BHFT
Business Area	Medical Director
Author	Dr Matthew Lowe, Dr James Jeffs, Ian Stephenson
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and safe patient care
Resource Impacts	Currently 1 PA medical time shared by the 2 Guardians
Legal Implications	Statutory role
SUMMARY	This is the latest quarterly report for consideration by Trust Board from the Guardians of Safe Working. This report focusses on the period 1st May to the 4th August 2020. Since the last report to the Trust Board we have received two *'hours & rest'* exception reports and no '*education*' reports. We do not foresee any problems with the exception reporting policy or process; neither do we see a significant likelihood of BHFT being in frequent breach of safe working hours in the next quarter.
ACTION REQUIRED	The QAC/Trust Board is requested to: Note the assurance provided by the Guardians

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

This report covers the period 1st May to the 4th August 2020

Executive summary

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

This report focusses on the period 1st May to the 4th August 2020. Since the last report to the Trust Board we have received two *'hours & rest'* exception reports and no '*education*' reports.

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

Introduction

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

High level data

Number of doctors in training (total): 36 (FY2 – ST6)

Included in the above figure are 3 MTI (Medical Training Initiative) trainees.

Number of doctors in training on 2016 TCS (total): 36

Amount of time available in job plan for guardian to do the role: 0.5 PAs Each (job share)

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

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

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

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Psychiatry	0	2	2	0
Sexual Health	0	0	0	0
Total	0	2	2	0

Exception reports by grade				
Specialty	No. exceptions	No. exceptions	No. exceptions	No. exceptions

	carried over from last report	raised	closed	outstanding
FY1	0	0	0	0
CT	0	2	2	0
ST	0	0	0	0
Total	0	2	2	0

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Psychiatry	0	2	2	0

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
FY1	0	0	0	0
CT1-3	0	1	1	0
ST4-6	0	0	0	0
Total	0	1	1	0

In this period, we have received two '*hours and rest'* exception reports where the trainees worked hours in excess of their work schedule, totaling an extra 4.5 hours worked over and above the trainees' work schedules. 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.

One of the two *hours and rest* exception reports received related to a busy night shift and ensuring safe handover to the weekend team meaning that the doctor stayed late by 0.5 hours to complete that work. One exception report related to non-clinical junior doctor leadership duties requiring the trainee to work in liaison with ISS on leave days, after not being able to reschedule or deputise. This, whilst unusual, is an appropriate use of the exception reporting process.

It has been the opinion of Medical Staffing and the Guardians of Safe Working that in most cases "time off in lieu" is the most appropriate action following an exception report to minimize the effects of excessive work, however during the COVID crisis we have agreed to change the emphasis such that payment for the extra hours worked is an equally valid outcome. We now intend to revert to TOIL as the default option.

The guardians will disseminate a reminder to all supervisors to sign off exception reports in a timely manner.

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 Guardians at induction and at every Junior Doctor Forum. The JDF Chair, with the encouragement of the Guardians, has been actively involved in setting up an online "Exception Reporting Survey" of trainees across the Thames Valley region looking at barriers for junior doctors in exception reporting across all trusts in the area and we continue to await the results which were originally scheduled for June 2020.

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 5th February to the 30th April 2020

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
	108	107	24	83	0	1064	1051.5	234	817.5	0

Reason	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
Gap	43	43	13	30	0	434.5	434.5	131.5	303	0
Sickness	6	5	1	4	0	73	60.5	12.5	48	0
Covid-19	59	59	10	49	0	556.5	556.5	90	466.5	0
Maternity	0	0	0	0	0	0	0	0	0	0
Total	108	107	24	83	0	1064	1051.5	234	817.5	0

d) **Fines**

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

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

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

Qualitative information

At present our system for cover is working as normal, with gaps being quickly filled. The one gap that was not filled was a result of normal sickness, which happed to coincide with the weekend before changeover, with many on leave, combined with the Eid celebrations and a CASC preparation course.

Currently the OOH rota is still operating at 1:12 even though we have five doctors unable to participate as a result pregnancy/serious underlying health condition, or slow recovery from Covid-19. These gaps caused the majority of the cover requirements. Bank coverage was down, but our bank doctors are employed in other NHS settings or had themselves to self-isolate. However, our trainees stepped up and ensured that the rota continued to operate as normal.

It is possible that COVID19 has led to a suppression in exception reporting, which is a pattern found in areas across the country as junior doctors have worked to support the NHS.

We had agreed for the duration of the acute COVID19 situation to change our default action from only giving TOIL, to giving trainees the choice of payment for extra hours worked or TOIL. This is because it was felt that trainees should have the flexibility to continue to support and to keep services safe, as long as their working remains safe. We now propose to return to a default of offering TOIL only, unless the situation with COVID worsens again. We will remain appropriately flexible in this matter.

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

This report covers unprecedented times for the working patterns of junior doctors due to the COVID 19 crisis. The trust has been active in working with the junior doctors to involve them in decisions about changes.

Issues arising

Exception reporting remains at a level consistent with previous GOSW Board reports. None of these reports indicate problems with posts that have required the work schedules to be reviewed. The current level of exception reporting suggests that Junior Doctors are not working unsafe hours, and this is confirmed by the qualitative information from the Junior Doctors Forum. However, it is possible that there is under-reporting of small excess hours worked.

Actions taken to resolve issues

Next report to be submitted November 2020.

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 Guardians give 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 Guardians at induction and at every Junior Doctor Forum. They are assured that it is a neutral act and asked to complete exceptions so that the Guardians of Safe Working can understand working patterns in the trust.

Questions for consideration

The Guardians ask the Board to note the report and the assurances given above.

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

Report compiled by the Guardians of Safe Working Hours, Dr James Jeffs and Dr Matthew Lowe and Ian Stephenson, Medical Workforce Manager.

Appendix A: Glossary of frequently used terms and abbreviations

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

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

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

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

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

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

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

Appendix B

Factsheet: Safety limits and rest

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

2016 terms and conditions	2018 contract refresh
Maximum of 72 hours work in any 7 consecutive day period.	Maximum of 72 hours work in any 168-hour consecutive period.
46-hours rest required after 3-4 consecutive night shifts.	46-hours rest required after any number of rostered nights.
Doctors paid at nodal point 2 are exempt from the requirements that no doctor shall be rostered for work at the weekends greater than 1 week in 2 for one placement during their foundation year.	No doctor shall be rostered for work at the weekend at a frequency of more than 1 week in 2.
No doctor shall be rostered for work at the weekend at a frequency of greater than 1 week in 2.	All reasonable steps should be taken to avoid rostering trainees at a frequency of greater than 1 in 3 weekends.
Where 8 shifts of any length are rostered or worked on 8 consecutive days, there must be a minimum 48-hours rest rostered immediately following the conclusion of the eighth and final shift.	Maximum of 7 shifts of any length can be rostered or worked on 7 consecutive days. Where a shift contains hours of work across more than one day, the work on each day will be counted independently toward the total number of consecutive days*.
No more than 5 long shifts shall be rostered or worked on consecutive days. Where 5 long shifts are rostered on consecutive days, there must be a minimum 48-hour rest period rostered immediately following the conclusion of the fifth long shift.	No more than 4 long shifts shall be rostered or worked on consecutive days. There must be a minimum 48-hour rest period rostered immediately following the conclusion of the final long shift*.
A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours, and • a second 30 minute paid break for a shift rostered to last more than 9 hours.	A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours • a second 30 minute paid break for a shift rostered to last more than 9 hours • A third 30-minute paid break for a night shift as described in paragraph 15 of Schedule 2, rostered to last 12 hours or more.

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

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	08 September 2020
Title	**Executive Report**
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Meeting 08 September 2020

EXECUTIVE REPORT

1. Never Events

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

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

2. Delivery of the 2020 Staff Flu Campaign

On 24th July 2020, the Department of Health and Social Care announced the expansion of the annual flu vaccination programme to support plans to ''ready the NHS – both for the risk of a second peak of coronavirus cases, and to relieve winter pressures''.

This year, the annual flu vaccination programme will cover more people and aims to vaccinate up to 30 million people instead of the 15 million usually vaccinated. To achieve, this more people will be offered the flu vaccination free of charge, including those over the age of 50, those who are on the shielded patient list, children in Year 7 (usually offered up to year 6) , and those who are employed using personal health budgets alongside the previously identified high risk groups.

Importantly for our staff, the announcement also included the ask for all frontline workers to take up the offer of a free flu vaccination. Over the last few years within Berkshire Healthcare, we have achieved an uptake of around 70% frontline staff; to achieve 100% of all Berkshire Healthcare staff being vaccinated (clinical and non-clinical) requires a further 1,000 staff to be vaccinated.

In addition to the need to achieve a significantly increased update, it is also recognised that this year's campaign will need to factor in any additional requirements of COVID-19, such as social distancing and the need for any Personal Protective Equipment.

As in previous years, all Board members will be expected to have the vaccination and reporting on vaccination uptake will be provided to the Board and made public through the campaign.

Progress

- The dates for delivery of the flu vaccine have been confirmed, and these will be delivered in four tranches. 3,500 vaccines have been confirmed and we have been added to the NHS England/Improvement waiting list for an additional 400 vaccines. The locally written Directive for peer vaccinators, formerly the Patient Group Directive (PGD), has been now been completed and signed off by the Medical Director.
- This year's campaign will be delivered through a peer vaccinator model. Peer vaccinators have been recruited and each inpatient ward will have two peer vaccinators on the ward to manage their staff vaccinations. We have recruited to three part-time peer vaccinators through NHS Professionals (NHSP) who will support the Flu clinics and the drive thru' clinics. Flu vouchers will be available for those preferring to attend their local pharmacy to receive their vaccination.
- The model of delivery due to the Covid-19 outbreak will follow social distancing arrangements and the use of Personal Protective Equipment will be paramount at all times. Vaccinations will be delivered through roving vaccinators on Trust sites, clinics on Trust sites, drive thru' clinics at Ascot Racecourse and West Berkshire Community Hospital.
- The campaign will commence as soon as the vaccine arrives and will run until the end of December 2020. The written instruction has been extended to 31st March 2021, to cover the event of the Covid-19 vaccine being introduced and taking priority over the flu vaccine.
- Support for staff who are needle phobic is planned.
- As with last year, donations for vaccines to Unicef are being offered as an incentive.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3. Pulse Check Survey 2020

The Trust completes an annual "pulse check" survey of staff, alongside two national friends and family test questions.

It is very positive to note that this year we have achieved our highest scores since we started running the pulse survey in 2012, with positive responses across all areas increasing between 4% and 21%.

1,453 staff took the time to complete the survey over June and July. Despite the pressures of Covid-19, 32% took the time to reflect on their experience of working with Berkshire Healthcare in the last year.

The two highest increases – strong communication with staff about our priorities and goals, and effective communication between senior managers and staff - reflects how much staff valued the increased communication during the active phase of Covid-19.

Another area which saw strong improvement was satisfaction with patient care, achieving an 11% increase in positive responses to all three relevant questions.

Also of note is that:

- 80% of staff felt that Berkshire Healthcare has managed the ongoing Covid-19 situation well
- 82% of staff would recommend Berkshire Healthcare to friends and family as a place to work
- 88% of staff would recommend Berkshire Healthcare to friends and family if they needed care or treatment.

The Pulse Check Survey Results are appended to this report.

Executive Lead: Alex Gild, Deputy Chief Executive and Chief Financial Officer

Presented by Julian Emms
Chief Executive
September 2020

Pulse check results

2020/21

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	2012	2013	2014	2015	2016	2017	2018	2019	2020
I feel happy and supported working in my team/department/service	58%	60%	61%	66%	69%	68%	69%	71%	**78%**
Our organisation culture encourages me to contribute to changes that affect my team/department/service	36%	46%	51%	56%	61%	59%	63%	63%	**72%**
Managers and leaders seek my views about how we can improve our services	39%	46%	49%	52%	55%	55%	59%	59%	**66%**
Day-to-day issues and frustrations that get in our way are quickly identified and resolved	21%	24%	31%	35%	38%	38%	39%	40%	**53%**
I feel that our organisation communicates clearly with the staff about its priorities and goals	31%	40%	47%	52%	60%	58%	59%	58%	**79%**
I believe we are providing high quality services to our patients/service users	43%	66%	72%	73%	77%	72%	78%	74%	**85%**
I feel valued for the contribution I make and the work I do	24%	45%	49%	54%	59%	59%	62%	64%	**68%**
I understand how my role contributes to the wider organisational vision	44%	57%	63%	68%	72%	70%	74%	75%	**80%**
I feel that the quality and safety of patient care is our organisation's top priority	-	60%	65%	68%	76%	73%	78%	75%	**86%**
I feel able to prioritise patient care over other work	-	46%	52%	53%	61%	61%	66%	61%	**72%**
Communication between senior management and staff is effective	25%	33%	28%	43%	48%	46%	49%	49%	**65%**
I feel that Berkshire Healthcare has managed the ongoing Covid19 situation well	-	-	-	-	-	-	-	-	**80%**
How likely are you to recommend this Trust to friends and family if they needed care or treatment?	-	-	79%	81%	84%	82%	86%	83%	**88%**
How likely are you to recommend this Trust to friends and family as a place to work?	-	-	67%	68%	72%	72%	74%	73%	**82%**

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	8 September 2020
Title	Financial Summary Report – M4 2020/21
Purpose	To provide the Month 4 2020/21 financial position to the Trust Board
Business Area	Finance
Author	Chief Financial Officer
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
Equalities and Diversity Implications	N/A
SUMMARY	The Financial Summary Report provides the Board with summary of the M4 2020/21 financial position.
ACTION REQUIRED	The Board is invited to note the following summary of financial performance and results for Month 4 2020/21 (July 2020): The Trust continues to operate under the interim COVID finance regime, with central funding being accrued to cover Covid response costs, ensuring the Trust is able to report breakeven YTD. The report reflects financial performance against both an NHSI calculated plan, as well as our internal forecast. **YTD Cash** £47.2m vs Plan £46.5m. **YTD Capital expenditure:** £0.6m vs Plan £1.0m.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2020/21

July 2020

Purpose

To provide the Board & Executive with a summary of the Trusts financial performance for the period ending 31st July 2020.

Version	*Date*	*Author*	*Comments*
1.0	17/08/20	Paul Gray	Final

Distribution

All Directors

All staff needing to see this report.

Contents

1.0 Summary Financial Commentary

Changes to current Financial Regime

On the 31st July we received notification from NHSE/I outlining the key priorities and requirements for Phase III of the pandemic response. The financial regime in operation to the end of July is to be extended to the end of September. This will include the continuation of retrospective 'Top Ups' to cover COVID costs and to ensure providers can report breake-ven as a minimum.

It is clear that the focus of Phase III is for providers to return to as close to pre COVID levels of activity and targets are outlined in the guidance stipulating the pace and level of recovery required over the coming months.

Full details of the regime that will come into affect from the end of September are still awaited, including details of our on-going block income allocation. What has been communicated so far is that:

- Funding envelopes will be provided to systems which will include:
    - ◊ Nationally calculated Block allocations covering CCG to provide services
    - ◊ Nationally calculated Block allocations for specialised and other directly commissioned services
    - ◊ Additional 'Top Up' funding to support delivery of a breakeven position
    - ◊ Non-recurrent COVID allocation, with commitment to cover costs for the remainder of the year
    - ◊ Calculated COVID funding to be allocated at a system level for onward allocation to providers
    - ◊ Will assume full external income recovery
    - ◊ Blocks to be adjusted against activity restart goals
- There will no longer be a retrospective 'Top Up' payment mechanism.
- Providers and CCGs must achieve financial balance within these envelopes, however whilst systems must breake-ven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions.
- Clear commitment to MHIS, with CCGs expected to spend inline with original FY MHIS allocations
- Written contracts with NHS providers for the remainder of 2020/21 will not be required.

In addition, guidance requires system led financial and activity plans to be submitted, with the draft being submitted on the 1st September followed by the final submission on the 21st September.

For the Trust, the focus at present is on a number of Mental Health submissions, outlining investment requirement and the impact on LTP trajectories, along with a supporting workforce submission. Details of the financial submissions are as yet unclear, but it is expected that they will include a financial forecast for the remainder of the year, including COVID recovery assumptions and MHIS.

2.0 Income & Expenditure

	NHSI ALLOCATED PLAN						TRUST FORECAST Excluding COVID & TOP UP					
	In Month			YTD			In Month			YTD		
	Act	Plan	Var	Act	Plan	Var	Act	Forecast	Var	Act	Forecast	Var
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Operating Income	21.1	20.8	0.3	84.6	83.1	1.5	21.1	21.2	(0.1)	84.6	84.7	(0.0)
Other Income	1.1	1.9	(0.8)	4.2	7.6	(3.4)	1.1	1.1	0.1	4.2	4.3	(0.1)
Donated Income	(0.0)	0.0	(0.0)	(0.0)	0.0	(0.0)	(0.0)	(0.0)	0.0	(0.0)	(0.0)	0.0
Total Income	***22.2***	***22.7***	***(0.4)***	***88.8***	***90.7***	***(1.9)***	***22.2***	***22.2***	***0.0***	***88.8***	***89.0***	***(0.1)***
Staff In Post	14.7	14.5	0.3	58.8	57.9	0.9	14.7	14.9	(0.2)	58.8	59.5	(0.7)
Bank Spend	1.2	1.4	(0.2)	4.6	5.5	(0.9)	1.2	1.4	(0.2)	4.6	5.6	(1.1)
Agency Spend	0.2	0.4	(0.1)	0.9	1.4	(0.5)	0.2	0.3	(0.0)	0.9	1.1	(0.2)
Total Pay	***16.2***	***16.2***	***(0.0)***	***64.3***	***64.8***	***(0.5)***	***16.2***	***16.6***	***(0.4)***	***64.3***	***66.3***	***(2.0)***
Purchase of Healthcare	1.2	1.2	0.0	4.5	4.6	(0.1)	1.2	1.1	0.1	4.5	4.5	0.1
Drugs	0.4	0.5	(0.1)	1.8	1.8	(0.0)	0.4	0.4	(0.0)	1.8	1.8	(0.0)
Premises	1.3	1.4	(0.1)	5.4	5.6	(0.1)	1.3	1.5	(0.2)	5.4	6.1	(0.6)
Other Non Pay	1.4	1.7	(0.3)	5.5	6.8	(1.3)	1.4	1.7	(0.3)	5.5	6.8	(1.3)
PFI Lease	0.6	0.5	0.0	2.2	2.1	0.1	0.6	0.5	0.0	2.2	2.2	0.0
Total Non Pay	***4.8***	***5.2***	***(0.4)***	***19.4***	***21.0***	***(1.6)***	***4.8***	***5.3***	***(0.5)***	***19.4***	***21.3***	***(2.0)***
Total Operating Costs	***21.0***	***21.4***	***(0.4)***	***83.7***	***85.8***	***(2.1)***	***21.0***	***21.9***	***(0.9)***	***83.7***	***87.7***	***(4.0)***
EBITDA	***1.2***	***1.2***	***(0.0)***	***5.2***	***4.9***	***0.2***	***1.2***	***0.3***	***0.9***	***5.2***	***1.3***	***3.8***
Interest (Net)	0.3	0.3	0.0	1.3	1.2	0.1	0.3	0.3	0.0	1.3	1.3	0.0
Depreciation	0.6	0.6	0.1	2.6	2.4	0.2	0.6	0.7	(0.0)	2.6	2.7	(0.1)
PDC	0.2	0.2	0.0	0.7	0.7	0.0	0.2	0.2	0.0	0.7	0.7	0.0
Total Financing	***1.1***	***1.1***	***0.1***	***4.6***	***4.2***	***0.3***	***1.1***	***1.2***	***(0.0)***	***4.6***	***4.7***	***(0.1)***
Surplus/ (Deficit)	***0.1***	***0.2***	***(0.1)***	***0.6***	***0.7***	***(0.1)***	***0.1***	***(0.8)***	***0.9***	***0.6***	***(3.4)***	***4.0***
COVID Pay Costs	*0.5*			*2.9*								
COVID Non Pay Costs	*0.3*			*1.3*								
Top Up Payment	***0.7***			***3.5***								
Surplus/ (Deficit)	***0.0***	***0.2***	***(0.2)***	***(0.0)***	***0.7***	***(0.7)***						

The table above illustrates financial performance against both our NHSI plan and our internal forecast, both excluding COVID costs. Costs incurred due to COVID and subsequent Top Up payments are indicated separately. A fully consolidated Income Statement can be found on Page 7.

Internal Forecast

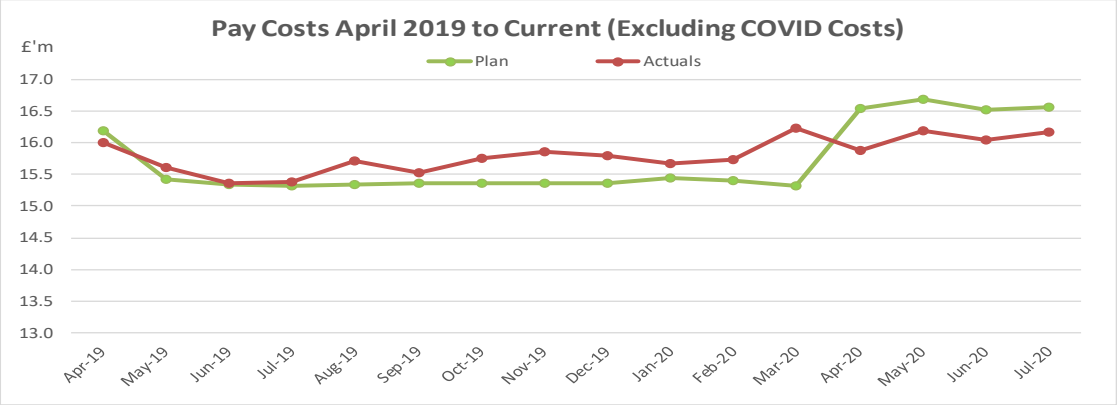
The Trust is reporting a £0.1m surplus excluding COVID costs, thus increasing our YTD surplus to £0.6m.

Expenditure increased by £0.1m, with a £0.1m reduction in Non Pay Costs, being offset by increasing temporary staffing costs. Whilst our cost base continues at lower than historic levels, there are the first signs of costs beginning to increase as services recommence operations. In addition MH Inpatient spend has increased driven by high occupancy and acuity.

NHSI Plan

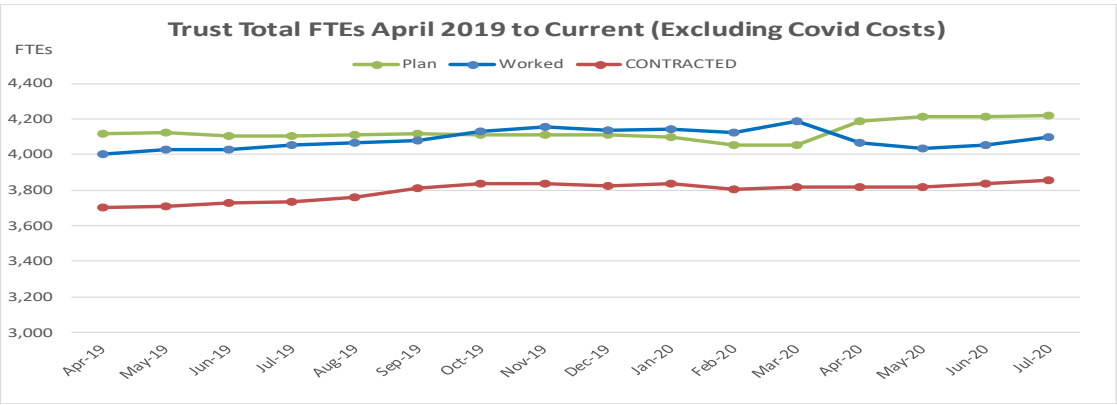
After the inclusion of £0.8m of COVID costs, a £0.7m Top Up payment has been assumed to enable breakeven to be reported in July. YTD COVID response costs are estimated at £4.1m and our breakeven position is inclusive of £3.5m of support. Our marginal COVID costs rose in July to £0.8m, with small increases in temporary staffing costs and a number of one-off purchases including costs relating to home work equipment.

Workforce



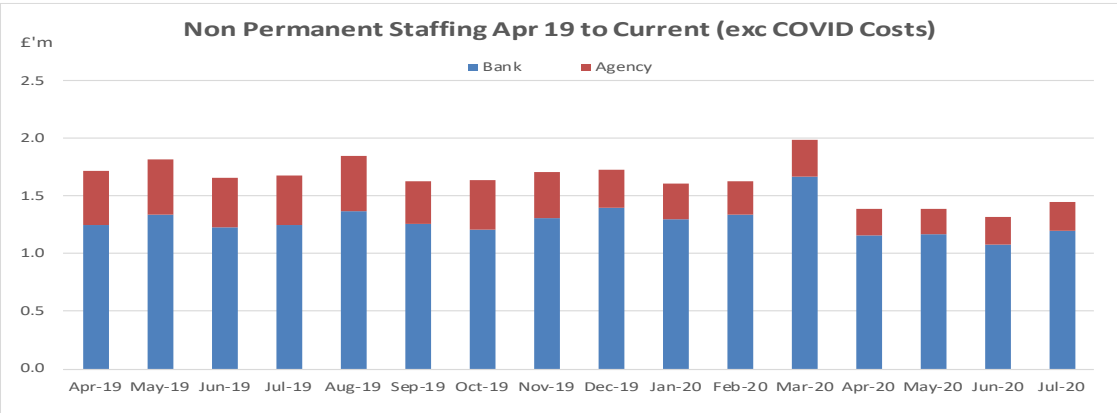
Staff Costs

YTD	£'m
2020/21	64.2
2019/20	62.4
▲	3%
Prior Yr	**£'m**
Jul-20	16.2
Jul-19	15.4
▲	5%



FTEs

Prior Mth	CFTE	WFTE
Jul-20	3,858	4,099
Jun-20	3,834	4,051
	1% ▲	1% ▼
Prior Yr	**CFTE**	**WFTE**
Jul-20	3,858	4,099
Jul-19	3,733	4,052
	3% ▲	1% ▲



Staff Costs

YTD £'m	Bank £'m	Agency £'m
2020/21	4.6	0.9
2019/20	5.1	1.8
	-9% ▼	-48% ▼
£'m	**Bank £'m**	**Agency £'m**
Jul-20	1.2	0.2
Jul-19	1.2	0.4
	-4% ▼	-42% ▼

Key Messages

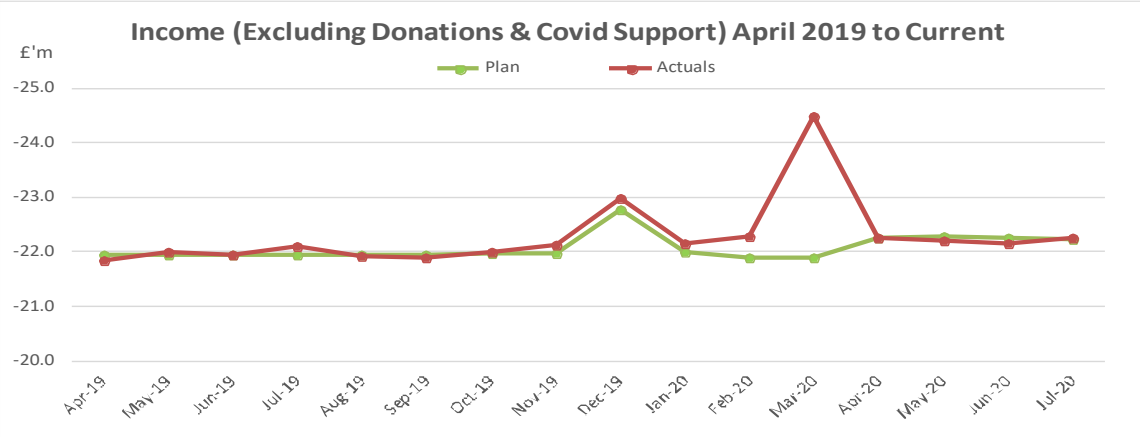
Pay costs, excluding COVID were £16.2m, an increase of £0.1m over the month. This months increase reflects higher underlying substantive and temporary staffing costs, offsetting expected reductions due to last months bank holiday enhancements.

Monthly COVID cost were £0.5m, representing a small decrease on last month as sickness cover and temporary staffing usage fell.

Temporary staffing costs not assigned to COVID, rose by £130k, with increase seen across all clinical staffing groups. The most notable increase in usage was a PPH, which accounted for £50k of the increase, with usage increases across all but one ward. Further notable increases were seen in WestCall medical cover and CAMHS, the majority been increased cover at Willow House. Despite these increases, overall levels of usage remain lower than last year.

