BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

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

10:00am on Tuesday 09 February 2021

AGENDA

No	Item	Presenter	Enc.
	OPENING BUSINESS		
1.	Chairman's Welcome and Public Questions	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 08 December 2020	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
	QUALITY		
6.0	Patient Story – Mental Health and the Impact of COVID-19	Director of Nursing and Therapies/Alison Salvadori, Highly Specialist Clinical Psychologist	Verbal
6.1	Annual Community Mental Health Survey Report 2020	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.2	Patient Experience Quarterly Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
	EXECUTIVE UPDATE		
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
	PERFORMANCE		
8.0	Month 09 2020/21 Finance Report	Alex Gild, Deputy Chief Executive and Chief Financial Officer	Enc.
8.1	Month 09 2020/21 Performance Report	Alex Gild, Deputy Chief Executive and Chief Financial Officer	Enc.
8.2	Finance, Investment & Performance Committee meeting on 28 January 2021	Naomi Coxwell, Chair of the Finance, Investment and Performance Committee	Verbal
	STRATEGY		
9.0	COVID-19 Recovery Plan Report	Kathryn MacDermott, Acting Executive Director of Strategy	Enc.
9.1	Strategy Implementation Report	Kathryn MacDermott, Acting Executive Director of Strategy	Enc.

No	Item	Presenter	Enc.
9.2	People Strategy and Equalities, Diversity and Inclusion Strategy	Alex Gild, Deputy Chief Executive and Chief Financial Officer, Jane Nicholson, Director of People and Nathalie Zacharias, Director of Equalities	Enc.
CORPORATE GOVERNANCE			
10.0	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
10.1	Annual Health and Safety Report	David Townsend, Chief Operating Officer	Enc.
10.2	Audit Committee Minutes – 20 January 2021	Chris Fisher, Chair of the Audit Committee	Enc.
10.3	Annual Declarations of Interest and Fit and Proper Persons Test Report	Julie Hill, Company Secretary	Enc.
10.4	Annual Trust Board Meeting Planner	Julie Hill, Company Secretary	Enc.
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting –13 April 2021	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 08 December 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
	Naomi Coxwell	Non-Executive Director
	Mark Day	Non-Executive Director
	Aileen Feeney	Non-Executive Director *(present from 11.20)*
	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
	Caroline Edwards	Integrated Care Pathways Manager *(present for agenda item 6.0)*
	Mike Craissati	Freedom to Speak Up Guardian *(present for agenda item 6.1)*

20/213	**Welcome and Public Questions** (agenda item 1)
	The Chair welcomed everyone to the meeting. There were no public questions.
20/214	**Apologies** (agenda item 2)
	Apologies for lateness were received from Aileen Feeney, Non-Executive Director.

20/215	**Declaration of Any Other Business** (agenda item 3)
	There was no other business.
20/216	**Declarations of Interest** (agenda item 4)
	i. **Amendments to Register** – none
	ii. **Agenda Items** – none
20/217	**Minutes of the previous meeting – 10 November 2020** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday 10 November 2020 were approved as a correct record.
20/218	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board:** noted the action log.
20/219	**An Integrated Care Story (**agenda item 6.0)
	The Chair welcomed Caroline Edwards, Integrated Care Manager. Ms Edwards presented the patient story which concerned an 84 year old man with complex physical, mental health and social care needs. Ms Edwards said that following the interventions of the Intensive Rehabilitation Team, the patient, who initially had very little mobility which had a negative impact on both his physical and mental health was able to walk with a stick. The full story is attached to the minutes at appendix 1. The Director of Nursing and Therapies thanked Ms Edwards to attending the Board and for presenting the patient's story and commented that because of the complexity of the patient's physical and mental health needs, without the intervention of the Intensive Rehabilitation Team , he may not have been able to continue to be supported in the Community. The Chief Executive said that it was an excellent example of the effectiveness of the Integrated Hubs in supporting patients with complex health and social care needs in their own homes. On behalf of the Board, the Chair thanked Caroline Edwards for sharing the patient's story.

20/220	**Freedom to Speak Up Guardian's Six-Monthly Update Report** (agenda item 6.1)
	The Chair welcomed Mike Craissati, Freedom to Speak Up Guardian to the meeting. The Freedom to Speak Up Guardian presented the paper and highlighted the following points: • The Freedom to Speak Up Communications Plan (set out on page 21 of the agenda pack) had not been significantly impacted by the COVID-19 pandemic although face to face meetings had been replaced by virtual meetings. This included attendance at the Corporate Induction sessions and team meetings; • October was the national Freedom to Speak Up month. This year the theme was the ABC of Speaking Up; • There was a "Speak Up/Listen Up" slot at the Trust's recent "Connecting across Boundaries Conference event; • The Freedom to Speak Up Guardian was now a member of the Diversity Steering Group; • The Freedom to Speak Up Guardian continued to work closely with the Staff Networks; • Very few of the Freedom to Speak Up cases related to the COVID-19 pandemic although the Guardian had signposted staff who had issues relating to Personal Protective Equipment and queries about annual leave during the COVID-19 pandemic; • There had been a significant increase in the number of Freedom to Speak Up cases raised in quarters 1 and 2 and this reflected an increased awareness around the role of the Guardian. Returns showed zero cases relating to patient safety issues and there were no anonymous concerns raised; • A significantly high proportion of cases were around the "staff experience" and specifically from staff who stated that the cause was bullying and harassment from fellow staff members; • Of the total number of "staff experience" concerns raised, it was estimated that during the reporting period, 60% came from staff from a Black, Asian Minority Ethnic (BAME) background and approximately 50% of those concerns related to BAME issues, such as exclusion or perceived racial prejudice or bullying; • Appendix 1 of the report provided a breakdown of the feedback received from staff who had raised concerns to the Guardian during the reporting period; • The National Guardians Office was planning to release a series of E-Learning packages aimed at various levels within the Organisation. The first module "Speak Up" had been recently released and provided generic core training for all staff. The other two modules were: "Listen Up" aimed at line managers and "Follow Up" aimed at senior management and these would be issued in the New Year. The Chair thanked the Freedom to Speak Up Guardian for his report and commented that his impression was that staff were more familiar with the Guardian's role and had confidence in the process. The Chair asked whether the Guardian followed up with staff whether they were satisfied with the resolution of their concern. The Guardian said that staff were kept informed at all stages of the process, but sometimes staff felt the process took too long and the resolution did not always match their expectations.

The Deputy Chief Executive and Chief Financial Officer thanked the Guardian for his work and said that it was very helpful that the Guardian was a member of the Diversity Steering Group and was working closely with the Staff Networks. It was noted that the Guardian was working with Human Resources staff to reduce the number of formal staff grievances and disciplinaries by earlier interventions and mediation.

Chris Fisher, Non-Executive Director referred to the appendix to the report and asked whether there any plans to address the disproportionately high number of referrals from staff from an Asian background.

The Guardian said that the number of completed feedback forms was too small a sample to make any inferences.

David Buckle, Non-Executive Director said that it was very positive that there were no patient safety issues raised which suggested that the formal mechanisms for raising patient safety concerns were working effectively.

The Chief Operating Officer said that the Trust was working with the Staff Networks to encourage staff to use all the available channels to raise issues and therefore it was likely that this would lead to an increase in the volume of concerns raised with the Guardian.

The Chief Operating Officer also pointed out that managers who were the subject of complaints also needed to be supported.

The Chief Executive reported that the Director of Nursing and Therapies, the Head of Human Resources and himself regularly met with the Guardian to discuss any emerging themes. It also provided an opportunity to triangulate data from other metrics, for example, high turnover within a team which could indicate the need for additional management support.

The Chair thanked the Freedom to Speak Up Guardian for his report and for his work.

The Freedom to Speak Up Guardian thanked the Board for its continued support.

The Trust Board supported the following statements:

a) Sought assurance that any patient safety issues were raised and addressed by methods other than via the Freedom to Speak Up process;
b) Supported and encouraged initiatives to address "Staff Experience" concerns, specifically those that included an element of bullying and harassment and those concerns that may affect staff network members;
c) Supported and encouraged initiatives to improve a Listening Up culture so that all staff would feel more able to challenge in a positive way, to encourage positive suggestions that may improve ways of working, the patient experience or efficiencies. In turn, this would make raising more traditional Freedom to Speak Up concerns easier and more a part of the culture;
d) Assist in minimising those barriers to communication that may prevent those wishing to speak up (in any way) from doing so; and
e) Noted, learned and considered appropriate changes from the feedback given.

20/221	**Quality Assurance Committee – 17 November 2020** (agenda item 6.2)
	David Buckle, Chair, Quality Assurance Committee reported that the meeting on 17 November 2020 had provided a high level of assurance. Dr Buckle said that the Committee had reviewed the clinical audit reports in detail and in addition to the standard agenda items, had discussed the Trust's work to achieve Royal College of Psychiatry accreditation. Dr Buckle reported that the Learning from Deaths Quarterly Report had highlighted that there were no lapses in care during the reporting period. The Guardians of Safe Working had provided assurance that no unsafe working hours had been identified and there were no other patient safety issues requiring escalation. Dr Buckle invited the Director of Nursing to the update the Board on the Staff Flu Campaign. The Director of Nursing and Therapies reported that as of yesterday evening, 78% of the Trust's clinical staff and 80% of the total Trust staff had received their flu vaccination. This was the highest uptake the Trust had achieved for the Staff Flu Vaccination campaign. It was noted that the Flu Campaign was due to end on 30 November 2020 but would now continue into December 2020. Dr Buckle congratulated the Trust its staff Flu Vaccination performance. The Trust Board noted: a) The minutes of the Quality Assurance Committee held on 17 November 2020; b) The Learning from Deaths Quarterly Report; and c) The Guardians of Safe Working Practice Quarterly Report.
20/222	**Executive Report** (agenda item 7.0)
	The Executive Report had been circulated. The following item was discussed further: **a) Proposals for Integrated Care Legislation** The Chief Executive reported that NHS England and Improvement had published their guiding principles for putting Integrated Care Systems on a statutory footing by April 2022. The Chief Executive said that the *Building Strong and Effective Integrated Care Systems across England* paper provided a helpful blueprint, but it was light on detail, for example, the future financial regime and how Integrated Care Systems could drive efficiencies and how much freedom there would be around Provider Collaboratives etc. The Chair said that it was important that the Trust continued to work with the two systems and collaborated with partners when it made sense to do so rather than waiting for legislation. Naomi Coxwell, Non-Executive Director said that when Integrated Care Systems were placed on a legal footing, it would be important that there was clarity around individual partners' roles, responsibilities and accountabilities.

	The Trust Board: noted the paper.
20/223	**Month 07 2020-21 Finance Report** (agenda item 8.0)
	The Deputy Chief Executive and Chief Financial Officer presented the paper and highlighted the following points: • Month 7 was the first month under the revised COVID-19 financial regime; • The Trust was reporting a £0.2m surplus in October 2020 and year to date this was better than the financial forecast by £0.3m. Income was ahead of the financial forecast by £0.2m with expenditure higher than the financial forecast by an equal amount. This combined with lower than forecasted COVID-19 costs of £0.1m; • Existing forecasted COVID-19 costs as well as any new costs arising from the current COVID-19 second wave would need to be managed in the context of the Trust's £2.8m system allocation for the remainder of the financial year; • The overall capital spend was £0.8m lower than planned which increased the year to date underspend by £1.1m **The Trust Board noted:** the following summary of the financial performance and results for Month 07 2020-21: This month was the first under the revised COVID-19 funding regime with performance being measured against the financial forecast submitted to NHS Improvement in October 2020 and costs being offset by fixed levels of COVID-19 funding and deficit support, Year to date surplus was £0.2m versus the planned deficit of £0.1m Year to date cash was £50.2m versus the financial plan of £46.5m Year to date capital expenditure was £1.9m versus the financial plan of £2.1m.
20/224	**Month 07 2020-21 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Month 07 "True North" Performance Scorecard had been circulated. The Chair noted that the number of self-harm incidents during October 2020 RAG rated red (67 incidents against a target of 42 per month). The Director of Nursing and Therapies explained that the increase was driven by a couple of individuals. **The Trust Board:** noted the report.
20/225	**Board Vision Metrics** (agenda item 8.2)
	The Deputy Chief Executive and Chief Financial Officer presented the paper and reported that once the Trust's Strategic Plan 2021-24 had been approved, the Board Vision Metrics would be reviewed to ensure alignment with the refreshed Strategy. Naomi Coxwell, Non-Executive Director referred to the metrics on patient on patient assaults and patient assaults on staff which showed a deteriorating position when compared with other Mental Health Trusts.

	The Deputy Chief Executive and Chief Financial Officer said that the data was based on two-year-old benchmarking data and did not reflect the Trust's current performance as reported in the True North Scorecard.

The Chief Executive pointed out that national benchmarking data had been delayed because of the COVID-19 pandemic and was expected to be published during December 2020. The Chief Executive said that he was confident that the Trust's position in comparison with other comparable organisations would improve when the latest benchmarking data was available.

The Trust Board: noted the report. |
| **20/226** | **COVID-19 Pandemic Recovery Plan Update Report** (agenda item 9.0) |
| | The Executive Director of Strategy presented the paper and reported that the Trust had started to develop the Reducing Health Inequalities Action Plan. The expectation was that this would replace the need for individual service-based equalities impact assessments except the requirement to complete an equalities impact assessment for remote access to services.

The Executive Director of Strategy said that during the current COVID-19 second wave, the Trust continued to mobilise its workforce to support frontline staff who were looking after patients with COVID-19 whilst maintaining community physical and mental health services.

It was noted that the outstanding three Mental Health Services that were paused or partially closed were now open. The Acting Executive of Strategy reported that the Trust was now considering what services may have to be paused for reduced again because of the COVID-19 second wave.

Chris Fisher, Non-Executive Director noted that the completion date for the Recovery Project was September 2021.

The Acting Executive Director of Strategy said that he hoped that the completion date would be sooner than September 2021 but pointed out that this would change if there was a third COVID-19 wave.

The Director of Nursing and Therapies updated the Board on the local COVID-19 situation and reported that Slough was in Tier 3 with the other five Berkshire council areas in Tier 2. The Director of Nursing and Therapies reported that there had been a reduction in the number of COVID-19 positive patients at Prospect Park Hospital since the last Board meeting (November 2020) with only three COVID-19 positive patients. It was noted that in terms of the Community inpatient wards, there were around 10 COVID-19 positive patients.

Mehmuda Mian, Non-Executive Director asked about the COVID-19 vaccination programme.

The Director of Nursing and Therapies reported that the Trust the first priority for the COVID-19 vaccination programme were high risk frontline Health Care staff and Care Home staff and residents. It was noted that the COVID-19 vaccination of high-risk Trust staff had started this morning with staff travelling to Churchill Hospital, Oxford. |

	The Trust Board: noted the report.
20/227	**Trust's Three-Year Strategy Plan (**agenda item 9.1)
	The Acting Executive Director of Strategy presented the paper and reported that the refreshed draft Three Year Strategy reflected the changed starting point for the Trust because of the impact of the COVID-19 pandemic.

The Acting Executive Director of Strategy drew attention to page 176 of the agenda pack which set out Trust's 2024 Vision and asked the Board whether this was sufficiently visionary.

The Chief Executive pointed out that the Trust was already using much of the technology highlighted in the Strategy and suggested that the Strategy should be clearer around the transformation that could be achieved by using digital at scale. For example, remote patient monitoring in people's homes and point of care testing etc.

Chris Fisher, Non-Executive Director reported that he and David Buckle, Non-Executive Director had conducted a virtual service meeting with the Heart Function Team and had been impressed by how the service was using technology for routine observations.

The Chair proposed that the Executives finesse the wording of the Strategy and in particular the ambitions around the use of digital technologies.
Action: Acting Executive Director of Strategy

The Chair asked how the new Strategy would be launched.

The Acting Executive Director of Strategy said that the final Strategy would be published on the Trust's website along with the People and Equalities, Diversity and Inclusion strategies.

The Trust Board: approved the Trust's Three-Year Strategic Plan 2021-24 subject the Executive's finessing the wording particularly in relation to the Trust's vision around digital transformation. |
| **20/228** | **Appointments and Remuneration Committee – Terms of Reference** (agenda item 10.0) |
| | Mark Day, Chair of the Appointments and Remuneration Committee reported that the Appointments and Remuneration Committee had met earlier that day and had agreed minor changes to the Committee's Terms of Reference (shown in tracked changes on page 194 of the agenda pack).

The Trust Board: ratified the changes to the Appointments and Remuneration Committee' Terms of Reference as agreed by the Committee. |

20/229	**Council of Governors Update** (agenda item 10.1)
	The Chair reported that his Coffee Morning sessions were going well with good attendance from Governors.
	The Chair said that elections for public governors would be taking place in the New Year and commented that he was discussing with the Governors how to encourage more people from Black, Asian and Minority Ethnic Groups to stand in Governor elections.
	Naomi Coxwell, Non-Executive Director asked about the Governors role in the Integrated Care Systems.
	The Chair said that any formal role for Governors in the governance of Integrated Care Systems would require legislation. However, the Chair said that it was important that Governors were kept up to date with the work of the Integrated Care Systems and reported that he was discussing with the Chair of Frimley Health and Care NHS Foundation Trust about running a session for Governors in the Frimley Health and Care Integrated Care System.
20/230	**Any Other Business** (agenda item 11)
	There was no other business.
20/231	**Date of Next Public Meeting** (agenda item 12)
	The next Public Trust Board meeting would take place on 09 February 2021.
20/232	**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 08 December 2020.

Signed……………………………………………………. Date 08 December 2020

(Martin Earwicker, Chair)

Patient Story – An Integrated Care Story

Presented to the December 2020 Trust Board Meeting by Caroline Edwards, Integrated Care Manager

The patient story concerned an 84-year-old man who lived with his wife in a one-bedroom bungalow. The patient did not have a package of care.

The patient has a number of underlying health issues, including heart failure and hypertension, chronic kidney disease with atrial fibrillation, non-insulin-dependent diabetes mellitus, septic arthritis, agitated depression, Bipolar effective disorder and was on the Mental Health illness register.

The patient had developed a grade 2 pressure ulcer as he had been sitting in his chair for weeks, stating he had not mobilised for 2 to 3 months due to his leg swelling. He was not able to get dressed and had been squatting over a bucket to use the toilet. He had previously been walking independently outside and was able to go swimming, but his mobility had deteriorated. He was under the care of District Nurses for blood tests and dressings for leaking, oedematous legs and under the Heart Function team to monitor his heart failure.

In October 2020, he reported to the District Nurse that he had been very low in mood, he felt depressed and did not feel there was anything that could be done for him. His partner was openly frustrated with his low mood. The District Nurse referred the patient to the Community Matron on 5 October 2020. When the referral was discussed with the patient, he was initially reticent and said: "what can they do, they can't make my legs work can they?".
The patient was discussed at the Local Access Point (LAP) on the 7 October. The Mental Health Team reviewed his notes and he had a previous diagnosis of bipolar disorder in 2005 and discharged from the team in 2016 as was he was considered to be in a stable mental state.

The LAP referred him to his GP for a medication review as there were concerns, he was not compliant with his medication and requested that the GP review his mental state with a view to signposting back to the mental health services if necessary. He was also referred to podiatry for his overgrown toenails. A joint visit with 2 Community Matrons was arranged for the following day and the patient was still unsure that anything would change for him when this was discussed with him prior to the visit.

During the joint visit his mood was assessed, he scored 10/15 for geriatric depression and was referred to the community mental health team. The patient and his wife found his medication regime confusing, so a blister pack system was arranged. The patient and his wife appeared to be unaware that he was a type 2 diabetic and the Matrons arranged for him to have his HbA1c checked. One of the Matrons who had previously worked within the Intensive Rehabilitation Team referred him to the team to try and improve his mobility as this was something the patient had repeatedly reported as being his goal. He was discussed the following day at the LAP and a referral was made to adult social care due to his living conditions and an Occupational Therapy assessment was requested.

The Community Matron continued to visit, to monitor is low Blood Pressure and to support the patient's wife in dealing with his new dosette medicine boxes.

The Intensive Community Rehabilitation team visited the patient on the 12th October, and he was initially assessed by the lead physiotherapist. The patient stated he had been sleeping in his chair for 2 months and on examination, he did not have full extension of his knees and

was unable to stand, transfer or mobilise. The Intensive Community Rehabilitation team continued to work with him for 2 weeks, the patient told the therapy assistants that he was "a lost cause" but remained engaged and often tried to do more than he was physically able to. The therapy assistants also worked with the patient to improve his outlook and keep him positive about his goals and practice his exercises.

The senior physiotherapist revisited the patient after 1 week and found that his extension in his left knee had improved by 5 degrees and in the right knee, he was able to almost fully extend (only lacked the last 5 degrees on extension).

The physiotherapist arranged for the In-Reach Frailty Practitioner (Occupational Therapist) to visit to explore the possibility of some equipment (frames) to assist with standing from the chair and mobilising around the house. The OT visited on the 20th October and discussed the patient's home environment, offering a hospital bed and a commode to help with toileting.

The patient declined as he felt there was not enough room in the 1-bedroom bungalow but agreed to a frame to help with mobilisation. ICR continued to visit and supported him with his exercises. The Matron visited on the 26th October. The patient was still experiencing discomfort in his knees, with a possible developing infection and his pressure areas were not healing as he was still spending a lot of time sat and sleeping in his chair. She felt the patient would benefit from inpatient rehabilitation in the community wards as he had already made a lot of improvement with his exercises but sleeping in the chair was preventing him being able to progress any further.

She discussed this with the GP who advised her she could not arrange admission to the wards and would send him to the acute hospital. The Matron explained that she was able to arrange admission and organised this with the Jubilee Ward Doctor who reviewed the patient's bloods and agreed that patient would benefit from an inpatient stay with rehabilitation. The Matron discussed a referral with the patient and his wife, but he initially declined, telling her he was scared to go in. The Matron asked another Matron to accompany her on a joint visit the following day and they explained the benefits of an admission to the patient and his wife. After a lengthy discussion, the patient consented to an admission and this was arranged for the following day as the patient requested some time to prepare.

On arrival on the ward he had an initial assessment with the physiotherapist. He discussed his goal of being able to walk independently. The patient required A02 with all transfers, was unable to mobilise and scored 4/20 on the elderly mobility scale. The OT arranged an access visit and the possibility of a hospital bed and other equipment was explored with the option of an interim placement while the home environment was prepared for his discharge. The wife was very much involved in the discussions, with both the patient and his wife being given time to consider the options.

His knee pain was managed with fentanyl patches and his leg oedema improved significantly on the ward. He was mostly engaged and compliant with the therapy he received on the ward and his mobility improved dramatically to being able to transfer without assistance and mobilise with a frame. Social services assisted the patient's wife in decluttering the house ready for his equipment and the patient was discharged home on the 10th November with referrals to the District Nurses to continue monitoring his legs and pressure area on his sacrum.

The Intensive Community Rehabilitation senior physiotherapist visited on the 11th Nov and noted the dramatic improvement in the patient's mobility; from being unable stand up from the chair to being able to walk independently. The patient told the physiotherapist that he

was "delighted" with his progress and the treatment he'd received on Jubilee Ward and "it felt like a hotel". The District Nurses who visited the same day noted that his legs and the pressure damage to his sacrum had healed.

The patient has now been discharged by the Community Mental Health team as he remains in remission.

This is an excellent example of integration and admission avoidance with a really positive outcome for the patient and a huge improvement in his quality of life.

BOARD OF DIRECTORS MEETING 09/02/21

Board Meeting Matters Arising Log – 2021 – Public Meetings

Key:

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

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
10.12.19	19/248	Vision Metrics	The Deputy Chief Executive and Chief Financial Officer to present options for linking True North and the Vision Metrics to the Finance, Investment and Performance Committee.	March 2021	**AG**		
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	Paused due to Covid-19	**DF**	15 Step Visits are currently paused because of COVID-19. The action will be completed when 15	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			Experience Report.			Step Visits resume.	
10.11.20	20/188	Draft People Strategy	The People Strategy to be submitted to the February 2020 Trust Board meeting for approval.	February 2021	**AG/JN**	On the agenda for the meeting.	
10.11.20	20/188	Draft People Strategy	The Director of People agreed to sharpen up the Key Performance Indicators, to include a "quick win" pathway and re-draft the section on culture.	February 2021	**AG/JN**	Completed	
10.11.20	20/189	Draft Equalities, Diversity and Inclusion Strategy	Key metrics to be included in the updated Equalities, Diversity and Inclusion Strategy.	February 2021	**AG/NZ**	Completed	
08.12.20	20/227	Trust's Three-Year Strategy	The section on digital technologies to be finessed particular in relation to the ambitions around the use of digital technologies.	January 2021	**KM**	Completed	

![NHS Berkshire Healthcare NHS Foundation Trust]

Trust Board Paper

Meeting Date	9th February 2021
Title	**Annual Community Mental Health Survey 2020**
Purpose	The purpose of this paper is to provide information to the Board on the feedback and results received from the 2020 annual community mental health survey
Business Area	Nursing & Governance
Author	Debbie Fulton, Director Nursing and Therapies
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
Equalities and Diversity Implications	The demographics of respondents is set out in the report.
SUMMARY	This report is prepared for the Board for information. The community mental health survey was published in November 2020 and is part of the CQC survey programme with the overall experience question on the survey forms part of the NHSi Standard Oversight Framework. The survey is based on 17,601 patients who received care between September and November 2019. An overall response rate of 27% was achieved (compared to a national response rate of 26%) which is an increase of 24% in 2019, although this is still a decrease from 33% in 2018. The survey results demonstrate that our results are the same as most other trusts for all section scores. In this survey compared with the results from 2019 there has been: • Improvement in 8 questions • Decline in 16 questions • The same results seen in 4 questions Most improvement was seen in: • How well does this person organise the care and services you need? (8.3 to 8.7)

	- Would you know who to contact out of office hours within the NHS if you had a crisis? (6.5 to 7.1) - In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)? (4.7 to 5.1) - Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care? (2.3 to 2.7) Although 16 questions demonstrated some decline many were 0.3 points or less difference, the 7 questions where the decline was greater than this were: - Have you been told who is in charge of organising your care and services? (7.6 to 7) - Does this agreement on what care you will receive take your personal circumstances into account? (7.6 to 6.7) - Did you feel that decisions were made together by you and the person you saw during this discussion? (8.4 to 7.9) - In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? (8.4 to 7.7) - Were these treatments or therapies explained to you in a way you could understand? (8.4 to 7.6) - Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like? (7.7 to 7.3) - Overall views of care and services: In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? (6.8 to 6.1) Nationally it is acknowledged that the peak of the Covid-19 pandemic in England and the subsequent national 'lockdown' in March 2020, occurred approximately midway through the fieldwork period for the survey. Whilst the Community Mental Health survey primarily asked people to reflect on their experience of care over the previous 12 months, and therefore prior to the pandemic, analysis has shown that the national lockdown is likely to have impacted on the way service users responded to the survey. This means that nationally the 2020 Community Mental Health survey is classed as not directly comparable with the results of previous years, because people's experiences of care may have been affected by lockdown, Trusts have therefore been advised to consider this when reflecting on the results. Results of the survey are shared with relevant services and are used to inform ongoing improvement work.
ACTION REQUIRED	The Board is asked to: Note the report

Annual Community Mental Health Survey 2020

1. Introduction

The annual CQC Community Mental Health Survey for 2020 was published in November 2020 and is based on a survey of 17,601 (an increase from 12,551 in the 2019 survey) patients who received care between September and November 2019. A sample of patients were sent the annual community mental health survey (generated at random on the agreed national protocol) from people seen between. The Trust had an overall response rate of 27% (compared to a national response rate of 26%) which shows an increase from 24% in 2019 although this is still a decrease from 33% in 2018. The survey results are shown individually as questions, and then grouped together in sections; the latter indicating whether a trust is above, below or within the expected range.

The published data set also includes a comparison with the equivalent question in the 2019 survey. The community mental health survey is part of the CQC survey programme with the results forming part of the CQC 'insight report' and the overall experience question on the survey forms part of the NHSE/I Standard Oversight Framework.

The survey is just one-way trusts gauge the views of people who use services, all also have to offer service users the opportunity to comment on services using the Friends and Family Test.

There has been a year on year increase on the time between the survey and the published benchmarking reports. This survey is used alongside the internal patient survey, however the delay in reporting means that specific change as a result of this feedback may not be seen in the following survey.

As described in the CQC benchmarking report, the peak of the Covid-19 pandemic in England and the subsequent national 'lockdown' March 2020, occurred approximately midway through the fieldwork period for the survey. Whilst the Community Mental Health survey primarily asked people to reflect on their experience of care over the previous 12 months, and therefore prior to the pandemic, analysis has shown that the national lockdown likely impacted the way service users responded to the survey. This means that nationally the 2020 Community Mental Health survey is classed as not directly comparable with the results of previous years, because people's experiences of care may have been affected by lockdown, Trusts are advised to consider this when reflecting on the results.

2. Trust level results

Interpreting the results and highlights

The following question is new for 2020:

Q29. Overall, how did you feel about the length of time you waited before receiving NHS therapies?

In addition, the following questions were amended for 2020:

Q6. Did the person or people you saw appear to be aware of your treatment history?
Q13. Does this agreement on what care you will receive take into account your needs in other areas of your life?
Q14. In the last 12 months, have you had a specific meeting with someone from NHS mental health services to discuss how your care is working?
Q15. Did you feel that decisions were made together by you and the person you saw during this discussion?
Q16. Would you know who to contact out of office hours within the NHS if you had a crisis? This should be a person or a team within NHS mental health services.
Q30. In the last 12 months, did NHS mental health services support you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy. Etc)?
Q32. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?

A weighted score for each question is calculated out of 10. Nationally the report is coded as green (better than expected compared to other Trusts), grey (about the same) and orange (Worse than expected compared to other Trusts and red for the purposes of this report).

In 2019, we were rated about the same as other Trusts in 9 sections; in addition we were better than most Trusts for the section on 'Reviewing care' and on the cusp between the same as and better than most Trusts for the section on 'overall views of care and services'. In the 2020 survey, we were in the expected range across all section scores.

The Trust did not achieve the highest national score in any of the questions, but scored better than the expected range for

Q33. In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?

When reviewing the detail of the 11 sections

- We improved in 8 questions

- Declined in 16 questions

- Stayed the same in 4 questions

The Trust did not score the lowest out of Trusts nationally in any section or question.