The overall number of CFTE has risen, with small net increases seen across a number of services. Worked FTE have increased by a higher amount, reflecting the rise in temporary staff usage this month.

Income & Non Pay



Income

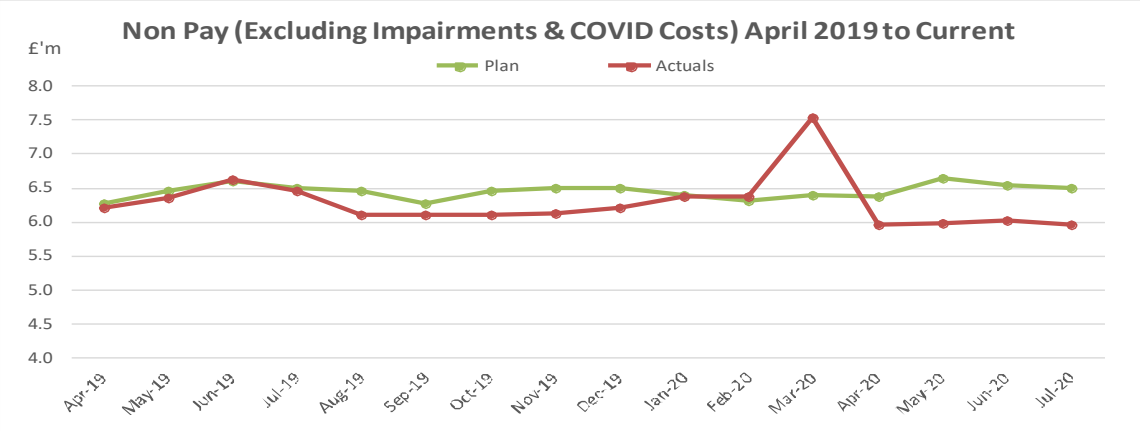
YTD	£'m
2020/21	88.8
2019/20	87.9
▲	1%
Prior Yr	**£'m**
Jul-20	22.2
Jul-19	22.1
▲	1%

Key Messages

Income in June was £22.2m, showing a small increase on previous months.

Overall there remains very little movement and the increases seen this month reflect growth in nursery and catering revenues. These have been supressed during previous months due to COVID and overall remain below historic levels.

Health Education England have provided finalised funding schedules for the remainder of the year as we move into Phase 3 of COVID response and funding will reduced over the remainder of the year compared to initial Q1 payments.



Non Pay

YTD	£'m
2020/21	23.9
2019/20	25.6
▼	-7%
Prior Yr	**£'m**
Jul-20	6.0
Jul-19	6.4
▼	-7%

Key Messages

Overall Non Pay costs, continue at a broadly consistent level with a less than £0.1m reduction in costs this month excluding COVID costs.

Our Non Pay costs continue at substantially lower levels than historically seen, with net costs after planned inflationary increases, £1.7m lower than the same period last year. The key drivers behind this reduction remain unchanged from previous months, dominated by the suppression of marginal costs relating to home working and reduction in estate usage.

As services resume during Phase III of our pandemic response, it is expected that costs will begin to increase, particularly those variable costs linked to activity delivery. This month we have seen the first examples of this with Clinical Supply costs increasing across a number of community services, including Podiatry, Dental and Sexual Health.

In addition elements of corporate costs which have been suppressed are beginning to return with Training costs rising by £30k in month, following low levels of activity over the first part of the year.

Overall Income Statement Including COVID Cost

	In Month			YTD		
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Operating Income	21.1	20.8	0.3	84.6	83.1	1.5
Top Up Funding	0.7	0.0	0.7	3.5	0.0	3.5
Other Income	1.1	1.9	(0.8)	4.2	7.6	(3.4)
Donated Income	(0.0)	0.0	(0.0)	(0.0)	0.0	(0.0)
Total Income	**23.0**	**22.7**	**0.3**	**92.4**	**90.7**	**1.6**
Staff In Post	15.0	14.5	0.5	59.9	57.9	2.1
Bank Spend	1.4	1.4	0.0	6.1	5.5	0.6
Agency Spend	0.3	0.4	(0.1)	1.2	1.4	(0.3)
Total Pay	***16.7***	***16.2***	***0.5***	***67.2***	***64.8***	***2.4***
Purchase of Healthcare	1.2	1.2	0.0	4.5	4.6	(0.1)
Drugs	0.4	0.5	(0.1)	1.8	1.8	(0.0)
Premises	1.4	1.4	0.0	5.9	5.6	0.3
Other Non Pay	1.6	1.7	(0.1)	6.2	6.8	(0.7)
PFI Lease	0.6	0.5	0.0	2.2	2.1	0.1
Total Non Pay	***5.1***	***5.2***	***(0.1)***	***20.6***	***21.0***	***(0.4)***
Total Operating Costs	***21.8***	***21.4***	***0.4***	***87.8***	***85.8***	***2.0***
EBITDA	***1.1***	***1.2***	***(0.1)***	***4.6***	***4.9***	***(0.4)***
Interest (Net)	0.3	0.3	0.0	1.3	1.2	0.1
Depreciation	0.6	0.6	0.1	2.6	2.4	0.2
Disposals	0.0	0.0	0.0	(0.0)	0.0	(0.0)
Impairments	0.0	0.0	0.0	0.0	0.0	0.0
PDC	0.2	0.2	0.0	0.7	0.7	0.0
Total Finanacing	***1.2***	***1.1***	***0.1***	***4.6***	***4.2***	***0.3***
Surplus/ (Deficit)	***(0.0)***	***0.2***	***(0.2)***	***(0.0)***	***0.7***	***(0.7)***

Key Messages

The table above represents the Trusts overall income statement, including COVID costs incurred and offsetting income, and is reflective of the financial reporting statements submitted monthly to NHSI.

3.0 Balance Sheet & Cash

Balance Sheet	19/20 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m	20/21 Plan £'m
Intangibles	7.0	6.1	7.0	(0.9)	6.1	7.0	(0.9)	8.7
Property, Plant & Equipment (non PFI)	57.3	37.1	57.6	(20.5)	37.1	57.6	(20.5)	37.1
Property, Plant & Equipment (PFI)	37.5	56.5	37.5	19.0	56.5	37.5	19.0	57.6
Total Non Current Assets	**102.7**	**99.7**	**102.1**	**(2.4)**	**99.7**	**102.1**	**(2.4)**	**103.4**
Trade Receivables & Accruals	11.3	15.5	10.8	4.8	15.5	10.8	4.8	11.3
Other Receivables	0.1	0.1	0.3	(0.2)	0.1	0.3	(0.2)	0.1
Cash	26.4	47.2	46.5	0.7	47.2	46.5	0.7	22.7
Trade Payables & Accruals	(24.8)	(26.0)	(22.9)	(3.1)	(26.0)	(22.9)	(3.1)	(25.5)
Current PFI Finance Lease	(1.5)	(1.5)	(1.5)	(0.0)	(1.5)	(1.5)	(0.0)	(1.6)
Other Current Payables	(2.5)	(24.8)	(24.6)	(0.2)	(24.8)	(24.6)	(0.2)	(2.5)
Total Net Current Assets / (Liabilities)	**9.6**	**10.5**	**8.6**	**1.9**	**10.5**	**8.6**	**1.9**	**4.5**
Non Current PFI Finance Lease	(27.0)	(26.5)	(26.8)	0.3	(26.5)	(26.8)	0.3	(25.5)
Other Non Current Payables	(1.9)	(1.9)	(1.9)	(0.0)	(1.9)	(1.9)	(0.0)	(1.9)
Total Net Assets	***82.4***	***81.7***	***81.9***	***(0.2)***	***81.7***	***81.9***	***(0.2)***	***80.5***
Income & Expenditure Reserve	29.1	29.1	26.6	2.4	29.1	26.6	2.4	27.7
Public Dividend Capital Reserve	19.2	19.2	18.3	1.0	19.2	18.3	1.0	19.4
Revaluation Reserve	33.4	33.4	37.0	(3.6)	33.4	37.0	(3.6)	33.4
Total Taxpayers Equity	***82.4***	***81.7***	***81.9***	***(0.2)***	***81.7***	***81.9***	***(0.2)***	***80.5***

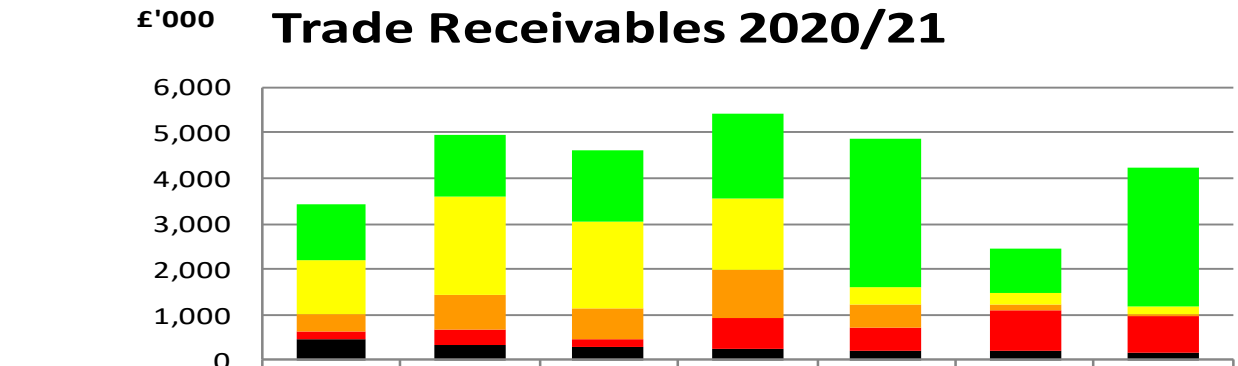
Cashflow		19/20 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m	20/21 Plan £'m
Operating Surplus/(Deficit)	+/-	6.4	1.1	0.4	0.6	1.4	0.9	0.6	5.3
Depreciation and Impairments	+	8.5	1.3	0.7	0.7	2.0	1.3	0.7	8.1
Operating Cashflow		***14.9***	***2.4***	***1.1***	***1.3***	***3.4***	***2.2***	***1.2***	***13.4***
Net Working Capital Movements	+/-	***1.4***	***0.5***	***0.6***	***(0.1)***	***20.4***	***20.5***	***(0.1)***	***(1.7)***
Proceeds from Disposals	+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donations to fund Capital Assets	+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donated Capital Assets	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Expenditure (Net of Accruals)	-	(9.8)	(0.3)	(0.1)	(0.2)	(1.4)	(1.6)	0.2	(8.6)
Investments		***(9.8)***	***(0.3)***	***(0.1)***	***(0.2)***	***(1.4)***	***(1.6)***	***0.2***	***(8.6)***
PFI Finance Lease Repayment	-	(1.2)	(0.2)	(0.1)	(0.1)	(0.4)	(0.2)	(0.1)	(1.5)
Net Interest	+/-	(3.6)	(0.7)	(0.3)	(0.3)	(1.0)	(0.6)	(0.3)	(3.9)
PDC Received	+	1.2	0.0	0.0	(0.0)	0.0	0.0	(0.0)	0.2
PDC Dividends Paid	-	(2.1)	0.0	0.0	0.0	0.0	0.0	0.0	(1.7)
Financing Costs		***(5.7)***	***(0.9)***	***(0.4)***	***(0.5)***	***(1.3)***	***(0.8)***	***(0.5)***	***(6.8)***
Other Movements	+/-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash In/ (Out) Flow		***0.8***	***1.7***	***1.1***	***0.5***	***21.1***	***20.2***	***0.9***	***(3.6)***
Opening Cash		25.6	45.8	45.4	0.4	26.4	26.4	0.0	26.4
Closing Cash		***26.4***	***47.2***	***46.5***	***0.8***	***47.2***	***46.5***	***0.7***	***22.7***

Key Messages

In order to ease the liquidity pressure on providers, both April and Mays block allocations were made in April, hence the significant level of cash being held, £47.2m, offset by increased deferred income reflected in Other Payables. It is anticipated that this will be corrected in August when no SLA payment will be received, and we will release the current deferred income of circa £21m.

We await the detail of our block allocation for the remainder of the year, and confirmation of our forecast spend to assess the impact on our projected cashflow.

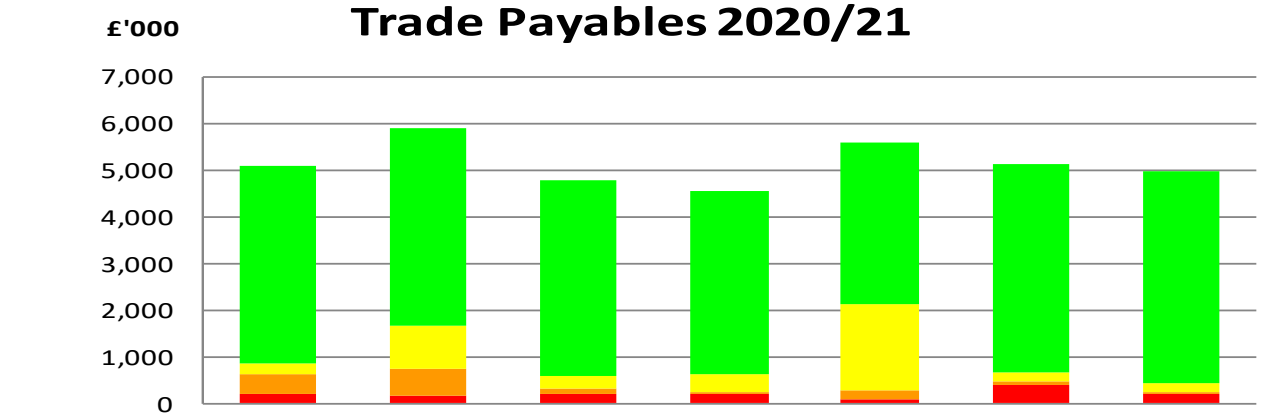
Cash Management



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
<30 Days	1,244	1,329	1,562	1,870	3,230	973	3,032
>30 <60 Days	1,161	2,183	1,904	1,573	388	225	180
>60 <90 Days	406	739	662	1,063	500	154	34
>90 < 180 Days	140	346	177	673	538	864	802
>180 Days	478	345	295	241	197	220	182

Key Messages

Overall debtors increased by £1.8m, £1.5m being charges raised to NHSPS. The level of overdue debt over 90 days has fallen but remains close to £1.0m. The largest balances are with Wessex Commissioning Hub and various CCGs. We are continuing to resolve on-going queries relating to Non Contract activity and expect the balances to begin to reduce. This debt is not considered to be at risk.



	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
<30 Days	4,199	4,253	4,209	3,924	3,486	4,438	4,531
>30 <60 Days	251	916	273	391	1,858	207	227
>60 <90 Days	403	574	88	51	182	63	27
>90 days	218	171	209	196	77	403	194

Key Messages

Overall Creditors decreased by £0.1m. The level of aged payments remains low due to continued efforts to ensure prompt payments to commercial suppliers, the elimination of commissioner billing and the majority of inter-provider charges been consolidated and pre-agreed.

4.0 Capital Expenditure

Schemes	Current Month			Year to Date			FY
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000
Estates Maintenance & Replacement Expenditure							
STC Phase 3/Erlegh House	150	55	95	154	55	99	1,021
Erleigh Road (LD etc works)	0	0	0	0	0	0	153
Wokingham Willow House Projects	(24)	0	(24)	55	197	(142)	197
Trust Owned Properties Other	1	13	(12)	0	13	(13)	111
Leased Non Commercial (NHSPS)	41	74	(33)	106	111	(6)	336
Leased Commercial	0	3	(3)	0	5	(5)	50
Various All Sites	0	48	(48)	0	73	(73)	510
Statutory Compliance	0	13	(13)	14	39	(25)	347
Subtotal Estates Maintenance & Replacement	**169**	**207**	**(38)**	**330**	**494**	**(165)**	**2,725**
IM&T Expenditure							
IM&T Business Intelligence and Reporting	22	0	22	34	0	34	368
IM&T System & Network Developments	0	112	(112)	4	245	(241)	1,541
IM&T Other	36	0	36	131	65	66	445
GDE Trust Funded	29	89	(59)	22	166	(144)	958
Subtotal IM&T Expenditure	**87**	**201**	**(113)**	**191**	**476**	**(285)**	**3,312**
Subtotal CapEx Within Control Total	**256**	**407**	**(152)**	**520**	**970**	**(449)**	**6,037**
CapEx Expenditure Outside of Control Total							
PPH - LD to Jasmine	0	0	0	0	0	0	1,647
Other PFI Projects	6	33	(27)	4	46	(42)	295
HSLI Projects	15	17	(2)	32	35	(3)	174
Subtotal Capex Outside of Control Totals	**21**	**50**	**(29)**	**35**	**81**	**(45)**	**2,116**
Total Capital Expenditure	**276**	**457**	**(181)**	**556**	**1,050**	**(495)**	**8,153**

New Pressures (Funding not yet agreed)	Current Month			Year to Date			FY
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000
Estates Maintenance & Replacement Expenditure							
Laptops - COVID19	0	0	0	64	0	64	0
Pandemic Storage Facility	25	0	25	26	0	26	0
Total CapEx excluded from Annual Plan	**25**	**0**	**25**	**91**	**0**	**91**	**0**

Key Messages

The overall capital spend in June was underspend by £0.2m, increasing the YTD underspend to £0.5m.

Despite the obvious delays in Q1, the overall programme is still expected to spend to its Control Total in year. Indeed, work on Jasmine Ward at PPH was able to restart earlier than anticipate and therefore is expected to complete in year, opposed to next financial year. This will result in an overspend on capex but is outside of Control Total and brings forward spend from next year, so carries no risk to cash.

NHSPS have now agree to fund and undertake c£3m of maintenance and improvements to their properties in which our services are based, eliminating the risk of the cost of essential works having to be undertaken by the Trust.

We still await the decision on the £0.1m bid for central COVID capital funding to for the expansion of our storage facilities at Wokingham and St Marks Hospitals and IT kit laptops. A further £0.2m bid has been submitted for central funding to provide alteration to our estate to accommodate Point of Care Testing (POCT) facilities.

Berkshire Healthcare NHS
NHS Foundation Trust

Trust Board Paper - Public

Board Meeting Date	8th September 2020
Title	**True North Performance Scorecard** **Month 4 (July 2020) 2020/21**
Purpose	To provide the Board with the new True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and QI break through objectives for 2020/21.
Business Area	Trust-wide Performance
Author	Deputy Chief Executive and Chief Financial Officer
Relevant Strategic Objectives	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care and consistently meet or exceed the standards of CQC and other stakeholders.
CQC Registration/Patient Care Impacts	All relevant essential standards of care.
Resource Impacts	None.
Legal Implications	None.
Equality and Diversity Implications	None.
Summary	The True North Performance Scorecard for Month 4, 2020/21 (July 2020) is included. Individual metric review is subject to a set of clearly defined “business rules” covering how metrics should be considered dependent on their classification for driver improvement focus, and how performance will therefore be managed. The business rules apply to three different categories of metric:

	• **Driver metric**: the few key improvement drivers with target performance and will be the focus of meeting attention. • **Tracker Level 1 metric**: no attention required if within set threshold for the period. Threshold performance usually defined by regulator / external body and relates to "must do" national standards or areas of focus. Update required if threshold performance is missed in one month. • **Tracker metric**: no attention required unless performance is deteriorating from threshold for a defined period (over four months). Threshold set internally, where sustained underperformance will trigger a review of threshold level or need to switch to a driver metric dependent on capacity. **Note** - several indicators have been temporarily suspended either nationally of locally due to the COVID-19 pandemic. These are highlighted in grey to indicate this status. **Month 4** **Performance business rule exceptions, red rated with the True North domain in brackets:** **Driver Metrics** Context and update to driver performance to be provided in discussion of counter measure action and development: • Prone (Face Down) Restraint **(Patient Experience) –** latest figures suggest 6 incidents on 4 wards. Challenging patients and issues around exiting seclusion rooms driving an increase. • Patient FFT Recommend rate **(Patient Experience) –** temporarily suspended • Patient FFT Response rate **(Patient Experience) -** temporarily suspended • Physical Assaults on Staff **(Supporting our Staff)** – high acuity across the hospital with very unwell patients. The mutual expectations interventions of Safewards is being planned for reintroduction and developing PMVA leads on each ward. • Mental Health: Acute Average Length of Stay (bed days) **(Money Matters) –** pressures continue on length of stay but remains a focus for teams.

	Tracker Level 1 Metrics • Mental Health: 7 day follow up (Quality Domain) – pressures in the East mental health services. **Tracker Metrics (where red for 4 months or more)** • Statutory Training: Fire **(Supporting our Staff)** – focussing assurance on ward environments. Performance improving but slowly.
Action	The Board is asked to note the new True North Scorecard.

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True North Performance Scorecard – Business Rules & Definitions

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

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

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

Performance Scorecard - True North Drivers (July 2020)

Harm Free Care

Metric	Target	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	19 per month	35	33	12	39	32	34	21	29	27	20	8	16
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	42 per month	20	23	48	65	66	38	42	25	15	58	37	41
Pressure ulcers acquired at BHFT due to lapse in care - Grade 3 & 4 (Cumulative YTD)	<18 per year	8	8	8	13	16	19	21	22	0	0	0	0
Number of suicides (per month)	Equal to or less than 3 per month	2	0	4	1	3	2	1	2	2	3	1	
Gram Negative Bacteraemia	1 per ward per year	0	0	0	0	0	0	0	0	3	0	1	1

Patient Experience

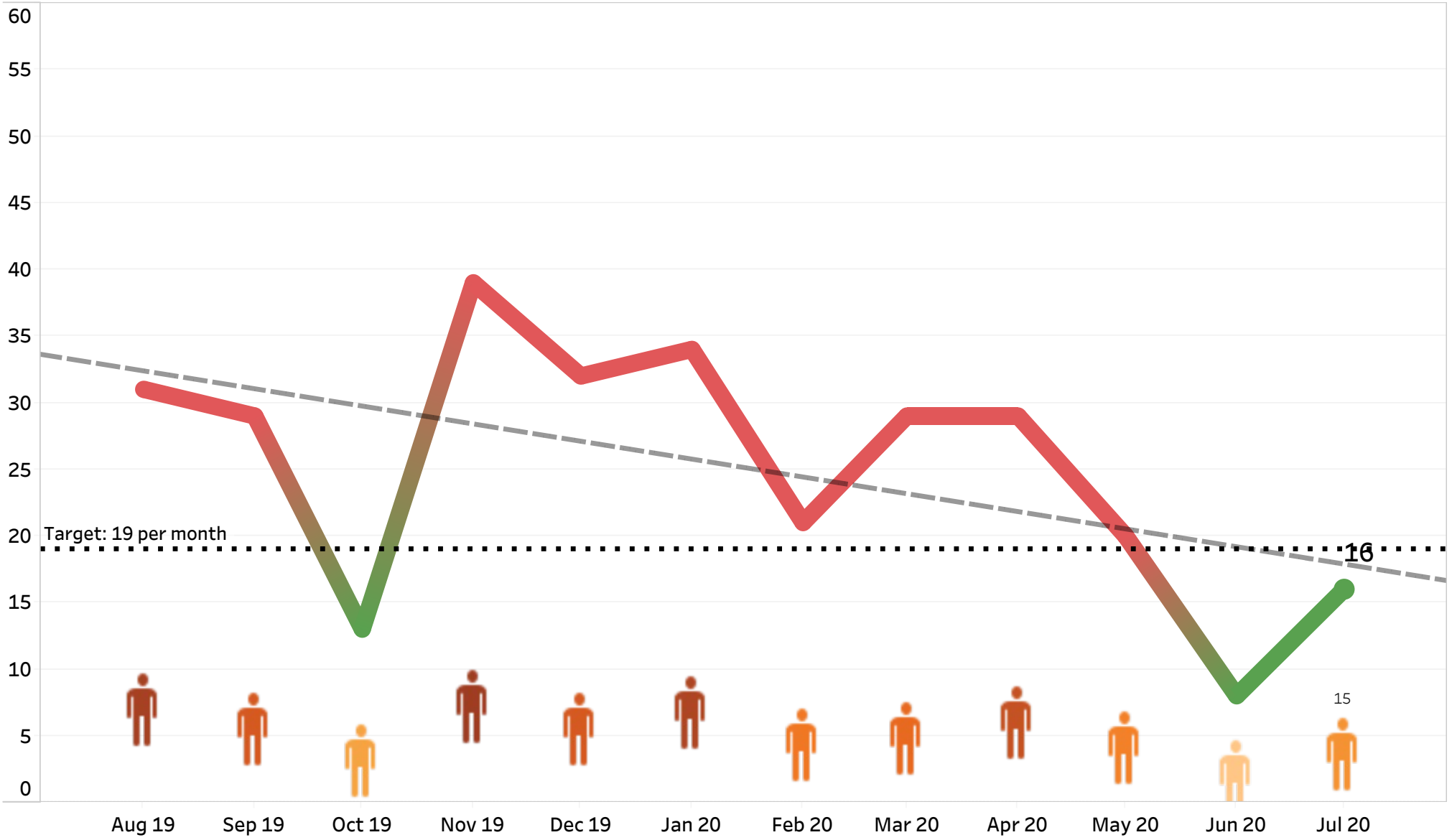
Mental Health: Prone (Face Down) Restraint	2 per month	13	5	2	1	2	2	7	3	3	8	3	6
Patient FFT Recommend Rate: % [Suspended centrally due to COVID]	95% compliance	91.7%	94.1%	93.2%	93.4%	92.4%	88.9%	87.4%	91.9%				
Patient FTT response rate: % [Suspended centrally due to COVID]	15% compliance	9.15%	10.9%	14.6%	12.1%	8.5%	10.6%	11.7%	5.51%				
Mental Health Clustering within target: %	80% compliance	80.5%	80%	81.3%	81%	79.7%	81.2%	81.5%	80.6%	81.2%	78.7%	83.8%	83.7%

Performance Scorecard - True North Drivers (July 2020)