The areas where the Trust saw an increase in score (and satisfaction) are:

- **Your Health and Social Care Workers**

Did the person or people you saw understand how your mental health needs affect other areas of your life? (7.3 to 7.4)

- **Organising your care:**
  How well does this person organise the care and services you need? (8.3 to 8.7)

- **Crisis Care:**
  Would you know who to contact out of office hours within the NHS if you had a crisis? (6.5 to 7.1)

- **Medicines**:
  Were you as involved as much as you wanted to be in decisions about which medicines you receive? (7.1 to 7.2)

- **Support and Wellbeing:**
  In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs? (4.7 to 4.9)
  In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits? (4 to 4.7)
  In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)? (4.7 to 5.1)

- **Feedback**:
  Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care? (2.3 to 2.7)

The areas where the Trust saw a decrease in score (and satisfaction) are:

- **Your Health and Social Care Workers:**

  Did the person or people you saw appear to be aware of your treatment history? (there was a slight amendment to the wording of the question so this may not be directly comparable to previous years and should be considered with reservations) (7.5 to 7.2)

- **Organising your care:**
  Have you been told who is in charge of organising your care and services? (7.6 to 7)
  Do you know how to contact this person if you have a concern about your care? (9.9 to 9.8)

- **Planning your care**
  Have you agreed with someone from NHS mental health services what care you will receive? (6.2 to 6)
  Were you involved as much as you wanted to be in agreeing what care you will receive? (7.6 to 7.4)
  Does this agreement on what care you will receive take your personal circumstances into account? (7.6 to 6.7)

- **Reviewing your care**
  In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working? (7.9 to 7.2)
  Did you feel that decisions were made together by you and the person you saw during this discussion? (8.4 to 7.9)

- **Crisis Care:**
  In the last 12 months, did you get the help you needed when you tried contacting this person or team? (6.8 to 6.5)

- **Medicines**:
  Has the purpose of your medicines ever been discussed with you? (7.6 to 7.4)
  Have the possible side effects of medication ever been discussed with you? (5.9 to 5.7)
  In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? (8.4 to 7.7)

- **NHS Therapies:** Were these treatments or therapies explained to you in a way you could understand? (8.4 to 7.6)

- **Support and Wellbeing:**
  In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity? (6.1 to 5.8)
  Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like? (7.7 to 7.3)

- **Overall views of care and services**: In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? (6.8 to 6.1)

Appendix one shows a RAG comparison and indicates where the Trust has scored in regard to an expected range i.e. about the same (amber) is the range that the Trust can score within without being significantly different than average. The published benchmarking report adapted the colours to orange (below expected), grey (within expected range) or green (higher than expected); for a consistent comparison, Appendix one retains RAG grading using the same three gradings.

Appendix two shows that our scores (including section scores) in comparison with previous years.

2.1 How did we do – section scores

Graph one below shows the results of the sections within the 2020 survey in comparison with previous years.

Graph One: Section Scores
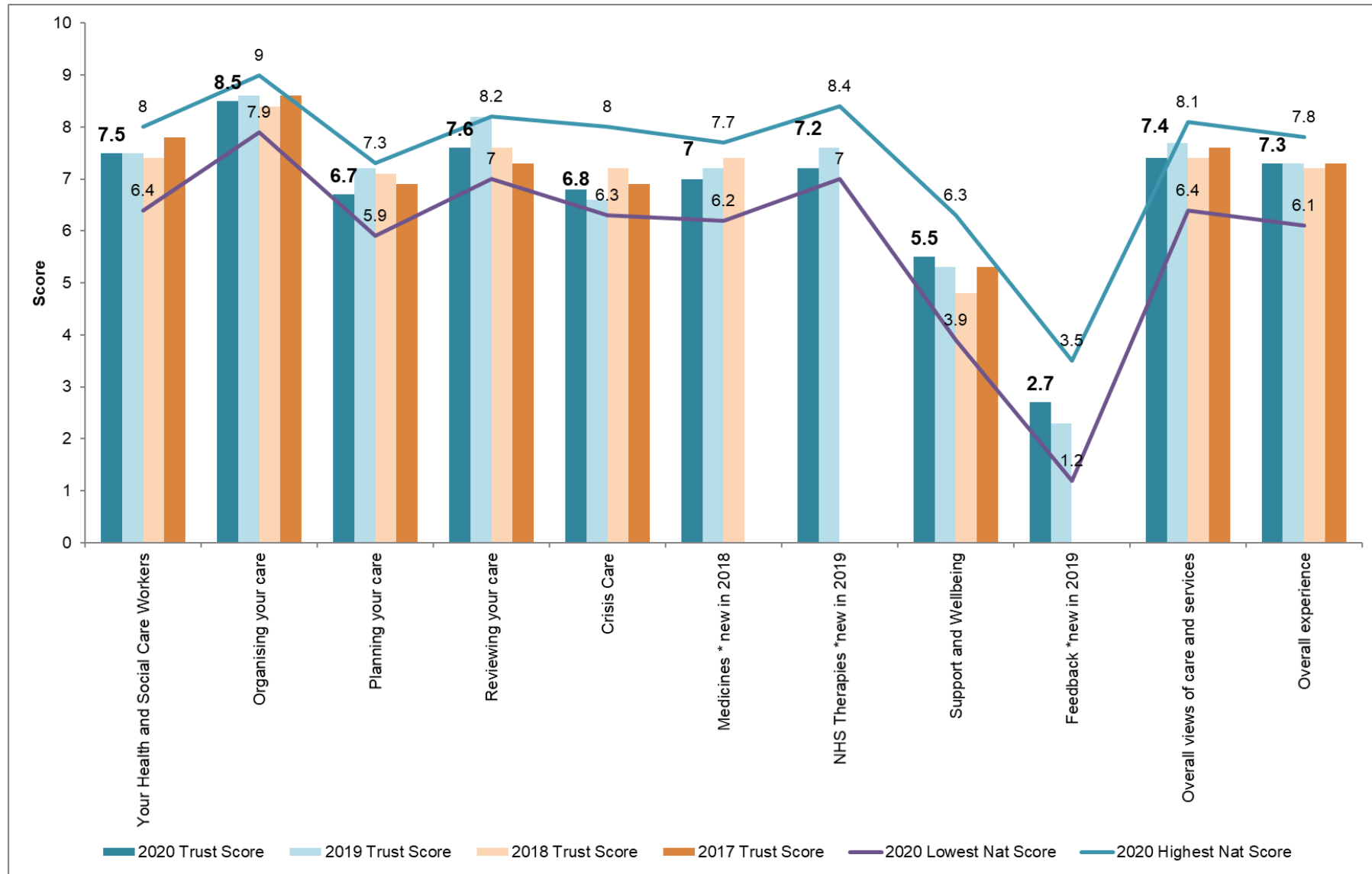
2.2 How did we do – over time

The graphs below show the results for our Trust in the 2020 survey within their respective sections against the national scores and the Trust results in 2019, 2018, 2017, 2016 and 2015.

Graph Two: Health and Social Care Workers

Graph Three: Organising your care

Legend:
- Have you been told who is in charge of organising your care and services?
- Do you know how to contact this person if you have a concern about your care?
- How well does this person organise the care and services you need?

Graph Four: Planning your care

Legend:
- Have you agreed with someone from NHS mental health services what care you will receive?
- Were you involved as much as you wanted to be in agreeing what care you will receive?
- Does this agreement on what care you will receive take your personal circumstances into account?

Graph Five: Reviewing your care

Legend:
- ■ In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?
- ■ Did you feel that decisions were made together by you and the person you saw during this discussion?

Categories: 2015 Score, 2016 Score, 2017 Score, 2018 Score, 2019 Score, 2020 Score, 2020 Lowest Nat Score, 2020 Highest Nat Score

Graph Six: Crisis Care

Legend:
- ■ Do you know who to contact out of office hours within the NHS if you have a crisis?
- ■ In the last 12 months, did you get the help you needed when you tried contacting this person or team?

Categories: 2015 Score, 2016 Score, 2017 Score, 2018 Score, 2019 Score, 2020 Score, 2020 Lowest Nat Score, 2020 Highest Nat Score

Graph Seven: NHS Therapies

- Were these treatments or therapies explained to you in a way you could understand?
- Were you as involved as you wanted to be in deciding what treatments or therapies to use?
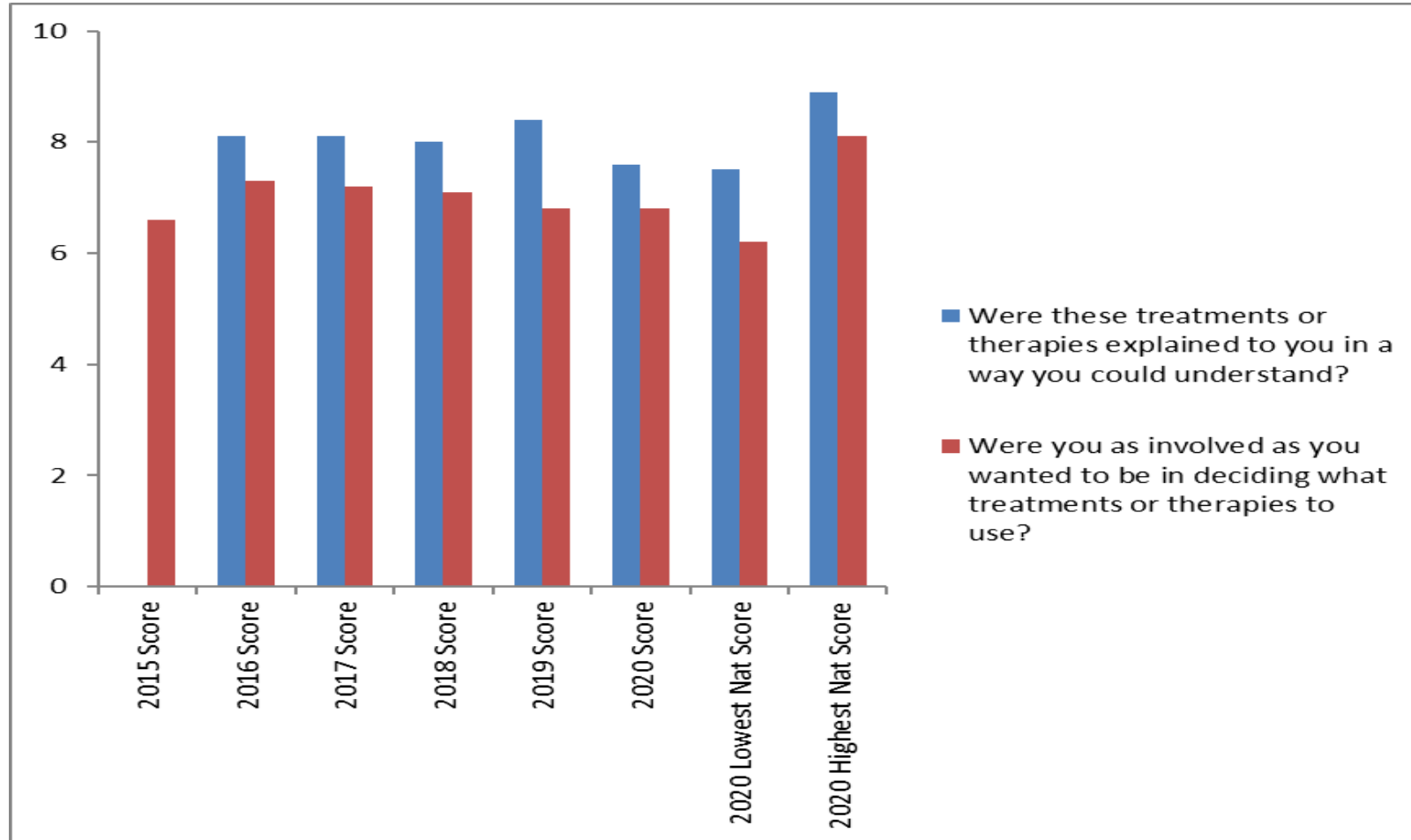
Graph Eight: Support and Wellbeing

- In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?
- In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?
- In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?
- Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?

Graph Nine: Feedback

- Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?*

Graph Ten: Overall experience of care and services

Legend:
- In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?
- Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

Graph Eleven: Overall

Legend: Overall

3. How did we do – compared to others

Graph twelve shows Trusts in the region compared to each other, and the highest national score for treating people with dignity and respect and the overall experience. The scores for Berkshire Healthcare and the highest achieved have been highlighted.

Graph Twelve:
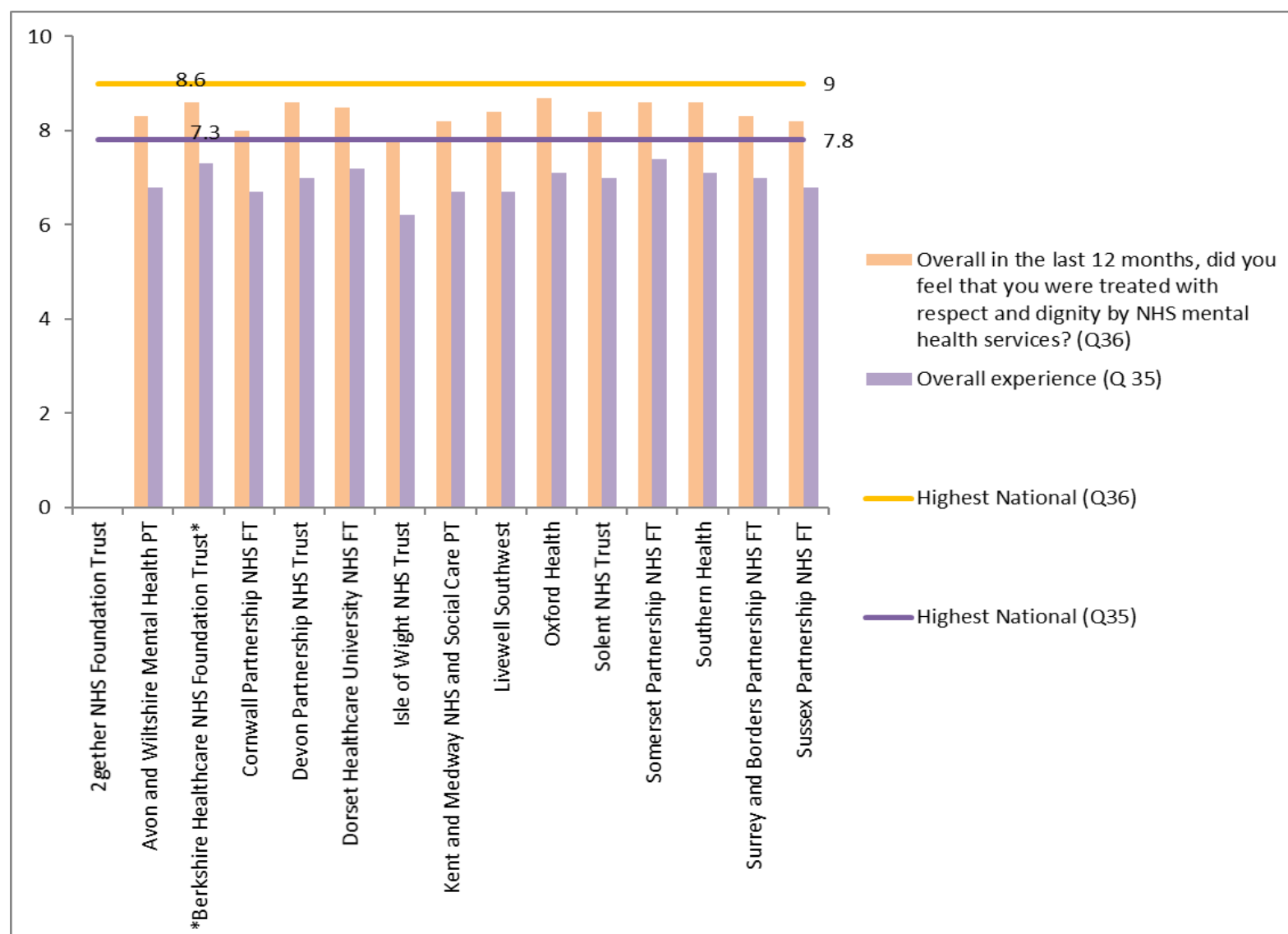
4. **Respondent Demographics**

Table Two: Response Rate

	2016	2017	2018	2019	2020
Response Rate	28%	29%	33%	24%	27%
Response Rate (All Trusts)	28%	26%	28%	27%	26%

Whilst there were no significant outliers in terms of characteristics which were predominantly in line with the responses received nationally. The tables below show the response rate in terms of change over time and compared to (2019) Berkshire Population data.

Table Three: Gender

| Gender	2019 %	Comparison	2020 %	All Trusts %	Population Data %	Comparison to Pop.Data
Male	43	↓	41	43	51	↑
Female	57	↑	59	57	49	↓

Table Four: Ethnicity

Ethnic group	2019 %	Comparison	2020 %	All Trusts %	Population data %	Comparison to Pop.Data
White	86	↑	88	87	79	↓
Mixed / Multiple ethnic groups	1	↔	1	2	3	↑
Asian / Asian British	8	↓	5	4	14	↑
Black / African / Caribbean / Black British	2	↓	1	3	4	↑
Other ethnic group	0	↔	0	0	1	↑
Not known	3	↑	4	5	0	↓

Table Five: Religion

Religion	2019 %	Comparison	2020 %	All Trusts %	Population data %	Comparison to Pop.Data
No religion	26	↔	26	26	24	↓
Buddhist	1	↔	1	1	1	↔
Christian	55	↑	59	62	56	↓
Hindu	2	↓	1	1	3	↑
Jewish	0	↔	0	1	less than 1	↔
Muslim	3	↑	4	3	7	↑
Sikh	4	↓	2	1	3	↑
Other religion	3	↔	3	2	less than 1	↓
Prefer not to say	6	↓	5	4	7	↑

Table Six: Sexual Orientation

Sexual orientation	2019 %	Comparison	2020 %	All Trusts %	Population data* %	Comparison to Pop.Data
Heterosexual / Straight	85	↑	89	87	89	↔
Gay / Lesbian	3	↓	1	2	2	↑
Bisexual	2	↑	4	3	1	↓
Other	1	↑	2	2	1	↓
Prefer not to say	9	↓	5	6	7	↑

*Note: the data for sexual orientation is taken from the 2018 GP Patient Survey – the data is derived from a 7% RR across Berkshire.

Table Seven: Age

Age group	2019 %	Comparison	2020 %	All Trusts %	Population data* %	Comparison to Pop.Data
Aged 18-35	18	↑	19	15	13	↓
Aged 36-50	20	↓	15	18	13	↑
Aged 51-65	21	↓	18	26	9	↓
Aged 66 and older	42	↑	48	40	65	↑

*Note: there is a slight variance in the population data age groups (20 to 34, 35 to 49, 50 to 64 and 65 and over)

Next Steps

It is not proposed that any action planning specific to these results is undertaken. However clinical directors should share the survey results with teams and work with them to identify any further actions that would have a positive impact particularly on communication with patients to ensure that they are clear and confident in their safety plan and where to go for support.

Liz Chapman

Head of Service Engagement and Experience

Appendix one: RAG comparison report

	2016 Comparison with other Trusts	2017 Comparison with other Trusts	2018 Comparison with other Trusts	2019 Comparison with other Trusts	2020 Comparison with other Trusts
Your Health and Social Care Workers					
Section Score	A	A	A	A	A
Did the person or people you saw listen carefully to you?	A	A	-	-	-
Were you given enough time to discuss your needs and treatment?	A	A	A	A	A
Did the person or people you saw understand how your mental health needs affect other areas of your life?	A	A	A	A	A
Did the person or people you saw appear to be aware of your treatment history				A	A
Organising your care					
Section Score	A	A	A	A	A
Have you been told who is in charge of organising your care and services?	A	A	A	A	A
Do you know how to contact this person if you have a concern about your care?	A	A/G	A	G	A
How well does this person organise the care and services you need?	A	A	A	A	A
Planning your care					
Section Score	A	A	A	A	A
Have you agreed with someone from NHS mental health services what care you will receive?	A	A	A	A	A
Were you involved as much as you wanted to be in agreeing what care you will receive?	A	A	A	A	A
Does this agreement on what care you will receive take into account your needs in other areas of your life?*	A	A	A	A	A
Reviewing your care					
Section Score	A	A	A	G	A
In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	A	A	A	A	A
Were you involved as much as you wanted to be in discussing how your care is working?	A	A	-	-	-
Did you feel that decisions were made together by you and the person you saw during this discussion?	A	A	A	G	A
Changes in who people see					
Section Score	A	A	A	-	A
Were the reasons for the change explained to you at the time?	A	A	A/G	-	-
What impact has this had on the care you receive?	A	G	A	-	-
Did you know who was in charge of organising your care while this change was taking place?	A	A	-	-	-
Crisis Care					
Section Score	A	A	A	A	A
Would you know who to contact out of office hours within the NHS if you had a crisis?*	A	A	A	A	A
When you tried to contact them, did you get the help you needed?	R	A	-	-	-
In the last 12 months, did you get the help you needed when you tried contacting this person or team?	-	-	A	A	A
Medicines					
Section Score	-	-	A	A	A
Were you as involved as much as you wanted to be in decisions about which medicines you receive?	-	-	A	A	
Has the purpose of your medicines ever been discussed with you?				A	
Have the possible side effects of your medicines ever been discussed with you?				A	
Were you given information about new medicine(s) in a way that you were able to understand?	-	-	A	-	-
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	-	-	A	A	
Treatments					

	2016 Comparison with other Trusts	2017 Comparison with other Trusts	2018 Comparison with other Trusts	2019 Comparison with other Trusts	2020 Comparison with other Trusts
Section Score	A	A	A	-	A
Were you as involved as you wanted to be in decisions about which medicines you receive?	A	A	-	-	-
Were you given information about new medicine(s) in a way that you were able to understand?	A	A	-	-	-
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	A	A	-	-	-
NHS Therapies					
Section Score				A	A
Were these NHS therapies explained to you in a way you could understand?	-	-	A	A	A
Were you as involved as you wanted to be in deciding what NHS therapies to use?	-	-	A	A	A
Support and wellbeing					
Section Score	A	A	A	A	A
In the last 12 months, did NHS mental health services support you with your physical health needs? *	A	A	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	A	A	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?*	A	A	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?	-	-	-	-	-
Has someone from NHS mental health services supported you in taking part in an activity locally?	A	A	-	-	-
In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?	-	-	A	G	G
Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?	A	A	A	A	A
Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?	A	A	G	G	-
Do the people you see through NHS mental health services understand what is important to you in your life?	-	-	-	-	-
Do the people you see through NHS mental health services help you with what is important to you?	A	A	-	-	-
Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?	-	-	-	-	-
Feedback					
Section Score				A	A
Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?				A	A
Overall views of care and services					
Section Score	A	A	A	A/G	A
In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	A	A	A	G	A
Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	A	A	G	A	A
Overall experience					
Section Score	A	A	A	A	A
Overall	A	A	A	A	A

* not comparable to previous results due to question change

Expected range
R: worse compared with other Trusts
A: about the same as most other Trusts
G: better compared with other Trusts

Appendix two: Question score comparison report

	2014 Score	2015 Score	2016 Score	2017 Score	2018 Score	2019 Score	2020	2020 Comparison with 2019
Your Health and Social Care Workers								
Did the person or people you saw listen carefully to you?	8.4	8.3	8.1	8.3	-	-	-	-
Were you given enough time to discuss your needs and treatment?	7.8	7.3	7.4	7.6	7.5	**7.7**	7.7	↔
Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.3	7.2	7.3	7.5	7.3	7.3	7.4	↑
Did the person or people you saw appear to be aware of your treatment history? *	-	-	-	-	-	7.5	7.2	↓
Organising your care								
Have you been told who is in charge of organising your care and services?	7.6	7.7	7.5	7.3	7.8	7.6	7	↓
Do you know how to contact this person if you have a concern about your care?	9.8	9.5	9.8	9.9	9.4	9.9	9.8	↓
How well does this person organise the care and services you need?	8.2	8.2	8.6	8.7	8.1	8.3	8.7	↑
Planning your care								
Have you agreed with someone from NHS mental health services what care you will receive?	5.8	5.7	5.6	6.1	6	6.2	6	↓
Were you involved as much as you wanted to be in agreeing what care you will receive?	7.6	7.5	7.7	7.1	7.6	7.6	7.4	↓
Does this agreement on what care you will receive take your personal circumstances into account?	8.2	7.5	7.7	7.6	7.6	7.6	6.7	↓
Reviewing your care								
In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	7	7	7.1	7	7.5	7.9	7.2	↓
Were you involved as much as you wanted to be in discussing how your care is working?	7.3	7.4	7.7	7.7	-	-	-	-
Did you feel that decisions were made together by you and the person you saw during this discussion?	7.4	7.6	7.8	7.3	7.7	**8.4**	7.9	↓
Changes in who people see								
What impact has this had on the care you receive?	7.3	7.7	-	-	-	-	-	-
Did you know who was in charge of organising your care while this change was taking place?	5	5.6	-	-	-	-	-	-
Were the reasons for this change explained to you at the time?	-	-	6.9	6.7	6.9	-	-	-
What impact has this had on the care you receive?	-	-	6.8	**8.5**	6.9	-	-	-
Did you know who was in charge of organising your care while this change was taking place?	-	-	5.3	5.7	-	-	-	-
Crisis Care								
Would you know who to contact out of office hours within the NHS if you had a crisis? *	7.1	8	7.3	7.7	7.5	6.5	7.1	↑
When you tried to contact them, did you get the help you needed?	5.7	5.4	4.5	**6.2**	-	-	-	-
In the last 12 months, did you get the help you needed when you tried contacting this person or team?	-	-	-	-	7	6.8	6.5	↓
Were you as involved as much as you wanted to be in decisions about which medicines you receive?	-	-	-	-	7.2	7.1	7.2	↑
Has the purpose of your medicines ever been discussed with you?					-	7.6	7.4	↓
Were you given information about new medicine(s) in a way that you were able to understand?	-	-	-	-	7.1	-	-	
Have the possible side effects of medication ever been discussed with you?	-	-	-	-	-	5.9	5.7	↓
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	-	-	-	-	7.9	8.4	7.7	↓
Treatments								
Were you as involved as you wanted to be in decisions about which medicines you receive?	6.8	6.8	6.6	7.1	-	-	-	-
Were you given information about new medicine(s) in a way that you were able to understand?	7.4	6.9	6.3	7.1	-	-	-	-
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	7.6	6.9	7.4	8.1	-	-	-	-
NHS Therapies								
Were these treatments or therapies explained to you in a way you could understand?	-	-	8.1	8.1	8	8.4	7.6	↓
Were you involved as much as you wanted to be in deciding what NHS therapies to use?	7.2	6.6	7.3	7.2	7.1	6.8	6.8	↔
Support and Wellbeing								
In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	4.7	4.9	5.1	4.9	4.5	4.7	4.9	↑
In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	3.6	3.9	4.4	4.8	3.9	4	4.7	↑

	2014 Score	2015 Score	2016 Score	2017 Score	2018 Score	2019 Score	2020	2020 Comparison with 2019
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)? *	3.6	3.1	4.9	4.7	3.8	4.7	5.1	↑
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?	3.7	2.9	-	-	-	-	-	-
Has someone from NHS mental health services supported you in taking part in an activity locally?	4.8	4.5	5.3	4.6	-	-	-	-
In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?	-	-	-	-	5.1	6.1	5.8	↓
Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?	7	6.5	7	7.1	7	7.7	7.3	↓
Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?	3.6	3.9	4.1	4.4	4.2	4.6	-	-
Do the people you see through NHS mental health services understand what is important to you in your life?	5.9	5.9	-	-	-	-	-	-
Do the people you see through NHS mental health services help you with what is important to you?	-	-	6.8	6.6	-	-	-	-
Do the people you see through NHS mental health services help you with what is important to you?	5.8	6.1	-	-	-	-	-	-
Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?	5.6	5.7	-	-	-	-	-	-
Feedback								
Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care? *	-	-	-	-	-	2.3	2.7	↑
Overall views of care and services								
In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.6	6.3	6.2	6.6	6.1	6.8	6.1	↓
Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.4	8.1	8.6	8.5	8.7	8.6	8.6	↔
Overall								
Overall	6.9	6.8	7.2	7.3	7.5	7.3	7.3	↔

* not comparable prior to surveys due to question change

Appendix three: Regional comparison – section scores

	Response Rate: 26%	Health and Social Care workers	Organising care	Planning care	Reviewing care	Crisis Care	Medicines	NHS Therapies	Support and wellbeing	Feedback	Overall views of care and services	Overall experience
Avon and Wiltshire Mental Health Partnership NHS Trust	29%	A	A	A	A	A	A	A	A	A	A	A
Berkshire Healthcare NHS Foundation Trust	26%	A	A	A	A	A	A	A	A	A	A	A
Cornwall Partnership NHS Foundation Trust	28%	A	A	A	A	A	R	A	A	A	R	A
Devon Partnership NHS Trust	24%	A	A	A	A	A	A	A	A	A	A	A
Dorset Healthcare University NHS Foundation Trust	30%	A	G	A	A	A	A	A	A	A	A	A
The Isle of Wight NHS Trust	26%	R	A	R	R	A	R	A	A	A	R	R
Kent and Medway NHS and Social Care Partnership Trust	29%	A	A	A	A	A	A	A	A	A	A	A
Livewell Southwest CIC (formerly Plymouth Community Healthcare CIC)	26%	A	A	A	A	A	A	A	A	A	A	A
Oxford Health	28%	A	A	A	A	A	A	A	A	A	A	A
Solent NHS Trust	24%	A	A	A	A	A	A	A	A	A	A	A
Somerset Partnership NHS Foundation Trust	32%	A	A	A	A	A	A	A	A	A	A	A
Southern Health	30%	A	A	A	A	A	A	A	A	A	A	A
Surrey and Borders Partnership NHS Foundation Trust	25%	A	A	A	A	A	A	A	A	A	A	A
Sussex Partnership NHS Foundation Trust	26%	A	A	A	A	A	A	A	A	A	A	A

Colours have changed on the benchmarking report, but have remained RAG for internal reporting purposes

KEY:	Section
G	Best Performing Trusts
A	About the Same
R	Worst Performing Trusts

Board	9th February 2021
Title	Patient Experience Report Quarter 3 (October -December 2020)
Purpose	The purpose of this report is to provide the Board with an overview of the patient experience information and activity for Quarter 3
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
Equalities and Diversity Implications	Protected Characteristic data is set out at section 5 of the report.
SUMMARY	This report provides information collected across the Trust in relation to patient experience during quarter 3 (October- December 2020). The Board is asked to note the information provided within the report During this phase of the COVID-19 pandemic, unlike wave 1, there has been no national direction issued to allow for formal processes to be paused and all complaint activity has continued in line with usual practices. During the quarter there was a decrease in complaint activity compared with quarter two; year to date for 2020/ 21 there has been a 9% reduction in complaints compared to 2019/20. Collation and submission of Friends and Family Test which has been suspended although collation recommenced locally during September using new questions the response rate has been low at around 4%. National data submission recommenced for submission in January 2021. Usual methods of gathering patient experience have not all taken place during the quarter however many services are collating feedback via alternative methods, with examples included within the report. For example, 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 and community mental health services have also used electronic means to gather experience data. **Highlights of the report** • 51 complaints were received: of these 3 related specifically to COVID-19/ COVID-19 pandemic (1 to a community inpatient ward, 1 to community nursing and 1 to health visiting).

	- 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 CMHT (total 7 a reduction on 11 in previous quarter and a small percentage of the 12,988 contacts that occurred) and community nursing (total 5 - 3 east and 2 west services with no emerging themes identified) . the 5 in community nursing is a tiny percentage of the 76,442 contacts that occurred during the quarter and by comparison 152 compliments were received. - Across both Physical and Mental Health Inpatient wards there was a reduction in complaints this quarter with the complaints received specific to patient's situation 1 of the 3 formal CAMHS complaints received during the quarter related to service wait times and 4 MP complaints were also received related to wait times for CAMHS during the quarter. The service continues to explore alternative ways to reduce wait lists for ASD/ ADHD pathways. - Of the 42 complaints closed in the quarter 48% were partially or fully upheld which is below both Q1 (71%) and Q2 (60%) - Compliments recorded on our system at 1010 have increased on the 975 in Q2 but remain significantly lower than last year, however given many of our planned services for routine care have been in a phase of restoration/ followed by some reduction in services during the 2nd wave of the pandemic this is perhaps not surprising. - For 27% 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 still required to improve the capture of ethnicity data for all complainants. - There are 6 open ombudsman complaints at present, for 2 of these investigations are underway and for the remaining 4 further information has been requested by PHSO in order to decide on progressing to investigation. For 3 additional complaints referred, the ombudsman has advised attempting to seek local resolution in first instance. - After a decrease in MP enquires to 5 in Q1, there was an increase to 8 in Q2 and a further increase to 10 this quarter. 50% of these related to CAMHS services. There were no particular complaint themes or trends of note in the quarter 3 patient experience data apart from the wait times in children's Mental health services which continue to receive both formal complaints and MP enquiries. There was only 1 other formal complaint received around wait times across the trust during the quarter and that was in relation to phlebotomy. Most complaints are in relation to care and treatment specific to an individual and their circumstances; of note there was a reduction in upheld / partially upheld complaints relating to staff attitude this quarter with 10% relating to attitude compared with 32% in Q1 and 15% in Q2.
ACTION REQUIRED	The Board is asked to: Note the report.

Quarter Three – Patient Experience Report (October to December 2020) 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 (FFT), Patient Advce and Liaison Service (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; National data collation for FFT is recommencing in December 2020 ready for reporting in January 2021, ahead of this local collation has recommenced during September 2020.

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 three 2020-21 there were 51 complaints received (including re-opened complaints). This is a decrease compared to 2019-20 where there were 68 for the same period. The total number of complaints received in Q1, Q2 and Q3 2020-21 is 9% lower than the total received in Q1, Q2 and Q3 2019-20.

There were 125,884 reported contacts and discharges from our inpatient wards, giving a complaint rate of 0.04%.

Table 1: Formal complaints received

Service	2019-20						2020-21						
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Change to Q2	Q3	Q3 % contacts	Total for year	% of Total
CMHT/Care Pathways	8	10	6	13	**37**	**16.02**	4	11	↓	7	0.04%	22	**14.01**
CAMHS - Child and Adolescent Mental Health Services	10	8	8	4	**30**	**12.99**	2	3	-	3	0.03%	8	**5.1**
Crisis Resolution & Home Treatment Team (CRHTT)	2	2	4	6	**14**	**6.06**	4	2	↑	3	0.02%	9	**5.73**
Acute Inpatient Admissions – Prospect Park Hospital	5	3	7	6	**21**	**9.09**	7	4	↓	1	0.90%	12	**7.64**
Community Nursing	4	3	6	2	**15**	**6.49**	2	1	↑	5	0.01%	8	**5.1**
Community Hospital Inpatient	6	1	5	3	**15**	**6.49**	5	6	↓	3	0.60%	14	**8.92**
Common Point of Entry	2	6	2	2	**12**	**5.19**	1	1	↑	3	0.20%	5	**3.18**
Out of Hours GP Services	0	1	7	1	**9**	**3.9**	4	0	↑	3	0.02%	7	**4.46**
PICU - Psychiatric Intensive Care Unit	0	0	1	0	**1**	**0.43**	2	0	-	0	0	2	**1.27**
Urgent Treatment Centre	1	1	1	0	**3**	**1.3**	1	0	↑	1	0.02	2	**1.27**
Older Adults Community Mental Health Team	1	0	0	0	**1**	**0.43**	1	1	-	1	0.01%	3	**1.91**
15 other services in Q3	11	19	21	22	**73**	**31.6**	11	33	↓	21	-	65	**41.4**
Grand Total	**50**	**54**	**68**	**59**	**231**		44	62	↓	51	0.04%	157	

Five of the 21 (other complaints, not specified) were about Health Visiting, two related to TILS and were from the from the same person. The remaining 14 were from across a range of Trust services.

3 out of the 51 formal complaint received were about Covid, these were:

- The Community Nurses going into nursing homes not having regular testing (this was received prior to the lateral flow tests)
- A delay in a patient receiving oral surgery at the Community Dental Service
- The lack of communication with the family of a patient who was Covid-19 positive and transferred from the Oakwood Unit to the Royal Berkshire Hospital

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 three 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 three.

2.2 Adult mental health service complaints received in Quarter three

21 of the 51 (41%) complaints received during Quarter three were related to adult mental health service provision.

Table 2: Adult mental health service complaints

Service	Geographical Locality							Grand Total
	Basingstoke	Bracknell	Reading	Slough	WAM	West Berks	Wokingham	
Adult Acute Admissions - Daisy Ward				1				1
CMHT/Care Pathways		2	1	1	2	1		7
CMHTOA/COAMHS - Older Adults Community Mental Health Team						1		1
Common Point of Entry			1			2		3
Complex Treatment for Veterans/TILS			2					2
Criminal Justice Liaison and Diversion Service	1							1
Crisis Resolution and Home Treatment Team (CRHTT)			1	1	1			3
IMPACTT			1					1
Older adults inpatient service - Rowan Ward			1					1
PMS			1					1
Talking Therapies			1					1
Traumatic stress service			1					1
Grand Total	1	2	10	3	3	4	0	23

2.2.1 Number and type of complaints made about a CMHT

5 of the 51 complaints (10%) received during Quarter three related to the CMHT service provision, detail below. In Quarter two there were 11 complaints. There were 12,988 reported attendances for CMHT and the ASSiST service during Quarter three, giving a complaint rate of 0.04% compared to 0.08% in Quarter two and 0.02% in Quarter one.

Table 3: CMHT complaints

Main subject of complaint	Geographic Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	
Access to Services							
Attitude of Staff							
Care and Treatment		1	1	1	1		4
Communication	2				1		3
Confidentiality							
Medication							
Grand Total	2	1	1	1	2	0	7

There were no complaints received about the CMHT based in Wokingham.

There were no specific trends about complaints for the other localities.

2.2.2 Number and type of complaints made about CPE

There were three complaints received about CPE. This is an increase from Quarter two and Quarter one.

Table 4: CPE Complaints

Main subject of complaint	Geographic Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	
Care and Treatment		1					1
Communication				2			2
Grand Total	0	1	0	2	0	0	3

There were 1,707 contacts with CPE during Quarter three, giving a complaint rate of 0.2%, which is an increase from Quarter two of 0.05%.

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

During Quarter three, 2 of the 51 complaints (4%) related to Adult Acute mental health inpatient wards. This is a reduction to numbers received in Quarter two and Quarter one. One complaint was for Daisy Ward and one was for Rowan.

There were 229 reported discharges from mental health inpatient wards during Quarter three giving a complaint rate of 0.9% compared to 1.52% in Quarter two and 2.81% in Quarter one.

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

In Quarter three, 3 of the 51 complaints (6%) were attributed to CRHTT, an increase from 2 in Quarter two.

There were 16,057 reported contacts for CRHTT during Quarter three giving a complaint rate of 0.02% compared to 0.01% in Quarter two and 0.02% in Quarter one.

Table 5: CRHTT complaints

Main subject of complaint	Geographic Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	
Attitude of staff			1				1
Care and Treatment		1				1	2
Grand Total	0	1	1	0	0	1	3

2.3 Community Health Service Complaints received in Quarter two

During Quarter three 16 of the 51 complaints (31%) related to community health service provision. The table below shows further details.

Table 6: Community Health service complaints

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Henry Tudor Ward					1		1
Oakwood Ward		2					2
Community Respiratory Service		1					1
IPASS						1	1
District Nursing (Community Nursing)	1	2	1			1	5
Out of Hours GP		2		1			3
Phlebotomy				1			1
Urgent Treatment Centre				1			1
Community Dental services				1			1
Grand Total	1	7	1	4	1	2	16

2.3.1 Community Health Inpatient Ward Complaints

During Quarter three, 3 of the 51 complaints (6%) received related to inpatient wards. There were 501 reported discharges from community health inpatient wards during Quarter three giving a complaint rate of 0.6%, compared to 1.10% in Quarter two and 0.81% in Quarter one.

Table 7: Community Health Inpatient complaints

Main subject of complaint	Ward					Grand Total
	Donnington	Henry Tudor Ward	Jubilee Ward	Oakwood Ward	Windsor Ward	
Care and Treatment		1		1		2
Communication				1		1
Attitude of staff						
Grand Total	0	1	0	2	0	3

There are seven community health inpatient wards and the top theme for Quarter three was care and treatment (2 complaints) and this was across two wards.

2.3.2 Community Nursing Service Complaints

District Nursing received the most complaints for community health services in Quarter three, with five complaints being received. This was an increase of one complaint received in Quarter two and two received in Quarter one. Three of the five related to care and treatment.

There were 76,442 reported attendances for the Community Nursing Service during Quarter three giving a complaint rate of 0.006%, compared to 0.001% in Quarter two and 0.004% in Quarter one. This continues to be a very small complaint rate well below the Trust overall rate of complaints per contact.

Table 8: Community Nursing Service complaints

Main subject of complaint	Geographic Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	
Attitude of staff	1						1
Care and Treatment		1	1			1	3
Communication	1						1
Grand Total	2	1	1	0	0	1	5

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

There were 15,341 reported attendances for WestCall in Quarter three and three complaints were received giving a complaint rate of 0.02% for Quarter three compared to 0% in Quarter two. Two were related to care and treatment and one to confidentiality.

There was one complaint for the Urgent Care Centre and with 4,916 attendances, the complaint rate was 0.02%.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children complaints

During Quarter three, 6 of the 51 complaints (12%) were about children's physical health services. Five related to Health Visiting, and two of these were from the same person (the same person who had raised eight complaints in Quarter two)

Table 9: Children and Young People service physical health service complaints

Service	Geographical Locality			
	Bracknell	Reading	Wokingham	Grand Total
Children's Speech and Language Therapy - CYPIT		1		1
Health Visiting	2	2	1	5
Grand Total	**2**	**3**	**1**	**6**

2.4.2 CAMHS complaints

During Quarter three, 3 of the 51 complaints (6%) were about CAMHS services (including CPE and Willow House). There were 8,751 reported attendances for CAMHS during Quarter three giving a complaint rate of 0.034%, compared to 0.06% for Quarter two and 0.04% for Quarter one.

Table 10: CAMHS Complaints

Service	Main subject of complaint				
	Access to services	Care and Treatment	Communication	Waiting Times	Grand Total
CAMHS - ADHD				1	1
CAMHS - Anxiety and Depression Pathway		1			1
CAMHS - Specialist Community Teams		1			1
Common Point of Entry (Children)		1			
Grand Total	**0**	**3**	**0**	**1**	**3**

Care and Treatment related to individual circumstance was the most common reason for the complaints. Waiting times was the cause for the complaint received regarding CAMHS ADHD

2.5 Learning Disabilities

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

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 table below shows the information for Mental Health Trusts over time.

Table 11: KO41A Return	2017-18		2018-19				2019-20				2020-21	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Mental Health complaints - nationally reported	**3,451**	**3,653**	**3,598**	**3,651**	**3,391**	**3,450**	**3,507**	**3,502**	**3,335**	**3,303**	**2,058**	**3,049**
2Gether NHS Foundation Trust	15	15	17	14	21	20	24	16	..	..	..	..
Avon and Wiltshire Mental Health Partnership NHS Trust	63	67	78	72	77	51	56	67	59	63	42	67
Berkshire Healthcare NHS Foundation Trust	**56**	**59**	**49**	**45**	**38**	**51**	**47**	**52**	**56**	**51**	**40**	**47**

Table 11: KO41A Return

	2017-18		2018-19				2019-20				2020-21	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Cornwall Partnership NHS Foundation Trust	32	34	31	28	20	30	24	22	23	19	12	27
Devon Partnership NHS Trust	43	49	44	56	33	45	52	46	56	49	15	31
Dorset Healthcare University NHS Foundation Trust	74	79	91	90	92	54	61	60	64	88	60	109
Kent and Medway NHS and Social Care Partnership Trust	88	86	87	115	121	118	121	128	124	90	70	111
Oxford Health NHS Foundation Trust	49	70	50	56	58	56	52	61	72	68	44	54
Somerset Partnership NHS Foundation Trust	15	14	17	14	24	18	24	24	17	19	45	90
Southern Health NHS Foundation Trust	79	96	91	95	82	68	73	51	52	51	29	51
Surrey and Borders Partnership NHS Foundation Trust	21	26	26	36	16	26	22	28	32	27	9	27
Sussex Partnership NHS Foundation Trust	169	221	209	192	181	173	178	217	219	194	99	164

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 three there were 42 complaints closed compared to 67 in Quarter two and 35 in Quarter one.

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	Q1	Q2	Comparison to Q2	Q3	% of 20/21
Case not pursued by complainant	0	0	0	0	0	0	1	1	↓	0	1.83
Consent not granted	1	0	0	0	1	0.45	0	0	↑	2	0.45
Local Resolution	1	1	0	0	2	1.92	0	0	-	0	0
Managed through SI process	0	0	0	0	0	0	0	1	-	1	0
Referred to another organisation	1	0	0	0	1	0.45	0	0	-	0	0
Not Upheld	16	20	23	24	83	37.56	9	25	↓	19	33.51
Partially Upheld	17	22	28	23	90	40.72	13	34	↓	20	46.33
Upheld	11	13	10	9	43	19.46	12	6	↓	0	17.88
Disciplinary Action required	0	1	0	0	1	0.45	0	0	-	0	0
Grand Total	**47**	**57**	**61**	**56**	**221**		**35**	**67**		**42**	

48% of complaints (20) complaints were either partly or fully upheld in the quarter, these were spread across several differing services. Of these 2 (10%) were about staff attitude, 6 (30% were in relation to communication and 55% related to care and treatment received and were as detailed in table 13 spread across a number of services.

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

Service	Main Subject of Complaint				Grand Total
	Attitude of Staff	Care and Treatment	Communication	Waiting Times for Treatment	
Adult Acute Admissions - Bluebell	1				1
CAMHS - Anxiety and Depression Pathway		1			1
Children's Speech and Language Therapy		1			1
CMHT/Care Pathways		3			3
Common Point of Entry			1		1
Community Dental Services		1			1
Community Hospital Inpatient Service - Oakwood Ward		1	1		2
Criminal Justice Liaison and Diversion			1		1
District Nursing		1	1		2
Health Visiting	1				1
Phlebotomy				1	1
Talking Therapies - Admin/Ops Team		2			2
Urgent Treatment Centre		1			1
Veterans TILS Service			2		2
Grand Total	**2**	**11**	**6**	**1**	**20**

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) are 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 – Percentage response rate within timescale negotiated with complainant

2020-21			2019-20				2018-19				2017-18				2016-17			
Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100	99	100	100	98	100	100	100	100	100	100	100	100	100	100	100	100	100	100

All complaints closed in Quarter three were closed within an agreed timescale.

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 1 October and 31 December 2020. This does not include where a different organisation was

leading the investigation but does include re-opened complaints. The population data has been realigned to the information provided in 2019 Berkshire population data.

Table 15: Ethnicity

Ethnicity	Number of patients	%	Pop Data %
Asian - Bangladeshi	1	1.96	13.59
Other Asian	1	1.96	
Black British	1	1.96	3.64
Mixed - White and Black Caribbean	2	3.92	3.18
Mixed - White Asian	1	1.96	
Other Mixed	2	3.92	
Not Stated	14	27.45	0
Other ethnic category	1	1.96	0.99
Other White	6	11.76	6.31
White British	22	43.14	72.29
Grand Total	51		

As a way of improving ethnicity recording information is sent back to services where this is not documented on RiO. The Complaints Office also discuss the importance of capturing this information when delivering the Complaint Handling Training.

5.2 Gender

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

Table 16: Gender

Gender	Number of patients	%	Pop Data %
Female	32	62.75	49.5
Male	19	37.25	50.5
Grand Total	51		

5.3 Age

Table 17: Age

Age Group	Number of patients	%	Pop Data %
Less than 1	2	3.92	1.0%
1 to 4	2	3.92	4.8%
5 to 9	2	3.92	7.3%
10 to 14	2	3.92	6.6%
15 to 19	5	9.80	6.3%
20 to 24	3	5.88	5.7%
25 to 29	2	3.92	5.8%
30 to 34	2	3.92	6.7%
35 to 39	6	11.76	7.6%
40 to 44	3	5.88	8.1%

Age Group	Number of patients	%	Pop Data %
45 to 49	1	1.96	7.5%
50 to 54	3	5.88	7.0%
55 to 59	4	7.84	6.1%
60 to 64	2	3.92	4.9%
65 to 69	3	5.88	4.0%
70 to 74	1	1.96	3.8%
75 to 79	1	1.96	2.7%
80 to 84	3	5.88	2.0%
85+	4	7.84	1.9%
Grand Total	51		

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.

There have been no new formal investigations taken on by the PHSO in quarter three, but there have been a number of enquiries where that have asked for further information or sought for us to seek local resolution with the complainant. These are detailed in the table below.

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
Sept 20	CPE	Open	PHSO have requested information to aid their decision on whether they will investigate
Oct 20	CMHT/Care Pathways		PHSO have requested information to aid their decision on whether they will investigate
Oct 20	CMHT/Care Pathways		PHSO have requested information to aid their decision on whether they will investigate
Oct 20	Community Inpatient Services		PHSO have requested we have a final meeting with family
Nov 20	CMHT/Care Pathways		PHSO have requested we attempt to reach resolution with mother of patient who has not given consent to share

The PHSO has published the draft Complaints Standard Framework: Summary of core expectations for NHS organisations and staff. The final framework is due to be published in Spring 2021, the Complaints Team will reassess the service to ensure that it aligns with the draft standards and provide an update in Quarter four.

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 complaints received that were led by another organisation during Quarter three, one led by Frimley Health (about inpatient care on Henry Tudor ward) and one by NHSE (about Out of Hours GP service).

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

Service	Main theme of enquiry					Grand Total
	Access to Services	Care and Treatment	Communication	Environment	Waiting Times for Treatment	
CAMHS - AAT		1				1
CAMHS - ADHD					2	2
CAMHS - Child and Adolescent Mental Health Services					1	1
CMHT/Care Pathways	1					1
Common Point of Entry (Children)					1	1
Community Dental Services		1				1
Other				1		1
District Nursing		1	1			2
Grand Total	1	3	1	1	4	10

There were 10 MP enquiries raised in Quarter three, an increase from 8 in Quarter two and 5 in Quarter one.

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 resolved locally
Children's Speech and Language Therapy - CYPIT	2
CMHT/Care Pathways	1

Service	Number of concerns resolved locally
CMHTOA/COAMHS - Older Adults Community Mental Health Team	2
District Nursing	2
East Berkshire Wheelchair Service	1
Health Visiting	2
Immunisation	2
Other	1
Physiotherapy Musculoskeletal	1
PICU - Psychiatric Intensive Care - Sorrel Ward	1
Podiatry	5
Grand Total	20

There were 20 local resolution complaints logged in quarter three. This is a decrease from 27 in quarter 2. Access to services was the most common theme for the local resolutions that were logged.

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 eight informal complaints received during Quarter three, which cover various aspects of care and communication with CAMHS, Health Visiting, CMHT, Immunisation and our IT.

8.4 NHS Choices

There were ten postings during Quarter three; eight were positive, two were negative. PALS responded to these with contact information and the offer of a further conversation about their experience. It was also sent on to the services for their attention.

Service	Feedback
Early Intervention in psychosis – Prospect Park Hospital (1)	*"My son attempted to take his life in Reading last year whilst studying at the town's University. Berkshire Healthcare NHS Foundation Trust urgently referred him to a team called Early Intervention in Psychosis based at Prospect Park Hospital, Honey End, Reading, RG30 4EJ. The staff member (my son's care coordinator) was exceptional during these difficult times, his voice was extremely soothing and very informative all throughout. This staff member tried his best to make my son comfortable, never isolated and he did this whilst he was at his vulnerable living in university halls all alone over the summer vacation period. While I was 80 miles away, he managed to calm my worries down via the phone and review meetings to make the entire situation a better experience. I will never forget how his approachable professionalism adapted me to believe my son was in trustworthy hands and able to receive the care he needed. Any questions I needed answers to, he had the answer... Any concerns, he always had the right things to say. I cannot thank him enough for his support throughout one of the hardest situations of my life. Now my son is back at home with the whole family, thanks to the support of this staff member, he sorted a hassle-free transfer to a university closer by and further support from an Early Intervention in Psychosis team situated at our local general hospital.* *Grateful Parent"*

Podiatry-Upton Hospital (2)	*The podiatry team were fantastic. I required in-grown toe nail removal on both feet. The staff were extremely kind, highly professional, reassuring and cheerful. They ensured I was comfortable from start to finish. Post-op care was provided to a very high standard. I received excellent care.* *I am not happy with the podiatry department I last visited in March 2020 and haven't been able to get an appointment since as they keep cancelling my appointments. I am a diabetic and I do have problems with my feet which I need help with. I feel abandoned as they have not given a future appointment I'm and now wanting to be referred somewhere else as this service at Upton hospital Slough is totally ridiculous.*
Westcall OOH GP service (2)	*I know how easy it is to complain when you feel that you have been wronged but forget in the turmoil of everyday life to thank the real heroes. I met one yesterday and I don't even know his name. We had already had a tough week; grandad died and our first grandchild was born. Then within a few hours my daughter went from being perfectly okay to shivering with fewer. A really reassuring and calm doctor from Westcall came and in a very short time diagnosed her with Sepsis. He started intravenous antibiotics straight away, called the ambulance and kept treating her until the ambulance crew took over. The hospital doctors repeatedly expressed how impressed they were by this doctor's fast action which possibly saved my daughter's life. She would have left behind a distraught husband, family and new born baby. Instead she is recovering well with no lasting damage. I so wish I could track down this doctor and thank him.* *Fantastic service .I phoned 111 on Boxing Day. The lady was extremely helpful and informative. Within an hour a doctor had phoned me and within 2 hours I was at a clinic seeing a doctor.* *It's the only time I've had the need to call for help and I was incredibly impressed. Thank you to all the health care professionals.*
Windsor Ward Wokingham Hospital (1)	*My sister was admitted by ambulance to Royal Berkshire Hospital 10 days ago, she had fallen over as her legs had given way and could not support her body. After an overnight stay she was transferred to Windsor Ward, Wokingham Hospital for rehabilitation. She's still there as her knee replacement has now been postponed for a couple of weeks but they are keen to keep the physio going to help her. I get updates regularly on her progress and she has found everyone so helpful and sympathetic especially as she has been struggling for a while during Lockdown. Well done Wokingham Hospital.*
Oakwood Unit-Prospect Park Hospital. (1)	*Contact with Mother* *For three days I have attempted to call my mother and discuss her recovery from a broken hip, I find it impossible to connect with my mother. It was her birthday 9/11 and I was unable to connect to wish her 83 years birthday wishes. Its a disgusting setup internally concerning family visits and rehabilitation concerning family aspect of ongonig support and allowing family to keep those in that prison system up to date with world events. They call this a rehabilitation unit. It it more like a mind disturbance unit concerning family members. An absolute disgrace concerning family and mindset. I dont want your robotic response about my post. Chat amongst your human resourse department and employ staff with ability to understand. Covid is not an excuse in any response. If anyone has the ability to get your family member closer to home or a suitable rehabilitation unit. find it and use it thus stopping RBH from passing a elder to this impossible to connect to elder unit.*
Urgent Care Centre-WBCH (2)	*111 and MIU were a great combination. Found a tick in a delicate spot and since I had been having flu like symptoms for two weeks wanted some advice. Called 111 who were very helpful and confirmed this needed attention. They made me an appointment that was less than an hour from my call time. Car park is good (and free at weekends), an easy walk into the unit. After some confusion over checking in I as seen promptly. Tick removed and after consultation with other staff, good advice given with a clear explanation. Excellent job all round. I will now always call 111 instead of heading for A&E* *I attended UTC unaware that it is appointment only due to Covid restrictions. The receptionist was very understanding and sympathetic to the pain I was in and got me in as soon as possible. The nurse I saw was also very caring and kind. Great work and attitude during this difficult period . Thank you.*
Sorrel/ Rose	*"I was very sceptical, worried and concerned when my son was detained under section 136 of the Mental Health Act and sent to Prospect Park Hospital. Initially treated in the Sorrell unit (high*

Wards - PPH	*security) and later transferred to Rose ward (acute treatment). The experience for me as a parent and subsequently for my son was extremely positive. Both wards were caring and built trust with us both. They were respectful and understanding. His recovery under the professional team within Rose ward was managed well, speedy and with care. Building 'Trust' was the key requirement and was quickly achieved. I was kept informed, contacted by various team members, updated and personally supported. Thank you all for what you have achieved. Next steps will be community based and as yet we are to see how this pans out. So far, so good"*

8.4.1 PALS Activity

PALS has continued to provide a signposting and information service throughout the pandemic response.

PALS have continued to facilitate the Message to Loved One service (collating messages for patients that are then hand delivered on the ward) that was available across all inpatient areas. This PALS have held regular meetings with Advocates who would ordinarily be based at PPH and ensured that updated information on advocacy support was circulated to the wards.

There were 462 PALS contacts during Quarter three (compared with 473 last quarter). In addition, there were 267 contacts which were related to non-Trust services. The main reasons for contacting PALS were:

- Concerns and enquiries about how to access services and communication

(such as asking for updates on waiting times, people trying to get hold of services or specific staff members and queries about how to access services)

- Concerns about Care and Treatment

(such as worries about being discharged from a CMHT, concerns about support in a mental health crisis and worries about patients feeling isolated on the wards)

Of the 462 PALS contacts, 36 were about Covid-19. The majority of these enquiries were:

- 9 were about accessing services (25%)
- 8 were asking for information (22%)
- 5 contacts had concerns with communication (14%)

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, 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 January 2020. 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 started the

new FFT locally from 1 September 2020 in readiness for the NHSE launch. The response rate is low (4% Trust wide for December 2020) and the Patient Experience Team are working with services to overcome their individual challenges with collecting this.

Examples of the feedback received from the telephone calls are:

"It was nice I was able to be contacted by my family" (family used the Message to a Loved One service)

"The nurses and tea ladies all very good, I only had to ask for something and it was there. Good service"

"I was happy with the nurses and I was looked after well. The physio was good too. I was not in hospital as a sick patient as I was in there for physio. At times I felt lonely but that was because nurses were looking after sick patients which is good logic"

"I have no complaints, I was well looked after"

The feedback was shared anonymously to the wards.

Wards are continuing to promote the Message to a Loved One service which is well used and receives positive feedback.

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 now recommenced. The Patient Experience Team has liaised with colleagues in Infection Prevention and Control, and wherever possible cards will be reintroduced by services locally scanning and emailing cards across.

Development of the new Patient Experience Measurement tool is currently within the procurement phase, the aim of the new tool is 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 three 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.

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. Monthly check-in meetings will be starting from January 2021.

13.   Compliments

There were 1010 compliments reported during Quarter three. The services with the highest number of recorded compliments are in the table below.

Table 21: Compliments

Service	Number of compliments
Talking Therapies - Admin/Ops Team	451
District Nursing	152
Intermediate Care	35
Cardiac Rehab	29
Community Hospital Inpatient Service - Windsor Ward	26
Community Respiratory Service	24
Criminal Justice Liaison and Diversion Service - (CJLD)	20
Physiotherapy Musculoskeletal	19
Children's Speech and Language Therapy - CYPIT	15
CMHTOA/COAMHS - Older Adults Community Mental Health Team	15
Heart Function Service	15

Table 22: Examples of compliments received during Quarter three

CAMHS - ADHD *"I wanted to send you a brief message to thank all involved at the Berkshire Healthcare NHS Foundation Trust for resolving my complaint. Every person I was in contact with, throughout the process, was helpful, kind, considerate and professional."*	Community Hospital Inpatient Service - Windsor Ward *Relative of patient thanked us for our excellent care in providing rehab for her sister. She was impressed with the cleanliness and the fact we provided disposable masks for visitors to the hospital.*
Diabetes *"Employ more people like (XX). She was very polite and caring with me. I want her to be promoted. thank you".*	Integrated Care Home Service *"Nurse supported me with the process following a death, verifying, relatives and who to inform. I was very stressed, and she made the experience calm and educational. I was so grateful for her kindness and time.*
District Nursing *"I would like to express how wonderful the Falkland District Nurses Team are."*	CMHTOA/COAMHS - Older Adults Community Mental Health Team *Carer stated how grateful she was for everything that the Consultant Psychiatrist had done for her Father and commented how good the Memory Clinic service was, and how reassured she was.*
Criminal Justice Liaison and Diversion Service - (CJLD) *"I was very grateful as I felt some one cared about me."*	Mental Health Inpatients *Patient's mother said that every time she had seen her son over the past year it had always ended in difficulty, but that visiting him on the ward she had a lovely, positive experience and that she was very thankful for this positive change.*
Out of Hours GP Service *I know how easy it is to complain when you feel that you have been wronged but forget in the*	Mental Health Inpatients

turmoil of everyday life to thank the real heroes. I met one yesterday and I don't even know his name. We had already had a tough week; grandad died and our first grandchild was born. Then within a few hours my daughter went from being perfectly okay to shivering with fewer. A really reassuring and calm doctor from Westcall came and in a very short time diagnosed her with Sepsis. He started intravenous antibiotics straight away, called the ambulance and kept treating her until the ambulance crew took over. The hospital doctors repeatedly expressed how impressed they were by this doctor's fast action which possibly saved my daughter's life. She would have left behind a distraught husband, family and newborn baby. Instead she is recovering well with no lasting damage. I so wish I could track down this doctor and thank him.	*"To all the doctors, nurses and support staff wishing you all a happy Christmas and let's hope the next year will be better. And a big thank you to you all for getting me well and happy for the future.* *P.S. I will miss you all but I promise not to be back"*
Community Respiratory Service *"No one ever has explained to me how inhalers work and how should I take it as you did. Now I understand. I am very grateful for your help and thank you that you came to visit me."*	Children's Speech and Language Therapy *"Wow. Thank you so much for such a detailed response! I know I have said it before, but you have such a good understanding of X's needs already. Thank you."*
Continence *"Thank you so much for your support and advice, it has made such a difference and taken all the angst out of the issue at home and made a much more positive approach to the whole issue, she is feeling very pleased with herself as she should."*	Podiatry *"The podiatry team were fantastic. I required in-grown toenail removal on both feet. The staff were extremely kind, highly professional, reassuring and cheerful. They ensured I was comfortable from start to finish. Post-op care was provided to a very high standard."*
Sexual Health *"She was so lovely and reassuring, she really helped me understand a lot more about my body. We need more lovely people like you. Thank you again for such a great service."*	Rapid Response *"Thank you. I cannot praise enough you and all the team that attended to my dad. Your efforts are greatly appreciated."*

Table 23: Compliments, comparison by quarter

	2018/19					2019/20					2020/21		
	Q1	Q2	Q3	Q4	18/19	Q1	Q2	Q3	Q4	20/21	Q1	Q2	Q3
Compliments	1,008	1878	1,670	1,409	5,965	1,404	1,389	1,437	1,436	5,666	873	975	1,010

14.   Changes as a result of feedback

Mental health Service User Network (SUN):

'*As part of the Trust's new SUN project (part of IMPACTT) we did a pilot from Sept-Dec. For the duration of that pilot we encouraged our members and also potential members who referred to us but*

decided not to join to give us feedback on the service to help us shape the service to best meet the members needs and make us as accessible as a service as possible for when we moved to full launch this month.