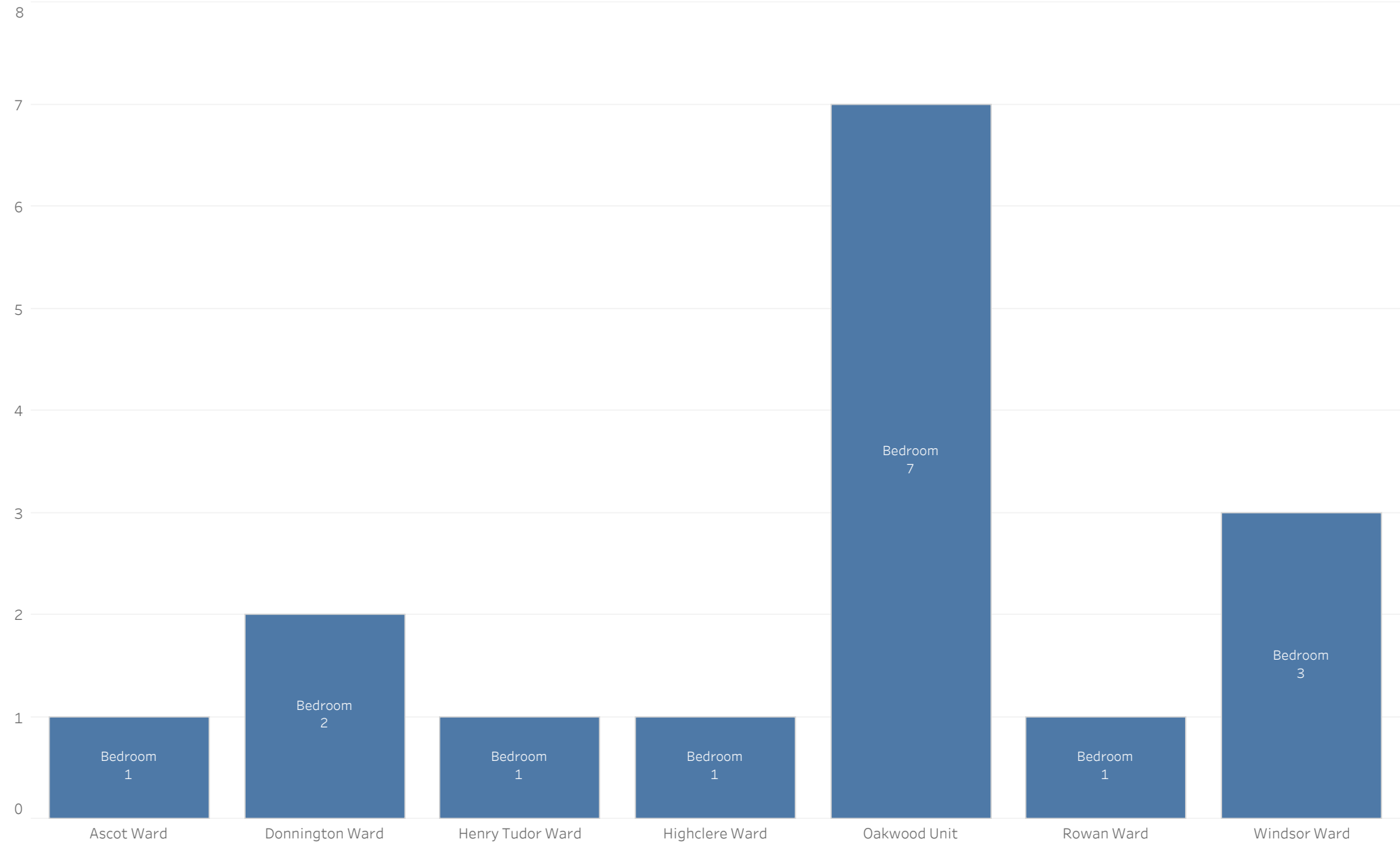
Metric	Target	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
Supporting our Staff													
Physical Assaults on Staff	44 per month	50	56	49	39	30	35	41	57	36	27	34	53
Staff Engagement Score (Annual Staff Survey) [Suspended centrally in April due to COVID]	Score of 10	7.29	7.29	7.29	7.29	7.29	7.40	7.29	7.29	7.40	7.40	7.40	7.40
Money Matters													
CIP target (£k): (Cumulative YTD) [Suspended centrally due to COVID]	£4m (annual)	£2.02M	£2.36M	£2.66M	£3.19M	£3.51M	£3.90M	£4.24M	£4.60M				
Financial surplus £k (excl. STF): (Cumulative YTD to plan) [Suspended centrally due to COVID]	-£0.4m	-£0.76M	-£0.60M	-£0.68M	-£0.81M	-£0.01M	-£0.20M	-£0.28M	£0.26M				
Mental Health: Acute Occupancy rate (excluding Home Leave): % [Suspended centrally due to COVID]	85% Occupancy	97.0%	95.7%	94.4%	94.3%	91.9%	87.7%	92.6%	89.9%		81.9%	92.1%	92.2%
Mental Health: Acute Average Length of Stay (bed days)	30 days	41	42	45	35	39	43	37	42	37	34	37	36
Staff turnover (excluding fixed term posts)	<16% per month	15.2%	14.6%	14.4%	14.2%	14.6%	14.6%	14.7%	14.7%	14.6%	14.3%	13.9%	
Staff turnover (including fixed-term posts)	<16% per month	15.8%	15.6%	15.6%	15.1%	15.6%	16.2%	16.6%	16.5%	16.5%	16.2%	15.8%	
Inappropriate Out of Area Placements	152 bed days (cumul. Qtr)	157	303	29	163	177	49	101	140	58	93	170	148

Harm Free Care Driver: Fall incidents in Community & Older Adult Mental Health Inpatient Wards (Aug 19 to Jul 20)

Any incident (all approval statuses) where sub-category = fall from chair/bed, level surface, found on floor/unwitnessed fall, Location exact excluding Patient/staff home and incident type = patient

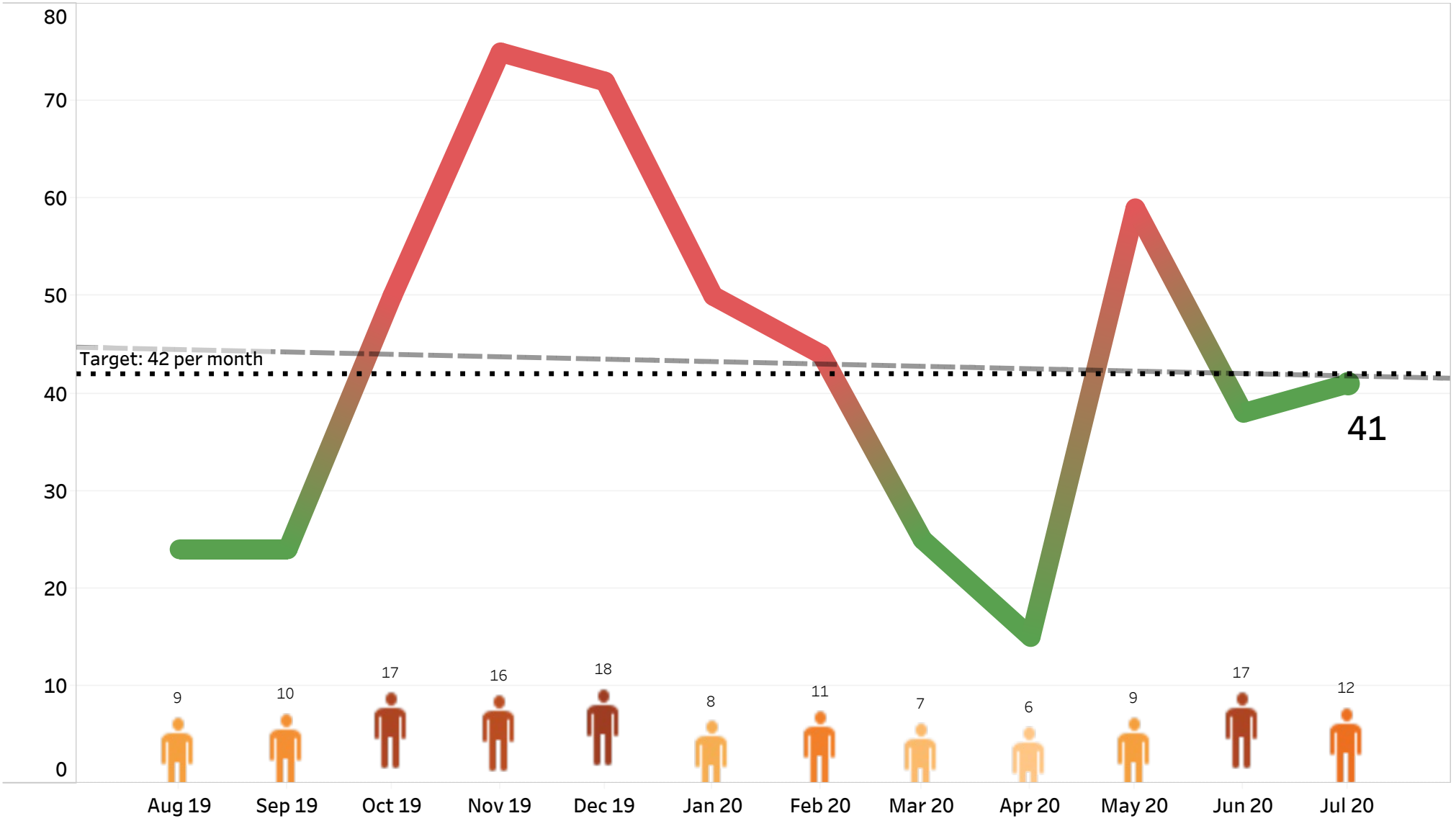


Harm Free Care Driver: Fall incidents in Community and Older Adult Mental Health Inpatient Wards (July)

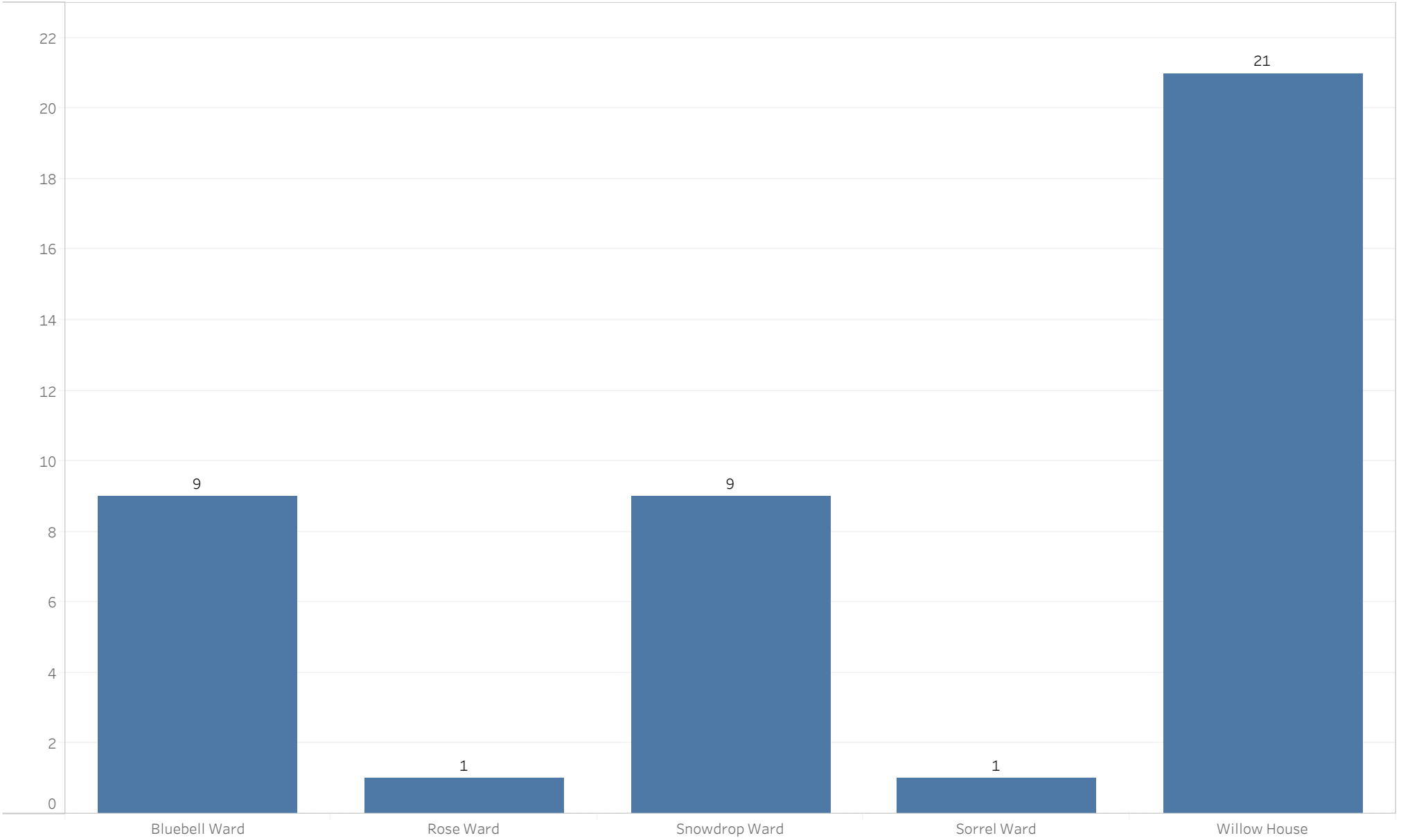


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) (Aug 19 to Jul 20)

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

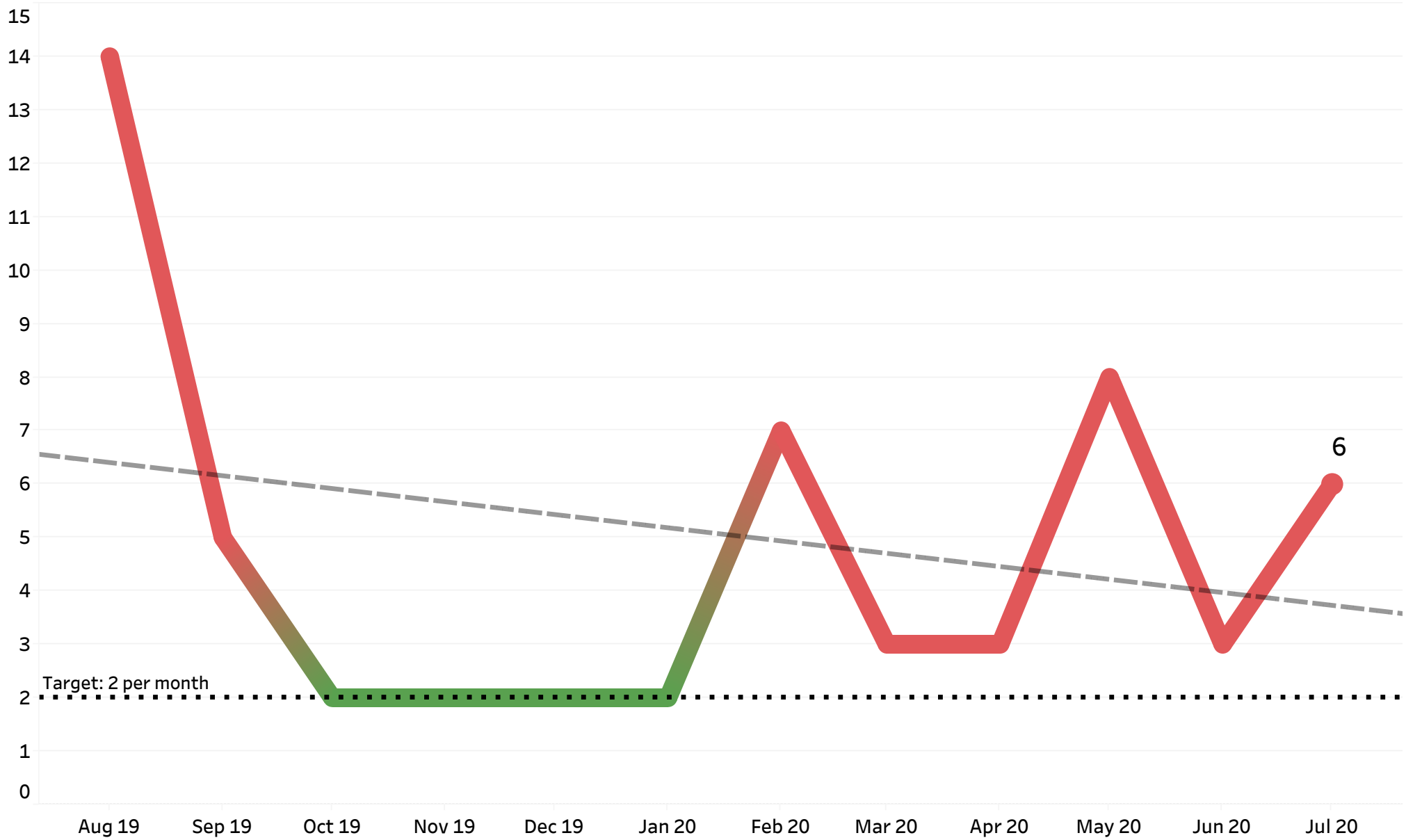


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (July)

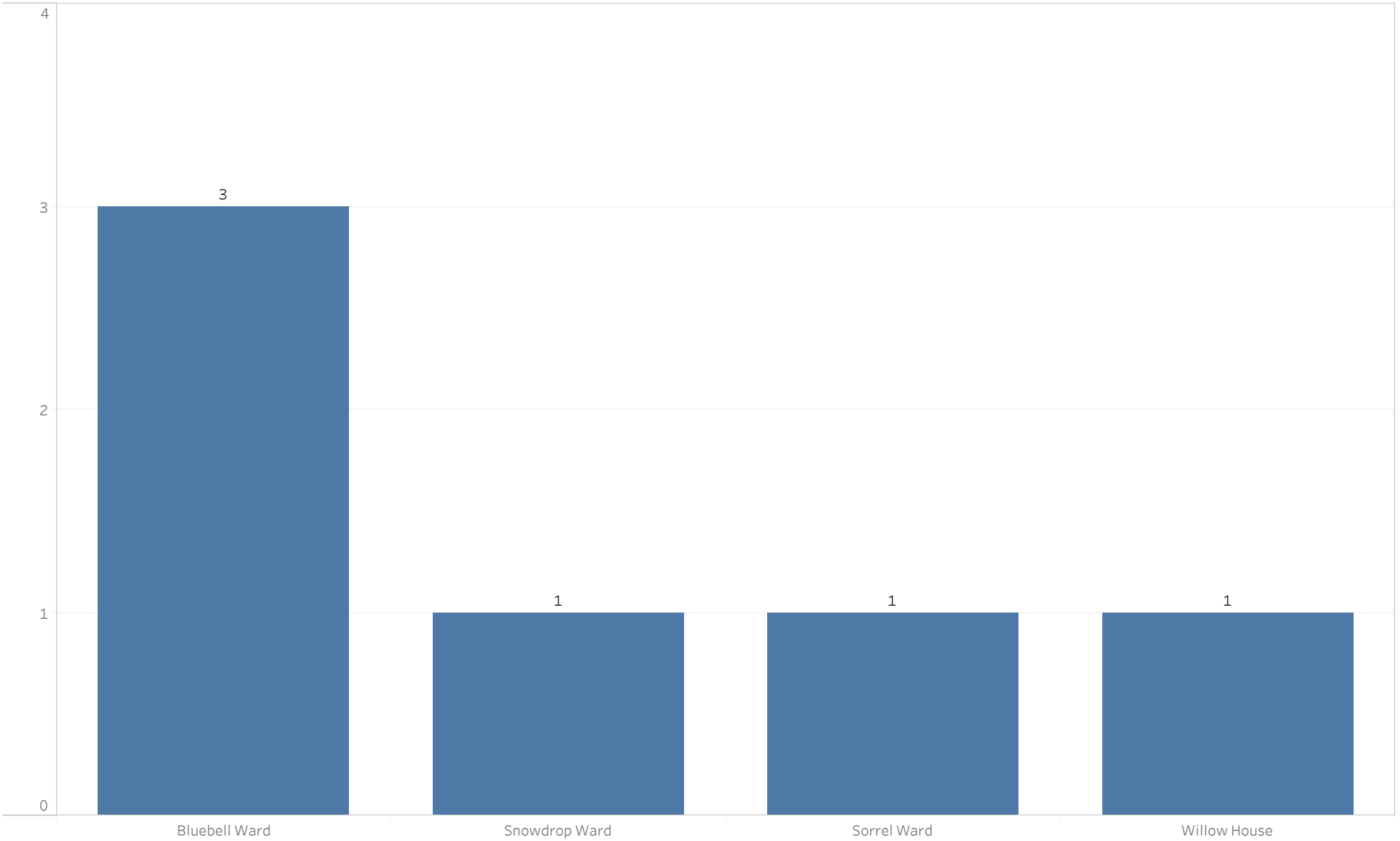


Patient Experience Driver: Mental Health: Prone (Face Down) Restraint incidents (Aug 19 to Jul 20)

(All approval statuses)

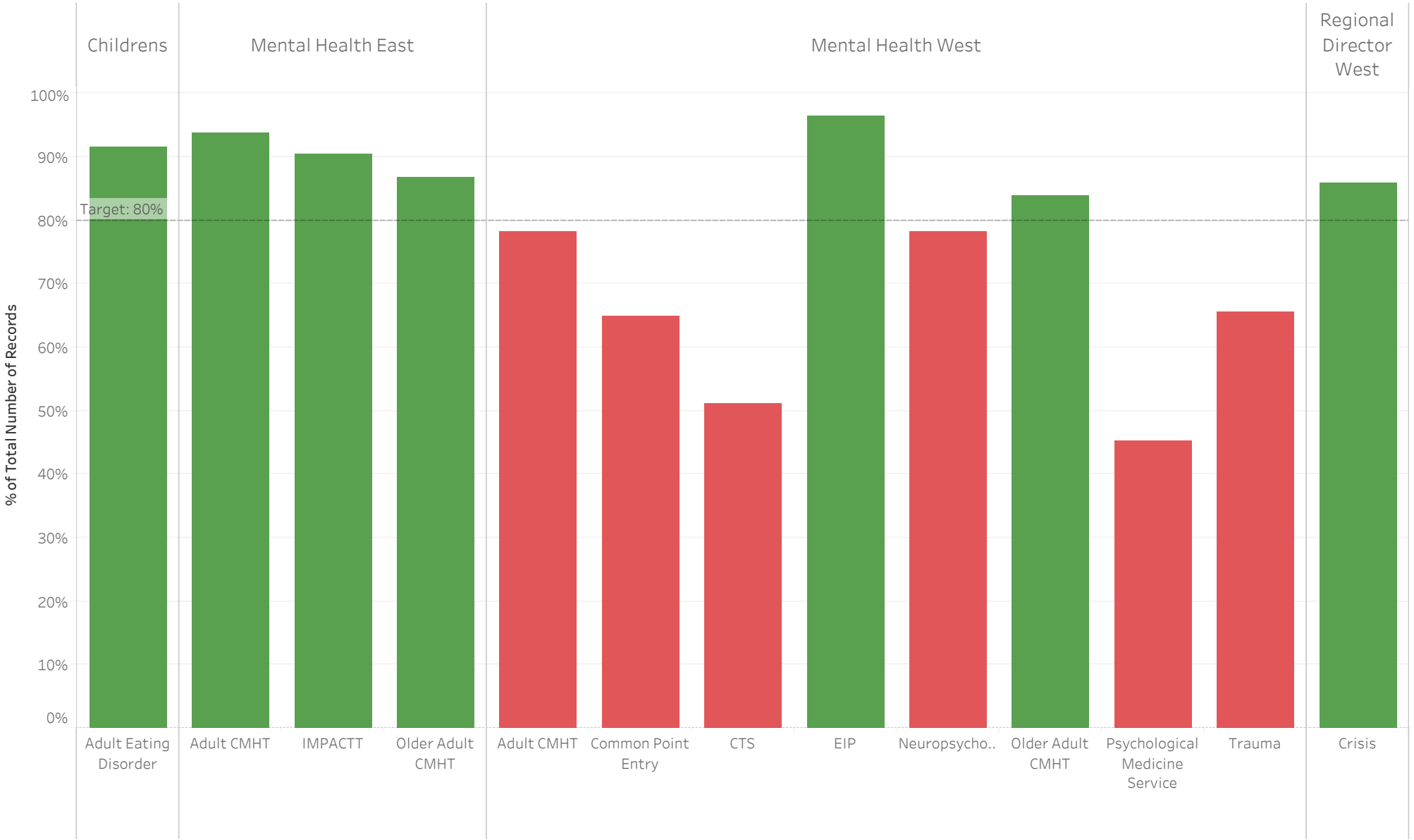


Patient Experience Driver: Mental Health: Prone (Face Down) Restraint incidents by location (July)



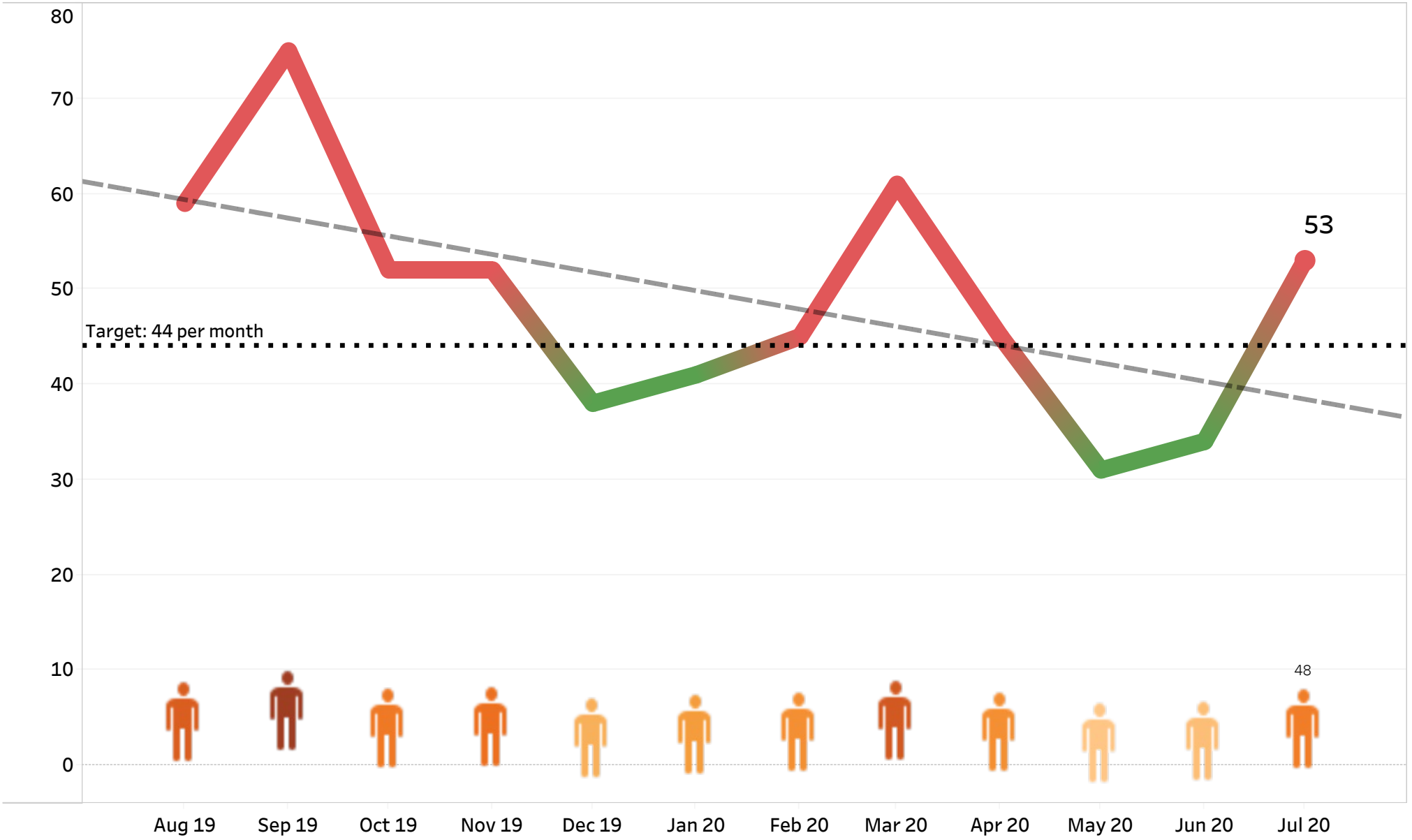
Patient Experience: Clustering breakdown (July)

Outpatient Cluster Status (by Service)

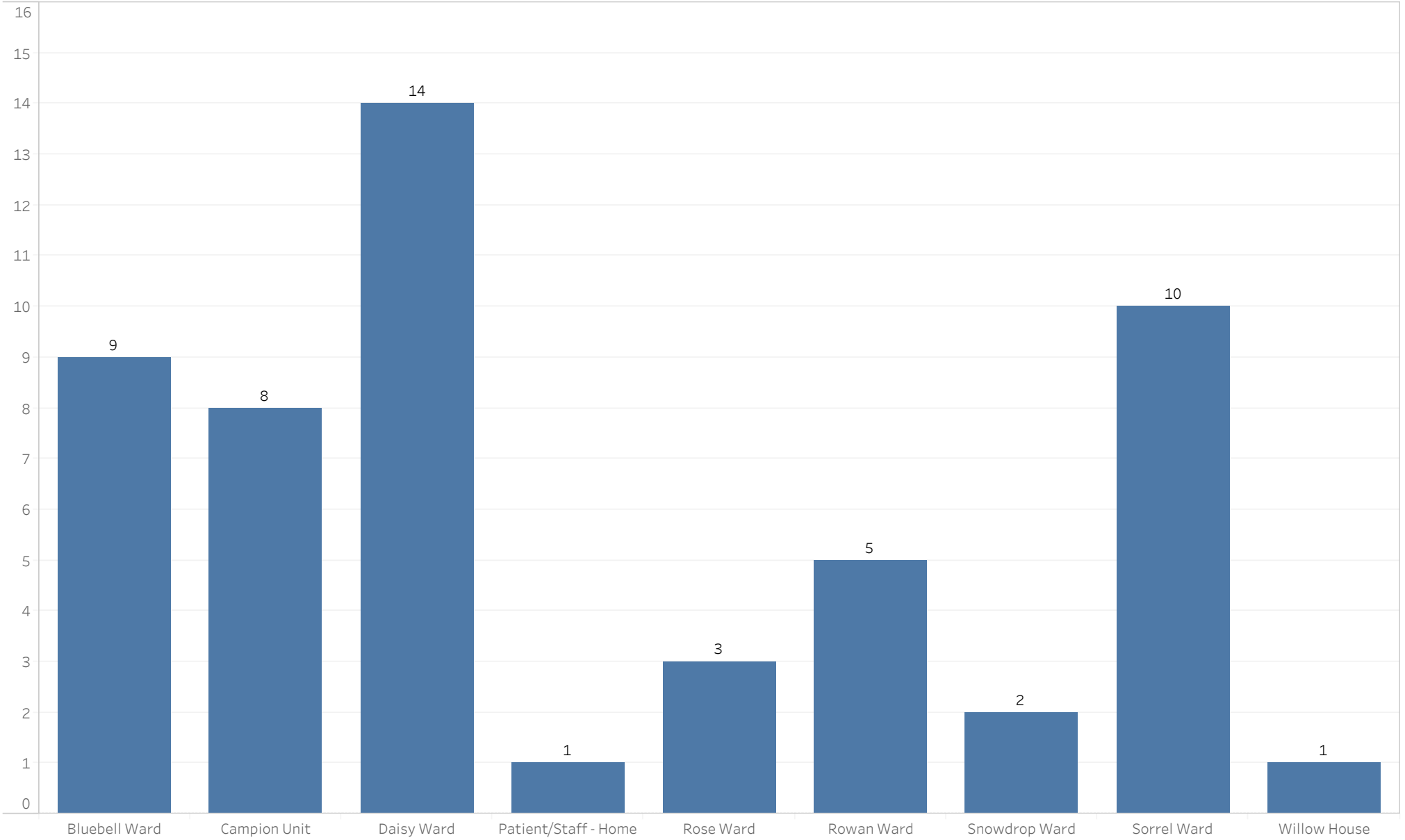


Supporting Our Staff Driver: Physical Assaults on Staff (Aug 19 to Jul 20)