The two themes that were raised frequently were that they felt we needed a later start to the morning groups and that we needed a middle of the day group offer on the programme for parents with school age children that didn't impact on school pick up or drop off times.

So at the end of the pilot, when we met as a team to decide on the new timetable for the launch we took this on board and moved the morning groups back to start later and put two new middle of the day groups in to accommodate members who would be unable to attend otherwise due to childcare commitments. We then made sure we emailed the new timetable to all existing members and all members who had felt they couldn't attend due to timings to let them know we appreciated their feedback and had made changes in line with this.

Our numbers continue to grow in SUN and we plan to continue to canvas members and potential members for their feedback, particularly in this our first year of SUN, to continue to use the feedback as a guide to steer us in the right direction for our members to get the best from the service.

We are now planning to meet as a team again in 3 months' time, before we increase out timetable again and will again consult our members and their feedback before considering the next steps for the service roll out.'

Several services across the Trust are reviewing the patient experience of the differing service delivery methods used during the pandemic. CYPF appointments have continued (where clinically appropriate) to be delivered via video and telephone calls and the division has been undertaking a survey to gather feedback from young people and their families regarding future appointments . To the 7th January 1486 responses had been received; the graph below shows responses and services have been working to set up a process whereby young people and their families are given a choice of the method through which they receive their appointments in the future.

If it was an option for the future, which appointment methods would you like to access for your consultations?
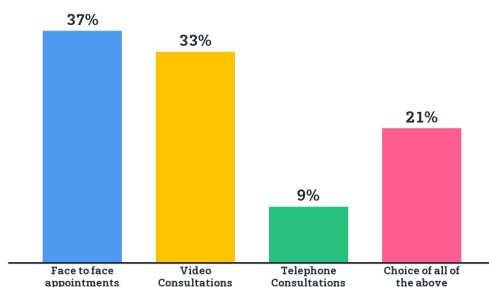
Elizabeth Chapman

Head of Service Engagement and Experience

Formal Complaints closed during Quarter three 2020/21

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	CAMHS - AAT	Minor	Complainant unhappy with assessment by subcontractor. Believes a parent was left out of the process and it has had a detrimental affect on the child	Not Upheld	No consent received	Communication
West Berks	Talking Therapies - Admin/Ops Team	Low	Pt felt therapist asked too many question and they asked them to stop. Notes were put on medical records which were sent to the GP and pt wishes this removed.	Partially Upheld	Review training on medical legal writing of letters. Audit letters leaving the service. Ensure that at assessment confidentiality is explained and what information is passed to the GP.	Care and Treatment
West Berks	Community Hospital Inpatient Service - Donnington Ward	Low	Family communication whilst pt was in West Berks was poor and they wish to understand why psychotic medicians were administered	Not Upheld	No consent received	Communication
West Berks	CMHT/Care Pathways	Low	Complainant unhappy that a year from previous complaint nothing has changed with pt care and calls are not responded to	Partially Upheld	Allocated CC with complete a care/management plan collaboratively to ensure clarity regarding intervention and reduce risk of miscommunication – this will be available on her clinical documentation and the patient will receive a copy. An MDT discussion will be held with wider team and documented in progress notes. A discussion will also be held in triage meeting with the Integrated Psychological therapies team. All clients during COVID Restrictions will be provided with at least monthly contact to monitor mental state, risk and discuss care plan CC will clarify that current intervention will be reviewed at 4 weeks and that on-going support will continue and be dependent on collaboratively agreed review of efficacy of treatment so far. An OPA has been organised to review mental state and discuss medication. A review of diagnosis will also be considered.	Care and Treatment
Wokingham	CMHT/Care Pathways	Low	Pt treatment in session, explanation required into future sessions and procedures when a person is on a supervision order.	Not Upheld		Care and Treatment
Slough	CMHT/Care Pathways	Minor	Husband is complaining about the mismanagement and failing of duty of care to his wife, the patient. Over the 15 years she has been under case, things have gone from bad to worse. He has listed many issues in his complaint email, which is attached here.	Partially Upheld	IO speak regularly with pt to work things through	Care and Treatment
Bracknell	Health Visiting	Low	Child missed out on 2 yr check due to services being closed during COVID	Not Upheld		Access to Services
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt wishes to see evidence from previous response ORIGINAL COMPLAINT Pt wishes to show evidence that he staff illegally entered their home when there was no evidence of mental illness, eel they were mentally harassed and coerced to accept.	Not Upheld		Care and Treatment
West Berks	Out of Hours GP Services	Low	Pt unhappy they were not referred to Maxillofacial team following treatment of glue and steristrips to a head wound.	Serious Untoward Incident Investigation		Care and Treatment

Bracknell	Complaints	Low	Complainant unhappy the emails have been files and not responded to following a letter sight the complainant as unreasonably persistant.	Not Upheld	The process for citing as unreasonably persistent was appropriate. A review of the decision has shown that this was also appropriate in this case and that the complainant was given a clear rationale and information on the appeals process.	Communication
Reading	Adult Acute Admissions - Bluebell Ward	Low	Complainant unhappy with response believes many of the points that you have been responded to, are simply not true. ORIGINAL COMPLAINT General attitude of staff on the ward during the pt's stay, 14 points raised	Partially Upheld	All staff reminded in staff meeting that they need to introduce themselves to patients at each interaction. Continue the implementation of Safe Wards interventions to coach and support staff in communications skills to improve care and outcomes for patients. All staff reminded of the importance of making sure that all information is correct when talking with patients and recording in notes eg mental health act status.	Attitude of Staff
Reading	Talking Therapies - Admin/Ops Team	Minor	Following telephone assessment in July 2019 pt had to chase in feb 2020 as had heard nothing. Pt wishes to know why they were not told you could not have 2 forms of therapy, why not notification to change was given.	Partially Upheld	It was appropriate to discharge the patient when they informed the Therapist that they were also on a pathway elsewhere in the Trust. The learning is that we are developing a system to check this and to make sure that patients are aware that it is not clinically effective to be open under two pathways.	Care and Treatment
Reading	Podiatry	Low	Complainant disputes the response and would like a full timeline of events and a video meting to discuss when digested OIGINAL COMPLAINT care from staff over a 13 month period including issues with the RBH	Not Upheld	Clinical care was appropriate.	Care and Treatment
Slough	CMHT/Care Pathways	Low	Pt unhappy with response thinks we are lying ORIGINAL COMPLAINT Pt says they are not receiving any help for services	Not Upheld		Care and Treatment
West Berks	CMHT/Care Pathways	Low	Pt does not agree with diagnosis or treatment plan. Feels psychiatrist has treated them with distain and lack of respect not taking history into account	Not Upheld		Attitude of Staff
Reading	Traumatic Stress Service	Low	Pt believes they have not been offered a proper assessment or treatment. Believes we have broken the equality act in July 2018 when we discharged due the DNA	Not Upheld		Care and Treatment
Wokingham	Integrated Pain and Spinal Service - IPASS	Minor	Clinic has sent a letter containing patient information to an incorrect address	Not Upheld	Formal complaint withdrawn as Local res sort	Confidentiality
Reading	Health Visiting	Low	Complainant was not invited to participate in ASQ:SE-2 60 months	Not Upheld		Communication
Reading	Common Point of Entry	low	Family unhappy that service told pt to call a different area rather than help directly.	Not Upheld	consent not received	Care and Treatment
Basingstoke	Criminal Justice Liaison and Diversion Service - (CJLD)	Low	Complainant unhappy with the content of the assessment report written when they were seen, wishes for the report to be withdrawn as there are factual inaccuracies.	Partially Upheld	A further letter can be sent to the GP clarifying the above points and highlight to the GP the difference in opinion that the assessment does not reflect true character. Take all feedback to our team and complete a learning exercise for all staff in order that they consider the wording they use with our service-users as well as how they record information in order to reduce future miscommunication. In future CJLD will be asking those we work with their preference for completion of the FFT and asking if individuals are happy to be contacted by someone else after the assessment at a convenient date. Ensure that all our relevant staff are trained in responding appropriately to complaints.	Communication

Reading	Community Hospital Inpatient Service - Oakwood Ward	Low	Believes correspondence sent to PALS has not been looked into. Complainant wishes to know why pt's character totally changed whilst on oakwood, why no MH assessment was done despite requesting and why medication review was done without looking at the contraindications to adding laxatives. Wants an apology from Dr.	Partially Upheld	Improved communication between ward medics and next of kin. Weekly call to provide and discuss patient rehabilitation, care and concerns.	Care and Treatment
Bracknell	CMHT/Care Pathways	Low	Patient is unhappy with a paragraph added in a complaint response by East CCG that says patient continues to attend clinics hosted by BHFT and our offer of support remains open. patient says this 'is plainly not the case. Indeed, whoever has made such a statement has plainly knowingly and deliberately misled the CCG. Further, assuming the said individual was a medical professional, it is reasonable to believe they have acted dishonestly and committed an act of serious professional misconduct, which, based on the egregious and unethical behaviour I have been subjected to by yourselves, would come as no surprise'. Patient has also submitted a further complaint that he does not consider it appropriate that our mental health team participate in meetings about his care	Not Upheld		Communication
Wokingham	District Nursing	Low	Catalogue of events when the DN visited the pt involving infection control and attitude	Partially Upheld		Care and Treatment
Reading	Out of Hours GP Services	Low	Patient has complained as a GP called her parents landline and left a message detailing her medical information. There was no attempt made to mobile before leaving the message.	Not Upheld		Confidentiality
West Berks	Phlebotomy	Low	Complainant unhappy with appt system for phlebotomy.	Partially Upheld	We have acknowledged the delays in appointments at WBCH, which are a result of covid.	Waiting Times for Treatment
Reading	CAMHS - Specialist Community Teams	Minor	Complainant unhappy at the Lack of treatment and the request for medication which was withdrawn.	Consent not granted		Care and Treatment
Bracknell	CAMHS - Anxiety and Depression Pathway	Minor	Pt started on A&D pathway in Jan 2020, moved to BEDS following hospital admission. Discharged BEDS as can not deal with Multiple treatment streams, referred to SCT leaving pt with no support in the interim and no one to go to for medication management	Partially Upheld	Discuss issues regarding reformulation with the Team Lead for the Berkshire Eating Disorder Service to consider further reflection by team about the potential impact of these conversations and how to best have them. Ask Team Lead of Specialist Community Team to review acceptance letters that go out to families. Team Lead from the Berkshire Eating Disorder Service to offer some support and to discuss advice regarding current eating difficulties. CAMHS managers to initiate programme of service improvement work around improving transitions of care between different teams. Team Lead for the Berkshire Eating Disorder Service to send autism screening forms, to ensure the autism screening is completed and that any referrals for autism assessment are made, as clinically indicated. Team Lead of the Specialist Community Team to arrange for the duty clinician to complete the actions and call back, as previously agreed.	Care and Treatment
Reading	Veterans TILS Service	Low	Complainant wishes a review of pt records. Feels the content is derogatory written about the complainant. States inaccuracies about AMHT and provides proof the TILS is more than a referrals service.	Not Upheld	Concerns about information documented in malice were found to be unsubstantiated.	Medical Records

Reading	Veterans TILS Service	Low	Complainant does not feel the minutes of the MDT meeting and the points taken reflect the meeting held and states they lack priority around pt TBI.	Partially Upheld	Care and communication was appropriate - concerns about information being recorded in a derogatory were unfounded. An area for improvement is around making carers aware of conversations that will be recorded in patient notes.	Communication
West Berks	Common Point of Entry	Low	Due to response pt has further concerns and asks why they still have not had an assessment despite this being identified as a failing. ORIGINAL COMPLAINT:- Pt referred to service Dec 2019 and states they have not heard anything from services following a nurse triage.	Partially Upheld	Inform all staff about correct referral procedure for CHPS. Audit discharge to GP letters sent. Reflective team session with a focus on proactive follow up.	Communication
West Berks	Urgent Treatment Centre	Minor	Family feel pt was misdiagnosed at UTC and was given no pain relief.	Partially Upheld	Reflective Learning Event to be held with HCA's to consider that escalation should be considered at the point of triage if patient has uncontrolled pain. Pain scoring should be elicited routinely at point of triage. Learning to be disseminated amongst HCA's to ensure analgesia is discussed with patients at triage. Article to be published in Clinical Governance Newsletter and covered as agenda point in all team meetings.	Care and Treatment
Other	Common Point of Entry (Children)	Low	Family feel the sign posting to LA was inappropriate.	Consent not granted		Care and Treatment
Other	Other	Minor	Wife of pt unhappy that DN's going into care homes are not being tested for C19. Believes the Trust has been negligent putting lives at risk.	Not Upheld		Other
Reading	District Nursing	Minor	Patient was discharged from RBH and DN should have visited to change dressing but nothing was set up. Patient is unhappy about attitude of staff, generally negative and emphasising they are not an emergency service.	Partially Upheld	Communication should have been better - advice for wound self care was not correct and has been addressed with the member of staff. There was good practice with advice to contact 111 and dressings left for the patient to use.	Communication
Reading	Community Hospital Inpatient Service - Oakwood Ward	Moderate	Lack of information and communication from the ward to family, Covid present at PPH, pt discharged from Oakwood to RBH with Covid.	Partially Upheld	Clinical care was appropriate - there were missed opportunities for communication with the family from the staff.	Communication
Wokingham	Health Visiting	Minor	Complainant feels staff member became rude and condescending when providing a leaflet about bruising immobile children, feels the staff member showed systemic racism which she feels needs to be addressed.	Partially Upheld	Training on Birth marks to include Blue / Grey spots to be delivered to Heath Visitors, Community Staff nurses and Nursery Nurses	Attitude of Staff
West Berks	Community Dental Services	Moderate	November 2019 Pt needed dental treatment under general anaesthetic but due to C19 wait list were advised at 8 to 12 months for special needs children as community dentist were not doing surgery and RBH wait times were long, GOSH requested RBH send a referral. Subsequent issues with RBH Lyon Ward.	Partially Upheld	We have acknowledged the wait for community dental treatment, which commissioners are aware of. Learning identified in RBH response.	Care and Treatment
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Family unhappy with the lack of appropriate psychological therapy provided to pt and the lack of involvement and consideration the family are being given.	Not Upheld		Care and Treatment

Bracknell	CMHT/Care Pathways	Low	Patient is unhappy with a paragraph added in a complaint response by East CCG that says patient continues to attend clinics hosted by BHFT and our offer of support remains open. patient says this 'is plainly not the case. Indeed, whoever has made such a statement has plainly knowingly and deliberately misled the CCG. Further, assuming the said individual was a medical professional, it is reasonable to believe they have acted dishonestly and committed an act of serious professional misconduct, which, based on the egregious and unethical behaviour I have been subjected to by yourselves, would come as no surprise'. Patient has also submitted a further complaint that he does not consider it appropriate that our mental health team participate in meetings about his care.	Not Upheld		Communication
Reading	Veterans TILS Service	Moderate	Complainant unhappy BHFT did not send explanation to AMHT regarding referral. Complainant does not see why permission was needed to send this letter. Complainant also unhappy further referral sent without approval from pt and complainant ORIGINAL COMPLAINT Complainant unhappy about information that has been shares about them, wishes to know what support the pt will be receiving	Partially Upheld	Training to TILS team regarding writing referrals to other organisations regarding the accuracy and content of information to be included and discussing with the client in advance. Additional Record keeping training for the team. Inform all team members including admin to check links in emails or correspondence being sent to clients to ensure they work. Inform all team members that when sending information to clients regarding access to medical records, to include the name of the person who this should be sent to for our service (Manager or senior clinician as appropriate). Inform CPE (who accept referrals on behalf of TILS) and TILS team to double check consent is recorded on any referrals received and if not then to check with referrer and record. Inform all OT's working in TILS to ensure all clients are aware that worksheets given out cover a broad range of activities and that not all will be relevant and to leave out any not relevant All TILS clinicians to ensure that all carers are offered a carers assessment and that the offer and response should be recorded on RIO. Meeting to be arranged between TILS, AMHT, Combat Stress and invite VTN to discuss and agree support for client going forward and actions.	Communication
Slough	CMHT/Care Pathways	Low	Husband is complaining about the mismanagement and failing of duty of care to his wife, the patient. Over the 15 years she has been under case, things have gone from bad to worse. He has listed many issues in his complaint email.	Partially Upheld	Care was appropriate at the start of the care period; however there should have been a follow up when discharged from EMBRACE service.	Care and Treatment
Reading	Children's Speech and Language Therapy - CYPIT	Moderate	Family unhappy the pt was discharged because they go to an independent school. would like acknowledgement of failings	Partially Upheld	Communication about service offer needs to be made clearer. Key conversations were not documented fully on RiO.	Care and Treatment

Trust Board Paper

Board Meeting Date	09 February 2021
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.

Trust Board Meeting 09 February 2021

EXECUTIVE REPORT

1. Never Events

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

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

2. COVID-19 Vaccination Programme

The COVID-19 Vaccination Hub at Wokingham Hospital was one of the initial hospital hub sites identified across the Berkshire, Oxfordshire, and Buckinghamshire (BOB) Integrated Care System. Following approval by the national team commenced vaccinations on 15th December 2020.

The Hub which now runs 6 days a week is set up to provide vaccinations to staff in priority groups 1 and 2 as set out by the JCVI (Joint Committee on vaccination and immunisation); this is staff working in care homes for older adults alongside health and social care staff including NHS and private healthcare, social care colleagues (predominantly from across the west of Berkshire), dentists, pharmacists and opticians.

Up to 31st January a total of 11,775 vaccinations have been given at the Hub. This includes 6,298 health and 5,476 social care staff.

The focus has been on providing 1st dose vaccinations; this is in line with the changed national guidance at the beginning January 2021, which instructed the move of 2nd doses from 3 weeks post 1st dose to up to 12 weeks post 1st dose to enable as many people to receive their 1st dose as quickly as possible.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3. Final Report on the 2020 Staff Flu Campaign

Introduction

Influenza can cause a spectrum of illness ranging from mild to severe, even among people who were previously well. Seasonal flu typically causes 8,000 deaths a year in the UK with up to a third of deaths from influenza in people considered healthy. The

strains of influenza circulating in the community may change each year, therefore annual vaccination is required to provide maximum protection.

Staff vaccination is about protecting staff, patients, colleagues, and their families. Up to one in four healthcare workers become infected in a mild influenza season, which is much higher than in the general population.

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'', covering a wider cohort of people than in previous years.

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. Consideration also had to be given to the potential introduction of the COVID-19 vaccination and how this could potentially impact on the current staff flu campaign. The flu clinics ended at the end of November; however ad-hoc flu vaccinating continued until the end of December.

For Berkshire Healthcare the COVID-19 vaccine clinics went live on 14th December 2020.

Communication strategy

Our communication offered regular briefings in Team Brief, screensavers, information to the Directorate flu champions and through the Live Team Briefing to staff. The Nexus staff flu information was maintained and updated regularly. The communications team worked closely with the campaign leads to support the delivery of the clinics booking systems and IT detail.

Delivery of the campaign

Consideration to COVID-19 regarding social distancing when delivering the flu vaccination was key throughout the campaign. With the booked clinic appointments and drive thru's at both Ascot Racecourse and West Berkshire Community Hospital, social distancing was able to be maintained.

The Ward and District Nursing peer vaccinators vaccinated their teams locally, allowing for some flexibility on timings for individuals shifts.

Vouchers were made available for those who would find receiving their vaccine at a local pharmacy a better option and this was in high demand, and the availability of these ran out nationally at the end of October.

As in previous years, all Board members had their vaccination and the clinic for the board took place at the end of September.

Like last year we supported 'have a jab give a jab' campaign and will be donating to enable tetanus jabs to be provided through UNICEF.

Monthly reporting on vaccination uptake was provided to the Board and made public throughout the campaign.

Final Uptake: 78% clinical staff:

14/12/2020	Doctors	Nurses	AHP's & Scientists	Other Clinical	Non-clinical
Baseline	202	1123	860	971	1143
Actual	174	878	672	748	885
Percentage	86%	78%	78%	77%	77%

Final	CYPF	Corporate	MH East	MH West	MH inpatients	CHS East	CHS West	Other health services
Total Baseline	621	612	220	897	295	583	912	160
Actual	500	471	175	725	210	446	670	160
Percentage total staff	**80.5%**	**77.0%**	**79.5%**	**80.8%**	**71.2%**	**76.5%**	**73.5%**	**100%**
Baseline clinical	507	121	156	734	271	492	716	159
Actual clinical	410	108	125	586	188	374	523	159
Percentage clinical staff	**80.9%**	**89.3%**	**80.1%**	**79.8%**	**69.4%**	**76.0%**	**73.0%**	**100.0%**

During the campaign NHSE requested that all Staff flu data was added to the new NIVS (National Immunisation and Vaccination System); this has been completed.

A review of this year's campaign will be undertaken to further understand the reasons for staff not coming forward to have the flu jab and ways that we can improve next yeas campaign further to support continued increase in take -up of the flu jab amongst staff.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

4. Royal College of Psychiatrists Serious Incident Review Process Accreditation

The Royal College of Psychiatrists Serious Incident Review Accreditation Network (SIRAN) has developed a set of 60 standards covering:

- organisational process around serious incidents
- the incident review process, the serious incident report
- involvement of staff in the process and
- involvement of patients and families in the serious incident process.

The aim of these standards is to help ensure that NHS providers carry out serious incident reviews to a high standard.

Following submission of evidence and an external peer review in October 2020, the Royal College's Accreditation Committee confirmed on 21st January 2021 that we have met 100% of the standards and therefore have achieved accreditation.

The accreditation which has only been achieved by one other Trust so far is for 3 years from 18 January 2021 – 18 January 2024, subject to a satisfactory interim review to take place around July 2022.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

5. Staff Wellbeing Guardian

As part of the national 2020-21 People Plan, all organisations should have a Wellbeing Guardian to look at the organisation's activities from a health and wellbeing perspective.

The role is not expected to undertake operational or strategic activities that influence wellbeing, measure their impact, or provide reports to the Board. This is more a role of a 'critical friend' that has the competence and confidence in challenging the Executive team on behalf of the Board. The Wellbeing Guardian role should prompt other Board members to consider the implications of actions and plans for the wellbeing of our NHS people so that in time, it becomes routine.

As the role was identified as best suited to a Non-Executive director (NED) for NHS trusts. I am pleased to announce that Mark Day, Non-Executive Director has agreed to take on the role of the Wellbeing Guardian.

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

Presented by   Julian Emms
                      Chief Executive
                      February 2021

Trust Board Paper

Board Meeting Date	9 February 2020
Title	Financial Summary Report – M9 2020/21
Purpose	To provide the Trust Board, the Month 9 2020/21 financial position and latest YE forecast.
Business Area	Finance
Author	**Chief Financial Officer**
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
Equalities / Diversity Implications	N/A
SUMMARY	To provide the Trust Board, the Month 9 2020/21 financial position and latest YE forecast.
ACTION REQUIRED	The Board is invited to note the following: ***Year to date:*** Excluding COVID and deficit funding support, the M9 2020/21 (December 2020) YTD deficit increased by -£0.9m to -£1.5m; this is £0.8m better than planned. COVID costs increased and were £0.4m higher than planned in month and YTD. Overall, the YTD net deficit is -£0.5m, £0.4m better than planned. ***Forecast:*** Year End Forecast is currently -£1.4m deficit (plan -£1.8m) before "allowable" annual leave provision change, and impairment risk. Forecast is summarised in the in the table below: • Pre COVID costs, forecast £1.9m better than planned due to additional income received and underlying recruitment profile.

- COVID costs forecast £1.9m higher than planned, due to MH bed demand (placements), system flow capacity, staff bank rates and sickness cover, all driven by the impact of the COVID surge.
  - Forecast also includes £0.4m of additional COVID reserve funding from BOB.

	P1 £'m	P2 £'m	Forecast £'m	Plan £'m	+/- £'m
Income	132.9	138.3	271.2	269.0	2.2
Expenditure	133.2	141.0	274.1	273.8	0.3
S/(D) b/f Deficit Support	(0.2)	(2.6)	(2.9)	(4.8)	1.9
Top Up / Deficit Support	1.0	2.8	3.8	3.8	0.0
S/(D) Inc Deficit Support	0.8	0.2	1.0	(1.0)	1.9
COVID Funding	4.6	2.8	7.4	7.3	0.0
COVID Funding - Additional		0.4	0.4	0.0	0.4
COVID Costs	5.4	4.7	10.2	8.2	2.0
COVID Impact	(0.8)	(1.6)	(2.4)	(0.9)	(1.5)
S/D For System Target	(0.0)	(1.4)	(1.4)	(1.8)	0.4
Allowable Annual Leave	0.0	1.8	1.8	1.4	0.4
Impairment Risk	0.0	2.0	2.0	0.0	2.0
S/(D) Reportable	(0.0)	(5.2)	(5.2)	(3.2)	(2.0)

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2020/21

December 2020

Purpose

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

Version	Date	Author	Comments
1.0	18/01/2020	Paul Gray	Final

Distribution

All Directors

All staff needing to see this report.

Contents

2

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1.0 Income & Expenditure

M9 Dec 2020	In Month			M7 - M9 YTD			PY
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Income	22.0	21.3	0.7	65.2	63.8	1.4	127.8
Other Income	0.9	1.4	(0.5)	3.6	4.1	(0.5)	8.3
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	*22.9*	*22.6*	*0.2*	*68.8*	*67.9*	*0.8*	*136.1*
Staff In Post	15.6	15.6	(0.0)	45.8	46.4	(0.6)	93.3
Annual Leave Provision	0.0	0.0	0.0	0.0	0.0	0.0	1.4
Bank Spend	1.3	1.3	(0.0)	4.1	3.8	0.3	7.6
Agency Spend	0.4	0.3	0.0	1.1	0.9	0.2	1.7
Total Pay	*17.2*	*17.3*	*(0.0)*	*51.0*	*51.1*	*(0.1)*	*104.0*
Purchase of Healthcare	1.4	1.2	0.2	4.1	3.6	0.5	7.1
Drugs	0.5	0.5	(0.0)	1.3	1.5	(0.2)	2.9
Premises	1.4	1.5	(0.0)	4.0	4.3	(0.3)	8.7
Other Non Pay	1.6	1.6	0.0	4.9	4.7	0.2	9.2
PFI Lease	0.5	0.6	(0.0)	1.6	1.7	(0.1)	3.4
Total Non Pay	*5.4*	*5.3*	*0.1*	*15.9*	*15.7*	*0.2*	*31.3*
Total Operating Costs	*22.6*	*22.5*	*0.1*	*66.9*	*66.8*	*0.1*	*135.3*
EBITDA	*0.2*	*0.1*	*0.1*	*1.9*	*1.1*	*0.8*	*0.7*
Interest (Net)	0.3	0.3	(0.0)	1.0	1.0	(0.0)	1.9
Depreciation	0.7	0.7	(0.0)	2.0	2.1	(0.1)	4.1
Disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Impairments	0.0	0.0	0.0	0.3	0.0	0.3	0.0
PDC	0.1	0.1	(0.0)	0.1	0.3	(0.2)	0.7
Total Finanacing	*1.1*	*1.1*	*(0.0)*	*3.3*	*3.4*	*(0.0)*	*6.7*
(Deficit) Pre COVID & Support	*(0.9)*	*(1.0)*	*0.2*	*(1.5)*	*(2.3)*	*0.8*	*(6.0)*
COVID Income	*0.0*	*0.0*	*0.0*	*(0.0)*	*0.0*	*(0.0)*	*0.0*
COVID Pay Costs	*0.4*	*0.4*	*(0.0)*	*0.9*	*1.0*	*(0.2)*	*2.0*
COVID Non Pay Costs	*0.5*	*0.1*	*0.4*	*0.9*	*0.3*	*0.6*	*0.8*
Total COVID Costs	*0.8*	*0.5*	*0.4*	*1.7*	*1.3*	*0.4*	*2.8*
System COVID Funding	*0.5*	*0.5*	*0.0*	*1.3*	*1.3*	*0.0*	*2.8*
System Top Up Funding	*0.5*	*0.5*	*0.0*	*1.4*	*1.4*	*0.0*	*2.8*
Total Revenue Support	*0.9*	*0.9*	*0.0*	*2.7*	*2.7*	*0.0*	*5.6*
Reported Surplus/ (Deficit)	*(0.8)*	*(0.6)*	*(0.2)*	*(0.5)*	*(0.9)*	*0.4*	*(3.2)*

Key Messages

The table above illustrates financial performance against the forecast submitted to NHSI for Q3 and Q4. A consolidated YTD Income Statement can be found on Page 6.

Pre COVID and deficit support, the reported deficit was £0.9m, increasing the YTD deficit to £1.5m. This is £0.8m better than forecast and continues to be driven by higher income and associated pace of recruitment against CCG investment.
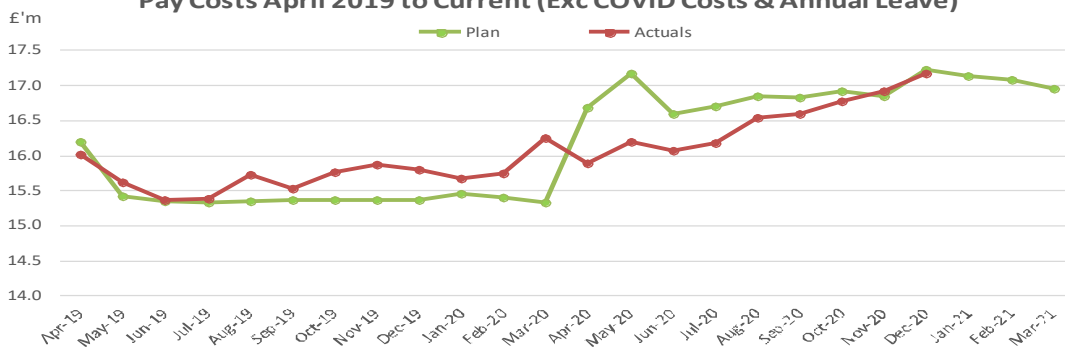
In contrast COVID costs have continued to increase and are £0.4m higher than forecast. The most notable pressure being the on-going demand for Mental Health beds, resulting in high level of OAPs. As we respond to the latest wave of the pandemic, OAPs usage remains high into early January, sickness cover is increasing and additional Community beds are being opened. COVID costs will therefore continue to increase and will remain in excess of forecast until the current pressures have eased.