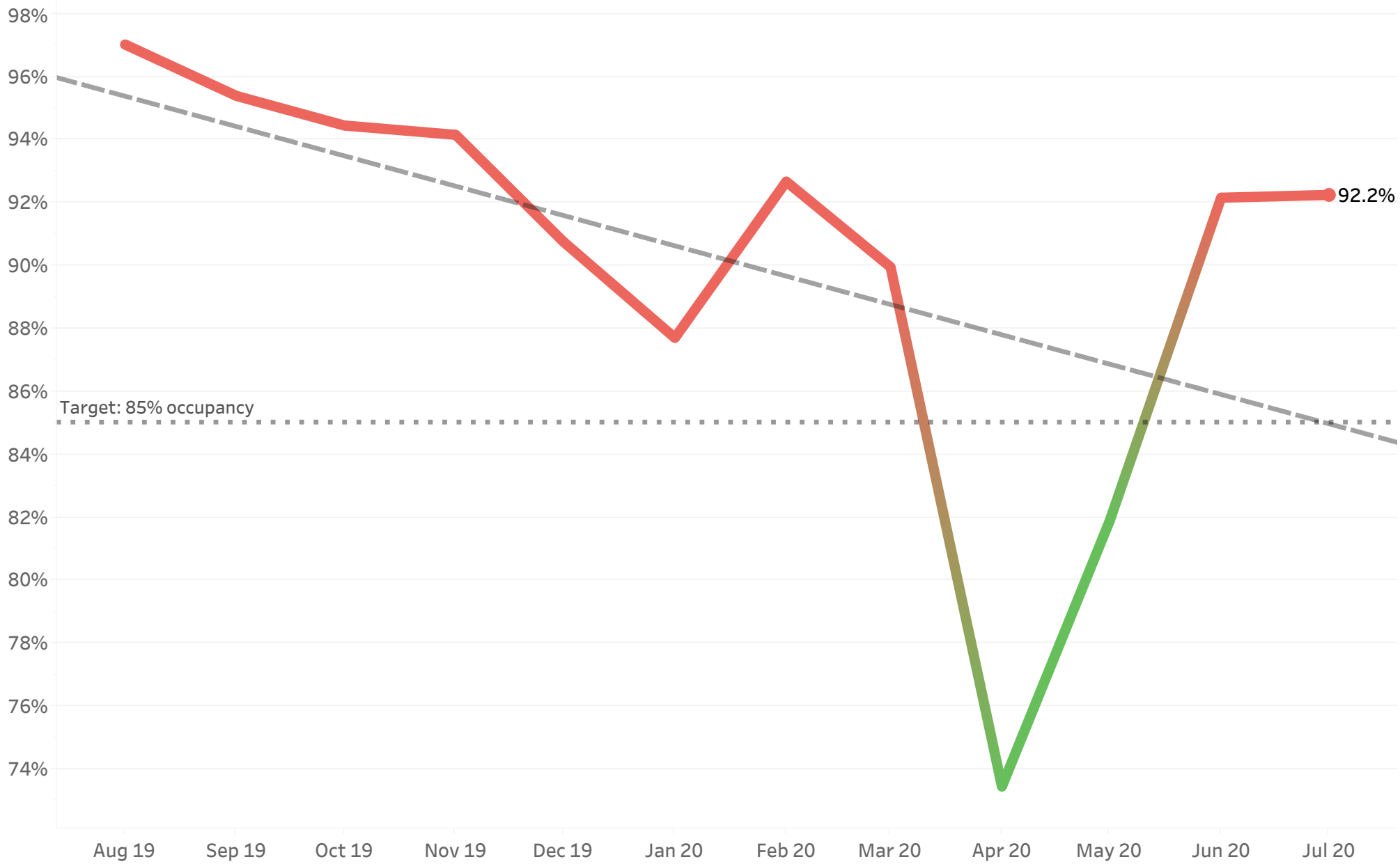
Any incident where sub-category = assault by patient and incident type = staff



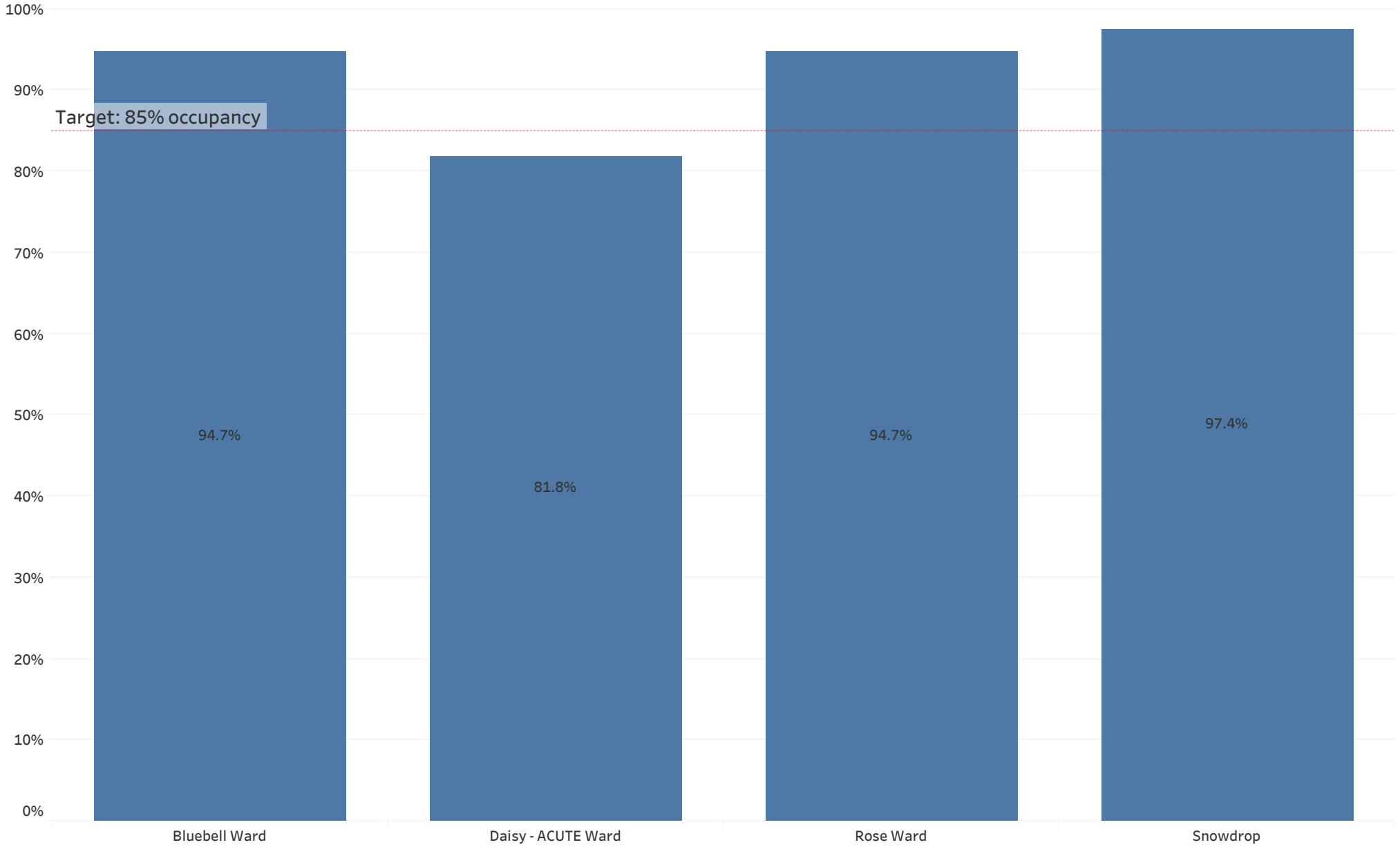
Supporting Our Staff Driver: Physical Assaults on Staff by Location (July 2020)



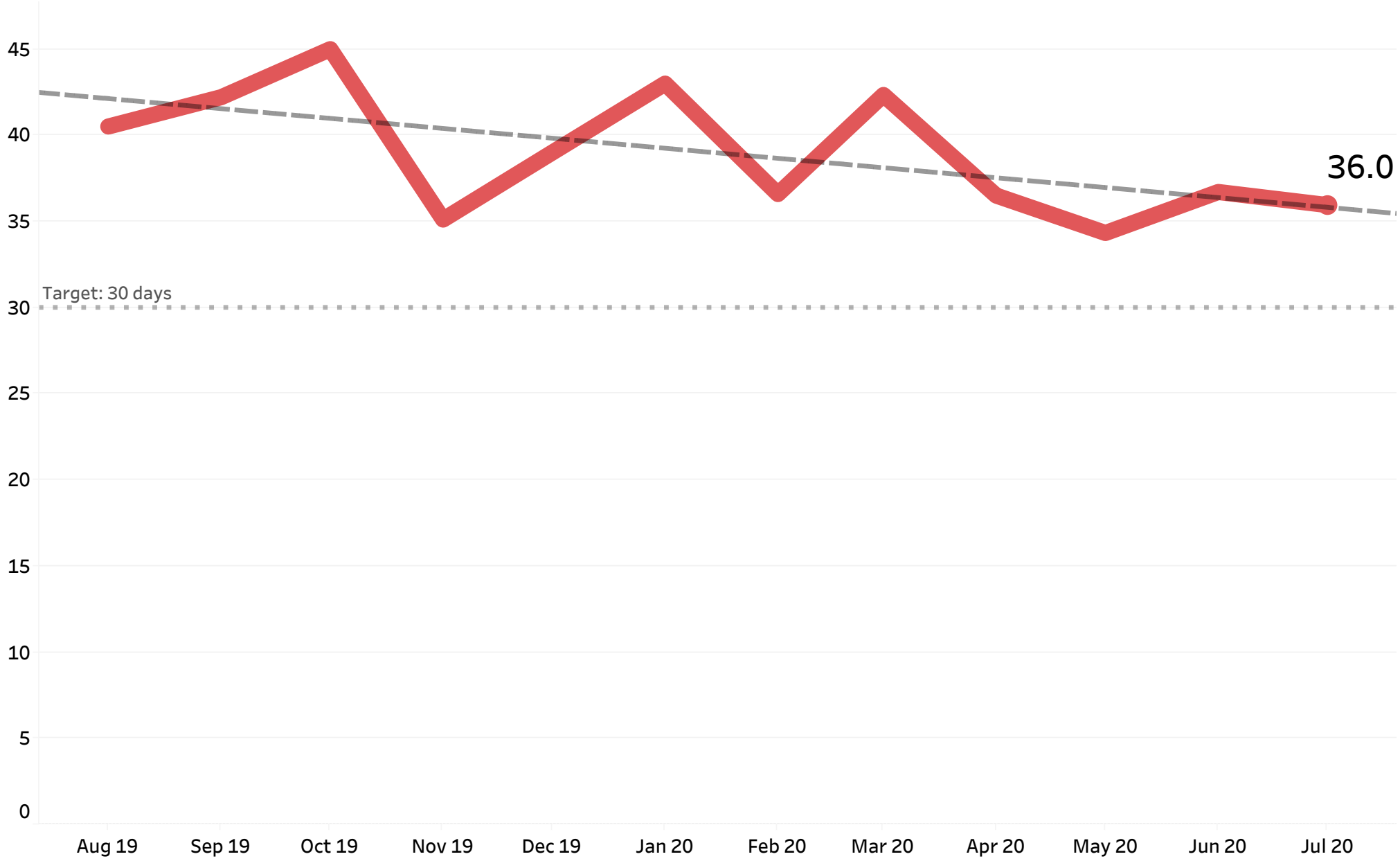
Money Matters: Mental Health Acute Bed Occupancy Rate (Aug 19 to Jul 20)



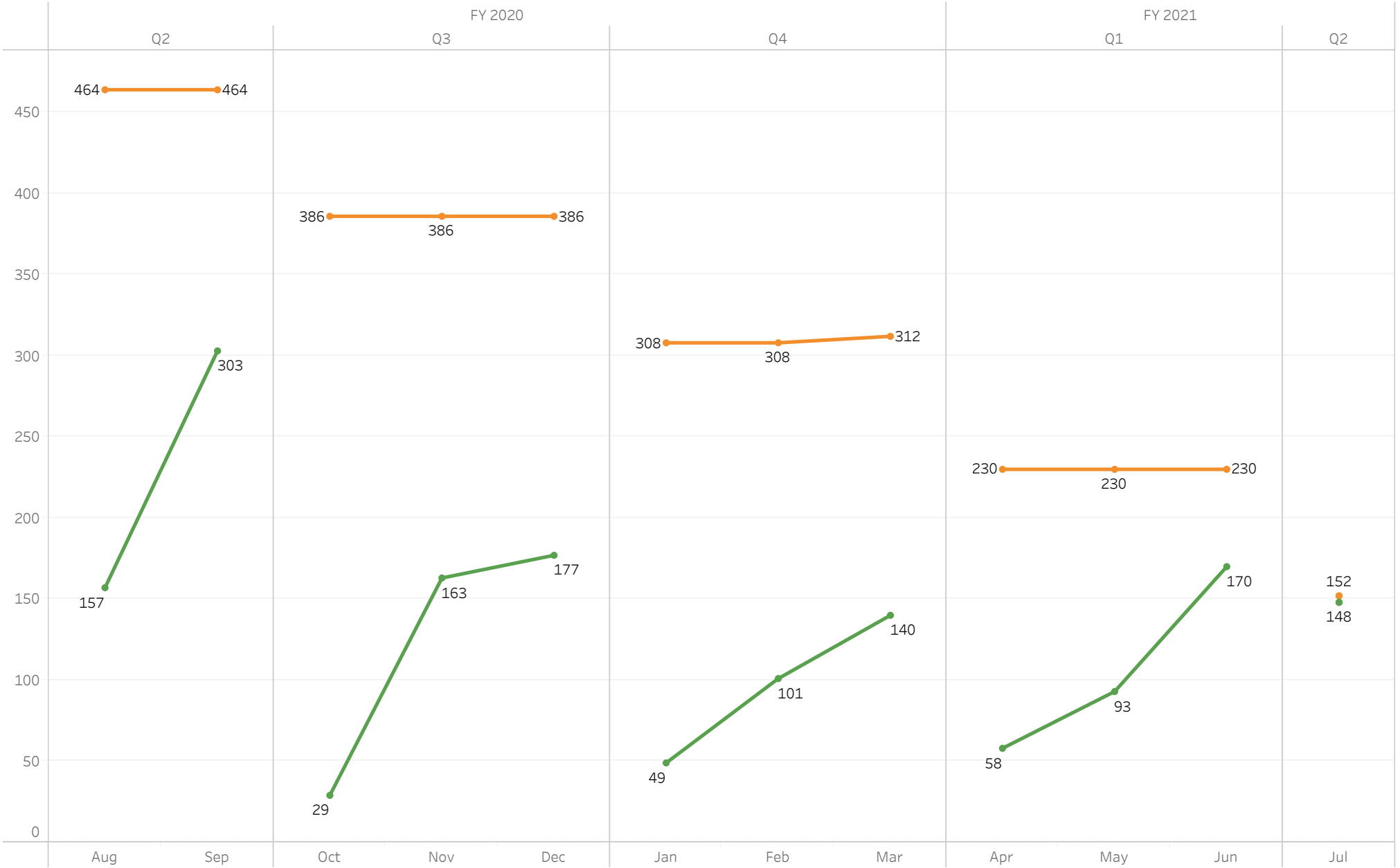
Money Matters Driver: MH Acute Bed Occupancy by Unit (June)



Money Matters: Mental Health: Acute Average Length of Stay (bed days) (Aug 19 to Jul 20)



Money Matters Driver: Inappropriate Out of Area Placements (June)



True North Harm Free Care Summary

Tracker Metrics

Metric	Threshold / Target	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
Pressure ulcers acquired due to lapse in (Inpatient Wards)	<10 incidents	0	0	0	2	3	0	2	0	1	0	0	0
Pressure ulcers acquired due to lapse in (Community East)	< 6 incidents	1	0	0	3	0	1	0	1	0	0	0	0
Pressure ulcers acquired due to lapse in (Community West)	< 6 incidents	0	0	0	0	0	2	0	0	0	0	0	0
Mental Health: AWOLs on MHA Section	16 per month	11	13	18	6	8	8	5	2	2	3	3	9
Mental Health: Absconsions on MHA Section	8 per month	8	9	7	2	5	2	5	6	5	3	4	6
Mental Health: Readmission Rate within 28 days: %	<8% per month	6.56	6.25	6.04	5.63	5.26	5.97	5.09	4.42	4.29	5.42	5.86	5.22
Patient on Patient Assaults (LD)	4 per month	5	1	0	0	2	0	0	0	3	3	4	4
Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019[Suspended centrally due to COVID]	15% by March 2020; 20% by June 2021	12.7%	16.5%	12.1%	12.5%			14.0%	13.6%	13.4%	13.3%	13.8%	13.5%
Suicides per 10,000 population in Mental Health Care (annual)	8.3 per 10,000					6.9	5.2	5.2	5.2	5.2	5.2	5.2	5.2
Self-Harm Incidents within the Community [Suspended centrally due to COVID]	31 per month	23	29	16	26	0	1	0	0	1	2	3	3

True North Patient Experience Summary

Tracker Metrics

		Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
Patient on Patient Assaults (MH)	38 per month	33	34	19	27	15	17	14	15	15	15	20	24
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	93.8%	90.0%	93.9%	93.8%	90.6%	82.1%	93.9%	88.4%	89.1%	91.9%	92.6%	93.4%
Mental Health: Uses of Seclusion	13 in month	6	12	5	7	11	4	18	12	4	7	17	15

True North Supporting Our Staff Summary

Tracker Metrics

		Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
Gross vacancies: % [Suspended centrally due to COVID]	<10%	9.19%	7.5%	6.80%	6.70%	7.09%	6.5%	6.09%	5.89%				
Statutory Training: Fire: %	95% compliance	94.3%	93.2%	93.0%	93.3%	93.9%	93.3%	91.5%	90.1%	88.4%	85.9%	87.3%	90.1%
Statutory Training: Health & Safety: %	90% compliance	96.0%	96.5%	96.4%	96.6%	96.6%	96.7%	96.4%	95.5%	96.0%	94.3%	95.5%	95.3%
Statutory Training: Manual Handling: %	90% compliance	93.2%	92.2%	92.9%	92.8%	90.2%	93.1%	93.3%	92.5%	90.0%	88.7%	90.3%	90.1%
Mandatory Training: Information Governance: % [Suspended centrally due to COVID]	95% compliance	94.8%	93.4%	94.7%	95.2%	95.4%	94.4%	93.3%	93.9%	92.5%	90.0%	92.1%	92.6%
PDP (% of staff compliant) Appraisal: %	95% compliance 'Extended from 19/20. Reset in June 20'	91.1%	87.8%	88.9%	86.7%	86.4%	85.1%	83.9%	81.7%	80.5%	80.5%	42.1%	88.6%

Mental Health Inpatient Services – Fire training compliance

Fire Safety Training - Whole Service	95%	92.4%	89.8%	89.6%	91.4%	93.9%	93.4%	93.2%	88.3%	88.4%	84.6%	90.6%	94.8%
Org L7	**Target**	**Aug 19**	**Sep 19**	**Oct 19**	**Nov 19**	**Dec 19**	**Jan 20**	**Feb 20**	**Mar 20**	**Apr 20**	**May 20**	**Jun 20**	**Jul 20**
371 Bluebell Ward PPH	95%	90.0%	84.2%	84.2%	88.0%	87.5%	87.5%	82.6%	71.4%	75.0%	72.0%	77.8%	95.5%
371 Daisy Ward PPH	95%	92.0%	92.0%	83.3%	91.3%	92.0%	96.4%	95.8%	100.0%	92.3%	92.0%	88.5%	92.3%
371 Orchid Ward PPH	95%	89.3%	89.3%	85.7%	89.7%	83.9%	81.3%	82.8%	80.0%	76.9%	76.9%	84.6%	92.3%
371 Rose Ward PPH	95%	90.9%	91.7%	87.0%	88.9%	96.0%	92.0%	100.0%	92.0%	91.3%	83.3%	91.3%	96.2%
371 Rowan Ward PPH	95%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	97.1%	85.3%	80.0%	70.0%	77.4%	92.9%
371 Snowdrop Ward PPH	95%	100.0%	86.4%	87.5%	86.7%	93.3%	93.1%	93.1%	90.3%	93.3%	93.3%	100.0%	96.7%
371 Sorrell Ward PPH	95%	92.3%	83.3%	88.9%	88.9%	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	96.3%

Community Health – Fire training compliance

371 Community Health East Services	Fire Safety Training - Whole Service	95%	96.3%	96.0%	97.0%	94.8%	93.6%	95.1%	94.4%	93.1%	93.2%	92.4%	93.1%	94.8%
371 Community Health West Services	Fire Safety Training - Whole Service	95%	97.8%	96.2%	96.5%	94.3%	95.4%	94.8%	92.6%	89.2%	87.2%	86.3%	86.9%	90.5%

CH IP Fire Safety Breakdown

Org L7	Target	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
371 Henry Tudor Ward	95%	89.3%	96.0%	96.2%	91.7%	88.9%	92.9%	96.4%	96.6%	96.0%	96.6%	96.7%	93.1%
371 Jubilee Ward	95%	100.0%	100.0%	96.9%	90.0%	86.7%	93.1%	100.0%	96.9%	96.8%	100.0%	81.3%	96.8%
371 Oakwood Ward	95%	97.5%	97.4%	100.0%	100.0%	97.4%	97.6%	90.5%	87.2%	88.6%	89.5%	94.9%	100.0%
371 WBCH Inpatient Wards	95%	97.4%	93.7%	90.2%	93.9%	96.3%	95.2%	89.2%	84.5%	80.7%	77.8%	93.7%	93.9%
371 Wokingham InPatient Unit	95%	98.6%	91.2%	94.2%	91.2%	92.2%	95.5%	89.1%	88.9%	87.9%	82.8%	64.8%	86.7%

Campion & Willow House – Fire training compliance

Org L7	Target	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
371 LD - Campion Unit	95%	89.3%	96.4%	96.4%	100.0%	100.0%	100.0%	100.0%	96.6%	96.4%	85.7%	88.0%	71.4%
371 Willow House	95%	76.5%	80.0%	94.4%	100.0%	100.0%	84.2%	85.0%	89.5%	76.5%	78.9%	78.9%	95.0%

True North Money Matters Summary

Tracker 1

		Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
Mental Health: Delayed Transfers of Care (NHSI target) Monthly and Quarterly [Suspended centrally due to COVID]	7.50%	4.90	4.59	6.09	6.70	9.30	11	7.59			7.5	5.29	4.29

Tracker Metrics

Community Inpatient Occupancy: % [Suspended centrally due to COVID]	80-85% Occupancy	71.1%	76%	75.4%	78.7%	82.5%	88.0%	90.5%	84.5%		75.4%	49%	57.3%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): % [Suspended centrally due to COVID]	80% Occupancy	85.70%	88.42%	80.07%	78.03%	77.29%	84.87%	83.09%	82.79%		63.39%	64.04%	84.74%
DNA Rate: % [Suspended centrally due to COVID]	5% DNAs	5%	5%	4.79%	4.79%	5.20%	5.09%	4.70%	5.20%		4.20%	3.79%	4.39%
Community: Delayed transfers of care Monthly and Quarterly [Suspended centrally due to COVID]	7.5% Delays	10.9%	9.70%	9.90%	10.5%	10.8%	13.4%	17.8%			4%	2.10%	7.5%

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
Mental Health: 7 day follow up (Quality Domain): %	95% seen	98.3	96.0	96.1	97.5	96.2	95.2	100	95.5	95.3	95.7	96.2	94.5
C.Diff due to lapse in care (Cumulative YTD)	0	0	1	0	0	0	0	0	0	0	0	0	0
Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in inpatient wards: %	90% treated	42.1	42.1	42.1	42.1	42.1	42.1	42.1	42.1	42.1	42.1	42.1	42.1
Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in EIP: %	90% treated	88.4	88.4	88.4	88.4	88.4	88.4	88.4	88.4	88	88	88	88
Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in the Audit of Community Health Services (people on CPA): %	65% treated	21	21	21	21	21	21	21	21	21	21	21	21
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	2 in East; 4 in West	0	0	0	0	0	1	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed-sex accommodation breaches [Suspended centrally due to COVID]	Zero tolerance	0	0	0	0	0	0	0	0		0	0	0
Count of Never Events in rolling six- month period (Safe Domain)	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children and young persons under 16 who are admitted to adult wards (Safe Domain)	Zero tolerance	0	0	0	0	0	0	0	0	0	0	0	0
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	56% treated	100	100	66.7	100	80	100	100	88.9	100	90.9	100	90.9
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.7	99.7	98.4	97.4	95.8	97.9	96.2	94.0	92.9	98.0	97.9	96.0
People with common mental health conditions referred to IAPT will be treated within 6 weeks from referral: %	75% treated	96	96	95	95	96	95	94	95	95	94	96	95
People with common mental health conditions referred to IAPT will be treated within 18 weeks from referral: %	95% treated	100	100	100	100	100	100	100	100	100	100	100	100

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20
People with common mental health conditions referred to IAPT completing a course of treatment moving to recovery: %	50% treated	56.2	55.1	59	57.7	56.0	60.3	57.1	54.4	53.4	53.2	55.4	56.6
% clients in Mental Health Services in Settled Accommodation	58% in Settled Accommodation	66	66	60	60	60	59	59	59	59	59	59	59
% clients in Mental Health Services in Employment [Suspended centrally due to COVID]	9% in Employment	12	12	11	11	11	12	12	12	12	12	12	12
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): % [Suspended centrally due to COVID]	99% seen	100	99.5	100	100	100	99.7	100			100	100	100
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	96.2	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	98.9	100	100	100	100	100	100	98	100	100
Sickness Rate: %	<3.5%	3.99	4.10	4.41	4.75	5.04	4.88	4.10	4.39	5.89	4.08	3.40	
Staff - Count of those categorised as extremely likely or likely to recommend (Quality of Care Domain) - For IP, A&E, MH & Community	Null	84	84	84	84	84	84	83	83	83	83	83	83
Finance Score - Was Continuity of Services Risk Rating now Use of Resources [Suspended centrally due to COVID]	Month 1=3, months 2 to 5 =2 then month 6 onward=1	2	1	1	1	1	1	1	1				
MHSDS DQMI score (Figures reported are 3 months in arrears)	95% achieved	94.5	97.7	96.2	97.8	98.2	98.2	98.4	98.1	98.7	98.7	98.4	98.2
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	0

Berkshire Healthcare NHS Foundation Trust

TRUST BOARD PAPER

Board Meeting Date	8th September 2020
Title	Workforce Disability Employment Standard (WDES)
Purpose	To update the Board on the Workforce Disability Employment standard (WDES) and to confirm the submission was made by the deadline of the 31st August 2020.
Business Area	Corporate
Author	Thanda Mhlanga (OD Lead for Equality & Diversity) Joe Smart (Head of Training & OD)
Relevant Strategic Objectives	As part of our "Supporting our Staff" objective we: • Have a duty of care for staff with existing disabilities and members of staff who may develop a disability whilst employed by the Trust. • Aim to facilitate an inclusive, supportive and fair organisational culture that is underpinned by a moral obligation to make sure that every member of our diverse workforce has a sense of belonging and a positive working experience. • Recognise the added value that a diverse workforce brings. • Continue to build a culture of belonging and ensure BerkshireHealthcare is 'Outstanding for everyone'
CQC Registration/Patient Care Impacts	Improving employee well-being will positively impact patient care outcomes.
Resource Impacts	N/A
Legal Implications	The Equality Act 2010. Public Sector Equality Duty
Equality and Diversity Implications	The NHS Workforce Disability Employment Standard (WDES) became a requirement as of 1st April 2019 to enable NHS organisations to capture and compare the experiences of disabled staff with those of non-disabled staff. The WDES is part of the NHS standard contract and facilitates a better understanding of the experiences of disabled staff, thus supporting positive change and the creation of a more inclusive working environment for disabled people.
EXECUTIVE SUMMARY	The WDES has a similar ethos to the Workforce Race Equality Standard (WRES). It is underpinned by 10 metrics that cover the workforce profile, recruitment and capability processes, experiences of disabled staff, board make up, and the opportunity that disabled staff have to voice and air their concerns and to be heard. BHFT continues to make progress against previous years scores which is testament to the work of the Purple network and its supporters. However gaps remain and there are key areas for improvement are: • Reducing the amount of work related stress that is reported • Improve the experience of staff with a disability to make suggestions to improve the work of their teams • Improve the rates of declaration of disability by our staff

	• Implementation of the new (July 2020) Reasonable Adjustment Policy. Our Purple Network for disabled members of staff continues to make incremental progress. Awareness and understanding continue to grow. We will continue to listen and work closely with the network develop and our objectives to design our WDES action plan.
ACTION REQUIRED	To note the WDES results and consequent action plan and approve their publication.

Workforce Disability Employment Standard (WDES) 2020

1. Introduction

In line with the Workforce Disability Employment Standard (WDES) reporting requirements that came into force on 1st April 2019 regarding staff with a disability, this paper presents to the Board the Trust's annual data as at March 2020. This data was submitted to NHS England by the mandated deadline of 31 August 2020. The paper explains the requirement and outlines the key information of the WDES report.

2. Background

5% (213 headcount) of staff working for Berkshire Healthcare have a disability, as recorded in our Electronic Staff Record (ESR) system. The national average percentage of staff declaring that they are disabled on ESR is 3%. It should be noted that 13% of the workforce opted not to declare their status. It is known both from research and anecdotal evidence, that many disabled staff are reluctant to disclose their status to their employers as they believe that it may have a negative impact on their career progression. This was confirmed by the 2020 NSS results: a significant number of staff (20% of the 2,525 members of staff who participated) declared physical or mental health conditions or illnesses that have lasted for 12 months or more. This highlights that the anonymity provided by the NSS encourages disclosure. Therefore, there is need for Berkshire Healthcare to continue removing potential barriers to disclosure via ESR.

The Workforce Disability Employment Standard (WDES) has been established to improve the experience of disabled staff working in and seeking employment in the NHS. However, results of the NSS presented in Table 3 below suggest that disabled staff consistently report higher levels of bullying and harassment and less satisfaction with appraisals and career development opportunities compared to their non-disabled peers. However, almost all results have improved from the 2018 NSS.

At Berkshire Healthcare, there is a commitment to make this a great place to work for everyone, to continue to improve the diversity of our workforce, and therefore improve the outcomes we can achieve for patients, as well as have a workforce that reflects the diverse population that we serve.

The WDES is a set of ten evidence-based metrics that will enable NHS organisations to compare the reported outcomes and experiences of disabled and non-disabled staff.

Metrics 1, 2, 3 and 10 compare the profile of disabled and non-disabled staff in terms of a) pay bands, b) recruitment processes, c) capability processes, and d) board make up. Metrics 4-8 are comparing the experiences of disabled and non-disabled staff as shown by responses to specific NSS questions. Metric 9 is focused on assessing the extent to which disabled staff have the opportunity to voice and air their concerns and to be heard. Organisations are expected to publish their results and develop action plans to address any areas of improvement highlighted.

Our results and associated action plan will be published on our website in October 2020 and will also be shared with East Berkshire and Berkshire West Clinical Commissioning Groups as required by NHS England.

Key points about the WDES are as follows:.

- It is mandated in the NHS Standard Contract.
- It is restricted to NHS Trusts and Foundation Trusts in the first two years of implementation.
- Information this year must be published by 31st October 2020
- It is voluntary for national health bodies

3. WDES and a culture of continuous improvement at BHFT

In 2018 Berkshire Healthcare launched the Purple network, and we're delighted that the results show the improvements we've been making for our disabled staff are starting to have an impact. (These can be seen in the staff survey results in Tables 3 and 4). The organisation is continuing its work develop its understanding of reasonable adjustments needed to help people reach their full potential. Berkshire Health prides itself on its neurodiversity and is active in looking to attract and retain the best talent to provide the best care for our population.

The organisation is committed to learning and developing from the results of the WDES. This is highlighted by the Trust's investment in the amelioration of the lived experiences of disabled members of staff. There is by-in from the Senior Executive Team to junior members of staff. For instance, the staff Purple Network is sponsored by the Deputy Chief Executive and Chief Financial Officer, the Acting Executive Director of Strategy is also the Equality, Diversity and Inclusion Executive Director, also there is a Deputy Director for Equality, an EDI Manager and OD Lead for EDI who are all committed to listening, supporting and working in collaboration with the Purple Network.

In order to fulfil our pledge to 'make this a great place to work for everyone' Berkshire Health care understands the importance of training and developing our leaders and managers to ensure they can role model the behaviours needed. Currently, all stakeholders are being consulted about how EDI could be woven into leadership development and Talent Management within BHFT. In addition, the Trust recognises the impact COVID has had on our disabled workforce and extra support is being offered to teams and individuals during this unprecedented times. This includes Wellbeing Support for staff and OD and Leadership training on managing remote teams for managers.

Following the approval of this paper by the Board, the WDES results will be cascaded around the Trust to raise awareness. The Trust will work with members of the Purple Network to analyse and confirm priority actions in response to the findings. This approach will contribute to efforts being made to increase the diversity of the workforce; move a disadvantage section of the workforce to the centre of the discourse, and thus inform effective and appropriate reasonable adjustments to ensure a positive working experience for disabled members of staff.

4. WDES 2020 Results: workforce makeup

The numbers of disabled and non-disabled staff employed in our Trust at various bands are presented below. Although it is encouraging to note that though we are performing above our benchmark group, it is important to remember that our statistics are incomplete given the number of individuals who withhold their disability on ESR. As highlighted in Section 2, 505 (20%) of the respondents were comfortable to declare their disabilities on the NHS Staff Survey – the declaration rate within the Trust is 5%. Although this is a national issue, the Trust needs to continue fostering a culture where employees are comfortable to declare. (Please note, unlike the Workforce Race

Equality Standard (WRES) the current NHS England template does not request comparisons on workforce date from previous years)

See Table 1 and Table 2 below for workforce overview.

Table 1: Workforce Makeup - Non-Clinical Cohort

Non-Clinical Cohort			
	Disabled	**Not disabled**	**Missing or not declared**
Workforce Total	5%	83%	13%
Bands 1-4	6.1%	79.7%	14.2%
Bands 5-7	3.8%	86.4%	9.9%
Bands 8a-8b	5.2%	82.6%	12.2%
Bands 8c-9&VSM	2%	78.4%	19.6%

Table 2: Workforce Makeup - Clinical Cohort

Clinical Cohort			
	Disabled	**Not disabled**	**Missing or not declared**
Workforce Total	5%	83%	13%
Bands 1-4	4.52%	84.97%	10.51%
Bands 5-7	4.79%	84.76%	10.45%
Bands 8a-8b	4.07%	88.89%	7.04%
Bands 8c-9&VSM	8.89%	80%	11.11%
Medical and Dental Consultants	2.44%	53.66%	43.90%
Medical and Dental staff, Non-Consultant Career Grade	5.32%	58.51%	36.17%
Medical and Dental Staff, Medical and Dental Trainee Grades	0.00%	3.57%	96.43%

5. WDES 2020 Results: relative likelihood of appointment

The likelihood of disabled staff being appointed from shortlisting is 0.18 (233 shortlisted and 41 appointed). The likelihood of non-disabled staff being appointed from shortlisting is 0.21 (shortlisted 4541 and 974 appointed).

This highlights that non-disabled staff have an advantage, they are more likely to be appointed than their disabled peers. However, it should be noted that there are 41 out of 181 applicants who did not disclose that were appointed. There is need for us to keep on raising awareness and work with recruiting managers and Recruitment to ensure that relevant safeguards are embedded into the organisation's culture.

6. WDES 2020 Results: relative likelihood of entering the formal capability process

Results show that the likelihood of a disabled member of staff entering the formal capability process is 0.02 (5 out of 213). Therefore, the relative likelihood of a disabled member of staff entering the formal capability process in comparison to a non-disabled member of staff is 9.61. Drawing on the WDES guidance, a figure above 1 indicates that disabled staff are more likely to enter the formal capability process. Therefore, a figure of 0.02 suggests that **disabled members of staff are not treated unfairly viz-a-viz the formal capability process**.

7. WDES 2020 Results: NSS responses

The total number of disabled people working for BHFT who responded to the NSS in 2020 was 505 – this represents 11.32% of the staff in the overall workforce. In 2020, 380 disabled members of staff participated – this represents 8.8% of the total headcount of the Trust. Those who identified as having a disability were 20% of the total number of respondents – up from 18.3% in 2018.

As discussed earlier, the trends are national. There are concerns around disability prejudice. Disabled members of staff seem to be experiencing more harassment, bullying and abuse; lower levels of belief that the Trust provides equal opportunities for career development and a lower level of satisfaction that the Trust values their work. However, it is encouraging to note that increasingly, members of staff with disabilities are reporting their experiences and concerns – see Table 3 below for more detail. **The cohort's growing willingness to report disability prejudice and the relatively high engagement with the NSS should be partly credited to the staff Purple Network, its allies and an increasingly inclusive culture within the Trust.** Notably, 73.6% of the members of staff feel that the Trust has made reasonable adjustments to enable them to do their work.

Table 3: Focus on Culture: Harassment, Bullying and Abuse

NSS Q	Question	Disabled 2018	Not Disabled 2018	Disabled 2019	Not Disabled 2019	Difference between 2018 and 2019 ratings for disabled staff
11e	Felt pressure from manager to come to work when not feeling well enough	26.7%	16.8%	22.7%	16.9%	4% reduction which is a positive trend
5f	Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with	44.2%	58.4%	53.8%	61.1%	Increase of 9.6% which is a positive trend

	the extent to which their organisation values their work					
13a	Experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	34.7%	22%	30.2%	23.1%	Reduction of 4.5% which is a positive trend
13b	Experienced harassment, bullying or abuse from managers	18.8%	9.4%	15.6%	8.5%	Reduction of 3.2% which is a positive trend
13c	Experienced harassment, bullying or abuse from other colleagues	26.1%	13.1%	23.2%	14.4%	Reduction of 2.9% which is a positive trend
13d	Last experience of harassment /bullying/abuse was it reported by the member of staff (staff saying yes)	60.4%	54.7%	57.3%	60.5%	Decrease of 3.1% which is a negative trend
14	Agrees, organisation acts fairly: career progression	82.6%	86.2%	85.8%	87.7%	Increase of 2.6% which is a positive trend
28b	Disability: organisation made adequate adjustment(s) to enable me to carry out work	73.6%		74.6%		Increase of 1% which is a positive trend

The experience of disabled staff to non-disabled staff is very clear and can be seen in the Table 3. Disabled staff are more likely to feel pressured to come into work and more likely to experience bullying and harassment from colleagues, This demonstrates that there is a lot more work that needs to happen in the coming 12 months. However, it is positive to see all scores bar one has improved from the 2018 staff survey.

Table 4: Focus on Role, Health and Wellbeing

NSS Q	Description	Disabled 2018	Not Disabled 2018	Disabled 2019	Non disabled 2019	Difference between 2018 and 2019 ratings for disabled staff
4b	Able to make suggestions to improve the work of my team/dept	71.9%	83.1%	74.1%	83.9%	2.2% improvement in score
4j	I receive the respect I deserve from my colleagues at work	67.4%	81.9%	71.3%	78.2%	3.9% improvement in score
5a	Satisfied with recognition for good work	54.7%	65.1%	59.9%	68.7%	5.2% improvement in score
11c	Felt unwell due to work related stress in last 12 months (Selected Yes to this question)	59.3%	36.3%	55.3%	36.6%	4% reduction (which is improvement in score)
11d	In last 3 months, have come to work when not feeling well enough to perform duties (Selected Yes to this question)	69.6%	51.5%0	70.4%	51.2%	0.8% increase which is a reduction

Table 4 follows the Trend of Table 3, that while the results are not good compared to non-disabled staff, there has been improvements in all metrics bar one.

8. WDES 2020 Results: action taken to facilitate the voice of disabled people being heard.

Our Purple Network for staff with a disability has had a good year; however it has not been possible to maintain the pace of previous years due to the COVID-19 pandemic. Nonetheless, there have been some good highlights including:

- Promotion of World Mental Health Awareness Week,
- “Time to Talk” Day,
- World Autism Awareness Week
- “Purple Light Up Day”

As stated above, the results of the NSS were discussed with the Network’s representatives in March 2020. However, the COVID-19 pandemic hit before any robust action plan could be agreed, and thus no further action was taken. The Trust is keen to support the Network going forward and build on the successes to date as we continue to negotiate recovery from COVID-19.

The Network has also undertaken its own survey to support our understanding of the experiences of staff with a disability, and enable us to take action in response. This has informed our action plan as well as the priorities and goals of the network, which are:

- Increasing Purple confidence, and raising network profile

- Addressing barriers and issues faced by “Purple People”
- Supporting reasonable adjustments process
- Making a positive impact on staff wellbeing and work-related stress, and promoting the ‘Time to Talk initiative’

The Action Plan below will be discussed with the Network to facilitate concretization and implementation.

9. Action requested of the Trust Board:

- Note the action being taken in response to the results
- Approve the publication of the WDES data in line with national requirement


NHS
Berkshire Healthcare
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Berkshire Healthcare NHS Foundation Trust

TRUST BOARD PAPER

Board Meeting Date	8th September 2020
Title	Workforce Race Equality Standard Report (WRES) 2020
Purpose	To provide a summary of BHFT's 2020 Workforce Race Equality Standard (WRES) results and request approval for their publication, along with the associated action plan
Business Area	Corporate
Author	Thanda Mhlanga (OD Lead for Equality & Diversity) Joe Smart (Head of Training & OD)
Relevant Strategic Objectives	As part of our "Supporting our Staff" objective we: • Have a duty of care for our members of staff who come from Black, Asian and Minority Ethnic (BAME) backgrounds. • Undertake to facilitate an inclusive, supportive and fair organisational culture that is underpinned by a moral obligation to ensure that every member of our diverse workforce has a sense of belonging and a positive working experience. • Continue to build a culture of belonging and ensure BerkshireHealthcare is 'Outstanding for everyone
CQC Registration/Patient Care Impacts	Improving employee well-being will positively impact patient care outcomes. The WRES is part of the CQC "Well-led" domain.
Resource Impacts	N/A
Legal Implications	The Equality Act 2010. Public Sector Equality Duty
Equality and Diversity Implications	The WRES is a requirement for all NHS Trusts and part of the NHS standard contract. The WRES results are an important driver of our equality and inclusion activity in relation to our BAME staff.
SUMMARY	This paper presents BHFT's 2019 Workforce Race Equality Standard (WRES) data and action plan. (The data was collected in in Autumn 2019) The WRES was mandated through the NHS standard contract from April 2015. It is a mirror that allows NHS Trusts to visualise workplace inequalities between Black and Minority Ethnic (BME) and White staff through nine key indicators and then devise countermeasures for ameliorating the gaps. Four of the nine WRES indicators focus on workforce composition and people management, four are based on data from the national NHS Staff Survey (NSS) questions, and one indicator focuses on BME representation at Board level. **Key Messages:** • The Trust's BME staff representation has continued to rise gradually over the years. However, this is confined to low level bands/roles – issues around BME representation at Board level remain.

	• White applicants continue to have an advantage over their BME counterparts at recruitment. • BME staff are more likely to be referred to the formal disciplinary process than White members of staff. • Staff from BME backgrounds continue to experience significantly higher levels of harassment, bullying and abuse from both patients and staff than their White peers. • A significant number of BME staff experience discrimination at work from their managers and colleagues. • BME members of staff perceive their prospects of career development and progression as bleak. Whilst it is clear from the results is that BHFT is above national average in most of the key indicators and that gradual progress is being made in closing the gap between White and BME staff's lived experiences, it is apparent that more effort is required – some of the resilient challenges remain in situ.
ACTION REQUIRED	To note the 2019 WRES results and action plan To approve the publication of the WRES results and action plan.

Berkshire Healthcare
NHS Foundation Trust

Workforce Race Equality Standard Report (WRES) 2020

1. Introduction

This paper presents BHFT's Workforce Race Equality Standard (WRES) results for 2019, along with the associated Action Plan. (The survey took place in Autumn of 2019) Subject to Strategic People Group (SPG) approval, both will be published on the Trust's website in as required by NHS England. This WRES comprises the previous year's results as well as information from other Trusts to facilitate benchmarking.

2. Background

This is the Trust's 5th annual WRES submission since its inception in 2015. The nine key indicators that underpin the WRES have played a key role in the in the incremental progress that the Trust is making towards the amelioration of issues around racial inequality and BME representation within the Trust. It is required that we publish our results and the resultant Action Plan. (The Action Plan is currently being developed)

3. WRES: an overview of the key findings

3.1 WRES indicator 1: Percentage of staff in each of the Agenda for Change pay bands 1-9, and VSM (Very Senior Manager) grades.

As at 31st March 2019 the Trust employed 4,328 members of staff: 71% were White and 23% were from a BME background. However, by 31 March 2020 the BME staff population had increased slightly to 25% - See the snapshot in Appendix 1 (Figure 1 and Figure 2).

Highlights

- A gradual increase in BAME representation over the last few years.
- BME employees currently make up 20% (one in five) of the NHS workforce – with a 25% BME staff population, BHFT sits 5 percentage points above national average.
- The Trust has continuously surpassed its target of 20% BME staff employed in bands 5-7.
- Gradual progress has been made across the Band 8 pay band for the clinical workforce: the Band 8a cohort increased from 33(17%) to 42(20%), the Band 8c BME cohort has doubled from 3(13%) to 6(27%), also there were no Band 8d BAME clinicians in 2019 – there are 2(11%) in 2020.

However, beneath this gradual improvement there are historic and deep-seated challenges that remain. These challenges are captured in Appendix 2 (Table 1 and Table 2). The two tables are a granular presentation of the numbers and percentages of BME and White staff employed across the Agenda for Change pay bands.

The following key issues are highlighted:

- The largest numbers of BME staff are employed in bands 1 -7, with under-representation throughout Middle and Senior Management Bands (Band 8a – VSM).
- The Trust has continuously surpassed its target of 20% BME staff employed in bands 5-7 but this is not replicated in the highest bands.

- The non-clinical cohort at Band 8b was increased from 32 staff in 2019 to 41 in 2020, however none of the 9 appointees came from a BME background.
- There are very limited changes in the percentages of BME staff employed in medical and dental roles – see Appendix 2 (Table 3).

3.2 WRES Indicator 2: Relative likelihood of White applicants being appointed from shortlisting compared to BME applicants.

The data presented in this section highlighted three key issues:

- Across NHS Trusts in England, White applicants are more likely to be appointed from shortlisting compared to BME applicants. The BHFT results mirror that – see Table 4 in Appendix 2.
- After seeing gradual improvements in the first three years of the implementation of WRES, BHFT's current likelihood figure of 1.46 (an increase from 1.27 in 2018) indicates that the Trust has gone back to where it was four years ago (2016) - more safeguards are required.

3.3. Indicator 3: **Relative likelihood of a BME member of staff entering the formal disciplinary process compared to white staff.**

A number of key issues emerged from the statistics presented in Table 5 in Appendix 2:

- In 2018 BHFT had a score of 5.56, which placed it in the top 4 trusts in England with the relative likelihood of BME staff to enter the formal disciplinary process compared to White staff.
- An Action Plan to achieve improvement in this area was put in place in 2019, with the aim of achieving parity between white and BME staff – the likelihood was slashed by 32% to 1.76.
- We are working with the Director of Nursing and the Frimley ICS to identify the reasons for this and to adopt a new approach to case working based on the principles of Just Culture.

3.4. Indicator 4: Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff.

Last year (2019), the average relative likelihood of a White member of staff accessing non-mandatory training and CPD in England was 1.15 – BHFT's figure was slightly better at 0.97, which is close to parity. However, as at 31 March 2020, the BHFT gap had risen to 1.59. Whilst, improvements continue to be made – there is need to push for 0.8-1.2, the target non-adverse range for this indicator.

3.5. Indicator 5: Percentage of BME staff experiencing harassment, bullying and abuse from patients, relatives or the public in last 12 months.

This indicator, along with indicators 6, 7 and 8, takes information from our NHS Staff Survey which was reported to the board. For 2019, the figure for this indicator was 30%. This is slightly higher than the White colleagues' response rate of 25%.

These figures are within national trends: 29.8% of BME staff and 27.8% White staff (2018) reported the experience of harassment, bullying or abuse from patients, relatives or the public. These figures have been relatively consistent for the past four years. Reducing bullying and harassment has been

one of our biggest priorities as a Trust, and has also been prioritised by our BAME Staff Network as an area for action in 2019/20.

Our annual plan on a page for 2019/20 includes the statement “We will promote an inclusive and compassionate culture, with zero tolerance of aggression, bullying and exclusion, and reduce assaults on staff by 20%”.

A video has been produced for use in internal training and staff events, and posters will be used in staff and patient areas to provide a clear message that bullying and harassment is unacceptable, and to encourage staff to address incidents and follow them up appropriately.

The new OD Steering Group will do a deep dive into areas with high bullying and harassment.

3.6. Indicator 6: Percentage of staff experiencing harassment, bullying and abuse from staff in the last 12 months.

The percentage of BME staff experiencing harassment, bullying and abuse from staff was 20% in 2019 – a decrease from 26.2% reported in 2018. For a White member of staff the percentage was 15% - a drop from 20% reported the previous year. These figures compare favourably with the national averages of 29% and 24.2% for the respective groups. However, it is not acceptable that 1/5 of our staff feel bullied or harassed by colleagues at work.

Reducing bullying and harassment from staff is arguably more under our own influence than that exhibited by members of the public, we have run the Making it Right Programme for both BME staff and managers. We are currently reviewing this programme as part of our EDI Strategy and our Leadership and Talent Management Strategy.

Our Freedom to Speak Up Guardian has made good links with our staff networks, and our Freedom to Speak Up champions are a diverse group based in several trust locations to give the marginalised section of the workforce a voice and confidence to speak.

We recognise how serious an impact that bullying, harassment and abuse can have on individuals, and therefore will continue our work to ensure that our training for managers includes best practice content regarding reducing bullying and harassment.

3.7. Indicator 7: Percentage of staff believing that their trust provides equal opportunities for career development or promotion.

The percentage of BME staff who believed that the Trust provided equal opportunity for career development and/or promotion stood at 76% - an increase from 68.4% in 2018. The percentage for white staff increased slightly from 89.2% in 2018 to 91% in 2019. One would note here that we are about 5 percentage points above the national average of both groups.

We have taken action to introduce a process which enables training applications and decisions to support or decline these to be monitored centrally, and will review this process during the coming year to identify its impact and any amendments required.

We will also publicise the equality of access to non-mandatory training and CPD, specific opportunities that have been taken up by our BAME staff, the achievements gained by individuals as well as the increasing numbers of BME staff in higher bands.

3.8. Indicator 8: In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleague.

The percentage of BAME staff that personally experienced discrimination from a manager, team leader or colleague fell slightly to 13% from 16.9% the previous year. The percentage for white staff remained relatively stable at 6% from 6.8% the previous year.

These figures are consistent with the average national WRES percentages: 15.3% BME staff experienced discrimination personally at work in 2018 compared to 6.4% of their white counterparts.

Our effort to reduce discrimination is focussed on:

- Leadership behaviour
- Provision of good quality management training
- Communications
- Use of reliable and robust data – to understand the experiences of our staff and proactive use of data to address areas of concern

3.9. Indicator 9: Percentage difference between the organisation's board voting membership and its overall workforce.

Our percentage of BME Board members remains at 15.4%. There is a shortfall of 7.2% BME Board representation in comparison to the workforce. The overall NHS average BME membership of trust boards is 7%, with 5.4% unknown.

4. Progress since the 2018 WRES report

Progress has been made in some of the indicators: we are making slow but steady progress and the Making It Right programme did start to make some impact. However, we also recognise via NSS responses that there has been stagnation and regression in some areas since last year. Therefore, sustained effort is required to achieve resilient improvement.

We are seeking to bring about a sustained change in attitudes and behaviours using interventions that will develop and empower BME staff, as well as increase the competence of managers, and therefore improve the experience of our BME staff and achieve our ambitions for equality and inclusion. As with our other organisational development initiatives, we recognise that implementation and realisation of the benefits will take time and requires unwavering commitment. We need to work on both structure and agency.

Our BAME staff network continues to grow and has become a powerful source of support, awareness raising, information sharing and inspiration for our organisation. Our WRES action plan (which is in development) includes prioritisation of support for the network and collaboration with the network on actions to address workforce composition, likelihood of entering the formal disciplinary process and experience of bullying and harassment.

Our Making It Right initiative has laid a firm foundation for culture change within the Trust and inspired participants towards career progression. The programme is made up of four one day workshops which are aimed at developing participants' attitude, knowledge and skills, enabling them to: communicate in a range of professional settings; compete effectively for jobs; and feel empowered to conduct themselves constructively when faced with discrimination or conflict at work. An important part of the programme is individual mentorship provided by senior leaders and managers within the Trust. More than a third of Making It Right graduates have already secured promotion and others have been seconded to higher positions. This highlights the significant role that the programme has played in their success. We are currently reviewing how we can build on this programme to facilitate an inclusive ethos, allyship and eliminate possibilities of "othering".

Making It Right for managers has been developed and piloted this year, and evaluation is in progress. The pilot included sharing information about our workforce (NSS responses, recruitment, turnover and sickness data) and provided a forum for discussion about the actions required to improve the poorer experiences of BME, disabled and LGBT staff.

In addition to the MIR programme there have been a number of Human Resources initiatives that are discussed in detail in the following sections.

4.1. Recruitment

A number of options to increase rates of appointment of BME staff from shortlisting have been considered, including inclusion of BME representation in shortlisting and interview processes. This work will be reviewed with the BAME Network, Joint Staff Consultative Committee and operational managers to identify practical steps to enhance our BME staff recruitment and retention at bands 8a and above, supported by clear targets and trajectories agreed.

“Enhanced Application and Interview Skills” continues to form part of the Making It Right programme.

4.2. Casework

Human Resource Casework reports are provided every six months to the Trust Executive and include a breakdown of cases by protected characteristics.

We will continue to focus on the over-representation of BME staff in formal disciplinary processes including through our Just Culture work.

We have identified the Royal College of Nursing Cultural Ambassador programme as a source of learning for potential local implementation. This programme is designed to recruit staff from BAME backgrounds at Band 6 and above, and place them alongside investigating managers and disciplinary and grievance panels involving BAME staff, in order to identify and challenge any potential bias and discrimination. The programme works in partnership between the RCN and NHS Trusts, with the RCN offering training and ongoing support under a reflective model. Trusts commit, to release CA candidates for training and to fulfil the role. Training in mediation in employee relations issues has taken place – this will facilitate the resolution of problems without entering into formal processes.

Unconscious bias training has been in place since January 2017, and we have trained trainers, who deliver statutory, mandatory and core management training, in how to avoid unconscious bias in their training materials and delivery. They have reviewed and amended their courses accordingly, adding an unconscious bias section as necessary. This review has included leadership programmes such as Excellent Manager, Essential Knowledge for New Managers, Values Based Recruitment and Human Resources case management and investigations.

4.3. CPD and Mentoring

An online application system has been implemented to monitor the access of CPD and training. This allows our Learning and Development team to more readily monitor the protected characteristics of applicants who are shortlisted and approved and whose applications are not approved. This process will now be reviewed to understand its impact and to identify changes needed.