Overall the Trust is reporting a £0.8m deficit in December moving the Trust into a £0.5m deficit YTD. The current deficit is £0.4m less than forecast.
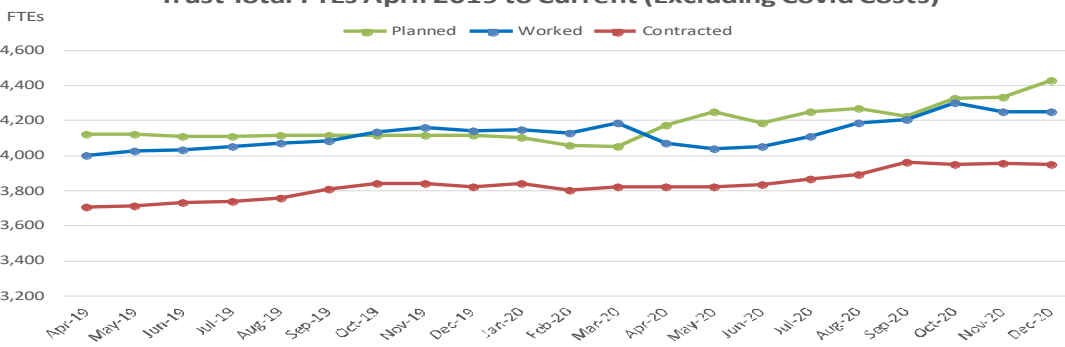
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Workforce

Pay Costs April 2019 to Current (Exc COVID Costs & Annual Leave)

Legend: Plan, Actuals

Y-axis (£'m): 14.0, 14.5, 15.0, 15.5, 16.0, 16.5, 17.0, 17.5
X-axis: Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20, Apr-20, May-20, Jun-20, Jul-20, Aug-20, Sep-20, Oct-20, Nov-20, Dec-20, Jan-21, Feb-21, Mar-21

Staff Costs

YTD	£'m
2020/21	148.3
2019/20	141.0

▲ 5%

Prior Yr	£'m
Dec-20	17.2
Dec-19	15.8

▲ 9%

Trust Total FTEs April 2019 to Current (Excluding Covid Costs)

Legend: Planned, Worked, Contracted

Y-axis (FTEs): 3,200, 3,400, 3,600, 3,800, 4,000, 4,200, 4,400, 4,600
X-axis: Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20, Apr-20, May-20, Jun-20, Jul-20, Aug-20, Sep-20, Oct-20, Nov-20, Dec-20

FTEs

Prior Mth	CFTE	WFTE
Dec-20	3,950	4,245
Nov-20	3,955	4,247

0%	0%
▲	▼

Prior Yr	CFTE	WFTE
Dec-20	3,950	4,245
Dec-19	3,822	4,137

3%	3%
▲	▲

Non Permanent Staffing Apr 19 to Current (exc COVID Costs)

Legend: Bank, Agency

Y-axis (£'m): 0.0, 0.5, 1.0, 1.5, 2.0, 2.5
X-axis: Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20, Apr-20, May-20, Jun-20, Jul-20, Aug-20, Sep-20, Oct-20, Nov-20, Dec-20
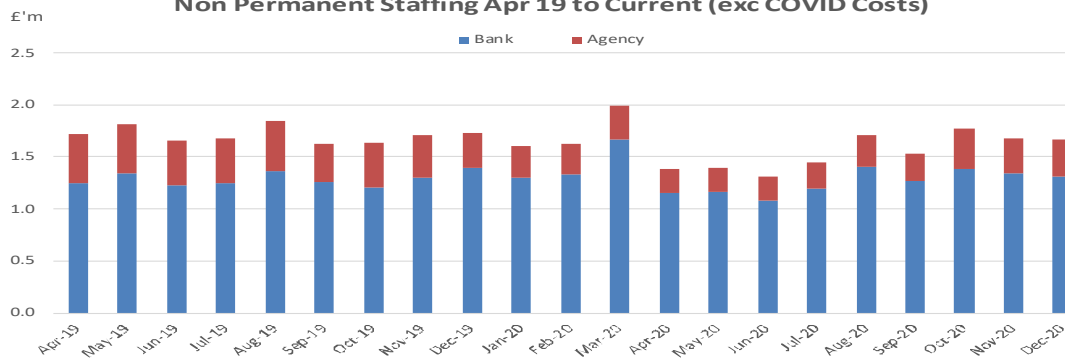
Staff Costs

YTD	Bank £'m	Agency £'m
2020/21	11.3	2.6
2019/20	11.6	3.8
	-2%	-33%
	▼	▼

Prior Yr	Bank £'m	Agency £'m
Dec-20	1.3	0.4
Dec-19	1.4	0.3
	-6%	6%
	▼	▲

Key Messages

After adjusting for prior month CEA awards and the 'Recognition' payment made to staff in December, Pay Costs are in line with the prior month. Overall there has been no material increase during Q3 as a whole, reflected in an almost static number of contract staff.

Non COVID related temporary staffing costs fell in December, with Bank costs down and Agency cost holding, both after adjusting for bank holiday enhancements. Admin and Nursing usage fell, offset by increased HCA, Estates and Medical usage. OT & Physio Bank costs increased supporting rapid community discharge.

Marginal COVID costs were £0.4m, £20k higher than in December driven entirely by Non Permanent staff usage. Pay Costs have continued to rise and are currently £0.2m higher than at the beginning of Q3, with costs rising due to increasing sickness/shielding cover, as well increases support to ward areas and WestCall Triage service. Given the severity of the pandemic and the pressures being experienced across both ICSs, additional Community bed capacity has opened and enhanced NHSP rates have been agreed. This combined with continued pressure on staff and sickness rates will increase our costs in January.

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4

Income & Non Pay

Income (Exc Donations, Covid Support & Top Up) April 2019 to Current

Income

YTD	£'m
2020/21	201.7
2019/20	198.8

▲ **1%**

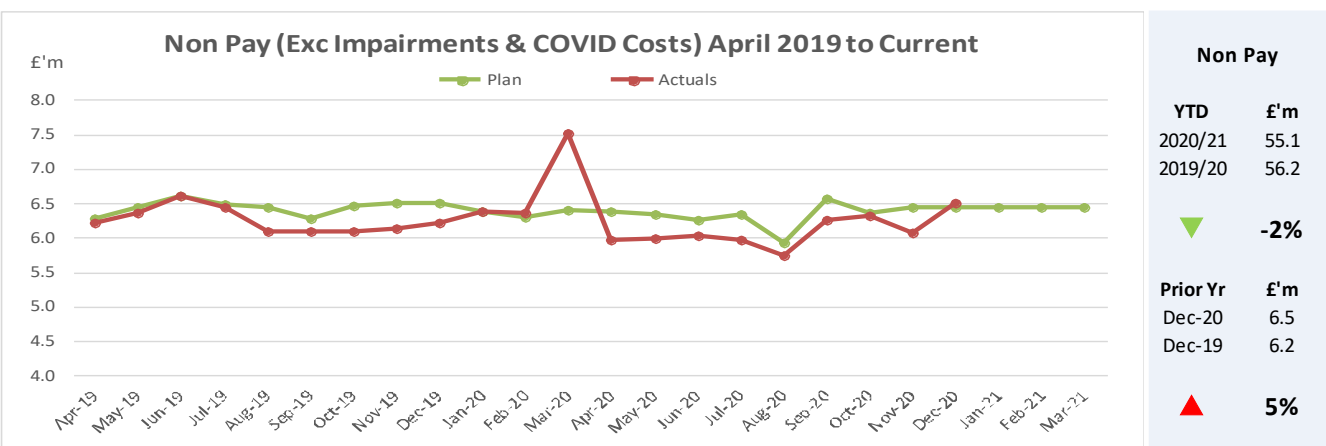| Prior Yr	£'m
Dec-20	22.9
Dec-19	23.0

▼ **0%**
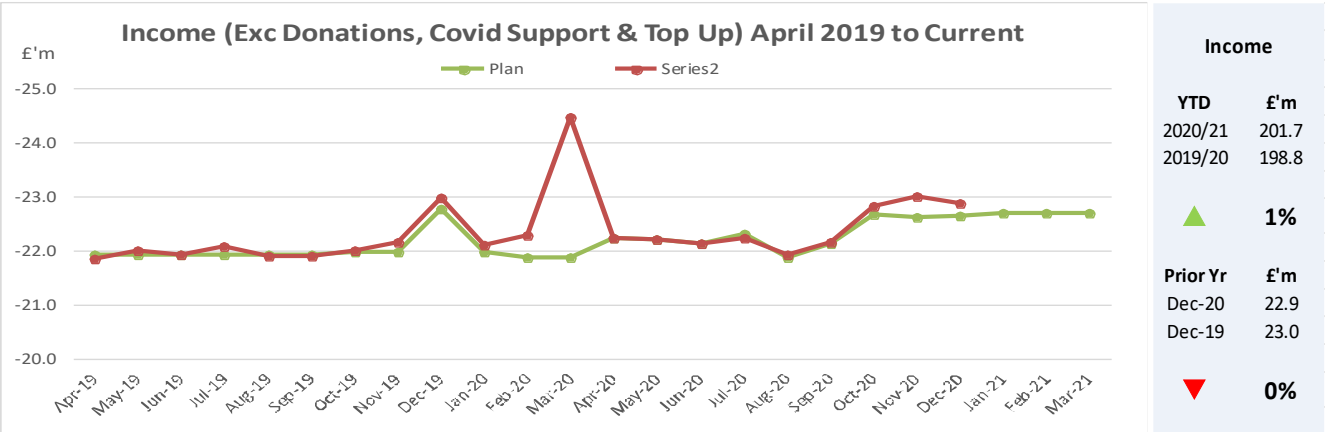
Key Messages

Income was £22.9m, and although down on last month, funding continues to be received at a higher than forecast rate. Income is £0.8m higher than forecast YTD, increasing by a further £0.2m in December.

This months movement is the result of a one-off £0.2m Health Education England funding adjustment in November and lower R&D income, being offset by £0.1m Lateral Flow Testing income and a number of smaller increases including Parking and Nursery Fees.

Ageing Well, which was originally assumed to be COVID funded, is now being received via a separate CCG allocation and is contributing to the beneficial variance.

Non Pay (Exc Impairments & COVID Costs) April 2019 to Current

Non Pay

YTD	£'m
2020/21	55.1
2019/20	56.2

▼ **-2%**

Prior Yr	£'m
Dec-20	6.5
Dec-19	6.2

▲ **5%**

Key Messages

Non Pay costs were £6.5m, representing a £0.5m monthly increase and taking costs to the highest level seen in year.

Excluding COVID costs, Non Pay costs are £0.1m above forecast YTD. This reflects the benefit of non pay costs increasing at a slower rate than anticipated, offset by higher OAPs and rising Long Term Placement costs.

Previously suppressed Non Pay costs including Clinical Supplies, Patient Transport and Printing & Stationary are now recovering at a quicker than forecast, with costs in December at a comparable if not higher than last year. The only notable areas where costs are continuing at a materially reduced rate are Travel, Education and Premises.

The pressure on Mental Health beds continues, compounded by the temporary suspension of admissions in some areas due to COVID. OAPs usage increased in December to an average of 17.8 beds, up from 8.1 in November. Costs rose by £0.4m to £0.6m, with £0.4m being charged to COVID, representing usage above a baseline of 2 beds plus appropriate placements.

5

Consolidated YTD Financial Performance

	M01 - M06 YTD			M7 - M9 YTD			Consolidated YTD			FY
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Income	126.4	124.5	1.8	65.2	63.8	1.4	191.5	188.4	3.2	252.3
Other Income	6.5	8.4	(1.9)	3.6	4.1	(0.5)	10.1	12.5	(2.4)	16.7
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	*132.9*	*132.9*	*(0.0)*	*68.8*	*67.9*	*0.8*	*201.7*	*200.9*	*0.8*	*269.0*
Staff In Post	88.7	90.1	(1.4)	45.8	46.4	(0.6)	134.5	136.5	(2.0)	183.4
Annual Leave Provision	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.4
Bank Spend	7.3	5.5	1.7	4.1	3.8	0.3	11.4	9.4	2.0	13.1
Agency Spend	1.5	1.8	(0.3)	1.1	0.9	0.2	2.6	2.6	(0.0)	3.5
Total Pay	*97.4*	*97.4*	*0.1*	*51.0*	*51.1*	*(0.1)*	*148.5*	*148.5*	*(0.0)*	*201.4*
Purchase of Healthcare	6.9	7.1	(0.2)	4.1	3.6	0.5	11.0	10.7	0.3	14.3
Drugs	2.5	2.5	0.0	1.3	1.5	(0.2)	3.8	4.0	(0.2)	5.4
Premises	8.0	8.5	(0.6)	4.0	4.3	(0.3)	12.0	12.9	(0.8)	17.2
Other Non Pay	8.5	7.7	0.7	4.9	4.7	0.2	13.3	12.4	1.0	16.9
PFI Lease	3.3	3.3	0.0	1.6	1.7	(0.1)	4.9	5.0	(0.1)	6.7
Total Non Pay	*29.2*	*29.2*	*(0.0)*	*15.9*	*15.7*	*0.2*	*45.1*	*44.9*	*0.1*	*60.6*
Total Operating Costs	*126.6*	*126.6*	*0.0*	*66.9*	*66.8*	*0.1*	*193.5*	*193.5*	*0.1*	*262.0*
EBITDA	*6.3*	*6.3*	*(0.0)*	*1.9*	*1.1*	*0.8*	*8.1*	*7.4*	*0.7*	*7.0*
Interest (Net)	1.9	1.9	0.0	1.0	1.0	(0.0)	2.9	2.9	0.0	3.9
Depreciation	3.9	3.9	(0.0)	2.0	2.1	(0.1)	5.9	6.0	(0.1)	8.1
Disposals	(0.0)	0.0	(0.0)	0.0	0.0	0.0	(0.0)	0.0	(0.0)	0.0
Impairments	0.0	0.0	0.0	0.3	0.0	0.3	0.3	0.0	0.3	0.0
PDC	0.9	0.9	0.0	0.1	0.3	(0.2)	1.0	1.2	(0.2)	1.6
Total Finanacing	*6.7*	*6.8*	*(0.0)*	*3.3*	*3.4*	*(0.0)*	*10.1*	*10.1*	*(0.1)*	*13.5*
(Deficit) Pre COVID & Support	*(0.5)*	*(0.4)*	*(0.0)*	*(1.5)*	*(2.3)*	*0.8*	*(1.9)*	*(2.7)*	*0.8*	*(6.5)*
COVID Income	*0.0*	*0.0*	*0.0*	*(0.0)*	*0.0*	*(0.0)*	*0.0*	*0.0*	*(0.0)*	*0.0*
COVID Pay Costs	*3.4*	*3.4*	*0.0*	*0.9*	*1.0*	*(0.2)*	*4.3*	*4.5*	*(0.2)*	*5.4*
COVID Non Pay Costs	*1.8*	*1.8*	*0.0*	*0.9*	*0.3*	*0.6*	*2.6*	*2.1*	*0.6*	*2.6*
Total COVID Costs	*5.2*	*5.2*	*0.0*	*1.7*	*1.3*	*0.4*	*6.9*	*6.5*	*0.4*	*8.0*
NHSE/I Top Up Funding	5.6	5.6	0.0				5.6	5.6	0.0	5.6
System COVID Funding				1.3	1.3	0.0	1.3	1.3	0.0	2.8
System Top Up Funding				1.4	1.4	0.0	1.4	1.4	0.0	2.8
Total Revenue Support	*5.6*	*5.6*	*0.0*	*2.7*	*2.7*	*0.0*	*8.4*	*8.4*	*0.0*	*11.2*
Reported Surplus/ (Deficit)	*(0.0)*	*(0.0)*	*0.0*	*(0.5)*	*(0.9)*	*0.4*	*(0.5)*	*(0.9)*	*0.4*	*(3.2)*

Key Messages

The table above represents financial performance against the revised forecast submitted to NHSE/I.

The table illustrates performance under the two separate financial regimes that have operated this year. Q1 and Q2 being the original interim financial regime under which support was provided to ensure financial breakeven. Q3 and Q4 which reflects the current regime, where the plan is based upon our recent forecast submission.

To note the plan present in the table for Q1 and Q2, reflects a revised plan from NHSI with the plan aligning breakeven and not the original £1.1m surplus assumed in the first iteration in April. This allows greater transparency over the £6.5m pre support deficit, excluding the impact of COVID.

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6

2.0 20/21 YE Forecast Update

Forecast Submitted

Back in October the Trust submitted a forecast for the remainder of 20/21, building on the centrally supported breakeven position at the end of September. Excluding an estimated £1.4m annual leave provision increase, the forecast was a £1.8m deficit, after £2.8m of support funding and further assuming £2.8m of COVID costs would be incurred and funded. The forecast was built assuming increased funding from commissioners for delays to planned investments. Offsetting this benefit costs were assumed to increase as a direct result of increased funding and suspended services returning. The COVID forecast was not to assume costs for a substantial second wave of the pandemic and were therefore held close to costs at the end of Q2.

	P1 £'m	P2 £'m	Forecast £'m	Plan £'m	+/- £'m
Income	132.9	138.3	271.2	269.0	2.2
Expenditure	133.2	141.0	274.1	273.8	0.3
S/(D) b/f Deficit Support	(0.2)	(2.6)	(2.9)	(4.8)	1.9
Top Up / Deficit Support	1.0	2.8	3.8	3.8	0.0
S/(D) Inc Deficit Support	0.8	0.2	1.0	(1.0)	1.9
COVID Funding	4.6	2.8	7.4	7.3	0.0
COVID Funding - Additional		0.4	0.4	0.0	0.4
COVID Costs	5.4	4.7	10.2	8.2	2.0
COVID Impact	(0.8)	(1.6)	(2.4)	(0.9)	(1.5)
S/D For System Target	(0.0)	(1.4)	(1.4)	(1.8)	0.4
Allowable Annual Leave	0.0	1.8	1.8	1.4	0.4
Impairment Risk	0.0	2.0	2.0	0.0	2.0
S/(D) Reportable	(0.0)	(5.2)	(5.2)	(3.2)	(2.0)

20/21 Forecast Income excluding COVID Funding

20/21 Forecast Expenditure excluding COVID

20/21 Forecast COVID Cost

Q4 Forecast

The forecast for Q4 will be determined by our response to the current wave of the pandemic and its duration. It is clear that costs will continue in excess of forecast for the remainder of the year. We expect costs will grow beyond the levels seen in December as the Trust contends with bed and staffing pressures across both Physical and Mental Health Service.

The current £0.5m deficit is forecast to move to a £1.4m deficit. This will be a £0.4m improvement on our NHSI forecast, and reflects a £1.9m benefits to our Non Covid forecast, offsetting a £1.5m pressure due to increased COVID costs.

Income is expected to continue ahead for forecast and indeed increase through Q4, with additional funding for Mental Health Discharge, Winter Pressures and Ageing Well (formerly assumed to be within COVID allocations), key amongst a range of new allocations. To date income is £0.8m ahead of forecast, this is expected to increase to £2.2m by the end of March.

After adjusting for the Wellbeing Payment and Ageing Well, costs are £0.6m below forecast at Q3. This represents slippage against commissioner investments and non pay recovery costs growing slower than anticipated early in the quarter. Recovery costs are expected to continue to increase during Q4, and at a greater rate than forecast. By YE, costs are expected to be £0.3m higher than forecast.

COVID cost have increased from the levels seen in the summer. Costs in Q4 are expected rise above Decembers £0.8m, with enhanced NHSP Bank rates, provision for increased sickness, and additional beds being opened in both the East and the West. Costs are expected to fall back to a degree in March, but by then it is expected that COVID costs will be £2.0m higher than forecast. BOB ICS have released £0.4m of additional COVID funding against this pressure.

The latest estimate suggests the forecast increase to the annual leave accrual will be closer the £1.8m, £0.4m higher than planned. In addition there is a £2.0m impairment risk assumed from the annual asset revaluation exercise. These are classed as allowable deficit items. At this stage there is also no adjustment for centrally procured PPE stock, which the Trust has been instructed to account for.
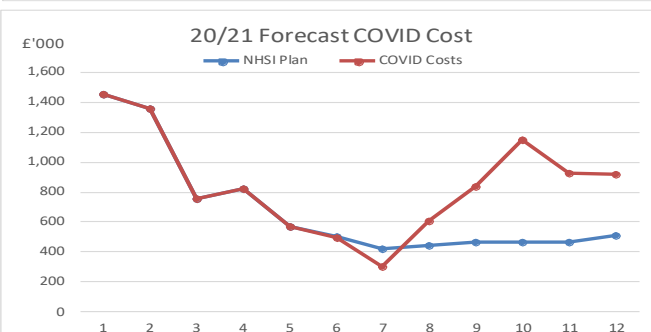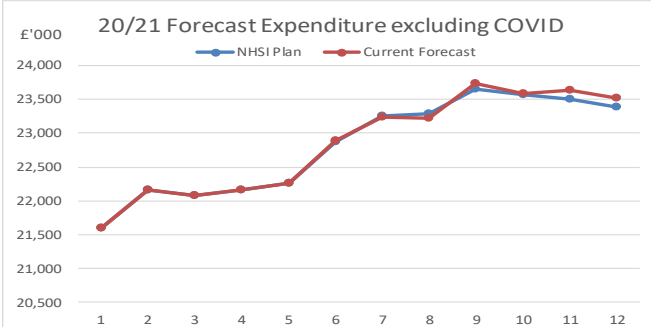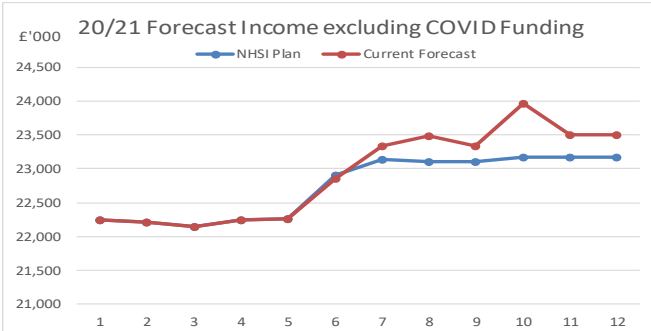
3.0 Balance Sheet & Cash

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	5.2	5.7	(0.5)	5.2	5.7	(0.5)	5.7
Property, Plant & Equipment (non PFI)	37.5	37.7	38.3	(0.5)	37.7	38.3	(0.5)	38.2
Property, Plant & Equipment (PFI)	57.3	57.3	57.2	0.2	57.3	57.2	0.2	57.7
Total Non Current Assets	**102.7**	**100.3**	**101.1**	**(0.8)**	**100.3**	**101.1**	**(0.8)**	**101.7**
Trade Receivables & Accruals	11.3	13.2	13.4	(0.3)	13.2	13.4	(0.3)	13.4
Other Receivables	0.1	0.2	0.2	(0.0)	0.2	0.2	(0.0)	0.2
Cash	26.4	51.0	48.1	3.0	51.0	48.1	3.0	22.7
Trade Payables & Accruals	(24.8)	(27.6)	(27.8)	0.1	(27.6)	(27.8)	0.1	(27.6)
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)	(26.5)	(24.9)	(1.6)	(26.5)	(24.9)	(1.6)	(2.8)
Total Net Current Assets / (Liabilities)	**9.6**	**8.7**	**7.5**	**1.2**	**8.7**	**7.5**	**1.2**	**4.3**
Non Current PFI Finance Lease	(27.0)	(25.9)	(25.9)	(0.0)	(25.9)	(25.9)	(0.0)	(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**	**81.2**	**80.8**	**0.4**	**81.2**	**80.8**	**0.4**	**78.5**
Income & Expenditure Reserve	29.1	28.6	28.2	0.4	28.6	28.2	0.4	25.8
Public Dividend Capital Reserve	19.2	19.3	19.3	(0.0)	19.3	19.3	(0.0)	19.3
Revaluation Reserve	33.4	33.4	33.4	(0.0)	33.4	33.4	(0.0)	33.4
Total Taxpayers Equity	**82.4**	**81.2**	**80.8**	**0.4**	**81.2**	**80.8**	**0.4**	**78.5**

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	(0.3)	(0.1)	(0.2)	3.4	3.2	0.2	2.2
Depreciation and Impairments	+	8.5	0.7	0.7	(0.0)	6.2	6.0	0.2	8.1
Operating Cashflow		*14.9*	*0.3*	*0.6*	*(0.2)*	*9.6*	*9.2*	*0.3*	*10.3*
Net Working Capital Movements	+/-	*1.4*	*2.1*	*0.0*	*2.1*	*25.2*	*22.3*	*2.9*	*0.4*
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)	(1.0)	(1.0)	(0.0)	(5.8)	(5.8)	0.0	(8.5)
Investments		*(9.8)*	*(1.0)*	*(1.0)*	*(0.0)*	*(5.8)*	*(5.8)*	*0.0*	*(8.5)*
PFI Finance Lease Repayment	-	(1.2)	(0.1)	(0.1)	0.0	(1.1)	(1.1)	(0.0)	(1.5)
Net Interest	+/-	(3.6)	(0.3)	(0.3)	(0.0)	(2.9)	(2.9)	(0.0)	(3.9)
PDC Received	+	1.2	0.0	0.0	0.0	0.0	0.1	(0.1)	0.1
PDC Dividends Paid	-	(2.1)	(0.4)	(0.1)	(0.2)	(0.4)	(0.1)	(0.2)	(0.6)
Financing Costs		*(5.7)*	*(0.8)*	*(0.6)*	*(0.2)*	*(4.4)*	*(4.1)*	*(0.3)*	*(5.8)*
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*	*0.7*	*(0.9)*	*1.6*	*24.6*	*21.7*	*2.9*	*(3.7)*
Opening Cash		25.6	50.4	49.0	1.4	26.4	26.4	0.0	26.4
Closing Cash		*26.4*	*51.1*	*48.1*	*3.0*	*51.0*	*48.1*	*2.9*	*22.7*

Key Messages

Closing cash balance for December was £51.0m, which is £3.0m above the plan, mainly due to capital slippage better than expected I&E performance. We continue to hold an extra months CCG block payments, with expected to be recouped in March. The interim financial regime has helped to maintain our cash balances as will the deficit support built into our plans for the remainder of the year. Closing cash for 20/21 is forecast to be £22.7m.
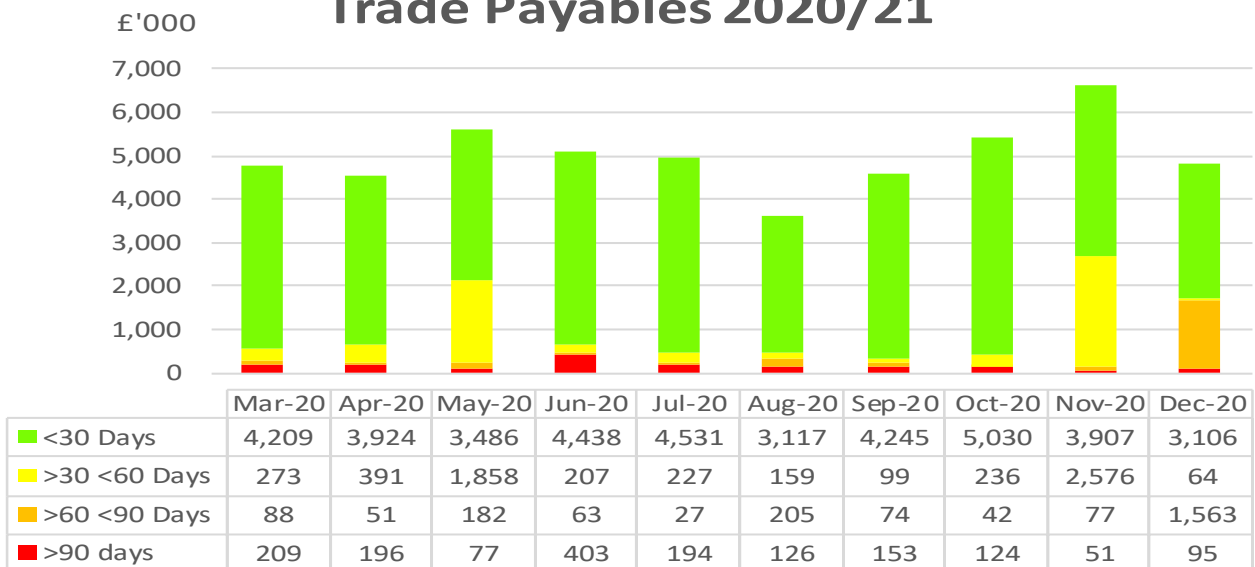
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73

Cash Management

Trade Receivables 2020/21

£'000

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
<30 Days	1,562	1,870	3,230	973	3,032	1,000	1,377	4,337	3,482	1,701
>30 <60 Days	1,904	1,573	388	225	180	1,535	136	518	2,789	2,143
>60 <90 Days	662	1,063	500	154	34	0	327	59	70	2,489
>90 < 180 Days	177	673	538	864	802	251	25	204	132	80
>180 Days	295	241	197	220	182	186	200	219	217	191
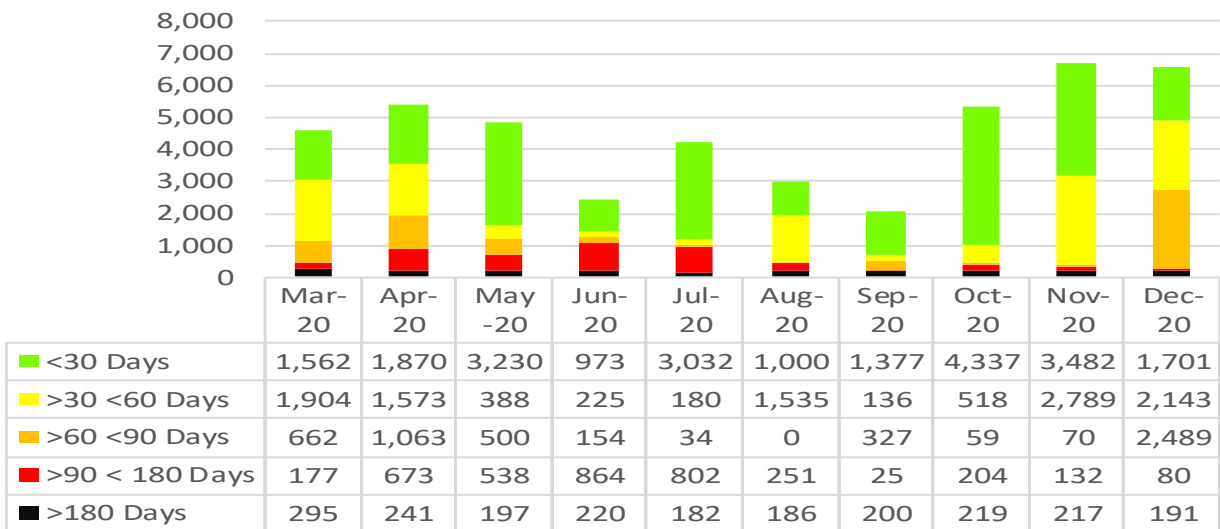
Key Messages

Overall debtors balances decreased by £0.1m. Balances 60 to 90 days have increased due to invoicing issues with NHSPS, who account for £2.1m of debt. Other remaining balances over 60 days remain at a low level and are with local commissioners and providers, with all balances being worked through to seek resolution. The 30 to 60 days includes an outstanding balance of £1.5m with Health Education England, which will be cleared on the 1st February.

Trade Payables 2020/21

£'000

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
<30 Days	4,209	3,924	3,486	4,438	4,531	3,117	4,245	5,030	3,907	3,106
>30 <60 Days	273	391	1,858	207	227	159	99	236	2,576	64
>60 <90 Days	88	51	182	63	27	205	74	42	77	1,563
>90 days	209	196	77	403	194	126	153	124	51	95

Key Messages

Overall Creditors decreased by £1.8m. The invoicing issue with NHSPS has resulted in our reciprocal payment of £1.6m, remaining unpaid, increasing 60 - 90 days balances. Balances over 60 days remain low with very few transactions accounting for the overdue balances.

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9

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	213	162	51	1,017	881	136	1,021
Erleigh Road (LD etc works)	0	18	(18)	0	53	(53)	153
Wokingham Willow House Projects	1	0	1	67	197	(130)	197
Trust Owned Properties Other	2	20	(18)	8	111	(103)	111
Leased Non Commercial (NHSPS)	3	17	(13)	161	235	(74)	335
Leased Commercial	0	7	(7)	0	31	(31)	50
Various All Sites	5	47	(41)	68	310	(242)	510
Statutory Compliance	11	39	(28)	33	283	(250)	347
Subtotal Estates Maintenance & Replacement	**237**	**309**	**(72)**	**1,353**	**2,101**	**(747)**	**2,724**
IM&T Expenditure							
IM&T Business Intelligence and Reporting	0	61	(61)	31	184	(153)	368
IM&T System & Network Developments	0	137	(137)	690	1,205	(515)	1,541
IM&T Other	117	0	117	620	295	325	445
GDE & Community Trust Funded	22	95	(73)	105	677	(573)	958
IM&T HSLI	19	0	19	19	0	19	0
Subtotal IM&T Expenditure	**158**	**293**	**(135)**	**1,465**	**2,361**	**(897)**	**3,312**
Subtotal CapEx Within Control Total	**394**	**602**	**(208)**	**2,818**	**4,462**	**(1,644)**	**6,036**
CapEx Expenditure Outside of Control Total							
PPH - LD to Jasmine	167	238	(71)	1,528	714	814	1,647
Other PFI Projects	5	75	(70)	69	285	(216)	295
HSLI Projects	10	17	(7)	174	124	50	174
Subtotal Capex Outside of Control Totals	**182**	**330**	**(148)**	**1,771**	**1,123**	**648**	**2,116**
Total Capital Expenditure	**577**	**932**	**(355)**	**4,589**	**5,585**	**(996)**	**8,153**

New COVID Pressures	Current Month			Year to Date			FY
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000
Central Funding Agreeed							
Pandemic Storage Facility	0	0	0	43	0	43	0
Point of Care Testing Bids (NHSPS sites)	1	0	1	38	0	38	0
Funding not yet agreed							
Laptops COVID-19	0	0	0	64	0	64	0
Point of Care Testing Bids (PFI - £57K)	2	0	2	2	0	2	0
Total CapEx excluded from Annual Plan	**3**	**0**	**3**	**147**	**0**	**147**	**0**

Key Messages

Capital spend in December was £0.9m, £0.4m less than planned, increasing the YTD underspend to £1.0m. This is net of a £1.6m underspend against Control Total and a £0.6m overspend on other Capital.

Estates spend is £0.7m below plan for schemes within the ICS control total, but with a number of existing and recently approved scheme expected to complete by YE, spend is expected to be close to plan. Spend on schemes outside of control total are £0.7m over due to the early completion of LD to Jasmine and this variance will increase further once the PPH Fire doors replacement scheme is completed.

IM&T spend was below £0.8 below plan due to the phasing of purchases, slippage on specific GDE schemes, as well as element of the Business Intelligence programme relating to Cloud Architecture. These scheme now likely to feature in the 21/22 programme.

Trust Board Paper

Board Meeting Date	9th February 2021
Title	**True North Performance Scorecard** **Month 9 (December 2020) 2020/21**
Purpose	To provide the Board with the True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and 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 9, 2020/21 (December 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 9

Performance business rule exceptions, red rated with the True North domain in brackets:

Driver Metrics

Context and update to driver performance to be provided in discussion of counter measure action and development:

- Falls incidents in Community & Older Adult Mental Health Inpatient Wards **(Harm Free Care) –** red at 24 against a target of 20. Red for 2 months. Some wards have patients with higher levels of acuity, Henry Tudor ward has a high number of positive COVID patients with higher levels of cognitive impairment adding to the challenges. 77% of falls were unwitnessed. 59% of falls happened on wards with high occupancy (over 80%).

- Self-harm Incidents on Mental Health Inpatients Wards (excluding LD) **(Harm Free Care)** – red at 46 incidents against a target of 42. Bluebell was the highest contributor. Three female patients accounted for 20 incidents on Bluebell ward, who also had long lengths of stay. Counter measures are in place; Bluebell have reviewed techniques to talk to patients, the introduction of a sensory room; a safe place to go in conjunction with safety plans.

	• Mental Health Clustering **(Patient Experience)** - at 78.5% against an 80% target. Services are operating in a challenging environment during this phase of the pandemic, which is impacting their ability to keep this above target. • Physical assaults on staff **(Supporting our Staff)** – at 59 incidents against a target of 44. Campion was the highest contributor this month with 32 incidents. This was mainly due to two male patients; one is now receiving more specialist care and the other is responding to medication. Staff are receiving regular support from the nurse consultant and ward manager. • Mental Health: Acute Average Length of Stay (bed days) **(Money Matters) –** at 46 days against a target of 30 days. Pressures continue, and length of stay remains a focus for teams. • Staff turnover (including fixed-term posts) **(Money Matters)** – this indicator is at 16.4% against a target of 16%. The indicator excluding fixed-term posts was green at 13.1%. The highest contributor to leavers in this period is student nurses on fixed contracts. • Inappropriate Out of Area Placements **(Money Matters)** – at 780 days for the quarter against a 74 bed day target. Pressures within our inpatient units have resulted in more out of area placements. **Tracker Level 1 Metrics** • Sickness **(Regulatory Compliance)** is at 4.29% against a 3.5% target. **Tracker Metrics (where red for 4 months or more)** • Statutory Training: Fire **(Supporting our Staff)** At 92.3% – focusing assurance on ward environments. All but two wards are compliant. Performance improving slowly.
Action	The Board is asked to note the new True North Scorecard.

True North Performance Scorecard – Business Rules & Definitions

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

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

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

Harm Free Care

Metric	Target	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	20 per month	34	21	29	27	20	8	16	25	17	17	22	24
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	42 per month	38	42	25	15	58	37	41	40	57	67	76	46
Pressure ulcers acquired at BHFT due to lapse in care - Grade 3 & 4 (Cumulative YTD)	<18 per year	19	21	22	1	0	1	0	0	1	0	0	0
Number of suicides (per month)	Equal to or less than 3 per month	2	1	2	2	3	1	1	1	1	3	3	1
Gram Negative Bacteraemia	1 per ward per year	0	0	0	3	0	0	0	0	0	0	0	0

Patient Experience

Metric	Target	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Mental Health: Prone (Face Down) Restraint	2 per month	2	7	3	3	8	3	6	2	3	1	3	2
Patient FFT Recommend Rate: % [Suspended centrally due to COVID]	95% compliance	88.9%	87.4%	91.9%								87%	78%
Patient FTT response rate: % [Suspended centrally due to COVID]	15% compliance	10.6%	11.7%	5.51%								87%	
Mental Health Clustering within target: %	80% compliance	81.2%	81.5%	80.6%	81.2%	78.7%	83.8%	83.7%	82.7%	81.5%	81.7%	80.9%	78.5%

Performance Scorecard - True North Drivers (December 2020)

Supporting our Staff

Metric	Target	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Physical Assaults on Staff	44 per month	35	41	57	36	27	34	53	51	26	34	44	59
Staff Engagement Score (Annual Staff Survey) [Suspended centrally in April due to COVID]	Score of 10	7.40	7.29	7.29	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40

Money Matters

Metric	Target	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
CIP target (£k): (Cumulative YTD) [Suspended centrally due to COVID]	£4m (annual)	£3.90M	£4.24M	£4.60M									
Financial surplus £k (excl. STF): (Cumulative YTD to plan) [Suspended centrally due to COVID]	-£0.4m	-£0.20M	-£0.28M	£0.26M									
Mental Health: Acute Occupancy rate (excluding Home Leave): % [Suspended centrally due to COVID]	85% Occupancy	87.7%	92.6%	89.9%		81.9%	92.1%	92.2%	97.2%	92.6%	90.6%	90.5%	91.8%
Mental Health: Acute Average Length of Stay (bed days)	30 days	43	37	42	37	34	37	36	47	40	43	43	46
Staff turnover (excluding fixed term posts)	<16% per month	14.6%	14.7%	14.7%	14.6%	14.3%	13.9%	13.4%	13.3%	13.9%	13.8%	13.7%	13.1%
Staff turnover (including fixed-term posts)	<16% per month	16.2%	16.6%	16.5%	16.5%	16.2%	15.6%	15.3%	15.9%	17.1%	16.9%	16.9%	16.4%
Inappropriate Out of Area Placements	74 bed days (cumul. Qtr)	49	101	140	58	93	170	148	312	418	164	352	780

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

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

Target: 20 per month

24

22

Jan 20   Feb 20   Mar 20   Apr 20   May 20   Jun 20   Jul 20   Aug 20   Sep 20   Oct 20   Nov 20   Dec 20
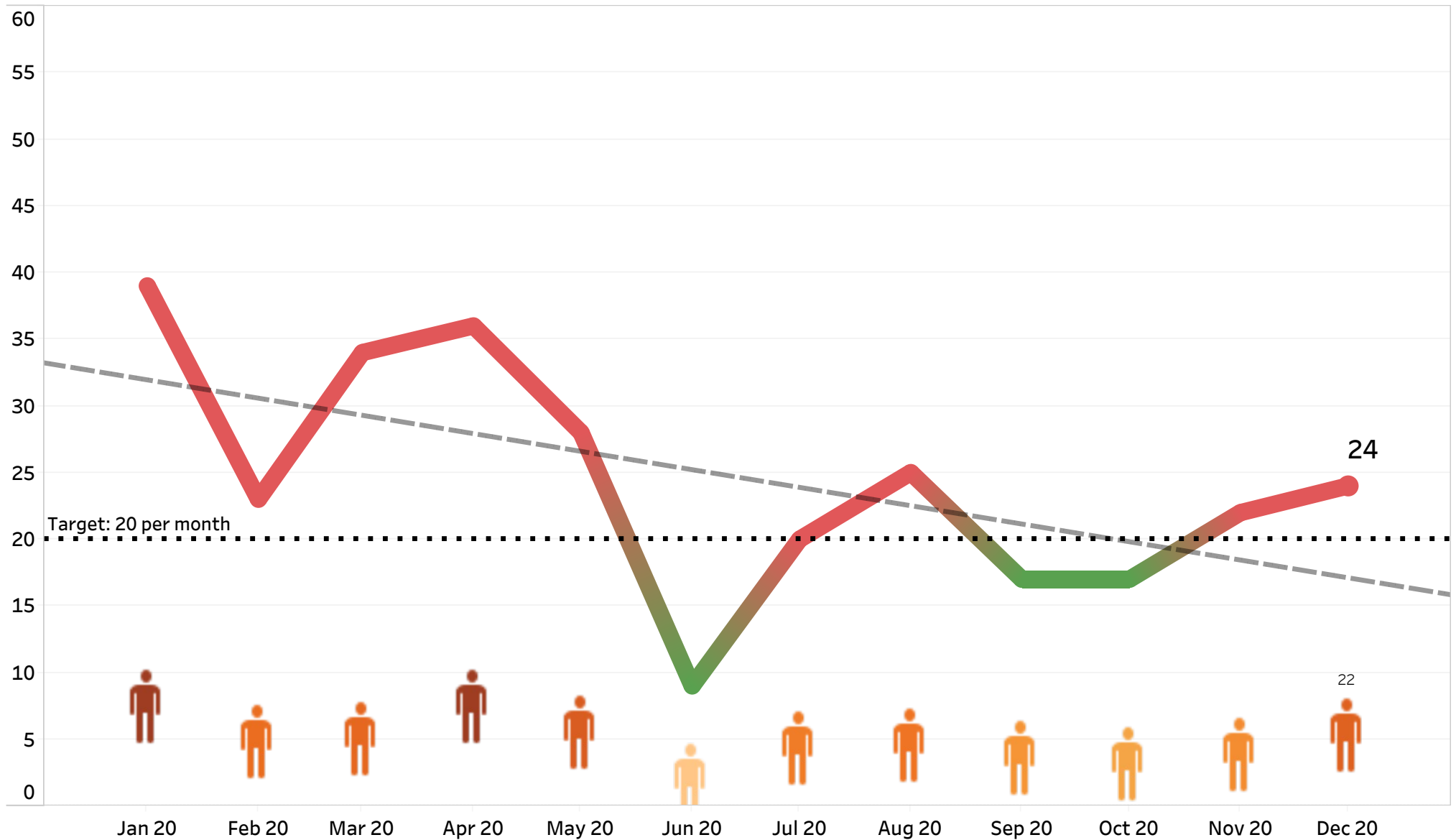
Harm Free Care Driver: Fall incidents in Community and Older Adult Mental Health Inpatient Wards (December)
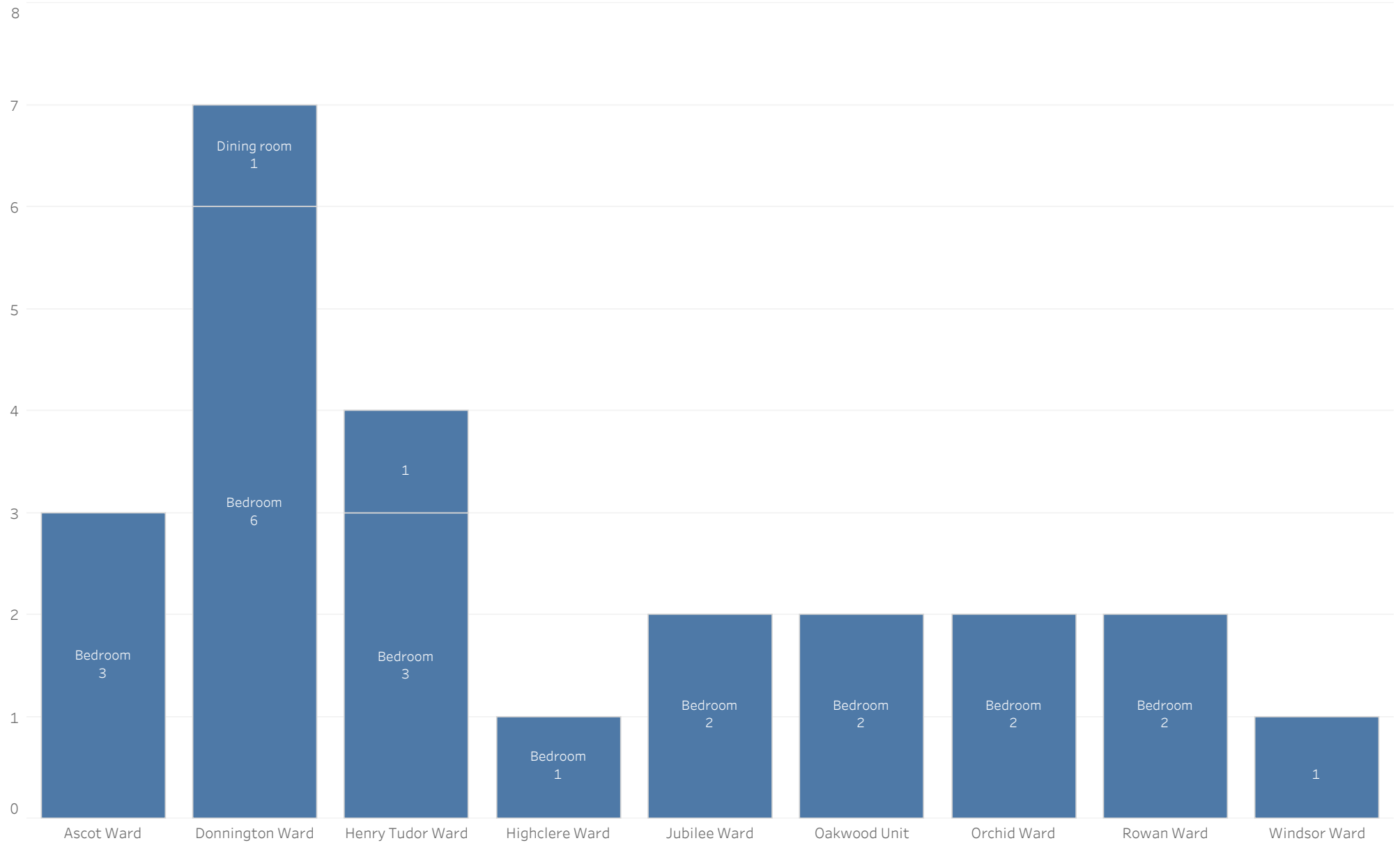
Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards Inc Willow House (excluding LD) (Jan 20 to Dec 20)

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

Target: 42 per month

46

Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
9	12	7	6	9	18	12	15	15	18	16	18
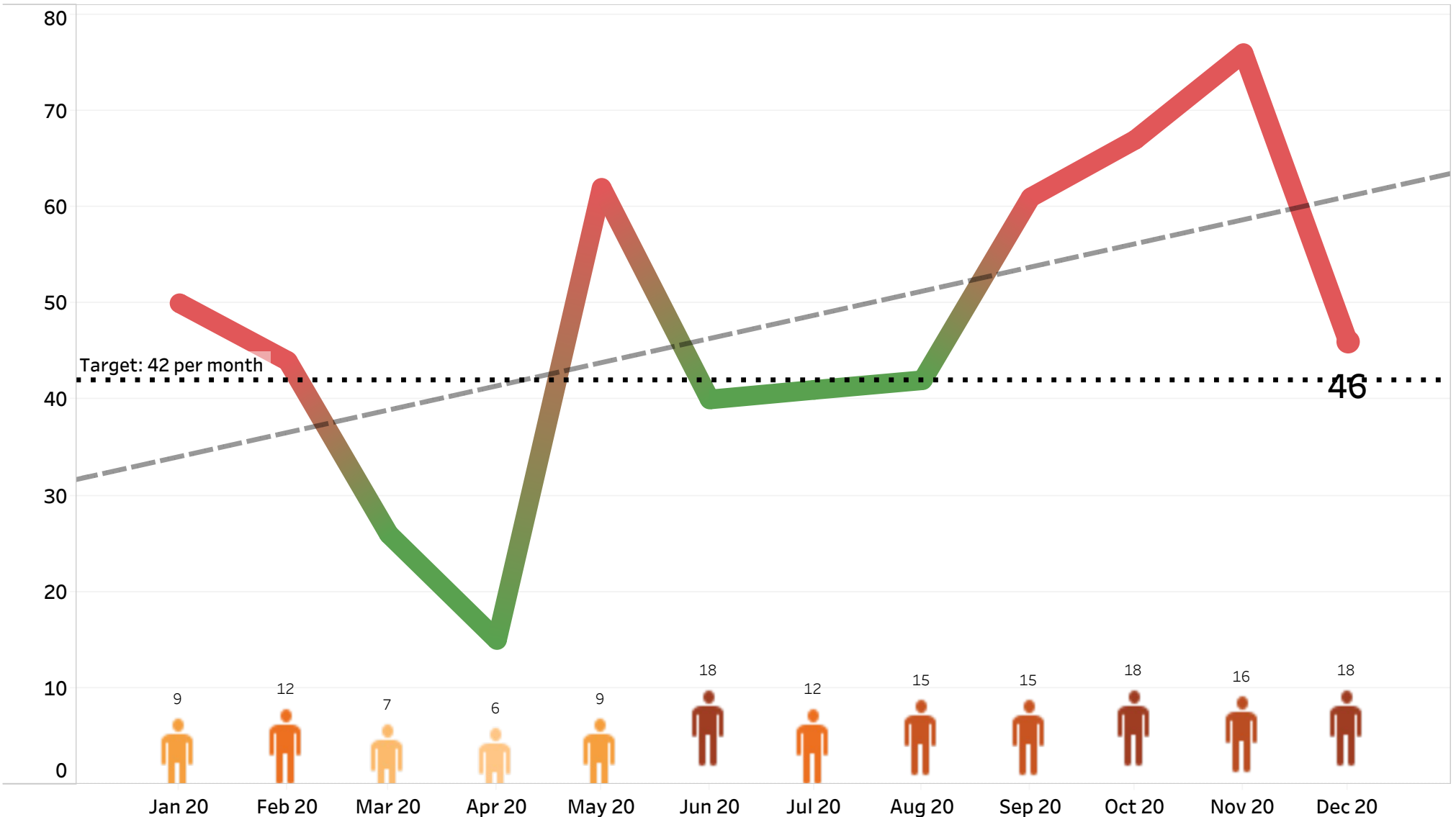
Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (December)
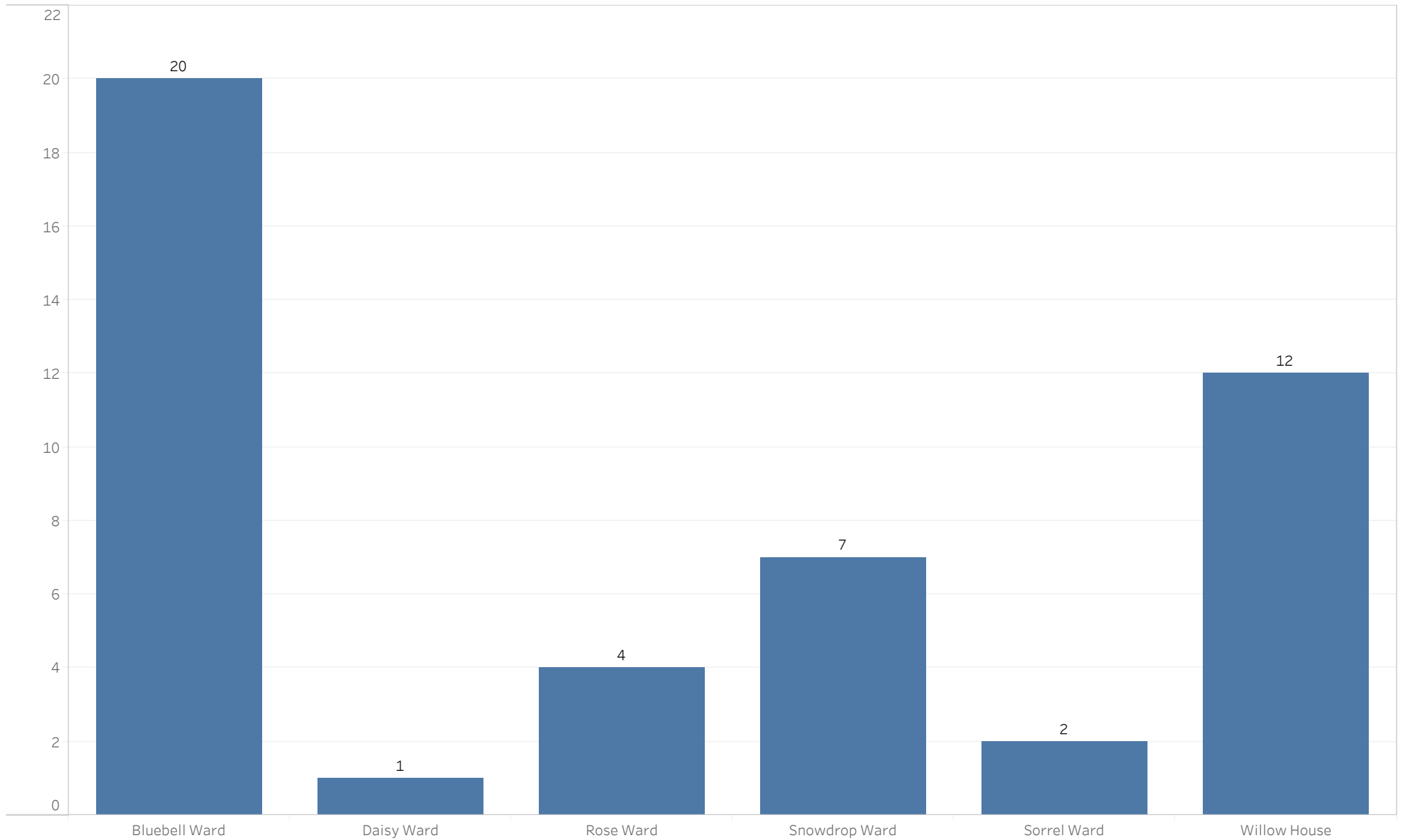
85

Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD & Willow House) (Jan 20 to Dec 20)

Any incident (all approval statuses) where category = self harm
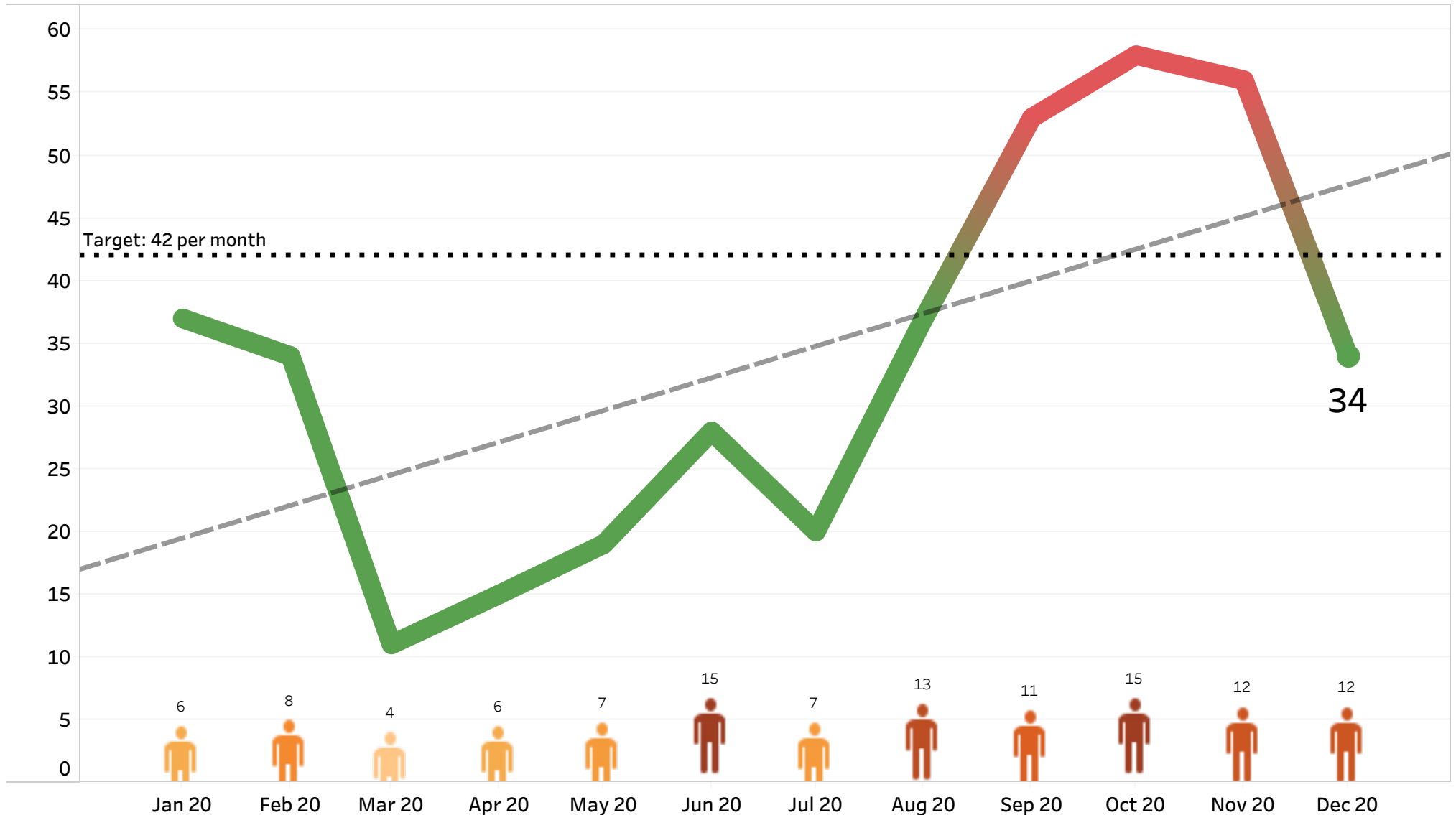
Target: 42 per month

34

Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
6	8	4	6	7	15	7	13	11	15	12	12

Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD & Willow House) by location (December)
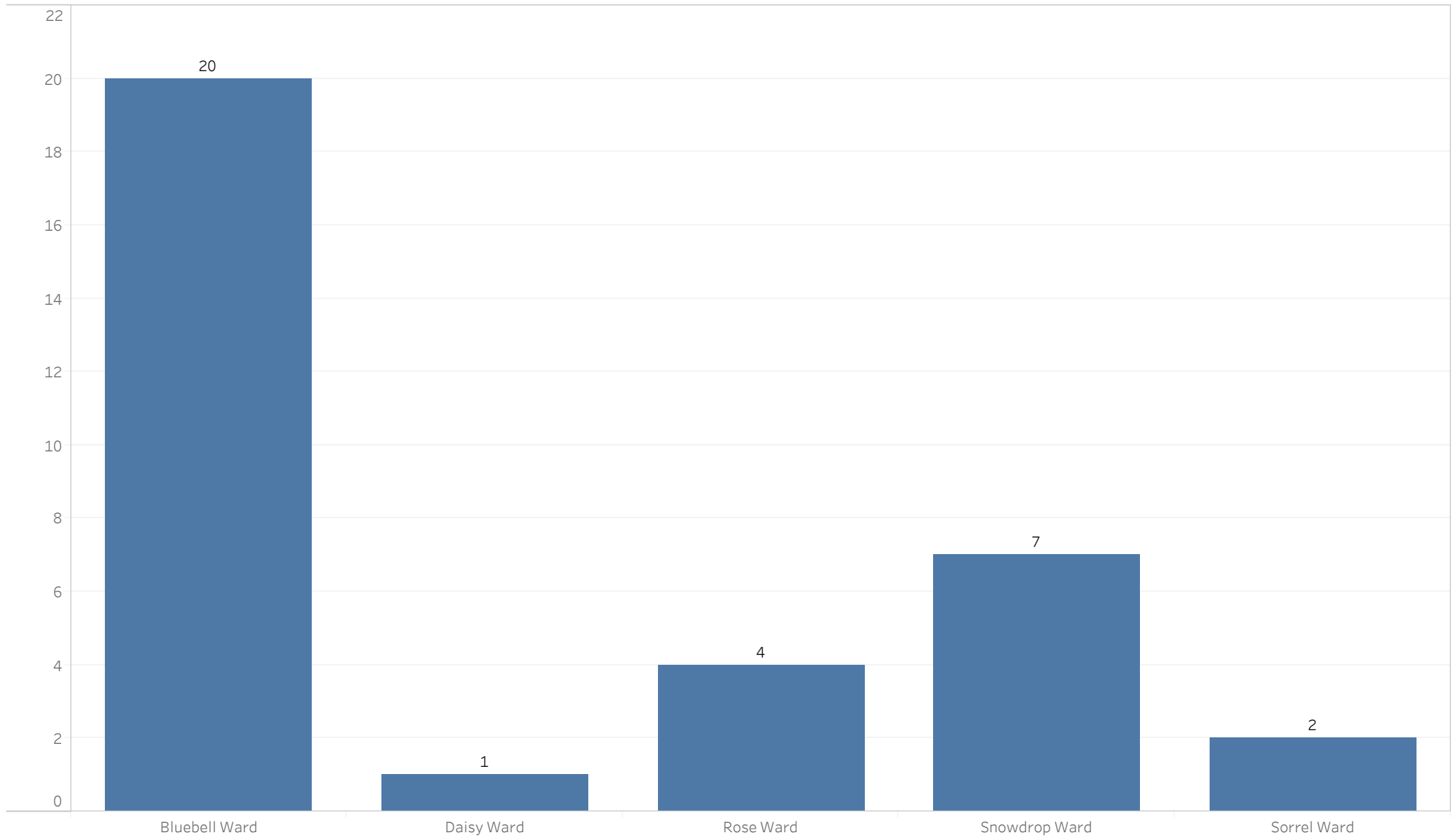
Patient Experience Driver: Mental Health: Prone (Face Down) Restraint incidents (Jan 20 to Dec 20)
(All approval statuses)

Target: 2 per month
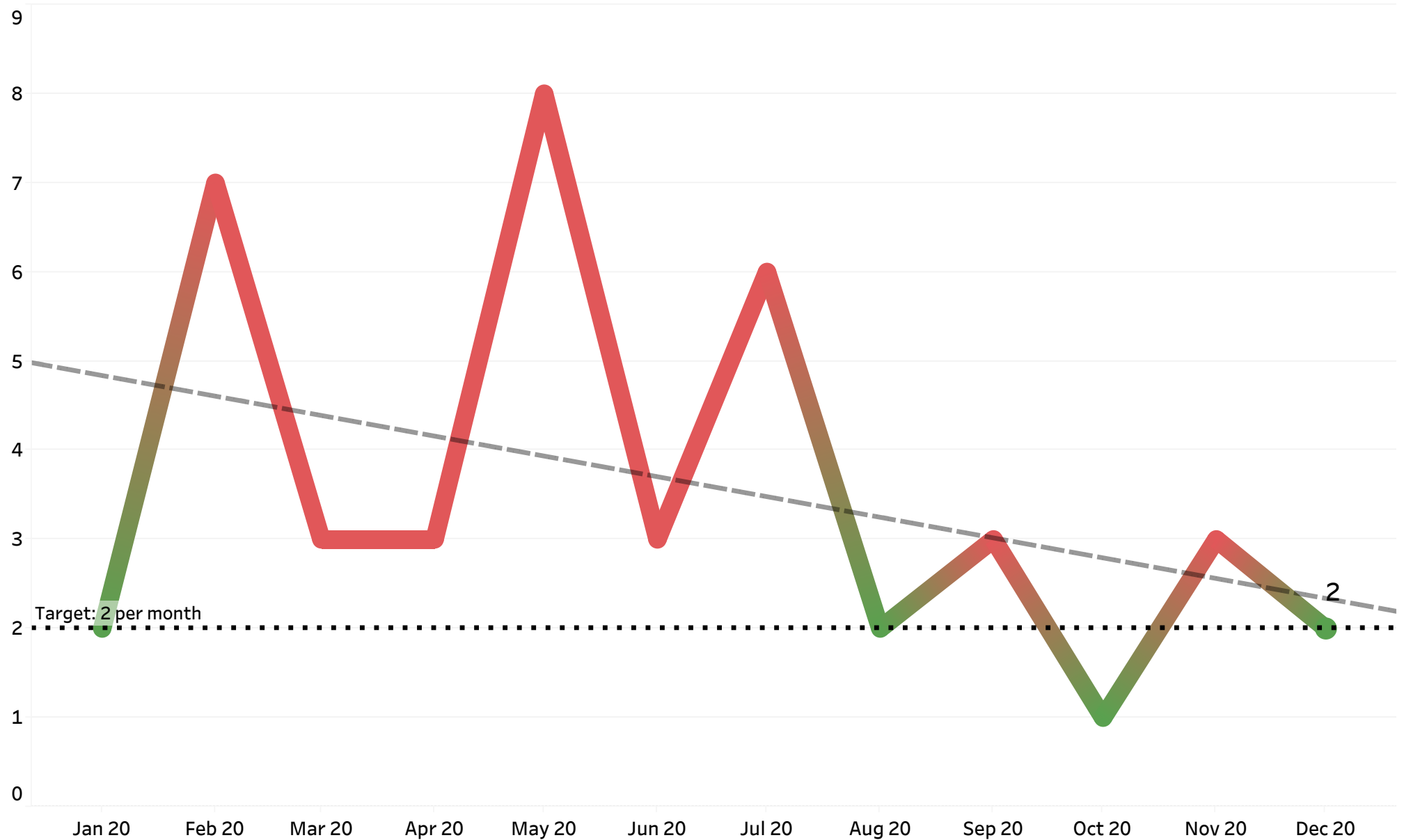
Patient Experience Driver: Mental Health: Prone (Face Down) Restraint incidents by location (December)
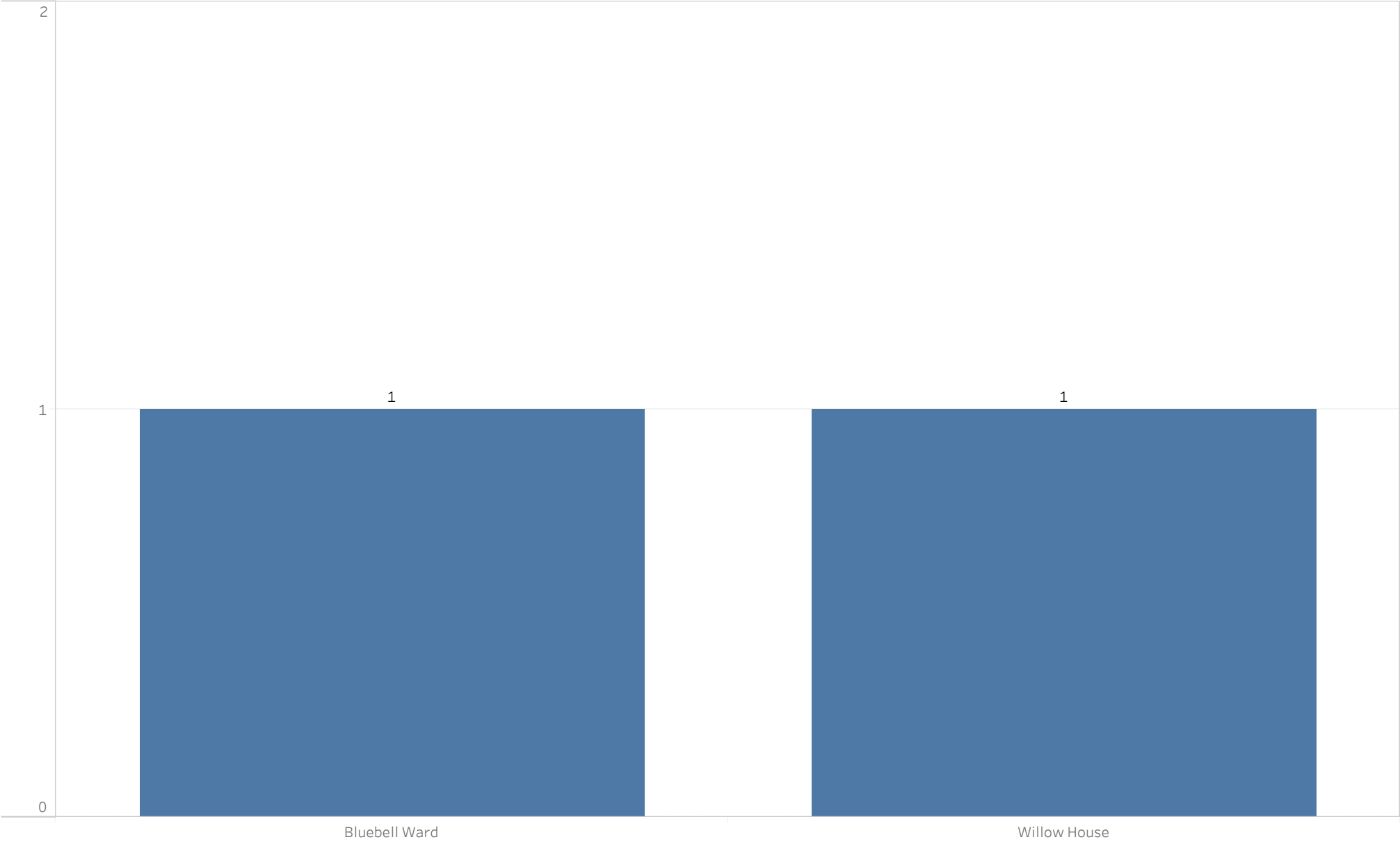
Patient Experience: Clustering breakdown (December 2020)

Outpatient Cluster Status (by Service)
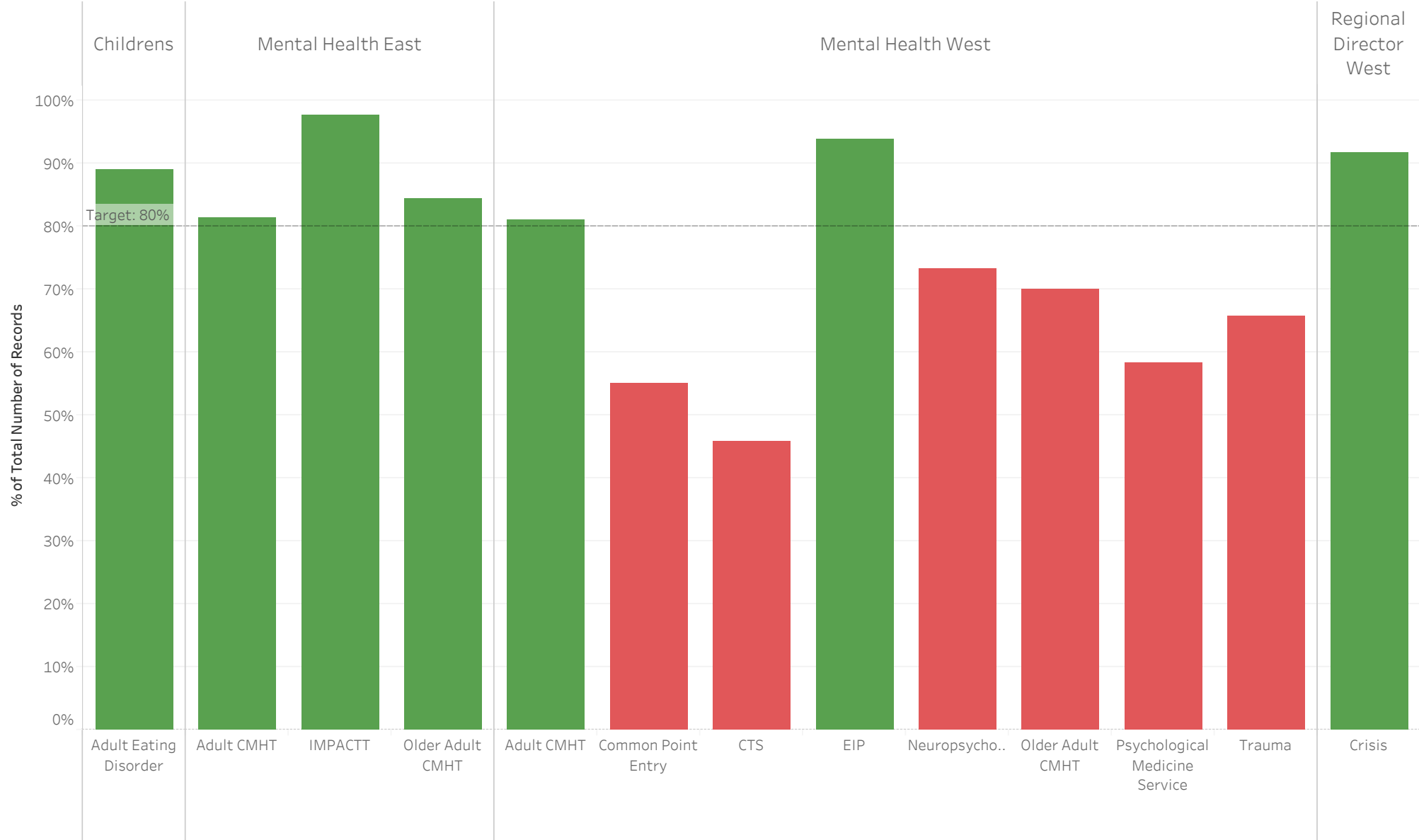
Supporting Our Staff Driver: Physical Assaults on Staff (Jan 20 to Dec 20)

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

Target: 44 per month

59

14

Jan 20　Feb 20　Mar 20　Apr 20　May 20　Jun 20　Jul 20　Aug 20　Sep 20　Oct 20　Nov 20　Dec 20
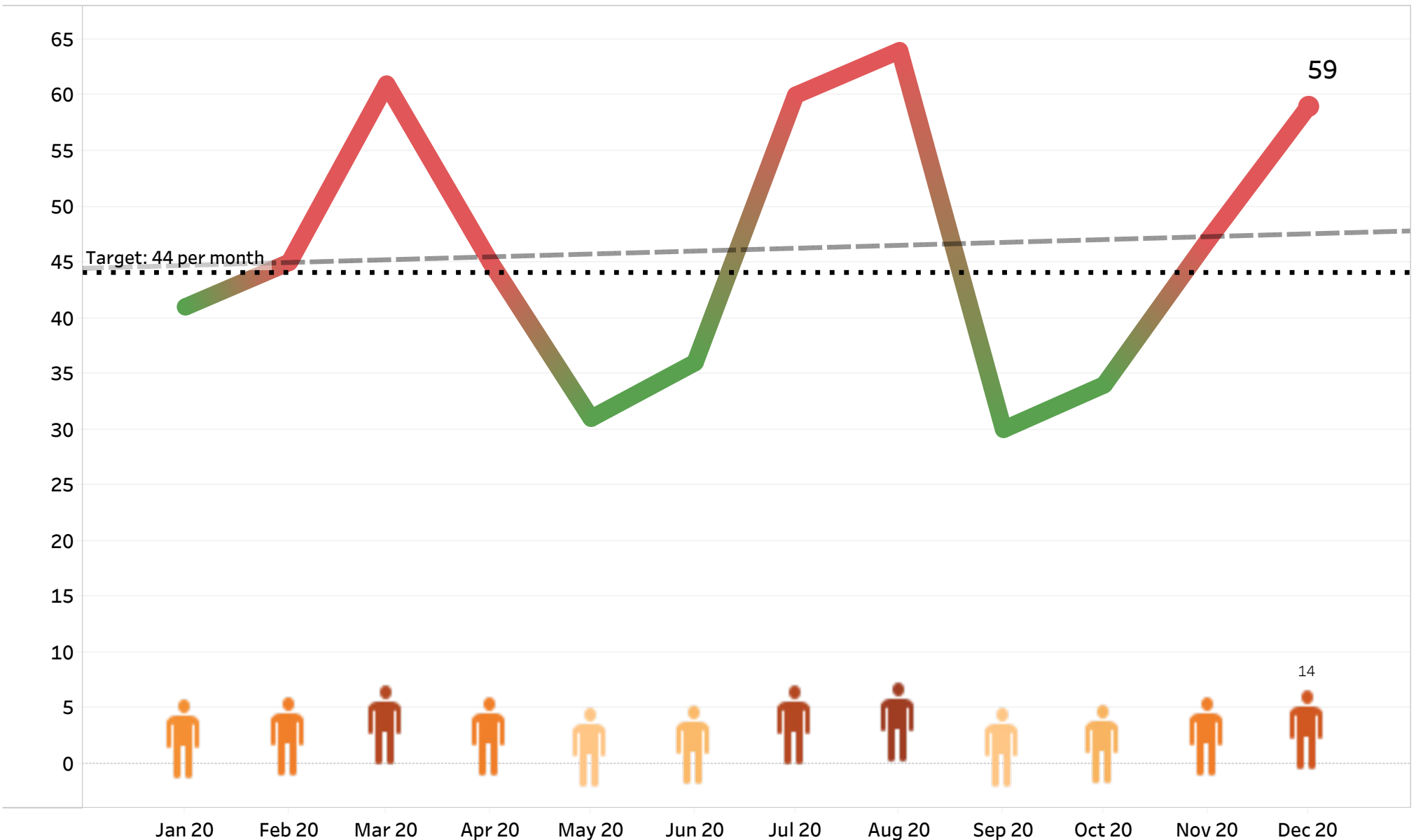
Supporting Our Staff Driver: Physical Assaults on Staff by Location (December 2020)
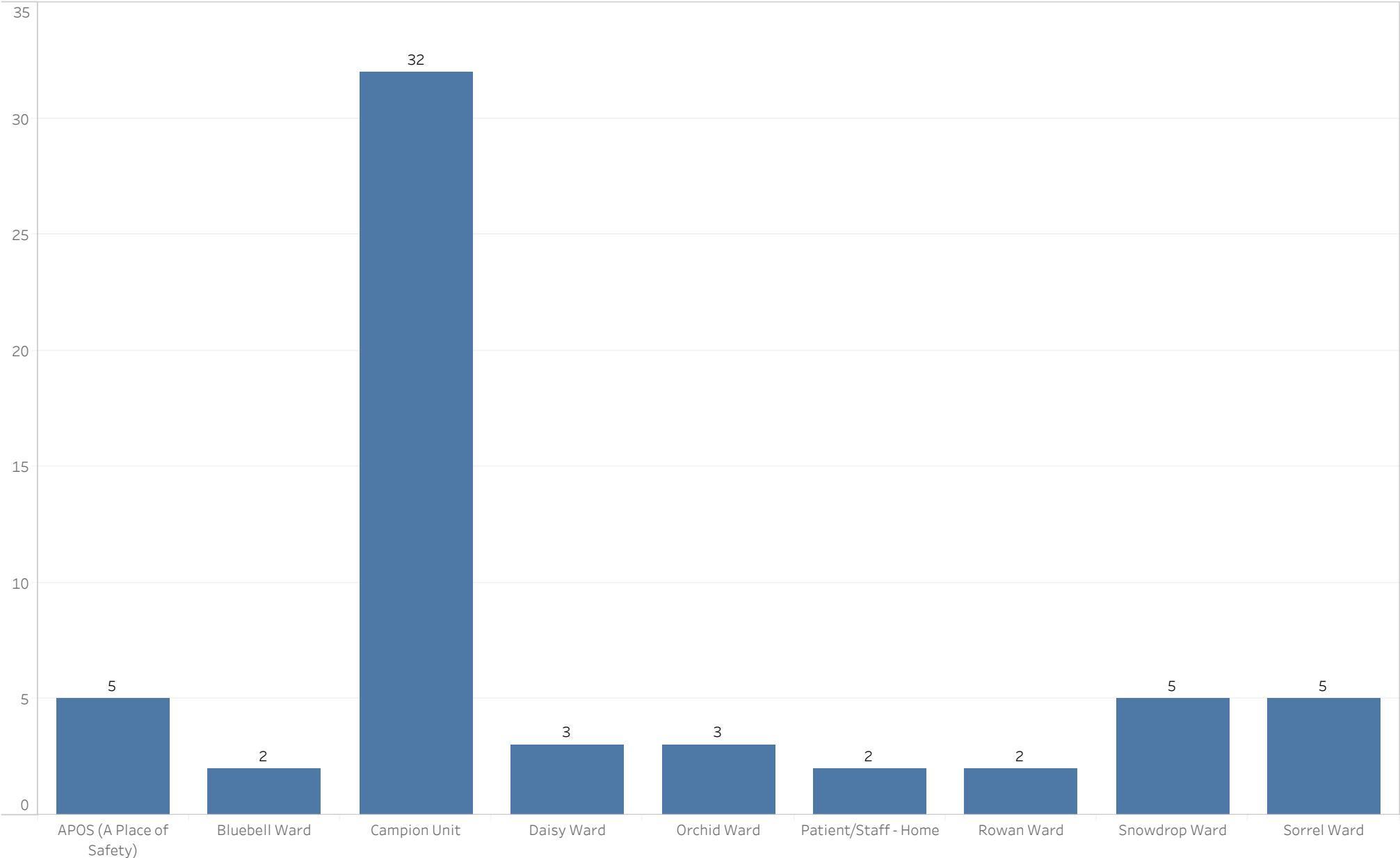
Money Matters: Mental Health Acute Bed Occupancy Rate (Feb 20 to Dec 20)

Target: 85% occupancy

91.9%
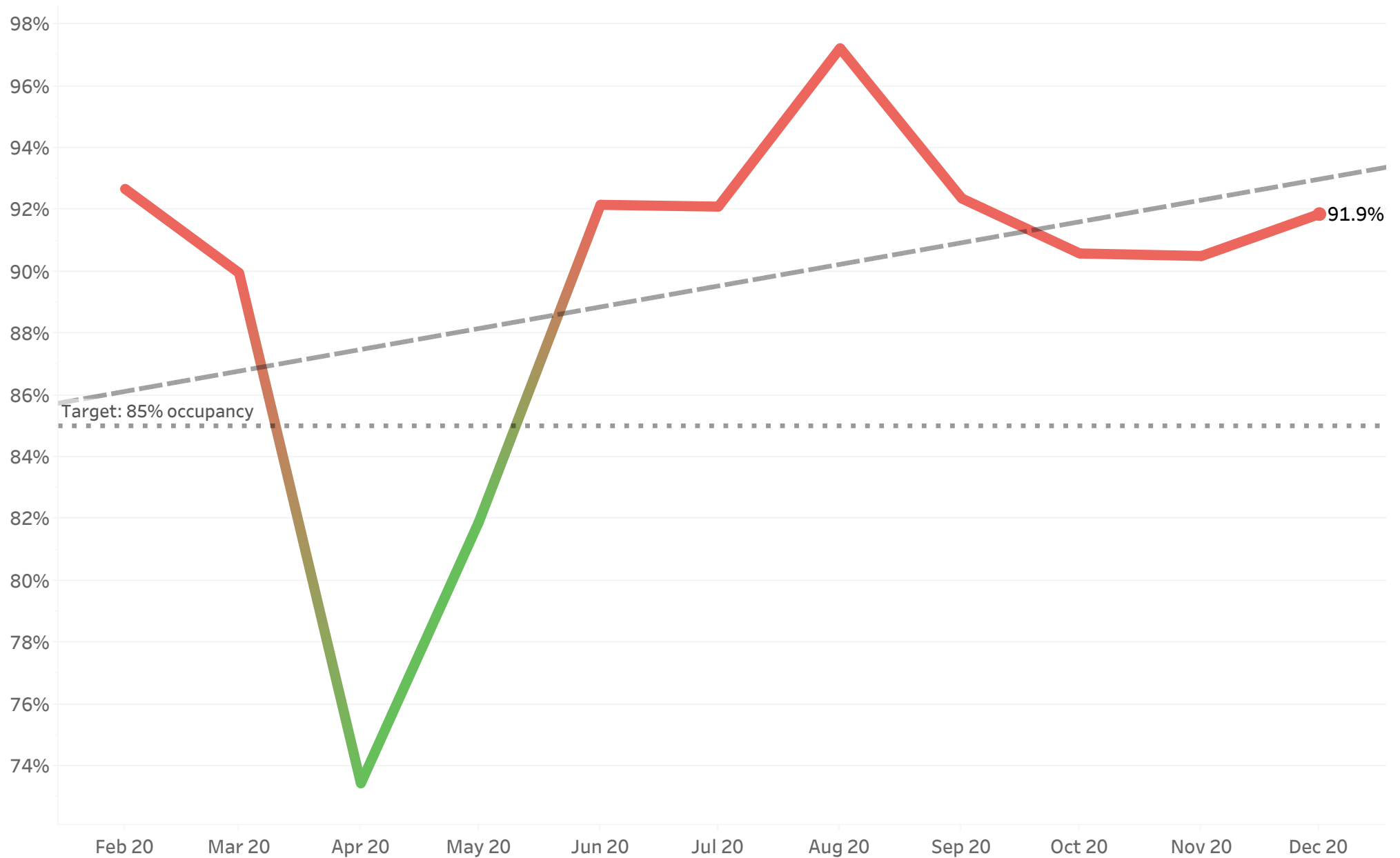
Money Matters Driver: MH Acute Bed Occupancy by Unit (December 2020)

Target: 85% occupancy

- Bluebell Ward: 90.5%
- Daisy - ACUTE Ward: 85.5%
- Rose Ward: 96.5%
- Snowdrop: 94.4%

Money Matters: Mental Health: Acute Average Length of Stay (bed days) (<December>)