Working with the BME staff network, the Training and Organisational Development team have been expanding the number and diversity of the pool of mentors available, encouraging staff from across

the Trust to register and ‘sign up’ for the Making It Right specific mentoring and coaching training. The feedback received about the mentoring element of the Making It Right programme has identified how important this is to the success of the programme.

Appendices

Appendix 1: Non-Clinical Workforce 2019-20

Figure 1: Non-Clinical Workforce 2019

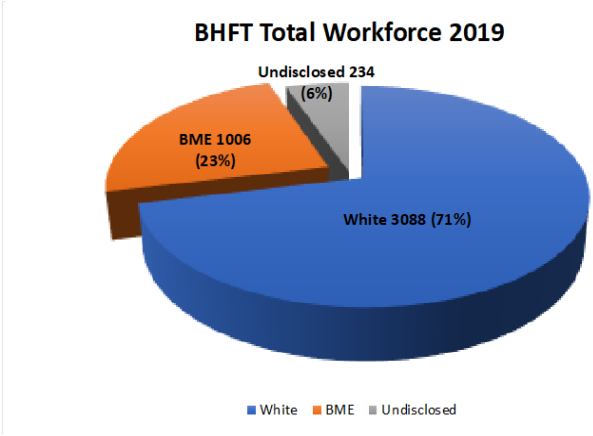
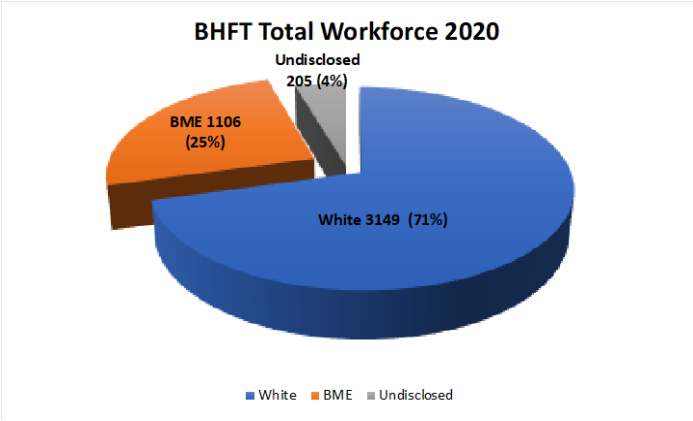


Figure 2: Non-Clinical Workforce 2020



Appendix 2: Non-Clinical Workforce 2019-20

Table 1: Non-Clinical Workforce 2019-2020

Pay Band	2019 Non-Clinical Workforce Data				Non-Clinical Workforce Data 2020			
	Total Non-Clinical Staff	White	BME	Ethnicity Unknown	Total Non-Clinical Staff	White	BME	Ethnicity Unknown
Under Band 1	10	3 (30%)	1 (10%)	6 (60%)	9	5 (56%)	3 (33%)	1 (11%)
Band 1	38	24 (63%)	11 (29%)	3 (8%)	19	12 (63%)	6 (32%)	1 (5%)
Band 2	130	107 (82%)	16 (12%)	7 (5%)	144	116 (81%)	25 (17%)	3 (0%)
Band 3	261	214 (82%)	42 (16%)	5 (2%)	261	203 (78%)	52 (20%)	6 (0%)
Band 4	241	175 (73%)	53 (22%)	13 (5%)	255	191 (75%)	54 (21%)	10 (4%)
Band 5	112	84 (75%)	21 (19%)	7 (6%)	121	90 (74%)	24 (20%)	7 (6%)
Band 6	124	91 (73%)	29 (23%)	4 (3%)	129	96 (74%)	30 (23%)	3 (2%)
Band 7	85	54 (64%)	25 (29%)	6 (7%)	92	60 (65%)	32 (35%)	3 (3%)
Band 8a	68	55 (81%)	10 (15%)	3 (4%)	74	58 (78%)	15 (20%)	1 (1%)
Band 8b	32	28 (87%)	2 (6%)	2 (6%)	41	37 (90%)	2 (5%)	2 (5%)
Band 8c	31	25 (81%)	6 (19%)	0 (0%)	32	26 (81%)	5 (16%)	1 (3%)
Band 8d	10	6 (60%)	2 (20%)	2 (20%)	12	8 (67%)	1 (8%)	3 (25%)
Band 9	4	2	1	1	4	1	1	2
VSM	3	1	0	2	3	2	0	1
Total	1149	869	219	61	1119	905	250	44

Table 2: Clinical Workforce Data 2019-2020

Pay Band	2019 Clinical Workforce Data				2020 Clinical Workforce Data			
	Total Clinical Staff	White	BME	Ethnicity Unknown	Total Clinical Staff	White	BME	Ethnicity Unknown
Under Band 1	15	7 (47%)	3 (11%)	5 (33%)	8	5 (63%)	2 (25%)	1 (135)
Band 1	0	0	0	0	0	0	0	0
Band 2	166	77 (46%)	81 (49%)	8 (5%)	162	71 (44%)	84 (51%)	7 (1%)
Band 3	370	270 (73%)	87 (24%)	13 (4%)	371	266 (72%)	98 (26%)	7 (2%)
Band 4	340	264 (78%)	58 (17%)	18 (5%)	344	264 (77%)	68 (20%)	12 (3%)
Band 5	358	262 (73%)	129 (36%)	29 (8%)	428	266 (62%)	138 (32%)	24 (6%)
Band 6	824	606 (74%)	183 (22%)	35 (4%)	838	601 (69%)	199 (24%)	38 (5%)
Band 7	558	422 (76%)	121 (22%)	15 (3%)	591	448 (76%)	126 (21%)	17 (3%)
Band 8a	194	155 (80%)	33 (17%)	6 (3%)	207	163 (79%)	42 (20%)	2 (1%)
Band 8b	59	53 (90%)	6 (10%)	0 (0%)	63	57 (90%)	6 (10%)	0 (0%)
Band 8c	23	18 (78%)	3 (13%)	2 (7%)	22	16 (73%)	6 (27%)	0 (0%)
Band 8d	18	18 (100%)	0 (0%)	0 (0%)	18	16 (89%)	2 (11%)	0 (0%)
Band 9	3	3 (100%)	0 (0%)	0 (0%)	5	5 (100%)	0 (0%)	0 (0%)
VSM	0	0	0	0	0	0	0	0
Total	2990	2155	704	131	3057	2178	771	108

Table 3: Clinical (Medical & Dental) Workforce Data 2019-2020

Pay Band	2019 Clinical (Medical & Dental) Workforce Data				2020 Clinical (Medical & Dental) Workforce Data			
	Total Medical & Dental Staff	White	BME	Ethnicity Unknown	Total Medical & Dental Staff	White	BME	Ethnicity Unknown
Consultants	107	39 (36%)	54 (50%)	14 (13%)	82	29 (35%)	38 (46%)	15 (18%)
Snr Medical Manager	0	0	0	0	0	0	0	0
Non-consultant Career Grade	63	23 (37%)	28 (44%)	12 (19%)	94	35 (37%)	43 (46%)	16 (17%)
Trainee Grade	19	2 (11%)	1 (5%)	16 (84%)	28	2 (7%)	4 (14%)	22 (79%)
Other	0	0	0	0	0	0	0	0
Total	189	64	83	42	204	66	85	53

Table 4: Likelihood of White staff being appointed over BME staff

	2016	2017	2018	2019
NHS Trusts	1.57	1.60	1.45	1.46
BHFT	1.46	1.36	1.27	1.46

Table 5: Relative likelihood of a BME member of staff entering the formal disciplinary process

	2016	2017	2018	2019
NHS Trusts	1.56	1.37	1.24	1.22
BHFT			**5.56**	1.76

WRES Action Plan

To be **co-constructed** with the all the relevant stakeholders

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	8th September 2020
Title	COVID 19 Recovery Programme Highlight Report
Purpose	The purpose of this report is to provide the Board with an update on the Recovery and Restoration process for BHFT
Business Area	All
Author	Karen Watkins / Neil Murton, PMO
Relevant Strategic Objectives	All
CQC Registration/Patient Care Impacts	People who use our services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.
Resource Impacts	Yes, currently unquantified
Legal Implications	N/A
Equality and Diversity Implications	We will be completing Equality Impact Assessments on a number of the Recovery elements of work.
SUMMARY	We continue to remain in the active phase of the COVID 19 response although the impact is now reduced and services that were paused or partially closed have been going through a formal prioritisation process. Community Health Services are now fully operational with a 'blended' model of appointments for many services. The mental health services are currently being considered by the Service Recovery Prioritisation Group.

	Most of the staff that had been re-deployed have now been returned to their substantive posts and a review of the re-deployment process has been completed, the learning from which will inform any future re-deployment needs. The expectation is that the Prioritisation Steering Group will complete its function within the next few weeks.
ACTION REQUIRED	The Board is asked to: Note the report and progress.

Berkshire Healthcare NHS
NHS Foundation Trust

Project Highlight Report	Month: Aug 2020

Programme Title	COVID 19 Recovery Programme

Summary Description	The scope of programme covers the whole of Berkshire and the Trust's commissioned service delivery across Children's and Families, Community Health, Mental Health, Inpatients and Corporate services. The programme aims are: • Restore full capacity, quality and resilience of our physical and mental health services to meet ongoing and emerging post COVID-19 community needs. A key aim is to stabilise our workforce with a particular focus on retention, providing support to staff and team resilience and wellbeing following the social and psychological shock of responding to COVID-19. • Enable physical and mental health services to meet the health needs of individuals, staff, and the community including the new models of care tested during the COVID-19 period • Promote self-sufficiency and continuity of the health and wellbeing of affected individuals; particularly the needs of children, seniors, people living with disabilities, whose members may have additional functional needs, people from diverse origins, people with limited English proficiency, and underserved populations • Reconnect displaced populations with essential physical and mental health services • Work co-productively with commissioners and partners to embed new ways of working as a part of the standard operating model

Deployment Status: M/I	Mission Critical	**Project Life Cycle Status:**	In Progress	**Planned Completion Date:**	September 2021

I = Mission Critical I = Important Initiation/ In Progress/ Moving to Business as Usual/ Closed

Author	Karen Watkins / Neil Murton	**Overall Project Status*:**	

***Show status as Red / Amber / Green.**

Summary Commentary re status & progress:	**<u>Overall Progress</u>** We continue to remain in the active phase of the COVID 19 response although the impact is now reduced and services that were paused or partially closed are now going through a formal prioritisation process. Community Health Services are now fully operational with a 'blended' model of appointments for many services. The mental health services are currently being considered by the Service Recovery Prioritisation Group. Staff that were redeployed to support front line services have been returning to their substantive roles. A review of the redeployment

process has commenced, and lessons learnt will inform any further redeployment that may be required for Surge/Winter planning.

A task and finish group chaired by Jayne Reynolds has been established to oversee delivery of a Surge/Winter plan and is taking a QI approach to development of the plan. Recovery is aligned to the Surge/Winter planning and may be impacted by any surge or Winter activity.

Phase 3 guidance for recovery was released in August and BHFT has submitted all necessary templates and narratives to the ICSs for the required system submissions.

An action plan for Phase 3 with clear named leads and milestones is included in the Recovery workbook and the milestone planner and risk log continue to be updated.

As at the date of this report 71 services have been approved to full recovery including adopting new ways of working and a further five are scheduled for next week's Prioritisation Group meeting. If approved as planned this should mark the end of the Prioritisation Group task and finish function. The small number of remaining services to be approved will be completed via Chairs action on the basis of QIAs approved by Director of Nursing and Medical Director and EFM templates approved by the Director of Estates and Facilities.

Impact on staff

Most staff have now been returned to their substantive roles. HR is currently leading an engagement process with MSK staff to establish a bank of staff prepared to continue to work on the community wards supporting rapid discharge.

Digital Technology

There has been a significant increase in the use of remote working across all services. This has included telephone triage to direct patients to the right service/professional, follow up appointments and diagnostics completed via One Consultation or Teams, assessments completed via One Consultation and Teams. The restoration process includes services considering any new or additional digital requirements.

Equality Impact Assessments

We have a agreed a set of EIAs to be completed.

Planned Benefits –

Ref.	Benefit	Timescale / date to be realised	Responsibility	Achieved Yes/No	Comment
	Services restored	Ongoing	Divisional Directors	In progress	Rolling programme considering service prioritisation including approval of the proposed operating model, PPE requirements and any changes to the estate.
	New ways of working embedded	March 2021	SRO/Divisional Directors/Director People	In progress	New ways of working include a number of positive opportunities including remote appointments increasing access opportunities and decreasing patient transport and waiting times. Negative impacts include the reduced capacity of our services due to COVID cleaning guidance and social distancing in our clinics/services.
	Digital technology incorporated into Business as Usual	March 2021	Deputy Chief Executive and Chief Financial Officer	In progress	Significant uptake in digital technologies across services has been significant with staff engaging with technology in a way many thought was not possible pre COVID.
	Transparent modelling of activity/capacity required to clear waiting list backlogs	21st September 2020	Divisional Directors	In progress	BHFT internal modelling tool established. Assistant Director of Performance & Information working with Divisional Directors. Conversations with commissioners to follow.
	Restored services provide equality of access	October 2021	Divisional Directors	In progress	Equality Impact Assessments to be completed on key areas including digitally enabled services, patient experience, and patient outcomes.

Top Risks & Issues

Key Observations / Risks / Issues to be raised

Title / Description	Current Status (RAG)	Mitigating actions	By when	Comment
Our people availability - There is a risk that we will not have enough staff available to support critical services		Established "Team Berkshire" and a Staff Bureau that oversaw the redeployment of staff across BHFT services. Workstream supported by Strategy and PMO Teams.	April 2020	Redeployment completed for phase 1 and staff now returning in a phased manner to their substantive roles.
Our People Wellbeing - There is serious risk to the wellbeing of our staff due to staff shortages, self-isolation, re-deployment, traumatic incidents etc)		Staff wellbeing psychological support and wellbeing packages in place. Workstream supported by the PMO. Continue to monitor our MH and anxiety sickness levels to anticipate any growing issues or needs. Risk that may demand for psychological support may increase during Recovery. Exec has agreed a business case to continue to provide wellbeing support for the Recovery phase (up to March 2021).	March 2021	BHFT staff wellbeing offer in place. NHS People Plan also emphasises importance of Staff Wellbeing offers.
Our People - There is a risk that we do not have the right numbers of staff trained with the required skills (including orientation into a new working environment) in the case of a Surge/pressured Winter		Maximise the numbers of staff released for refresher training. Ensure local induction in place for necessary orientation, including fire procedures and evacuation. Ensure clinical skills training addressed as required.	April 2021	Refresher training was accelerated through BHFT. Trained staff well placed to provide support in Surge/Winter planning if required.
Workforce Availability - Inadequate staffing due to the absence of a robust process and adequate resources for forecasting of workforce requirements		Being addressed in part through workforce work stream along with the Trust's involvement with the system workforce modelling.	September 2020	Forecasting workforce requirements included in the BHFT demand modelling too. Also a requirement for the system refresh plans.
COVID-19 – Risk of second wave de-railing the recovery process – leading to delay in the recovery programme		Learning from first wave to ensure readiness for second wave. PPE stocks and process in place to mitigate first wave issues. Recovery plans to include second wave planning.	September 2020	Second wave planning commenced.

	Completed / On Track		On Track / Known risks being managed		Off Track

Current Milestones Report

Milestone	Due date	Current Status (RAG)	Actions / Comments
Recovery Programme Structure in place	June 2020		Due to the changing requirements of recovery the structure has had to evolve with prioritisation currently the key priority. The need for a programme board has been identified to address the longer-term issues relating to the recovery process. This has been established.
Stakeholder Engagement and Communications Plan in place.	June 2020		Need for a separate Recovery Comms Group identified and being set up.
QIA and EFM Complete for all services	June 2020 [Revised to Sep 20]		Services have requested longer timeframe for completion of services where recovery is not imminent. Most CHS have completed and approved QIA and EFM templates. Prioritisation Group bow considering Mental Health services.
Plan for Corporate Services new ways of working developed	July 2020 [Revised to Aug 20]		Plan developed. To be considered by Remote Working Steering Group
Recovery Planning Demand Modelling Tool Developed	June 2020 [Revised to Sept20]		Modelling Tool in development.
Use of the demand modelling tool to assess future capacity of services	Sep 2020		Capacity of BI Team is limited – initial list of services to be modelled to be produced by the Recovery Team.
Prioritisation and approval of community health services for recovery complete with start dates or phasing identified.	Aug 2020		Prioritisation group now meeting weekly with approvals being made at every meeting. Near 100% of CHS restored.
Prioritisation and approval of health services for recovery complete with start dates or phasing identified.	Aug 2020		Mental Health services scheduled for the next set of Prioritisation meetings.
Phase 3 milestones incorporated into recovery planning	Sep 2020		JR will lead this work. A planning group is in place. Actions will be incorporated into the recovery workbook and relevant workstream,
Recovery milestones and activity included in the two system refreshed plans.	21st Sep 21		KM coordinating this work, combination of recovery and phase 3 milestones and activity.

Milestone	Due date	Current Status (RAG)	Actions / Comments
Template for patient letters	July 20		Comms to provide template – services to use as appropriate and save in Teams folders.

	Completed / On Track		On Track / Known risks being managed		Off Track

Key Activity during Next Period

Activity/Product to be delivered	Action/notes	By when
Continuation of recovery prioritisation process	Service Recovery Prioritisation Groups	Ongoing
First meeting of Programme Board	Arranged for 18th August 2020.	20/08/2020
Incorporation of phase 3 actions into recovery actions log	KW to combine all actions into a single log	31/08/20
Stock take of services still to be prioritised	Review log against the service current operating plan	05/09/20

Completed Milestones

Milestone	Due date	Current Status (RAG)	Actions / Comments
Service lessons Learned and feedback collated	June 2020		Lessons learned summary collated. Services lessons learned included in QIAs – currently being used to inform case studies for the Recovery newsletter

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board meeting date	8th September 2020
Title	Status Report on Trust Strategic Initiatives as impacted by the COVID-19 Pandemic.
Purpose	This document updates Board members on the current status of the Trust's key programmes and projects, including those paused or partially paused as a consequence of the organisational impact of the COVID-19 pandemic.
Business Area	Corporate
Author	Director of Projects
Presented by	Director of Strategic Planning
Relevant Strategic Objectives	The portfolio of initiatives addresses all the Trust's True North goals
CQC Registration/Patient Care Impacts	The portfolio of programmes and projects includes activities to maintain our CQC registration and improve standards of patient care, outcomes and experience
Legal implications	As per individual programmes and projects
Equality & Diversity Implications	The portfolio of initiatives includes those progressing the delivery of our Equality and Inclusion Strategy. Equality and Diversity implications of each initiative are the responsibility of its governing body.
Brief Executive Summary	In May each year, the Trust Board would usually receive the annual Strategy Implementation Plan (detailing the organisation's portfolio of programmes and projects together with other priorities and initiatives) followed by quarterly updates on progress. The onset of the COVID-19 pandemic redirected resources and energies into other immediate priorities and progress on many initiatives has been either fully or partially halted. Work on developing a Plan for 2020-19 was also curtailed. To update Board members, this document includes the report on key programmes, projects and other priorities that is submitted monthly to the Business & Finance Executive. The report identifies the current status of our key schemes - in addition to RAG status and associated commentary, it indicates those initiatives that are fully or partially paused. The Trust's Mission Critical and Important schemes have been reviewed at the Business & Finance Executive and – with minor amendment – these priorities have been re-affirmed. However, with

	so much project resource still directed to support the Trust's response to the pandemic and to Recovery activities, some of these are likely to experience resourcing difficulties. The report highlights the impact of the pandemic on the Trust's initiatives. Whilst the impact of the COVID-19 pandemic on the progression of the Trust's key programmes and projects was in the short term, profound, it has been possible to maintain, or more recently resume impetus within many initiatives. All the Trust's Mission Critical schemes are now being actively progressed or are re-mobilising. Significantly, a number of long-established schemes, such as the new Trust intranet, are now poised to move to business as usual or have been closed.
Recommendation/ Action Required	The Board is asked to note the status of the Trust's key initiatives.

Berkshire Healthcare
NHS Foundation Trust

Status Report on Trust Strategic Initiatives as impacted by the COVID-19 Pandemic

Author: Neil Murton, Director of Projects

Director: Kathryn MacDermottt, Director of Strategic Planning

Date: 28th August 2020

Purpose

This document has been prepared to update the Trust Board regarding the current status – as impacted by the COVID-19 pandemic - of the organisation's portfolio of programmes and projects together with other priorities and initiatives that would normally be summarised and presented in the Strategy Implementation Plan to deliver the Trust's vision and Trust North Goals.

Members of the Trust Board are asked to review and note the report.

Document Control

Version	Date	Author	Comments
1	28.08.2020	Neil Murton	The document includes an updated version of the Combined Projects/SIP Report submitted to the Business & Finance Executive on 24th August 2020

Distribution:

All Trust Board Members

Document References

Document Title	Date	Published By
2019/20 Strategy Implementation Plan – Summary and commentary presented to Trust Board	May 2019	Neil Murton
Strategic Implementation Plan 2019/20 update to 30 June 2019 presented to the Business & Strategy Executive	July 2019	Neil Murton, Director of Projects
Strategic Implementation Plan 2019/20 update to 30 September 2019	Nov 2019	Neil Murton, Director of Projects
Strategic Implementation Plan 2019/20 progress report to December 2019	Jan 2020	Neil Murton, Director of Projects
Status Report on Trust Strategic Initiatives as impacted by the COVID-19 Pandemic	June 2020	Neil Murton Director of Projects
Monthly combined SIP and Projects Report presented to Business & Finance Executive (previously Business & Strategy Executive)	Monthly	Neil Murton, Director of Projects.

CONTENTS

INTRODUCTION

Background

1. This document updates Board members on the current status of the Trust's key programmes and projects, highlighting in particular, the impact of the COVID-19 pandemic on those initiatives, including schemes paused or with significantly reduced progress as a consequence.
2. In May each year, the Trust Board would usually receive the annual Strategy Implementation Plan capturing the key activities required over the financial year and beyond to ensure successful implementation of our strategy, and operational plan. The plan itself is structured to reflect initiatives to deliver each True North goal.
3. The Board would normally receive a quarterly summary progress report on the delivery of that plan. Combined projects and strategy implementation plan progress reports are produced every month for review by the Business and Finance Executive (previously the Business & Strategy Executive).
4. The onset of the COVID-19 pandemic required redirection of resources and energies into other immediate priorities and consequently, progress on a range of initiatives was either fully or partially curtailed.
5. In turn, work on development of a Strategy Implementation Plan for 2020-21 was paused. A key focus of the Trust for the next 12 to 18 months remains the recovery of its services to previous functioning, incorporating new ways of working as informed by the experience of and lessons learned from COVID-19. The Business & Finance Executive reviewed and confirmed the priority status of the current initiatives, taking account of current pandemic commitments and priorities.
6. A 'Plan on a Page' for 2020-21 reflecting Recovery priorities was produced to provide our staff and key stakeholders with an accessible depiction of the Trust's priorities and to support staff with their annual service and team plans, personal development plans and personal objectives.

STATUS OF KEY PROGRAMMES, PROJECTS AND PRIORITIES

Combined Programme/Project and Strategy Implementation Plan (SIP) Report

7. The document provided with this report is the monthly update on key programmes, projects and SIP priorities, which was provided to the Business & Finance Executive in August 2020.
8. The report identifies the current status of our key schemes, but differs from its usual format in that in addition to previous or current RAG status and associated commentary, it indicates those initiatives that remain fully or partially paused as a consequence of the pandemic and where possible, an indication of anticipated timing of the resumption of activities.

9. Where relevant, the Report includes the classification of the initiative following their assessment with reference to our strategic filter (in the column headed "Deployment Status"): M = Mission Critical; I = Important; "to BAU" = moving to business as usual; ✓ = Completed.

10. The initiatives within the report are linked to the True North Goals that they primarily support. As a reminder, these are:

    - **True North Goal 1** To provide safe services by eliminating avoidable harm
    - **True North Goal 2** To strengthen our people and be a great place to work
    - **True North Goal 3:** To provide good outcomes from treatment and care
    - **Trust North Goal 4:** To deliver services that are efficient and financially sustainable

Exception report approach

11. The report provides a RAG rated overview of initiatives to identify trends and highlight areas of risk. Initiatives are conservatively RAG rated in this paper. Note that the rating declared may reflect considerations other than simply attainment of milestones. It may for example, reflect a reduction in the anticipated level of benefits ultimately realised or a high level of uncertainty and risk.

    Programmes and projects report to the Business & Finance Executive either monthly, bi-monthly or quarterly in accordance with the reporting schedule. Several schemes (GDE, IT Architecture Strategy and estates projects) are due to submit their quarterly reports in September and therefore the updates in the report reflect those submitted in June.

    Note that the project status declared relates to the previous month (July). However, the narrative has been updated to reflect a couple of more recent developments, including, the final launch of the Trust's new intranet "Nexus" on 18th August and the confirmation of the closure of Just to Zero (J2O) programme regarding mental health bed optimisation.

Impact of COVID-19 Pandemic

12. All initiatives were to some extent been impacted by the organisational response to the pandemic with many being halted or partially so. For some schemes, project resourcing will continue to be a key issue. A considerable level of Trust resource remains committed to the organisation's response to the pandemic and to service recovery activities and there is limited capacity both in operational and support services to support change.

However, as highlighted below and in the accompanying report, work on a number of schemes have been re-activated or are preparing to do so and a few have been able to maintain their timescales. Also, several initiatives are now closed or moving to business as usual – this include Frimley Integrated Decision-Making Hubs, the Trust intranet (Nexus), PMVA accreditation, Erlegh House Phase 3

Supporting True North Goal 1

- **Quality Improvement** – Work has been significantly impacted as most of the team were redeployed, although some ad hoc coaching and support has continued. The programme now has a revised Roadmap, to which it is working.
- **Community & Primary Care Network workforce** – Work currently paused.
- **CMHT Function & Workforce** – Work currently paused, but the intention is to progress this through Recovery activities.
- **CAMHS Pathways** – Work has been paused whilst resources were devoted to COVID and Recovery-related activities. Now being re-mobilised.
- **Frimley Integrated Clinical Decision-Making Hubs** – Following receipt of a closure report, this initiative is now business as usual.
- **Carers Strategy** – This was on hold due to COVID-19, but a draft Family & Friends Carer Strategy was considered at the Quality Assurance Committee in August and a Closure Report is to be presented in September.
- **Recovery** – Following Business & Finance Executive consideration of its Project Charter in May, this is now well established with a programme structure. In terms of service re-established, the only Trust services not currently functioning are those that are schools-based. Capacity is limited by accommodation constraints and infection control measures.

Supporting True North Goal 2

- **Workforce Strategy** – The Strategic People Group is overseeing the development of a refreshed People Strategy using a QI approach. This work will be informed by the new NHS People Plan (which aligns well with the Trust's principles and approach to people). Work on health and wellbeing has been a key priority during the pandemic and numerous resources being made available for staff to access for advice and support. The profile of health and wellbeing within the organisation is now significantly enhanced. Work resumed on other priorities including resumption of staff appraisals and revised arrangements for staff induction, which is now concluded. In July, accreditation was secured of our PMVA training.

- **Embracing Diversity** –. Staff were diverted to work on other priorities during COVID-19, but activity resumed, and a key appointment commenced in July.
- **Trust Intranet** – Progress on the new intranet stopped with the onset of COVID-19, but work to address outstanding securing issues and final testing resumed in June, with the new intranet – Nexus – going live on 18th August 2020.

Supporting True North Goal 3

- **Emotionally Unstable Personality Disorder (EUPD) Pathway** – Some work was able to continue on this initiative during the pandemic. Recruitment resumed and the plans are being developed to pilot the remaining elements of the pathway (assessment, assertive stabilisation and service user networks) in two Localities from September. Following evaluation, the pathway will be rolled out to the other four Localities in early 2021.
- **Frimley Mental Health Transformation** – Progress was interrupted in March 2020 and recruitment delayed by approximately eight weeks due to the Covid-19 pandemic. The July RAG rating of Amber reflects this. However, the implementation phase is now in progress and on target to achieve revised timescales and so likely to report Green next month.
- **Integrated MSK/Physio Service (Berkshire West)** – Work was on hold, but the pre-COVID service is now back up and running and work on the wider project for all MSK services has been resumed.
- **Frimley Pain Pathway Transformation** – System work remains on hold.
- **Sexual Health Services (East) Transformation** – Remaining elements of the new service model are being addressed. This work is now due to be concluded in September 2020, with the presentation of a Closure Report.
- **Improving Patient Experience** – The first phase was successfully concluded and following a delay due to resources being diverted elsewhere, tendering for phases 2 and 3 (via OJEU) is under way.
- **Erlegh House, University of Reading, Whiteknights** – Further building work was curtailed with the onset of the pandemic but has since been re-activated and is on track to be completed in early October with the last moves scheduled for later than month.
- **Move of Learning Disability Assessment & Treatment Unit from Campion Unit to Jasmine Ward** – Alternations work to Jasmine Ward was curtailed due to the pandemic. It was reactivated in June and the building programme is on course for completion in January 2021.

- **Transfer of CAMHS Tier 4 service (Willow House) to Prospect Park** – Currently the only initiative reporting a Red status. NHS England Commissioners had been engaged in the development of the business case and this ceased with the on-set of the pandemic. Weekly meetings with NHSE and other network members are now in place to confirm the commissioning needs and service model, along with future contractual arrangements as commissioning of CAMHs Tier 4 services is due to transfer from NHSE specialised commissioning to Oxford Health from April 2021. The business case is delayed as a consequence, along with the anticipated completion date. Delays beyond end of October may start to increase risks for the project as this was the date funding was to be confirmed.
- **Gateway to all Mental health Services (previous Mental health Wellbeing)** – The overall project was partially halted due to Covid 19 but the East Well Being Service was in a position to 'soft launch' from May 2020 (receiving internal referrals from IAPT and opening to CPE referrals from 1st August) and the full launch of The Gateway is planned to start in a phased way from end of August
- **BOB Ageing Well Programme** - The original programme was suspended, but non-recurrent money is being made available for Rapid Community Response in Berkshire, Bucks and Oxford. The update in the report relates specifically to Berkshire West Ageing Well Accelerator site, which is progressing well.
- **Connected Care** – There has been a significant – 50% - increase in usage that can be attributed to the impact of the pandemic. However, progress regarding pathology functionality is unlikely to resumed for another year, given the commitments of the pathology laboratories and the impact of COVID on other activity.
- **Global Digital Exemplar** – Work on remaining elements is on track.
- **Information Technology Architecture Strategy (ITAS)** – Some delay due to COVID, but otherwise this continues to progress well.

<u>Supporting True North Goal 4</u>

- **Maintaining our NHS Improvement use of Resource Rating of 1** – This is shown as on hold as the Trust is operating with a temporary financial regime until September 2020. We are awaiting Phase 3 financial envelopes for the system and individual organisations. Funding arrangements from October will continue as block payments and additional funding is being made available for the Mental Health Investment Standard and our Ageing Well Programme in BOB. Systems are likely to be set a break-even Control Target within which commissioners and providers can off-set each other.

- **Replacement for Fitzwilliam House including Trust Headquarters** – Following a pause because of COVID-19, work on securing alternative premises has resumed.
- **Redevelopment of East Berkshire Community Hospitals (Frimley ICS)** – Work currently on hold.
- **Just to Zero** – The programme is now closed, following presentation of the Closure Report in August. Outstanding work on PICU (psychiatric intensive care unit) and length of stay will be addressed as part of Prospect Park Hospital Recovery.

CONCLUSION

13. Whilst the impact of the COVID-19 pandemic on the progression of the Trust's key programmes and projects was in the short term, profound, it has been possible to maintain, or more recently resume impetus within many initiatives. All the Trust's Mission Critical schemes are now being actively progressed or are re-mobilising. Significantly, since the last update in June, several initiatives have now been concluded or are moving to business as usual.

    The continued focus of the organisation on its response to the pandemic and service Recovery will require the commitment of resources normally assigned to programmes and projects. Further reviews of priorities and decisions regarding the pausing or reducing progress of projects may be required as a consequence.

ACTION

14. Members of the Trust Board are asked to:

    - review and note the report.

COMBINED PROGRAMME/PROJECT & STRATEGY IMPLEMENTATION PLAN STATUS REPORTING

28th August 2020

= Paused

= Reduced progress

June	July	Deployment Status	INITIATIVE	SUMMARY DESCRIPTION (as required)	Planned Completion Date	Lead	Initiation	In Progress	Moving to B A U	Reason to Amber or Red Status	COMMENTARY ON RED/AMBER STATUS (including new Significant Risks & Issues)	ACTIVITY IN NEXT PERIOD
True North Goal 1: To provide safe services by eliminating avoidable harm												
PRIORITIES FOR QUALITY												
		M	**Recovery Plan**	Objectives include restoring full capacity, quality and resilience of physical and mental health services to meet ongoing and emerging post COVID-19 community needs; Stabilise our workforce with a particular focus on retention, providing support to staff resilience and wellbeing following the social and psychological shock of responding to COVID-19.	**Nov-21**	**KM**	✓				The latest highlight report was included with August Business & Finance papers. Most of the Community Health Services are now fully operational with a 'blended' model of appointments for many services. 64 services have been approved to full recovery inc. adopting new ways of working and a further 9 services have approved QIAs and going through the EFM process. The mental health services are currently being considered by the Service Recovery Prioritisation Group. Staff that were redeployed to support front line services have been returning to their substantive roles. A review of the redeployment process has commenced, and lessons learnt will inform any further redeployment that may be required for Surge/Winter planning. Phase 3 guidance for recovery has been released and submissions are required 21/08/2020 to inform system responses. Initial meeting of the Programme Board held on 18th August 2020 and risks were reviewed. Particular concerns raised were capacity, the risks around annual leave not being taken, staff burn-out and data quality.	On-going re-establishment of services. Incorporation of phase 3 actions into recovery actions log Stock take of services still to be prioritised.
		I	**Quality Improvement Programme**	Introduction of quality improvement systems and methodology via the following work streams: QI Office; Strategy Deployment; Quality Management & Improvement System (QMIS); Improvement Projects.	**Jun-22**	**JE**		✓			An update was included with July Business & Finance papers. QI team members have been supporting the recovery process but some elements have been able to continue, including post training coaching sessions for Green Belt trainees. The report included updates regarding yellow belt trainees noted the creation of Teams pages for Yellow and Green Belts. a significant no. of Yellow and Green Belt projects have been paused - COVID-related ones being an exception. The QI team will maintain on-line coaching and support. Yellow Belt sessions in August are fully booked with a waiting list. QMIS coaching for Wave 10 continued to be disrupted due to the pandemic although some teams continued with virtual huddles and coaching. All of the teams requested further support with QMIS implementation as part of their recovery. Working on developing virtual tools and e-learning materials, so the training for Wave 11 is delivered smoothly	QI road map 2020 - 2021 was included with papers for the July 2020 meeting. The focus for the following two months will be delivering the virtual training and beginning virtual coaching with Pharmacy in August
		I	**CMHT Function & Workforce**	By March 2020:- To have defined and implemented a revised service offer which removes unwarranted variation across Berkshire To address current challenges in recruitment and retention of CMHT staff, including the completion of a workforce plan The resulting recommended model will need to be delivered within existing resources. However, there is investment from HEE of £100k	**01/03/2020 - now September 2020**	**GC**		✓			The project manager role has been extended until 30th September 2020 with funding available within the original HEE resource. As at 15/05/2020, GC confirmed this initiative remains on hold.	Awaiting reactivation. This is likely to be conducted as part of the Recovery Programme.
		I	**Community & Primary Care network Workforce**	To develop and test a model for an integrated practice nursing and district nursing workforce, ensuring integration of new roles To develop a joint approach to training and supervision of both staff groups To develop a joint approach to the recruitment and retention of staff Supported by HEE funding.	**Nov-20**	**RS**		✓			The project has been paused and the project support staff have been redeployed. No discussions yet regarding restarting due to other priorities associated with COVID across Primary Care. Given the Leg Ulcer Club model proposed was reliant on face to face group consultations in a community setting, the model will need a refresh and / or review other opportunities to look at integrating the workforce.	Business & Finance Exec have confirmed this initiative as paused for the time being.
		M	**CAMHS Pathways**	Formerly "Improving CAMHS waiting times" this initiative has been rescoped and the work is centred around clarifying what should be delivered, where this should be delivered, a review of the current clinical provision and any skills gaps. Several initiatives are being undertaken alongside this project to support the reduction of CAMHS waiting times whilst the longer term work on pathways is being implemented.	**01/08/2020**	**BG with Karen Watkins**		✓			Progress was halted whilst staff are focussed on COVID-19 related activity and project resource is devoted to Recovery. Steering group met on 15th July to consider progression of the initiative. The project is to be re-mobilised although clarification/confirmation of resourcing is required.	Confirmation of resourcing and re-mobilisation of the initiative.
			Transforming Urgent Care Pathways	(In Strategy Implementation Plan as placeholder but not progressed. However, the Trust will include strategic direction for urgent care within its over-arching three year strategy refresh)								
✓	✓		**Frimley Integrated Clinical Decision Making Hubs**	Establishment of integrated care to those people requiring high level of support from multiple providers. There should be a reduction in non-elective admissions as a consequence. This is an ICS priority.		**JR/CW**			✓		The Frimley Health & Care document "The ICDM Journey So Far" was included with meeting papers for the June 2020. Agreed that this initiative can be shown as Closed.	
		I	**Carers Strategy Review**	This will achieve a review, revision and subsequent adoption of the Trust's Carer Strategy, including defining the Trust's Carers Officers		**JR with Dan Groves**			✓		Update is included with meeting papers. Two documents have been produced - Family & Friends Carers Strategy 2020-2023 and an Overview document of the same. These are also included with meeting papers. The update provides details of the Tier 1 and Tier 2 carer offers, together with details of next steps. Dan Groves will be attending the QAC on 18th August to present an update on the carers strategy and work to date.	Strategy due to be reviewed by Quality Assurance Committee on 18th August 2020. The implementation plan includes the creation of permanent new role to be the Trust's Carer Lead; the development of a Family and Friends Carers group responsible to deliver the actions and recommendations made in the strategy. Closure Report due in September 2020.

June	July	Deployment Status	INITIATIVE	SUMMARY DESCRIPTION (as required)	Planned Completion Date	Lead	Initiation	In Progress	Moving to B A U	Reason to Amber or Red Status	COMMENTARY ON RED/AMBER STATUS (including new Significant Risks & Issues)	ACTIVITY IN NEXT PERIOD
True North Goal 2: To support our People and be a Great Place to Work												
PEOPLE STRATEGY DELIVERY PLAN												
		M	**People Strategy** ***Includes:*** **- Attraction. Recruitment and Retention (Mission Critical)** **- Workforce Planning**	Using a QI approach and working with ops colleagues to identify the areas of highest staff turnover. Turnover is a proxy for underlying people issues. the resulting counter measures will help us to develop a refreshed People Strategy and Action Plan.		**AG (JN/AJ)**		✓		**Reflects level of risk to the Trust and also resource issues.**	The Strategic People Group is overseeing the development of a refreshed People Strategy using a QI approach, starting with an A3 problem statement. A3 for presented to Execs and feedback received. A3 also formed part of the paper to the Board who supported the approach. The new NHS People Plan aligns well with the Trust's principles and approach to people specifically the tone and language resonates well with the focus of our current values and principles, inc. compassionate and inclusive leadership and staff wellbeing.	SLT to continue to finalise A3 and engage Ops colleagues in proposed counter-measures. High level action plan to be developed and finalised in September. The SPG will review actions arising from the new NHS People Plan and take responsibility for oversight and delivery.
			Health and Wellbeing project	To achieve a managed transition of the COVID-19 staff support offer in to a sustainable and integrated Staff Support model that can continue to benefit BHFT and the wider healthcare system.		**JN**		✓			Managing the transfer of staff back to their service areas whilst continuing to provide a sustainable staff support model. Pre-Covid projects were paused, with resources and efforts devoted to the current Health & Welling offerings. There is now focus on merging the two elements, with some initiatives (e.g. RUOK and cycling to work scheme) being reactivated and consideration of how mental health first aiders and health & wellbeing champions can be merged with the COVID offering. An employee recognition group has been set up and staff wellbeing will be represented in this group. Pulse survey completed	Workforce bureau to be closed. QI review of process to be undertaken with Ops colleagues. Pulse survey results to be communicated
			Organisational Development Objectives	To support the organisation with OD interventions which help us deliver a great place to work		**JN**		✓			***Previous update:*** Appraisals running for 2020 with underpinning support. Currently 83% compliance rate. Leadership Training under review to reflect post-Covid learning and the outcomes of the People Strategy. Staff Survey focus groups on pause due to COVID but plan in place to reactivate. ED&I OD Lead recruited and started July 2020. People Function working with Strategy and EDI lead to develop new EDI strategy. The Strategic People Group has been appraised of the approach and progress of the new EDI strategy. The T&OD team has been commissioned to develop an updated Leadership Strategy with work to commence in September. SPG has agreed to a new Training Needs Analysis process. A new e-Learning system - Totara - has been approved.	Leadership Steering Group to be established EDI A3 to be developed
	✓		**Design an induction programme fit for purpose**	Proposal was made to the SPG and is moving into the implementation phase.	30/04/2020	**JN**			✓		***Previous update:*** Project Planning completed and moved to implementation Twice a month inductions planned to go live from June. Due to COVID this was paused as a the full induction is now delivered via Teams and E-Learning. 137 attended in May which was 40% above the normally Induction capacity. Post-Covid learning will be incorporated into a new induction offer. People Director also working with the Frimley ICS on a system induction for those involved in system work. This is ready for trial.	This work has been completed
✓	✓		**PMVA/ Personal Safety RRN Accreditation**		31/03/2020	**JN**					In letter dated 13th July 2020, Bild Association of Certified Training informed the Trust that the "decision has been made to award your training service Certification as complying with the RRN Training Standards subject to contract. Certification is in accordance with the Restraint Reduction Training Standards Version 1.1 and the Certification Procedural Handbook V3" [PMVA/Personal Safety training was initially paused during Covid whilst a safe way to deliver training was developed with the accreditation body . Training has resumed with a plan to address the backlog of staff requiring training]	This work has been completed. The SPG has reviewed the future of the corporate Trust induction and agree to the adoption of a hybrid induction (face to face/virtual) when it is safe to do so.
		I	**Quality Management Improvement System (QMIS)**	**Part of the Quality Improvement Programme**							See updates for QI Programme above.	See updates for QI Programme above.
		M	**Trust Intranet**	To introduce a new intranet solution (replacing our current intranet which is now failing and has an end of life of July 2019) that is: - easy to navigate - provides improved functionality and efficiency - enhances staff engagement and retention - integrates with and enhances the experiences of Microsoft O365 (ITAS) - sustainable for the future	30/04/2020 (with key milestone of 09/07/2019) Was paused and now reactivated and due to Go Live Mid August 2020	**CS**			✓		**Technical difficulties (including single sign-on) have impacted on timescale**	Progress was put on hold in March with work reactivated in recent months. The highlight report is included with papers.365 integration functionality is highlighted in the report. User acceptance test workshops held during June and July with a number of adjustments made as a consequence. Pen testing is now complete, with a fix required by the supplier. The project board met on 27th July to agree the plan to launch. That plan included the integration of 365 with Nexus. Previously the timing for the final launch was end July and was moved to 18th August.	Formal launch of Nexus on 18th August 2020 (achieved). Compilation of Lessons Learned and Closure Report.
EMBRACING DIVERSITY												

June	July	Deployment Status	INITIATIVE	SUMMARY DESCRIPTION (as required)	Planned Completion Date	Lead	Initiation	In Progress	Moving to B A U	Reason to Amber or Red Status	COMMENTARY ON RED/AMBER STATUS (including new Significant Risks & Issues)	ACTIVITY IN NEXT PERIOD
		I	**Delivering our Equality & Inclusion Strategy 2016-2020**		**Oct-20**	**KM**		✓			Staffing matters now under OD. ***Previous update:*** Dr Thanda Mhlanga is joining the Trust on the 13th July as the new ED&I OD Lead. Gabriel was due to leave the organisation at the end of June but we have extended his contract until the end of September 2020. ***Previous update:*** Thanda will lead on the staff related elements of the ED&I work but I will continue to have overarching responsibility for reporting. Kathryn MacDermott is leading on the new Equality strategy and has completed a high level plan, we were due to have a day to complete the detail but this was cancelled due to Covid19 and we are awaiting guidance on when it will be rescheduled. We undertook a mapping exercise reviewing the EDS2 against the other Equality standards and had agreed some priority areas in principal. We have been informed that we do not need to submit the WDES or WRES due to Covid however, it is understood is that we are still collecting the data to review and ensure the momentum of work isn't lost.	See update.
		I	**Equality Employment Programme (EEP)**			**JN**						
		I	**Equality Delivery System (EDS) Priorities**	**Delivered via the Equality Employment Programme**		**JN**		✓			See above	
		I	**Implementation of the Workforce Race Equality Standard and EDS 2 objectives**	**Delivered via the Equality Employment Programme**		**JN**		✓			See above	
		I	**Regain Top 100 ranking in Stonewall work place equality index**	**Delivered via Stonewall Action Plan**	**Oct-20**	**KM**		✓		**Target not met, but positive feedback received.**	This year's submission to Stonewall was made on 9th September and planning has already commenced for next year. Results are now available. We didn't achieve the top 100, but are really proud that our score went up. The Trust was ranked 142 out of 500 participants across all sectors (58 more organisation participated this year) - down 9 but our score is 103 (up 4). The Trust was ranked 15th for health & social care organisations (out of 64). It was noted by the account manager the dedication and improvements made in this year's submission and he shares our excitement for the year ahead, as we have so many things that couldn't be included in this year's submission.	The goal of regaining a top 100 ranking is to be retained.
True North Goal 3: To provide good outcomes from treatment and care												
MENTAL HEALTH SERVICE DEVELOPMENT												
		M	**EUPD Pathway implementation (previously Cluster 8)**	Delivery of an operational end to end pathway for EUPD patients which will be based upon the Trust's True North Objectives.	**Spring 2020**	**MI/SY**		✓			Detailed highlight report included with July meeting papers. The detailed operational model for assessment , assertive stabilisation and recovery (SUN) was introduced to each operational team in Feb/March. Team leaders are in post and workers joining July/August with some posts still out to advert. A new Plan has been adopted, which includes time for pilot implementation review, PDSA and the roll out into the remaining localities. The pilot localities have been confirmed as Wokingham and Bracknell. Programme Lead will be retiring end September. The need for continuing project management support to early 2021 has been established and options to provide this are being considered.	Planning for pathway pilots. Plan to ensure sufficient project resource remains available post September.
		M	**Community Mental Health Transformation - Frimley ICS**	Transformation of CMH services in line with LTP and CMH Framework, to re-design place-based, multi disciplinary service across health, social care and VCSE sectors, aligned to PCNs. Improve access to MH service for people with SMI, and improve provision for people with personality disorder.	**01/03/2021**	**SY**				**Progress delayed due to COVID but now re-started**	Highlight report included with meeting papers. Progress was interrupted in March 2020 and recruitment delayed by approximately eight weeks due to the Covid-19 pandemic. However, the implementation phase is now in progress and on target to achieve revised timescales. Updates re. MHICS include: •Local Implementation Groups (LIGs) are established for each PCN •Local stakeholder engagement is being progressed •Recruitment to the key posts for the MHICS teams for each PCN is underway •As early implementor, there are opportunities to be involved with Kings Fund CMH Transformation learning network Updates re Primary Care Personality disorder also included in the report.	Digital solution, data-flow and information implications of NHICS to be resolved/mitigated. Engagement events to be planned. Community asset mapping and gap analysis PD-SUN pilot to commence and Tier 1 intervention to be trialed.
		I	**Improving Patient Experience**		**01/03/2021**	**NZ**		✓			Part 1 is now complete, with a report due to go to the Quality Executive in June. NZ has been liaising with Tim Shannon regarding the tender for the next phase of this work, which requires the OJEU route. Some delay, due to Tim's current COVID-related commitments. Pre-qualification stage now initiated.	Tender process for phases 2 and 3. Deadline for expressions of interest is end August 2020. Award of contract is planned for December 2020.
	✓	to BAU	**Sexual Health Services Transformation**	1	**01/07/2019 (now September 2020)**	**JR/CW**			✓		Agreed at B & F July meeting that this initiative is closed/now business as usual. Lessons learned required. ***Previous update:*** Following commencement of the next contract it was agreed with commissioners that there would be a transition period to the new service model. The service continues to progress towards that new model. Functionality is in place for on-line booking but is currently on hold due to COVID and streamlining patients. Self check-in functionality is also in place but yet to be activated due to COVID. Following assessment, admin cover may continue for Bracknell but not at St Mark's. Consultant medical staffing arrangements are in place, but SAS doctor input linked to the training of nurses and some of those trained have now left (recruitment is challenging - banding being an issue in a competitive market, including proximity to London). New management and lead nurse have made a significant difference in progressing the new model, but they have identified new issues which they are working hard to address.	Service changes now planned to be concluded in September 2020. Lessons Learned session 19/08/2020. **Closure Report due September 2020.**

June	July	Deployment Status	INITIATIVE	SUMMARY DESCRIPTION (as required)	Planned Completion Date	Lead	Initiation	In Progress	Moving to B A U	Reason to Amber or Red Status	COMMENTARY ON RED/AMBER STATUS (including new Significant Risks & Issues)	ACTIVITY IN NEXT PERIOD
OPTIMISING ESTATES												
		M	**Development of University of Reading as a Primary Trust site / Erlegh House**	Rationalisation has included the concentration of functions/services at Cremyll Road and the phased occupation of the STC building at Whiteknights, facilitating disposal or re-use of 3/5 Craven Road and 25 Erleigh Road.	**Mar-20**	**AG**		✓		**Was Amber due to delay to car park work and impact on move of services. Work has restarted with revised dates.**	All trades back working from 8th June. All permissions in place. Car park work due to commence 20th July and complete beginning October. Sequence of occupation being revised with proposal being@ - CIC, CAMHS and Talking Therapies in mid July - Erleigh Road in August/September - OPMH from Prospect Park in October following completion of car park Dates could be influenced by Trust decisions around remote working. Note that 3/5 Craven Road redevelopment in abeyance.	See update **Next update due in September 2020.**
PROSPECT PARK HOSPITAL DEVELOPMENT PROGRAMME												
		I	**Move of Assessment & Treatment Unit from Campion Unit to Jasmine Ward**	(See Reconfiguration of Prospect Park above and also LD Service Optimisation and Redesign)	**Jan-21**	**NP**		✓		**Change from Amber to Green with signing of Deed of Variation.**	All approvals now in place (including DoV in Jan 2020) and works commenced 15th June. All appropriate social distancing and comms in place and contractor aware of sensitivity of site and services. Construction meetings being held fortnightly. Handover date now estimated as 17/01/2021 and overall project plan being revised to reflect this (building period only four week over run despite COVID delay). Currently going to plan.	Regular meetings between Estates and ISS/contractors. Communications to wider organisation. **Next update due in September 2020.**
		M	**Tier 4 Phase 2 - Transfer of Willow House**	To deliver relocation of a compliant Tier 4 CAMHS service from the current site at Wokingham Hosp. (Willow House) to Prospect Park by April 2020.	**01/08/2022**	**DT**	✓			**Delays to business case and project timescales.**	Update was provided to the August Business & Finance meeting. NHS England Commissioners have been engaged in the development of the business case and we were due to progress the discussions with them in March 2020, but delayed due to COVID. Now re-engaged with NHSE and meeting with them and other network members weekly to confirm the commissioning needs and service model, along with future contractual arrangements as commissioning of CAMHs Tier 4 services is due to transfer from NHSE specialised commissioning to Oxford Health from April 2021. The business case is delayed as a consequence of the above, along with the anticipated completion date.. Delays beyond end of October may start to increase risks for the project as this was the date funding was to be confirmed.	The current forecast is that the weekly meetings will allow confirmation of arrangements going forward by end September / early October 2020 and further updates will be provided on outcomes at this time.
			Approved Place of Safety	Scheme comprises the move of CRHTT from the therapy area to Prospect House; move of therapy facilities into the area vacated by CRHTT and a new Place of Safety in the current therapy facility	**Jul-21**	**DT/SG**					Paused and there is a dependency on a decision to be made regarding the service model.	
HEALTH AND SOCIAL CARE SYSTEMS INITIATIVES												
			ASC Integrated MSK/Physio Service (Berkshire West)	MSK business case approved in May 2019 by the Unified Executive with a service start date planned for Dec 2019 which the Nov Unified Exec agreed could be put back to Jan 2020. The programme comprises the following interventions: - GP Champions - GP education - First contact Physios - Expanded Shared Decision making - Triage - Community Specialist Service	**Previously April 2021, but now under review due to COVID delay.**	**RS Lesley Holmes**		✓			At the last report, this was completely on hold as the service was shut, with re-starting dependant on when Radiology would accept referrals. The Pre-COVID service (for knees) is now back up and running. Work has also resumed on the wider project regarding all MSK services. The overall timescale is to be reviewed and revised.	See update
			Digital - Population Health Management	Detail to be added when available	**(TBC)**	**AG/MD**					Will report to Digital Board	
			Frimley - Pain Pathway transformation programme	Gateways to be clarified once plans are agreed. Role of the Trust to be clarified		**RS**	✓				System work is on hold. However, Frimley is looking to undertake internal redesign following the experience of COVID and this could be positive. As at 27th August, there is no change, but with Frimley specific work on-going.	See update
			(Berkshire-wide) Developing a Berkshire Healthcare Community Health Strategy			**KM**	✓				This will now form part of the combined three year strategy.	
			System use of estates - Sustainability and Transformation Partnership (STP) led programme	formal review of estates strategies for BOB and Frimley (further milestones to be added later)	**Dec-19**	**AG/DT/ IG**						
			Connected Care - BOB and Frimley STP areas		**Jul-20**	**MD**				**Amber due to poor LA take up and issues around pathology reporting.**	Previous update: Previously reported as Amber in relation to low take up by Local Authorities and also issues with pathology functionality. There has been a significant - 50% - increase in usage by staff (15,000 per month in April compared to 10,000 in previous months). Progress regarding pathology functionality is unlikely to resumed for another year, given the commitments of the pathology laboratories with regard to COVID activities and the impact of COVID on other activity.	See update.
		M	**Gateway to all Mental Health Services (previously Mental health Wellbeing - CPE/IAPT)**	A phased approach to transform entry into mental health services combining IAPT/CPE/Third Section.	**Apr-20**	**JC**	✓			**Had been reporting Amber due to uncertainties over East service model and acknowledgement of later timescale. Next report may change this to Green**	Highlight report submitted to July meeting. Overall project was partially halted due to Covid 19 but the East Well Being Service had ' soft launch' from May 2020 and full launch of The Gateway is planned to start in a phased way from end of August Project name changed to The Gateway to all Mental Health Services to be inclusive of all services (Wellbeing, Talking Therapies & Adult Mental health services/Common Point of Entry) East Berkshire Wellbeing fully recruited to. West Berkshire Wellbeing Service awaiting commissioning decision with discussion now re-commenced. Linking in 111 with CPE and the Gateway pathways has gone live E-referral went live 1st April 2020. Low use until launch of new referral form and full service comms New front door routes on hold - go live dates likely to be phased end August to October. Daily clinical referrals pathway in place with IAPT working with CPE or virtual meetings. Keenness to launch The Gateway and phased launch model has been discuss with Theresa Wyles to coincide with East launch of the Wellbeing and MHICS to limited PCNs end of August.	*Previous update:* Agree final SOPs and sign off referral criteria and patient flows Final GP testing of e-referrals and DXS forms QIA to be submitted regarding Estates Agree readiness and phased approach to launch the gateway and finalise comms plan

June	July	Deployment Status	INITIATIVE	SUMMARY DESCRIPTION (as required)	Planned Completion Date	Lead	Initiation	In Progress	Moving to B A U	Reason to Amber or Red Status	COMMENTARY ON RED/AMBER STATUS (including new Significant Risks & Issues)	ACTIVITY IN NEXT PERIOD
		M	**BOB Ageing Well Programme/ Berkshire West Ageing Well Accelerator Site**	To increase the capacity and responsiveness of intermediate care services to provide crisis response within two hours of need and reablement within two days to both avoid unnecessary hospital admission and support early discharge for medically optimised older people to leave hospital on time. National Accelerator Site for Urgent Community Response Programme. BHFT has been appointed as the BOB System-wide lead for the programme	**Original milestones: MDTs operational Sept 2020 Anticipatory Care Planning April 2021 Urgent Community Response 200/21 (as BOB is an accelerator site)**	**KM/KW**	✓			**Authorisation awaited regarding recruitment**	Business & Finance Exec is receiving monthly highlight reports regarding the Berkshire West Ageing Well accelerator site. Project is on track with wider engagement with system partners and agreement on key deliverables. General consensus that previous CRT pathway review outputs remain relevant and that Ageing Well funding will support delivery of the Community Rehabilitation pathway. Additional workstreams required to deliver the agreed future model for Rapid services and at least 7 work streams identified. Progress: •Task and finish group reviewed outcomes of 2hr response workshop and pathway. •Rapid response pathway signed off by all partners •Work streams identified to progress pathway with appropriate leads •Identification of new ways of working pilots to be scoped or tested out during life cycle of project. •Approval to recruit by TBG on 03.08.20 •Proposal approved by Primary Care Programme Board, board requested an impact analysis be undertaken at a later stage. •Recruitment commenced.	Development of the full project plan. Confirmation of work stream leads. Commencement of recruitment process for both schemes and BI support. Presentation of proposals for Locality Integration Boards
INFORMATION MANAGEMENT - Next updates due March 2018												
		M	**Global Digital Exemplar (including roll out of ePMA)**	19 projects within four GDE initiatives: - Direct Patient Access & Communication - Digital Wards & Services - Digital workforce - Research & Quality improvement	**Jun-21**	**MD**	✓				Previous update: The programme continues and its overall status is GREEN (based on NHSE monitoring and achievement of identified criteria). There are several projects still in progress/to be completed. Final elements of the programme included accreditation for GDE status are now being planned with some elements having commenced for project and programme closure. The papers include updates on the remaining projects together with an accreditation update ***COVID-19 impact*** : potential delay due to supplier engagement to support Order Comms. Solution review may mitigate the need for delay. Sites that went live prior to COVID e.g. mental health inpatients with FLOW will likely need to be re-launched despite positive feedback from wards. Significant increase in the use of Online consultations, remote working tools and digital patient communications. Next update due September 2020	See update. **Next update is due September 2020.**
		M	**Information Technology Architecture Strategy**	Implementation of new technology and Cloud computing. Comprises six elements including Office 265 migration to Cloud and movement of departmental systems to Cloud. Email upgrade/replacement and Wide Area Data Network to be completed this financial year.	**31/03/2020**	**MD**		✓		**Amber due to the delays as detailed in update.**	***Previous update:*** CoIN completed, email migration completed, secure email implemented, Windows 10 migration completed, Home Drive and Outlook personal folders migrated. Shared Drive Migration underway. The following shown as Amber: - *Corporate Guest Wifi* - Was put on hold due to COVID-19 but now being restarted - *PPH Patient Wifi* - was due to completion in March and delayed due to COVID-19. Now expected to be completed end June, once PPH LD has approved the reworked plans - *Departmental shared drives to be moved to SharePoint* - Also delay but now underway, due Sept 20 Next update due September 2020.	Activity includes: Comms and migrational plan for departmental shared drives to be moved to SharePoint and accessible via Teams Review requirement for Word on greater number of machines Implementation of Corporate Guest Wifi using GovRoam system **Next update is due September 2020.**
True North Goal 4 To deliver services that are efficient and financially sustainable												
			Maintaining our NHS Improvement use of Resource Rating of 1	**Includes: - Achieving our Control Total - Delivering our Cost Improvement Plans**	**01/03/2020**	**AG/PG**		✓			This is shown as on hold as the Trust is operating with a temporary financial regime until September 2020. We are awaiting Phase 3 financial envelopes for the system and individual organisations. Funding arrangements from October will continue as block payments and additional funding is being made available for the Mental Health Investment Standard and our Ageing Well Programme in BOB. Systems are likely to be set a break-even Control Target within which commissioners and providers can off-set each other	See update.
			Replacement for Fitzwilliam House including Trust Headquarters		**Mid 2021**	**IG**	✓				Fitzwilliam House needs to be vacated in 2022. Paper went to the Exec w/c 03/02/2020 setting out options for the HQ with London House used as a model. There are now few options available in Bracknell. Following a pause for COVID, work has now resumed and project team established. Remit of the project team to be widened to include consideration of all non-clinical sites	See update. **Next update due Sept 2020**
			Redevelopment of East Community Hospitals (Frimley ICS integrated care hub programme)	Delivery of the Integrated Care Hubs across the ICS to enable the implementation of the ICDM. Projects include ICHs or equivalent in Fleet (NE Hants), Surrey Heath, Ascot, Bracknell, Windsor, Slough, Maidenhead. These will be a mixture of new build and refurbishments with NHS and partner assets used	**end 2024**	**(IG)**				**Critical issue is lapse of time since money was awarded**	Currently on hold and likely to remain so for a further 6 to 8 weeks. IG has now relinquished role for programme and interim PD in place. NHSI / HMT now require a Programme Business Case to be completed and approved before detailed works can be started on individual projects. No recent meetings to report	See update. **Next update due Sept 2020**
	✓	M	**Just to Zero (J2O)**	The project seeks to continue address the 5YFV aims around eliminating acute overspill, achieving the NHSi ambition to eliminated Acute OAPs by April 2021. Elimination of acute overspill being addressed though four new work streams:	**Closure report due August 2020**	**JR**			✓	**Completed.**	A closure report was considered and approved at the August meeting of the Business & Finance Executive. The effectiveness of the initiative was been particularly evident during the pandemic with significantly fewer out of area placements required in comparison to that of neighbouring services. Work on length of stay will continue as part of the Recovery programme. Work will continue at Prospect Park regarding PICU.	Business as usual.

Key:

M Mission Critical

I Important and in progress

✓ Project Closed

JE = Julian Emms DF - Debbie Fulton MI = Minoo Irani DT = David Townsend GC = Gerry Crawford AG = Alex Gild IG = Ian Greggor SG = Steph Gould MD = Mark Davis on NZ = Nathalie Zacharias

JR = Jayne Reynolds BG = Bridget Gemal JB = Julie Bennett CS = Cathy Saunders KM - Kathryn Macdermott CW = Claire Williams RS = Reva Stewart JN = Jane Nicholson NP = Nick Pugh

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	08 September 2020
Title	**Audit Committee – 22 July 2020**
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 22 July 2020
Business Area	Corporate
Author	Company Secretary for Chris Fisher, Audit Committee Chair
Relevant Strategic Objectives	4. – True North Goal: deliver services that are efficient and financially sustainable
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equality and Diversity Implications	N//A
SUMMARY	The unconfirmed minutes of the Audit Committee meeting are attached.
ACTION REQUIRED	The Trust Board is asked: a) To receive the minutes and to seek any clarification on issues covered.

Berkshire Healthcare
NHS Foundation Trust

Unconfirmed Draft Minutes

Minutes of the Audit Committee Meeting held on

Wednesday, 22 July 2020, Fitzwilliam House, Bracknell

Present:	Chris Fisher, Non-Executive Director, Committee Chair Naomi Coxwell, Non-Executive Director Mehmuda Mian, Non-Executive Director
In attendance:	Alex Gild, Deputy Chief Executive and Chief Financial Officer Debbie Fulton, Director of Nursing and Therapies Minoo Irani, Medical Director Graham Harrison, Head of Financial Services (*deputising for Paul Gray, Director of Finance)* Clive Makombera, Internal Auditors, RSM Ben Sheriff, Deloitte, External Auditors Melanie Alflatt, Counter Fraud, TIAA Julie Hill, Company Secretary Amanda Mollett, Head of Clinical Effectiveness and Audit Jane Nicholson, Interim Director of People *(present for agenda items 5-6)* Katie Humphrey, Widening Participation Lead *(present for agenda item 5)* Pearly Thomas, Head of Clinical Education *(present for agenda item 5)*

The meeting was conducted via Microsoft Teams because of COVID-19 social distancing requirements.

Item		Action
1.A	**Chair's Welcome and Opening Remarks**	
	Chris Fisher, Chair welcomed everyone to the meeting.	
1.B	**Apologies for Absence**	
	Apologies for absence were received from: Paul Gray, Director of Finance.	
2.	**Declaration of Interests,**	
	There were no declarations of interest.	
3.	**Minutes of the Previous Meetings held on 29 January 2020 and 27 May 2020**	
	The Minutes of the meetings held on 29 January 2020 and 27 May 2020 were	

	confirmed as a true record of the proceedings.	
4.	**Action Log and Matters Arising**	
	Action Log The Action Log had been circulated. The following matters arising, and action updates were discussed further: **a) Audit Committee Seminar Topic – Bribery Act** The Chair reported that the programme of personal development seminars, including the Bribery Act would resume when the COVID-19 social distancing requirements were lifted, and the Committee could hold face to face meeting. **b) Proactive Review of Expenses** The Deputy Chief Executive and Chief Financial Officer confirmed that he had agreed a date for the proactive review of expenses with the Counter Fraud Specialist. **c) Patient Level Costings** The Deputy Chief Executive and Chief Financial Officer reported that initial patient level costing data was now available but further work was needed in order to analyse the information. It was noted that the Internal Auditors would be reviewing the processes around patient level costing reconciliations and apportionments of costs. Naomi Coxwell, Non-Executive Director asked whether the initial patient level costing data would be available in time for the next Finance, Investment and Performance Committee on 30 July 2020. The Deputy Chief Executive and Chief Financial Officer reported that the patient level costing data would be available from the autumn. The action log was noted.	
5.	**The Trust's Use of the Apprenticeship Levy Report**	
	The Chair welcomed Jane Nicholson, Interim Director of People, Katie Humphrey, Widening Participation Lead and Pearly Thomas, Head of Clinical Education. The Deputy Chief Executive and Chief Financial Officer said that the paper included three options but pointed out that these were for discussion and that the Business and Finance Executive Committee would agree the preferred option. The Interim Director of People presented the paper and highlighted the following points: • Apprenticeships were part of the Trust's workforce plan developed to mitigate national staff shortages amongst key staff groups, for example, Nursing and Allied Health Professionals;	

- National workforce shortages provided the Trust with an incentive to "grow" its own staff and that apprenticeships provided an important route;
- Apprenticeships were not a cheap option;
- Currently the Trust was not fully utilising the Apprenticeship levy

The Chair said that he was aware that Oxford Health NHS Foundation Trust had managed to train around 100 Nursing Associates when the Trust had a much smaller number. The Widening Participation Lead clarified that Oxford Health was an Employer/Provider with their own apprenticeship training registration. This model was income generating.

The Interim Director of People explained that depending on the apprenticeship programme, if you wanted to recruit into roles, Trusts had to pay the member of staff's full-time salary even though they were only available for work only 50% of the time. The Interim Director of People reported that the Trust was considering having a central budget to fund these individuals rather than the costs being borne by the service.

The Widening Participation Lead said that the Government had announced a new Kickstart Scheme with a £2 billion fund to create a high volume of high-quality six-month placements aimed at those aged 16-24 years old who were on Universal Credit and were deemed to be a high risk of long-term unemployment. Funding available for each job would cover 100% of the relevant National Minimum Wage for 25 hours per week plus the associated Employer National Insurance contributions and employer automatic enrolment contributions. Unfortunately, the Treasury had confirmed that the Trust cannot use these towards apprenticeship costs.

The Widening Participation Lead reported that in addition the Government had introduced a new payment of £2,000 to employers in England for each new apprentice they hired aged under 25 and a £1,500 payment for each new apprentice they hired aged over 25 years old.

The Interim Director of People said that the Trust's unused apprenticeship levy monies was around £800k and reported that the Trust was reviewing how best to spend the levy.

Mehmuda Mian, Non-Executive Director asked whether the Trust had a target for the number of apprentices it would like to recruit.

The Interim Director of People said that it was difficult to have a target based on numbers because the cost of individual apprenticeships varied, and it was important to invest the money where it was most needed.

Naomi Coxwell, Non-Executive Director said that she fully endorsed the direction of travel, especially in relation to the Trust "growing its own" staff to fill workforce gaps. Ms Coxwell said that the Trust's staff retention work was also important along with the Trust's continued focus on improving equalities, diversity and inclusion. **JN/AG**

Ms Coxwell suggested that the Trust may want to consider establishing an annual budget for staff development to fund the various initiatives. The Interim Director of People agreed to draw up some indicative costs.

The Chair thanked the Interim Director of People, the Head of Clinical Education and the Widening Participation Lead for their paper and for

	attending the meeting. The Committee noted the paper.	
6.A	**Board Assurance Framework**	
	The Board Assurance Framework had been circulated. The Chair commented that he liked the format of the Board Assurance Framework with updates highlighted in red text. The Chair said that the changes to Board Assurance Framework, for example, the transfer of the Cyber Security Risk from the Corporate Risk Register to the Board Assurance Framework and the inclusion of a new COIVD-19 Pandemic risk on the Board Assurance Framework highlighted that the Board Assurance Framework was a living document and was integral to how the Board undertook its risk management responsibilities. The Committee reviewed the Board Assurance Framework and made the following points in respect of the risks below: **Risk 4 (Other providers acquiring Trust Services** The Chair referred to page 59 of the agenda pack and commented that Frimley Health and Care Integrated Care System had agreed that commissioning budgets would be delegated at the "Place" level and asked about the implications for the Trust. The Deputy Chief Executive and Chief Financial Officer suggested that this related to nominal indicative budgets rather than delegating responsibility for budgets to the Place level. **Risk 6 (Demand and Capacity)** The Chair referred to page 66 of the agenda pack and asked when the Emotionally Unstable Personality Disorder (EUPD) pathway staff recruitment was going to start. The Medical Director reported that recruitment had been delayed because of the COVID-19 pandemic but confirmed that the recruitment process was about to re-start. The Medical Director said that it would be challenging to recruit staff for the EUPD pathway because it required staff with specialist skills. The Chair asked whether there were alternative ways of filling the vacancies if it was not possible to recruit staff with the required level of expertise. The Medical Director said that different parts of the pathway required different levels of skills and expertise and that where appropriate, the Trust was training existing staff, such as staff from a Psychological Therapies background. The Chair asked whether the recent increase in the number of Out of Area Placements was because of the impact of the COVID-19 pandemic. The Medical Director said that the impact of the COVID-19 pandemic on mental health was too early to assess and that the increase in bed occupancy at Prospect Park Hospital may also reflect people delaying seeking help because of the lock down.	

	Risk 8 – COVID-19 The Chair referred to page 75 of the agenda pack and asked for more information about the requirement for staff to social distance when not wearing personal protective equipment. The Director of Nursing and Therapies explained that if staff did not practice social distancing when not wearing personal protective equipment and a colleague tested positive for COVID-19, they would need to self-isolate for 14 days. The Director of Nursing and Therapies reported healthcare providers were required to complete a national Infection and Control Board Assurance Framework template. It was noted that the Care Quality Commission had discussed the template with the Trust and had been assured by the Trust's systems and processes. The Committee: noted a) The Board Assurance Framework b) The new COVID-19 Risk c) That the Cyber Security risk had been escalated from the Corporate Risk Register to the Board Assurance Framework	
6.B	**Corporate Risk Register**	
	The Corporate Risk Register had been circulated. The Company Secretary reported that the Trust Board had approved a new severe risk on the Corporate Risk Register: Nosocomial Infection due to the COVID-19 pandemic. The Company Secretary reported that the Business and Finance Executive had approved a reduction in the Mental Health Office risk from high to moderate. This reflected the mitigations that had been put in place to improve the operation of the Mental Health Act Office. It was noted that if the positive improvements were sustained over the course of the next quarter, the Business and Finance Executive would review whether to recommend that the risk should be closed. The Committee: a) Noted the new Nosocomial Infection severe risk b) Approved the reduction in the Mental Health Act Office risk from high to moderate c) Noted the Corporate Risk Register updates since the last meeting.	
7.	**COVID-19 Pandemic – Impact on the Trust**	
	The Deputy Chief Executive and Chief Financial Officer gave a verbal update on the Trust's COVID-19 pandemic and recovery. The Deputy Chief Executive and Chief Financial Officer made the following points: • The Trust currently had no COVID-19 positive patients on the in-patient wards;	

	• Bed occupancy at Prospect Park Hospital had increased resulting in an increase in the number of Out of Area Placements; • Effective discharge processes meant that bed occupancy on the Community wards had decreased during the COVID-19 pandemic; • Relaxing some of the lock-down restrictions was challenging because staff working in healthcare settings (both clinical and non-clinical) were required to maintain the two-metre social distancing requirement and to wear face masks; • Sadly, an NHS Professionals member of staff working at Prospect Park Hospital had died from COVID-19. The Health and Safety Executive was conducting an investigation; • The Trust had started its COVID-19 recovery with services coming back online. Due to the social distancing requirements, the number of patients being seen face to face was reduced. The Trust was continuing to offer virtual consultations; • The Trust was now preparing for winter and a possible second COVID-19 pandemic surge; • The Trust's latest NHS Staff Pulse survey results were very positive particularly around the Trust's communications throughout the COVID-19 pandemic. The Chair thanked the Deputy Chief Executive and Chief Financial Officer for his helpful update.	
8.	**Single Waiver Tenders Report**	
	A paper setting out the single waivers approved from January 2020-June 2020 had been circulated. The Deputy Chief Executive and Chief Financial Officer highlighted that during the first three months of the COVID-19 pandemic, the Procurement Team had focussed on the procurement of personal, protective equipment and other COVID-19 related procurement. The Deputy Chief Executive and Chief Financial Officer said that he was not concerned about any of the single waiver contracts given the COVID-19 pandemic. The Chair said that he supported the approach. The Chair referred to the capital works at Prospect Park Hospital required following the Care Quality Commission's concern that the top of the doors presented a potential ligature risk and asked whether the new capital funding control total regime controlled by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System would make it harder for similar works to be funded in the future. The Deputy Chief Executive and Chief Financial Officer explained that the ligature works were required because of patient safety concerns and therefore The Trust would continue to prioritise capital works to improve safety even if it meant that the system control total was not met. The Chair asked whether the Procurement Team had returned to their normal duties. The Deputy Chief Executive and Chief Financial Officer explained that there was reduced capacity in the team as work was ongoing about securing the provision of personal protective equipment and in addition planning for a	

	possible second COVID-19 surge in the autumn. The Committee noted the paper.	
9.	**Information Assurance Framework Update Report**	
	The Deputy Chief Executive and Chief Financial Officer presented the paper and reported that a total of five indicators were audited during Quarter 1: • Mental Health Re-Admission rate within 28 days – rated green, high assurance • Mental Health 7-Day Follow Up – rated amber, moderate assurance • CPA Reviews within 12 months - rated amber, moderate assurance • Mental Health Prone Restraint - rated amber, moderate assurance • Self-harm incidents on Mental Health Inpatient Wards (excluding Learning Disability) - rated amber, moderate assurance It was noted that action plans had been put in place to address any issues. The Chair asked what was meant by "contact by proxy". The Deputy Chief Executive and Chief Financial Officer agreed to find out and inform the Committee. It was noted that this could refer to alternative means of contact because face to face contact was not possible because of COVID-19. The Committee noted the report.	**AG**
10.	**Losses and Special Payments Report**	
	Due to the small number of losses and special payments there was no report this meeting.	
11.	**Clinical Audit Annual Report and Quarter 1 Summary Report**	
	The Head of Clinical Audit and Effectiveness presented the report and highlighted the following points: • The Clinical Audit Annual Report would also be submitted to the next meeting of the Quality Assurance Committee; • Section 1 of the report provided a summary of the findings of National Audits the Trust had participated in over the last year and highlighted the actions that had been implemented following the clinical audits. • Section 2 of the report sets out the current status of the Annual Clinical Audit Plan 2020-21. • During the COVID-19 pandemic, two members of the Clinical Audit Team were redeployed during May 2020 to July 2020. The Team was now back to full capacity and all national clinical audit registration and data submission requirements had been met or were no track. The Chair commented that he liked the format of the report. The Chair referred to page 121 of the agenda pack and said that he was surprised that the Psychological Therapies Spotlight Audit 2018-19 found that there was some room for improvement in recording outcome measures at 45% compared with the national average of 50%.	

	The Head of Clinical Effectiveness and Audit reported that the Trust was monitoring future performance via Tableau reports which would be discussed at service level meetings to improve planning and overall compliance. It was noted that the Quality Assurance Committee had reviewed the action plan in response to the clinical audit. The Committee noted the report.	
12.	**Clinical Claims and Litigation Report**	
	The Director of Nursing and Therapies presented the paper which included the Annual Clinical Claims and Litigation Report 2019-20 and the Quarter 1 2020-21 Report. The Director of Nursing and Therapies pointed out that most of the clinical claims had already been investigated as serious incidents before becoming clinical claims. The Chair commented that he like the new format for the report. Mehmuda Mian, Non-Executive Director asked about the clinical claims legal process. The Director of Nursing and Therapies reported that NHS Resolution provided the Trust with advice on how to proceed with each clinical claim, but the final decision rested with the Trust. The Chair commented that the quantum of the clinical claims was lower than he was expecting. The Director of Nursing and Therapies said that acute hospitals tended to have much higher costs in respect of clinical claims. The Committee noted the report.	
13.	**Internal Audit Progress Report**	
	a) Internal Audit Progress Report Clive Makombera, Internal Auditors, RSM, presented the Internal Audit Progress Report and reported that since the meeting, the Internal Auditors had finalised the following report: • Data Security Protection Toolkit – Advisory Mr Makombera reported that he was discussing with the Deputy Chief Executive and Chief Financial Officer and other Executive Directors about starting work on next internal audits. Mr Makombera reported that there were 11 overdue management actions and said that he was working with the Executive Directors to progress the actions. The Chair asked Mr Makombera if he the overdue management actions were a cause for concern.	

Mr Makombera said that the delays were understandable and were due to the COVID-19 pandemic.

The Chair referred to page 152 of the agenda pack and noted that the Trust had not been able to appoint an Authorising Engineer.

The Deputy Chief Executive and Chief Financial Officer said that the Trust was in discussions with Oxford Health NHS Foundation Trust about finding an Authorising Engineer.

The Chair noted that the internal audit review of Rostering had been circulated separately to the Committee

Clive Makombera reported that internal auditors had assigned a rating of: "Reasonable assurance" and pointed out that the management actions related to using IT to maximise the benefits of e-Rostering and improving the effectiveness of the rostering arrangements.

The Chair commented that one of the recommendations was around staff not always following the Trust's informal e-rostering controls by appointing a member of staff to the rota and completing the necessary paperwork after the event. The Chair asked whether the Trust needed to take a more pragmatic approach and accept that due to last minute staffing shortages it may not always be possible to book staff on the rota before their shift.

The Deputy Chief Executive and Chief Financial Officer said that it was important that wherever possible, staff adhered to the proper e-rostering systems and processes.

b) Audit and Risk Committees: Navigating COVID-19

Clive Makombera presented the paper and reported that the COVID-19 pandemic had impacted on all our lives and affected every part of the public sector. Mr Makombera said that the report highlighted the importance role of Audit and Risk Committees and referred to page 163 of the agenda pack which list the key questions Audit and Risk Committees to consider.

Members of the Committee confirmed that the list of questions was very helpful.

Mehmuda Mian, Non-Executive Director referred to the questions: "Has internal audit assessed the design, implementation and operational effectiveness of revised internal controls?" and asked whether this was an issue for the Trust.

Clive Makombera said that this had not been identified as an issue for the Trust, but this would be tested when the internal auditors reviewed the Trust's financial governance systems and processes.

c) Continuous Assurance Advanced Data Analytics

Clive Makombera presented the paper and reported that RSM had developed a suite of data analytics tools to help organisations continuously assess their controls by leveraging on the underlying system's data. This enabled organisations timely identify and respond to these risks.

The Committee noted the reports.

14.	**Counter Fraud Report**	
	Melanie Alflatt presented the report which set out TIAA's activity across the generic areas of Strategic Governance, Inform and Involve and Prevent and Deter. Ms Alflatt pointed out that the Counter Fraud Specialist had reviewed the fraud risk assessment in light of the increased fraud risk due to the COVID-19 pandemic. The risks identified helped to inform the thematic review being undertaken by the Counter Fraud Specialist in quarter 1. Ms Alflatt reported that the thematic review would be presented to the October 2020 meeting of the Audit Committee and would contain some very minor recommendations. Ms Alflatt reported that at the request of the Trust, the Counter Fraud Specialist was undertaking a review to ensure that the Trust were completing pre-employment checks for new substantive staff in accordance with Trust policy and in line with NHS Employers guidance. It was noted that the Counter Fraud Specialist had liaised with the Human Resources Department and the review was now underway. Ms Alflatt reported that she was liaising with the Deputy Chief Executive and Chief Financial Officer in relation to the terms of reference for the expenses review which would be undertaken in September 2020. The Chair thanks Ms Alflatt for her helpful report. The Chair referred to page 178 of the agenda pack and asked for more information about why the Counter Fraud Specialist had dropped the case concerning a claim for mileage for journeys not undertaken. Ms Alflatt confirmed that if cases were dropped it was usually because after investigation the available evidence was not of sufficient standard or there were mitigating factors. The Deputy Chief Executive and Chief Financial Officer pointed out that the decision about whether to prosecute or whether to address issues as part of the disciplinary process was taken by the Trust in consultation with the Counter Fraud Specialist. The Committee noted the report.	**MA**
15.	**External Audit Verbal Report**	
	Ben Sheriff, Deloitte gave a verbal update to the Committee and reported that along with the Trust, around 90% of Trust had completed their external audits on their final accounts in June. The Trust was also consistent with other Trusts in having a material uncertainty around property valuations. Ben Sheriff reported that there was significant uncertainty about the national COVID-19 pandemic financing arrangements and how long they would last. Mr Sheriff also reported the value for money section was changing from an external auditors' judgement to a narrative report from 2020-21 onwards. It was noted that the National Audit Office was still consulting on the guidance.	

	The Chair asked whether the external auditors would be auditing COVID-19 expenditure. Mr Sheriff reported that his understanding was that the NHS England Regional Teams were validating COIVD-19 claims but pointed out that the value for money report would include Trust's response to the COVID-19 pandemic. The Chair thanked Ben Sheriff for his verbal update.	
16.	**Minutes of the Finance, Investment and Performance Committee meetings held on 29 January 2020 and 26 March 2020**	
	The minutes of the Finance, Investment and Performance Committee meeting held on 29 January 2020 and 26 March 2020 were received and noted.	
17.	**Minutes of the Quality Assurance Committee held on 18 February 2020 and 19 May 2020**	
	The minutes of the Quality Assurance Committee meetings held on 18 February 2020 19 May 2020 were received and noted.	
18.	**Minutes of the Quality Executive Committees held on 10 February 2020, 09 March 2020, 15 April 2020, 11 May 2020 and 15 June 2020**	
	The minutes of the Quality Executive Committee meetings held on 10 February 2020, 09 March 2020, 15 April 2020, 11 May 2020 and 15 June 2020 were received and noted. The Chair referred to the Quality Executive Committee meeting held on 11 May 2020 (page 245 of the agenda pack) and asked whether the increase in safeguarding concerns in relation to Children and Young People services related to the Trust or to the System. The Director of Nursing and Therapies confirmed that nationally there had been an increase in the volume of children safeguarding concerns during the COVID-19 lock-down.	
19.	**Annual Work Plan**	
	The Committee noted the work programme. The Chair commented that the work plan included an item for the July 2020 Audit Committee on an annual review of Prospect Park Hospital estates issues. It was agreed that the Company Secretary would ask the Chief Operating Officer if there were key issues to discuss in respect of the Prospect Park Hospital site and if there were, a report would be submitted to the October 2020 meeting.	**JH**
20.	**Any Other Business**	
	Quality Accounts 2019-20 The Chair reported that the Trust Board had approved the Quality Accounts 2019-20 at its meeting on 14 July 2020. The Chair reminded the meeting that NHS Improvement had lifted the requirement for the Quality Accounts to be	

	audited this year because of the COVID-19 pandemic. It was noted that the Quality Accounts 2019-20 would be published on the Trust's website.	
21.	**Date of Next Meeting**	
	28 October 2020	

These minutes are an accurate record of the Audit Committee meeting held on 22 July 2020.

Signed: - _____

Date: - 28 October 2020 _____

Trust Board - Meeting Dates for 2021

Meeting	January	February	March	April	May	June	July	August	September	October	November	December
Discursive Trust Board	12		9			8				12		
Trust Board		9		13	11		13	10 (if required)	14		9	14
Audit Committee	20			21	19		21			27		
Finance, Information and Performance (FIP)	28		25				22			28		
Quality Assurance Committee (QAC)		2325			25			24			23	

Council of Governors Dates 2021

Meeting	January	February	March	April	May	June	July	August	September	October	November	December
Formal Council Meeting			24			16			22			1
Trust Board / Council Meeting		03 (NED)			05 (Board)		28 (NED)				03 (Board)	