46.0

Target: 30 days
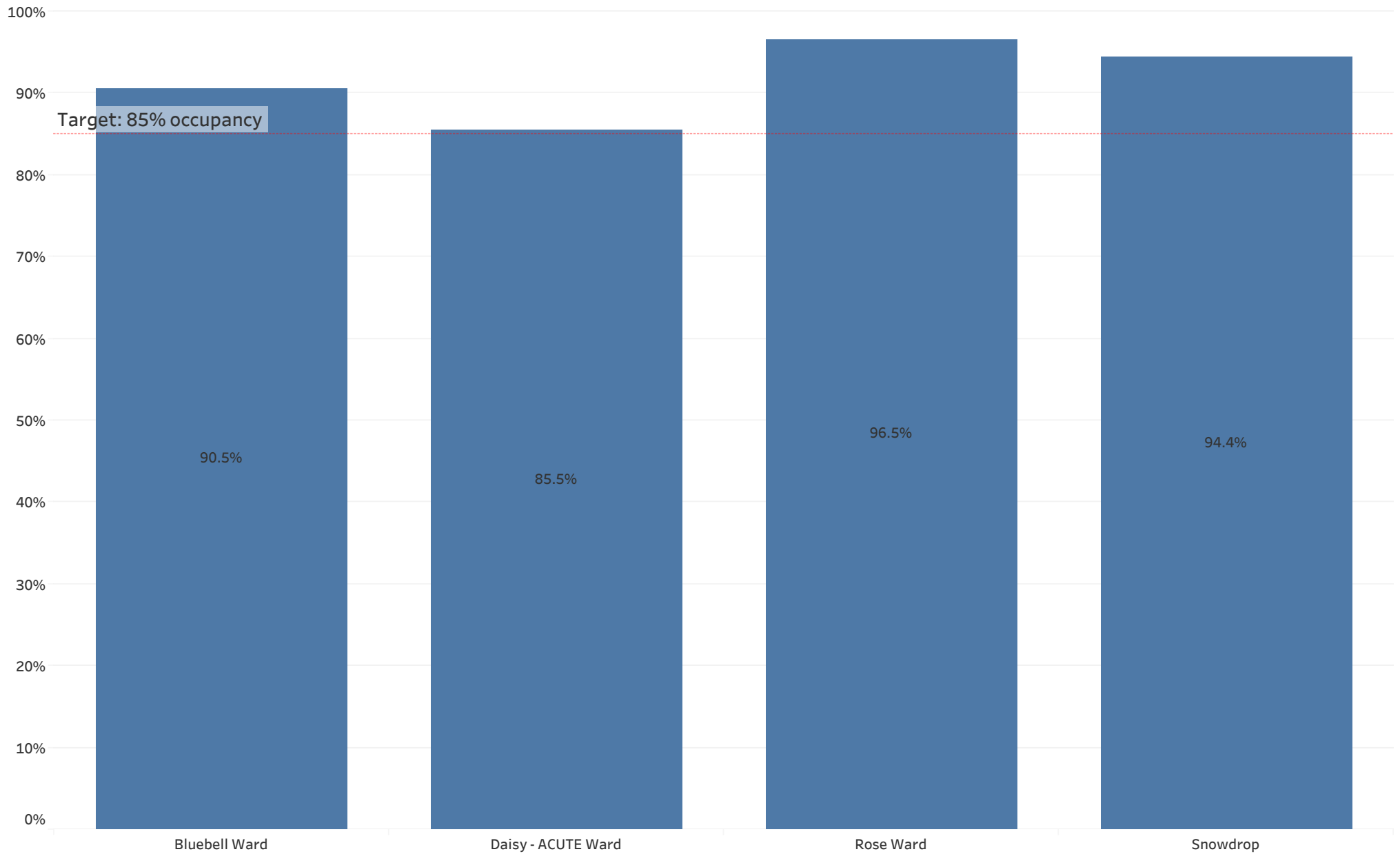
Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20
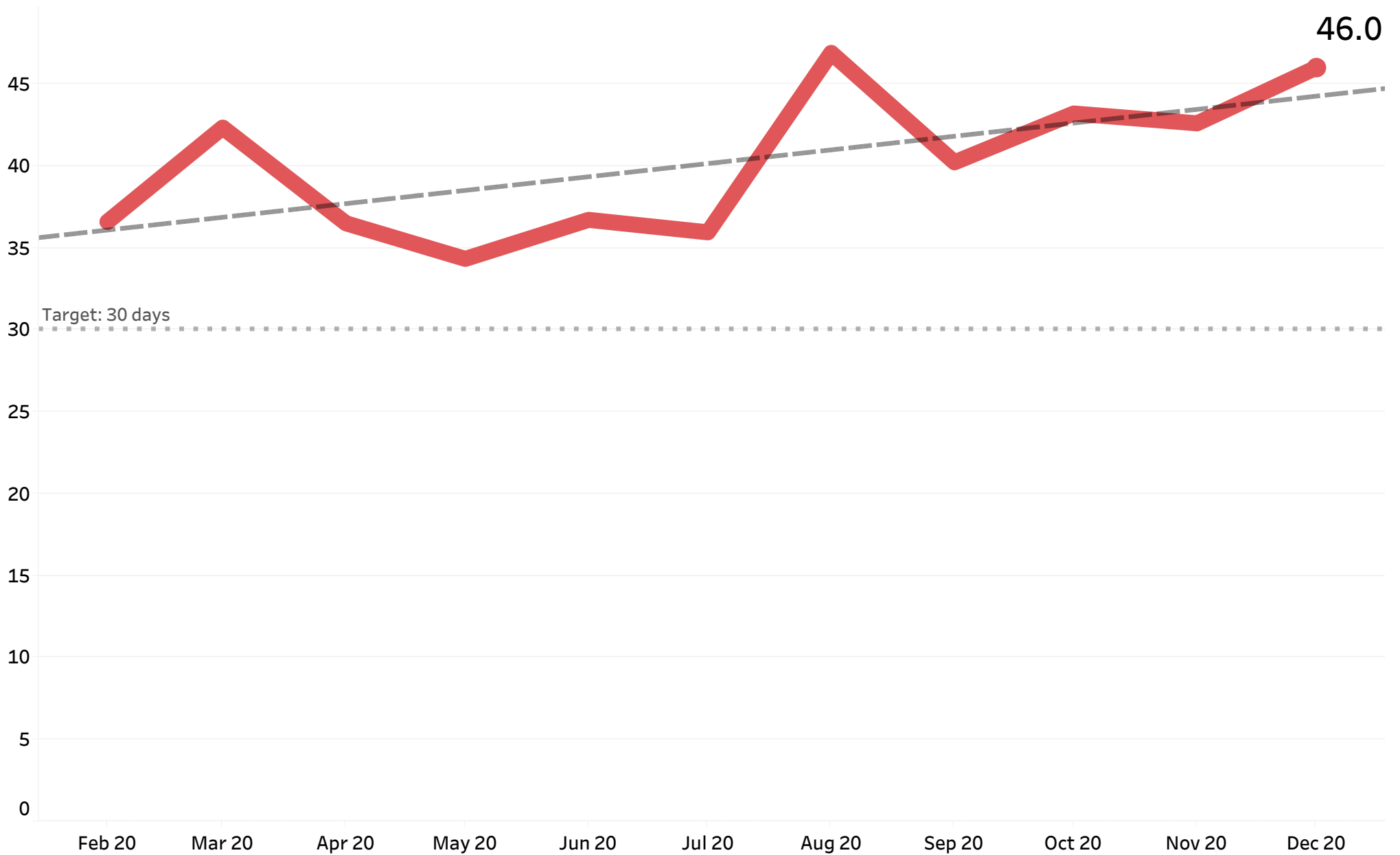
Money Matters Driver: Inappropriate Out of Area Placements
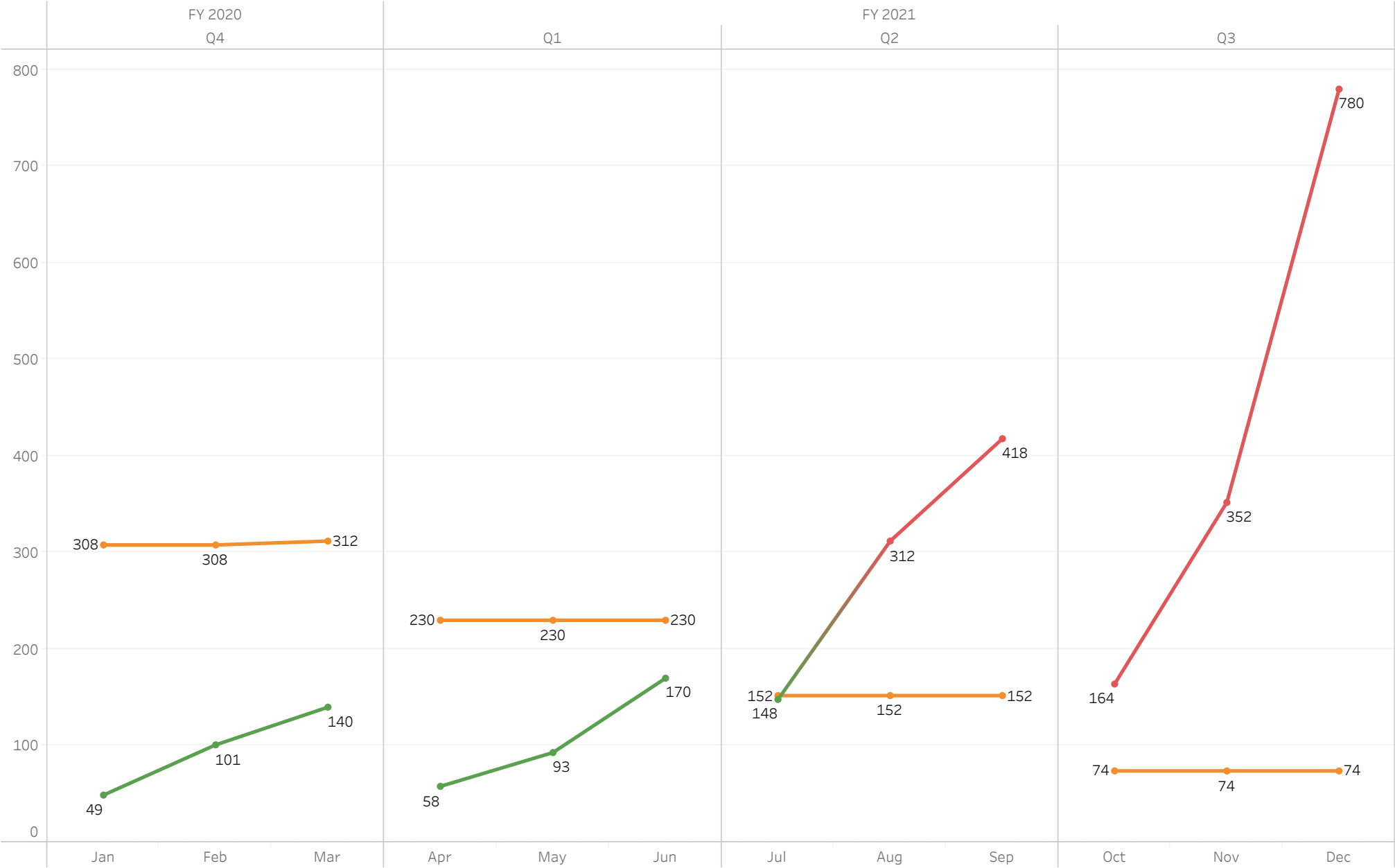
True North Harm Free Care Summary

Tracker Metrics

Metric	Threshold / Target	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Pressure ulcers acquired due to lapse in (Inpatient Wards)	<10 incidents	0	2	0	1	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community East)	< 6 incidents	1	0	1	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community West)	< 6 incidents	2	0	0	0	0	1	0	0	1	0	0	0
Mental Health: AWOLs on MHA Section	16 per month	8	5	2	2	3	3	9	2	2	3	9	3
Mental Health: Absconsions on MHA Section	8 per month	2	5	6	5	3	4	6	3	4	4	3	0
Mental Health: Readmission Rate within 28 days: %	<8% per month	5.97	5.09	4.42	4.29	5.42	5.86	5.22	4.95	6.33	7.43	6.65	5.89
Patient on Patient Assaults (LD)	4 per month	0	0	0	3	3	4	4	4	2	0	3	0
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		14.0%	13.6%	13.4%	13.3%	13.8%	13.5%	13.6%	13.7%	13.4%	12.6%	12.9%
Suicides per 10,000 population in Mental Health Care (annual)	8.3 per 10,000	5.2	5.2	5.2	5.2	5.2	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	1	0	0	1	2	3	3	0	2	1	1	0

True North Patient Experience Summary

Tracker Metrics

		Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Patient on Patient Assaults (MH)	38 per month	17	14	15	15	15	20	24	12	21	7	14	11
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	82.1%	93.9%	88.4%	89.1%	91.9%	92.6%	93.4%	91.1%	91.1%	92.7%	92.0%	91.2%
Mental Health: Uses of Seclusion	13 in month	4	18	12	4	7	17	15	16	8	15	11	9

True North Supporting Our Staff Summary

Tracker Metrics

		Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Gross vacancies: % [Suspended centrally due to COVID]	<10%	6.5%	6.09%	5.89%									
Statutory Training: Fire: %	95% compliance	93.3%	91.5%	90.1%	88.4%	85.9%	87.3%	90.1%	91.3%	92.9%	92.4%	91.1%	92.3%
Statutory Training: Health & Safety: %	90% compliance	96.7%	96.4%	95.5%	96.0%	94.3%	95.5%	95.3%	95.6%	95.9%	96.0%	95.0%	95.9%
Statutory Training: Manual Handling: %	90% compliance	93.1%	93.3%	92.5%	90.0%	88.7%	90.3%	90.1%	91.1%	92.3%	92.5%	93.1%	94.0%
Mandatory Training: Information Governance: % [Suspended centrally due to COVID]	95% compliance	94.4%	93.3%	93.9%	92.5%	90.0%	92.1%	92.6%	92.2%	94.7%	94.0%	94.8%	95.2%
PDP (% of staff compliant) Appraisal: %	95% compliance 'Extended from 19/20. Reset in June 20'	85.1%	83.9%	81.7%	80.5%	80.5%	42.1%	88.6%	87.3%	95.5%	95.3%	94.4%	91.9%

Mental Health Inpatient Services – Fire training compliance

		Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Fire Safety Training - Whole Service	95%	93.4%	93.2%	88.3%	88.4%	84.6%	90.6%	94.8%	96.9%	98.5%	96.7%	95.7%	96.7%

Org L7	Target	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
371 Bluebell Ward PPH	95%	87.5%	82.6%	71.4%	75.0%	72.0%	77.8%	95.5%	100.0%	100.0%	100.0%	92.6%	100.0%
371 Daisy Ward PPH	95%	96.4%	95.8%	100.0%	92.3%	92.0%	88.5%	92.3%	96.2%	93.8%	100.0%	96.3%	100.0%
371 Orchid Ward PPH	95%	81.3%	82.8%	80.0%	76.9%	76.9%	84.6%	92.3%	92.0%	96.2%	82.8%	92.6%	93.1%
371 Rose Ward PPH	95%	92.0%	100.0%	92.0%	91.3%	83.3%	91.3%	96.2%	96.3%	100.0%	100.0%	96.4%	100.0%
371 Rowan Ward PPH	95%	100.0%	97.1%	85.3%	80.0%	70.0%	77.4%	92.9%	100.0%	100.0%	94.1%	91.7%	94.1%
371 Snowdrop Ward PPH	95%	93.1%	93.1%	90.3%	93.3%	93.3%	100.0%	96.7%	96.9%	100.0%	96.6%	96.0%	96.2%
371 Sorrell Ward PPH	95%	100.0%	100.0%	100.0%	100.0%	100.0%	96.2%	96.3%	93.3%	100.0%	100.0%	100.0%	97.1%

Community Health – Fire training compliance

			Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
371 Community Health East Services	Fire Safety Training - Whole Service	95%	95.1%	94.4%	93.1%	93.2%	92.4%	93.1%	94.8%	96.4%	97.8%	96.0%	93.1%	96.3%
371 Community Health West Services	Fire Safety Training - Whole Service	95%	94.8%	92.6%	89.2%	87.2%	86.3%	86.9%	90.5%	93.8%	95.6%	97.0%	95.2%	96.7%

CH IP Fire Safety Breakdown

Org L7	Target	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
371 Henry Tudor Ward	95%	92.9%	96.4%	96.6%	96.0%	96.6%	96.7%	93.1%	89.7%	100.0%	92.9%	92.9%	100.0%
371 Jubilee Ward	95%	93.1%	100.0%	96.9%	96.8%	100.0%	81.3%	96.8%	93.5%	100.0%	100.0%	96.8%	96.6%
371 Oakwood Ward	95%	97.6%	90.5%	87.2%	88.6%	89.5%	94.9%	100.0%	95.2%	95.7%	95.5%	97.9%	100.0%
371 WBCH Inpatient Wards	95%	95.2%	89.2%	84.5%	80.7%	77.8%	93.7%	93.9%	96.3%	96.2%	96.1%	91.5%	96.1%
371 Wokingham InPatient Unit	95%	95.5%	89.1%	88.9%	87.9%	82.8%	64.8%	86.7%	93.5%	96.7%	98.4%	98.4%	98.3%

Campion & Willow House – Fire training compliance

Org L7	Target	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
371 LD - Campion Unit	95%	100.0%	100.0%	96.6%	96.4%	85.7%	88.0%	71.4%	93.3%	96.9%	97.1%	91.2%	100.0%
371 Willow House	95%	84.2%	85.0%	89.5%	76.5%	78.9%	78.9%	95.0%	100.0%	100.0%	94.7%	88.0%	95.0%

True North Money Matters Summary

Tracker 1

		Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Mental Health: Delayed Transfers of Care (NHSI target) Monthly and Quarterly [Suspended centrally due to COVID]	7.50%	11	7.59			7.5	5.29	4.29	2.60	4.29	9	4.29	3.59

Tracker Metrics

		Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Community Inpatient Occupancy: % [Suspended centrally due to COVID]	80-85% Occupancy	88.0%	90.5%	84.5%		75.4%	49%	57.3%	73.5%	72.8%	74.7%	72.7%	79%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): % [Suspended centrally due to COVID]	80% Occupancy	84.87%	83.09%	82.79%		63.39%	64.04%	84.74%	67.06%	75.68%	75.68%	65.10%	66.21%
DNA Rate: % [Suspended centrally due to COVID]	5% DNAs	5.09%	4.70%	5.20%		4.20%	3.79%	4.39%	4.29%	4.59%	4.29%	4.39%	4.20%
Community: Delayed transfers of care Monthly and Quarterly [Suspended centrally due to COVID]	7.5% Delays	13.4%	17.8%			4%	2.10%	7.5%	6.5%	5.29%	10.1%	2.5%	7.29%

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Mental Health: 7 day follow up (Quality Domain): %	95% seen	95.2	100	95.5	95.3	95.7	96.2	94.5	94.1	97.7	98.6	97.2	100
C.Diff due to lapse in care (Cumulative YTD)	0	0	0	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	88	88	88	88	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	1	0	0	0	0	0	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	1	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	88.9	100	90.9	100	90.9	100	100	91.7	100	100
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	97.9	96.2	94.0	92.9	98.0	97.9	96.0	98.2	98.7	97.8	98.6	98.0
People with common mental health conditions referred to IAPT will be treated within 6 weeks from referral: %	75% treated	95	94	95	95	94	96	95	96	98	98	98	98
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	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
People with common mental health conditions referred to IAPT completing a course of treatment moving to recovery: %	50% treated	60.3	57.1	54.4	53.4	53.2	55.4	56.6	56.1	57.4	58.5	60.5	53.3
% clients in Mental Health Services in Settled Accommodation	58% in Settled Accommodation	59	59	59	59	59	59	59	59	69	69	69	69
% clients in Mental Health Services in Employment [Suspended centrally due to COVID]	9% in Employment	12	12	12	12	12	12	12	12	14.0	14.0	14.0	14.0
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	99.7	100			100	100	100	97.8	98.2	100	100	99.5
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	96.2	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	98	100	100	100	100	100	100	100
Sickness Rate: %	<3.5%	4.88	4.10	4.39	5.89	4.08	3.40	3.49	3.23	3.25	3.60	4.29	
Staff - Count of those categorised as extremely likely or likely to recommend (Quality of Care Domain) - For IP, A&E, MH & Community	Null	84	83	83	83	83	83	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	1	1	1									
MHSDS DQMI score (Figures reported are 3 months in arrears)	95% achieved	98.2	98.4	98.1	98.7	98.7	98.4	98.2	98.9	98.7	98.9	99.0	99
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	0

Trust Board Paper

Board Meeting Date	09 February 2021
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	Kathryn MacDermott, Acting Executive Director of Strategy
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 have a draft Reducing Health Inequalities plan in place to be considered at the March Trust Board discursive.
SUMMARY	The Recovery and Restoration programme of work is currently paused and rated RED. We continue to respond to the pressures of Wave 2 of COVID-19. Services have been categorized as Tier 1 (Critical), Tier 2 (High Priority), Tier 3 (Medium) or Tier 4 (Low). We have paused some routine services in Tiers 3 and 4 to divert staff and capacity into our Tier 1 and 2 services to ensure flow/admission avoidance/Home first and capacity

	are maintained. This process is being led by the Divisions to enable as much flexibility and adaptability as possible. All urgent and crisis services continue and where routine appointments can be completed remotely this continues. Whilst the impact on some services includes an increase in the waiting list number of size other services have been able to continue to work through their referrals and are reducing their waiting lists. The picture varies across all services. I anticipate that the Recovery and Restoration process may be able to start again in March.
ACTION REQUIRED	The Board is asked to: Note the report and progress.

COVID-19 Recovery Programme Highlight Report	Month:	Dec 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, including oversight of Implementation of Phase 3 of the NHS response to the COVID-19 pandemic • Provide reassurance to our patients regarding their care and 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 The programme is underpinned by a Recovery Strategy approved by the Trust Board in May 2020. The existing Recovery Strategy will be updated to reflect the impact of Wave 2 of the pandemic on Recovery.

Deployment Status: M/I	Mission Critical	Project Life Cycle Status:	Paused	Planned Completion Date:	September 2021
I = Mission Critical I = Important		Initiation/ In Progress/ Moving to Business as Usual/ Closed			

Author	Kathryn MacDermott, Acting Executive Director of Strategy	Overall Project Status*:	
		*Show status as Red / Amber / Green.	
Summary Commentary	**Adult Community Health services** **Wave 1** - BHFT ceased non-urgent community service provision in line with national guidance for community health services. This included:		

re status & progress:	Continence, Podiatry, Dental, Hearing & Balance, Diabetes, Dietetics Community, Adult Speech and Language Therapy, Mobility Service, MSK, Sexual Health, Community and Specialist Nursing, ARC, TVN, Lower Limb, Heart Function, and AIRS.
	All services moved to remote consultations with face to face appointments only for those that are urgent and appropriate. Referrals were stopped for routine appointments in the majority of the services listed above. Urgent referrals were still accepted and triaged. All of these changes were in line with national directives (COVID-19 Prioritisation within Community Health Services, and COVID-19 Hospital Service Discharge Requirements).
	Wave 2 - Many of the services models that were put in place in Wave 1 continued through Recovery and into the 2nd wave, such as the increase in in-reach on the frailty pathway, wrap around community services and support to intensive community rehab team (ICR). The diversion of capacity in MSK services into inpatients and community flow pathways has been instigated in wave 2 as it was in wave 1. In East Berks BHFT staff have staffed the discharge lounges and reframed the work of the ARC to assist with system pressures. In West Berks staff continue to support the Hospital Discharge Service which is now operating 7 days a week and later into the evenings.
	BHFT have taken on a small number of additional staff to continue with the pathways that commenced in Wave 1. We are currently pausing services in Tiers 3 (medium) and 4 (low) of our priority matrix and diverting the staff and capacity into our Tier 1 (critical) and 2 (high priority) services to ensure flow/admission avoidance/Home first and capacity are maintained. These steps will be iterative as demand/flow dictate. We are also modelling the capacity needed to provide the COVID Vaccination for those who are housebound. We continue to provide a virtual as well as a face to face consultation based on presentation and need. Corporate services staff have been redeployed into in patient areas and are assisting with discharge and liaison with families, freeing up ward staff to carry out patient care.
	Children's Community Health Services, including Children's and Young Persons' Mental Health **Wave 1 -** BHFT suspended some elements within Children's Services, both community physical and mental health. The services affected were: School Nursing; CYPIT (Children and Young People Integrate Therapies); Autism (including Autism Berkshire and The Autism Group); ADHD; CAMHS; Health Visiting; Young People in Care; Children's Community Nursing Team; Kooth; Number 22; Youthline; Parenting Special Children. The services suspended all face to face appointments, unless there was an urgent need. In all other cases patients where contacted and notified that their appointments had changed to either a telephone or an online consultation. For some patients the most appropriate option was to be given self-care management advice.
	In Autism the third sector continued to run a restricted and/or modified service and the use of SHaRON was increased. In Health Visiting the service was reduced to new birth visits and postnatal checks at 6 weeks only; and most of these visits were not face to face except for the most vulnerable. The Children's Community Nursing Team paused delivery of respite care at Manor Green due to the difficulties of complying with IPC guidelines. Safeguarding duties and functions remained in place. All of the changes made were in line with national guidance.
	Wave 2 - Children's respite at Manor Green has been stepped down. The vaccination team is redeployed into COVID vaccination until the end of February; and gaps in this team are being covered with temporary staffing. Otherwise services remain largely unchanged offering a virtual and face to face offer as defined by Wave 1. Most services are prioritised as critical or high priority (tier 1 and 2) and therefore we are not limiting the service

offer at this stage – this is based on the learning from wave 1. Review of the Tier 2 (high) priorities is underway to ensure mobilisation and the release of staff should the need arise. School nursing is currently not stepped down (unlike in Wave 1 following national guidance that this service must not be stepped down). This may change following the decision to close schools.

Adult Mental Health Services

Wave 1 - The majority of services continued as business as usual but for some; CMHT, OPMH, this included a move to a telephone appointment where it was deemed to be appropriate and face to face appointments remained for urgent patients only. All of the service changes were in line with national guidance.

Wave 2 – The service offer remains largely unchanged. We have redeployed corporate staff into PPH to assist in ward areas to support discharge facilitation and provide support to the ward functions. We have also enhanced our CPE and PMS services to support MH and Acute hospital flow. We are also utilising Winter pressures MH funding to increase capacity to services and the local systems.

Serious Incidents (SI) and Duty of Candour

Wave 1 – During wave 1 on receipt of national guidance, the requirement to carry out full SI investigations and to report these investigations within 60 working days was suspended. We continued to log SIs on STEIS and the SI reporting focused on the more severe incidents. BHFT continued to undertake rapid SI reviews to identify any immediate and urgent actions. A plan for completing harm reviews when we return to business as usual was formulated and a draft shared with operations. The principles of Duty of Candour continued to be upheld. Statutory and regulatory obligations (e.g. requirements of HM Coroner) were also upheld. The Quality Impact Assessments required as part of the Recovery process list the mitigations in place to monitor and uphold patient safety.

Wave 2 - All serious incident reporting/ investigation and Duty of Candour has continued in line with regulatory and statutory requirements

Impact of Staff

Several corporate staff have been redeployed to support clinical services in December. We have now also commenced the redeployment of staff from services classified as medium and low priority to support the critical and high priority services as described above.

Digital Technology

We continue to make use of remote working across our mental health and community health services where clinically appropriate.

Equality Impact Assessments/Reducing Health Inequalities

The Phase 3 guidance includes a commitment to understand and minimise the impact that COVID has on certain groups and its potential to increase existing health inequalities. As a provider of community and mental health services we are required to have in place an action plan that sets out how

we are minimising the impact of COVID-19 on BAME communities, people living with diabetes, cardiovascular disease and respiratory disease and we have this action plan in place. We are also currently working with BOB and Frimley ICS to develop a more strategic approach with other key partners including LAs, education, housing, employers to contribute to the bigger picture of how we collective work together to tackle health inequalities.

Public Health for Berkshire has published their Annual Public Health Report 2020 "Looking Forward to Recovery: 10 things to consider for COVID-19 recovery planning in Berkshire". There are two significant chapters for BHFT to be aware of: section B3 Children and Young People and B5 Mental Health.

I would also advise that there is likely to be further guidance on this area post Wave 2.

Benefit	Timescale / date to be realised	Responsibility	Achieved Yes/No	Comment
Services restored	June 2021	Divisional Directors	No	Recovery from Wave 1 was completed in November 2020 with all services operational. The impact of Wave 2 has required all Tier 3 and 4 services to be paused with some remote models were appropriate. A tentative June 2021 timescale is set for recovery from wave 2 based on the learning from wave 1 recovery.
New ways of working embedded	June 2021	Divisional Directors/Director People	In progress	New ways of working include positive opportunities such as remote appointments increasing access opportunities and decreasing patient transport and waiting times. Negative impacts include the reduced capacity of our services due to COVID-19 cleaning guidance and social distancing in our clinics/services. The original timescale of March 2021 has been extended to June 2021 to reflect the additional time operational services may need to embed new ways of working whilst responding to Wave 2. This timescale is provisional and will be reviewed by the Recovery Programme Board.
Digital technology incorporated into Business as Usual	June 2021	Deputy Chief Executive and Chief Financial Officer	In progress	Uptake in digital technologies across services has been significant with staff engaging with technology in a way many thought not possible pre COVID-19. Staff Survey indicates that working from home significantly enabled by Microsoft Teams. Timescale revised to June 2021 in line with the timescale for embedding new

				ways of working.
Transparent modelling of capacity required to clear waiting list backlogs and implementation plans agreed.	June 2021	Divisional Directors / Assistant Director of Performance & Information	Paused	The impact of Wave 2 will require the Capacity and Demand modelling completed to date to be revised. Timescale has been revised from March 2021 to June 2021.
Restored services provide equality of access	March 2021	Divisional Directors	Paused	Previous agreements on Equality Impact Assessments to be completed on digitally enabled services have been paused due to Wave 2. Mental Health East has completed and shared a framework to consider when using remote rather than face 2 face contacts. Equality of access is a priority area in the Reducing Health Inequalities due to COVID action plan. Propose that the Recovery Programme Board sets a March 2021 Gateway action to ensure that Wave 2 Recovery will ensure equality of access.
Phase 3 requirements	October 2020	Divisional Directors	Yes	Allocation of phase 3 requirements with associated leads and agree timescales complete with organisational governance and reporting to provide Trust Board with assurance.

Risks to highlight

Title / Description	Current Status (RAG)	Mitigating actions	By when	Comment
Board Assurance Framework – Risk 8B COVID-19 Recovery		• There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because the capacity required to fully open services as part of recovery whilst also responding to the 2nd wave of COVID-19 and system and regional pressures for information and support. • There is a risk that there may be insufficient staff to provide safe care due to staff to staff transmission/impact of test and trace on the need for staff to self-isolate. • The impact of COVID-19 and the service response, upon staff and their ability to remain resilient and at work needs to be a continued focus.	Various sub task dates	For the purpose of this report this risk provides a summary of that included within the Board Assurance Framework 2020-21
COVID-19 – Risk of second wave de-railing the recovery process – leading to delay in recovery programme progress		Work closely with Wave 2 Lead, Divisional Directors and Project Managers to understand current state and implications on progress.	March 2021	Second wave has impacted on the Recovery of services. Tiers 3 and 4 services are paused, and staff and capacity redeployed to tier 1 and 2 services (critical and high priority services)
Capacity and Demand Planning - to support Recovery		Capacity and Demand modelling to determine capacity required to return to pre COVID near normal state and manage backlog within new service models/ covid constraints	Revised to June 2021	Wave 2 has impacted on the Capacity and Demand modelling completed as part of Wave 1 Recovery. Timescale revised to June 2021 with a Recovery Programme Board Gateway decision on progress in March 2021.
Mass Vaccination Programme		Staff Vaccinations commenced December 2020.	December 2020	Vaccination of front-line staff has commenced and proceeding at pace. The Wokingham hub includes weekend and evening appointments.

Title / Description	Current Status (RAG)	Mitigating actions	By when	Comment
	🟧			The expectation is that all NHS staff have received their 1st vaccination by the end of January 2021.

Current Milestones Report

Milestone	Due date	Current Status (RAG)	Actions / Comments
Amendments to the BAF Recovery risks	December 2020		BAF Recovery risks updated to reflect the impact of Wave 2
Plan for Corporate Services new ways of working developed	Revised to June 2021		Impacted by Wave 2.
Use of the Capacity and Demand modelling tool to assess future capacity of services and resources required to clear waiting list backlogs.	Revised to June 2021		Wave 1 Capacity and Demand modelling will need to be updated following Wave 2
Recovery process post wave 2 to be developed and agreed.	March 2021		This will build on the lessons learnt from managing Wave 1.

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

Key Activity during Next Period

Activity/Product to be delivered	Action/notes	By when
Recovery workbook to be updated	Recovery guidance tab created, to be populated with the Recovery guidance	December 2020, rescheduled to January 2021
Reducing Health Inequalities Action Plan	Plan drafted, to be considered by the Exec in January.	January 2021
Capacity and Demand Prioritisation List	Programme Board considering outcomes of In-House C&D Work, Heatmap and information already provided to other meetings to inform priority list of services (to also consider workforce, harm and patient volume). This work is now paused due to wave 2.	March 2021
Assessment of Wave 2 on Recovery	Wave 2 has impacted on Recovery and tier 3 and 4 services are paused.	March 2021
Recovery Strategy updated	Recovery Strategy previously approved. To be updated with the impact of Wave 2 and proposed Wave 2 Recovery process.	March 2021
Prioritisation checklist to be compiled	Include in the Wave 2 Recovery Strategy and delivery plan	
Wave 2 Recovery plan initiated		
Capacity & Demand modelling work completed		

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
Second Wave Planning Group established	Sep 2020		JR will lead this work. A planning group is in place if significant risks are identified with regards to progress of recovery should Wave 2 occur depending on the severity.
Recovery milestones and activity included in the two system refreshed plans.	Sep 2020		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 2020		Comms to provide template, letters now being used by operational teams– services to use as appropriate and save in Teams folders.
Prioritisation and approval of community health services for recovery complete with start dates or phasing identified.	August 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.	August 2020		Remaining will be approved by Chairs Actions
Capacity & Demand Task and Finish Group recommendations to Recovery programme board	October 2020		Inhouse Capacity and Demand tool to be used for adult services. Berks East CCG have requested use of the Attain tool for children's services.
QIA and EFM Complete for all services post wave 1	December 2020		All Community physical and mental health services have completed and approved QIA and EFM templates for Wave 1 recovery. A revised process will need to be considered for Wave 2 Recovery.
Review all Phase 3 requirements and build necessary action plans.	End September 2020 [Revised to October 2020]		Identify organisational actions from Phase 3 and ensure these are owned and tracked. Completed and now to be transferred to Recovery Actions List.
Stakeholder Engagement and Communications Plan in place.	June 2020		Weekly / twice weekly staff bulletins circulated. DD and SRO participate in system calls.

Trust Board Paper

Board meeting date	9th February 2021
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 remaining 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, a brief commentary is provided regarding the key initiatives and the document includes the summary report on key programmes, projects and other priorities that is submitted monthly to the Business & Finance Executive. The report (which was submitted to the January 2021 meeting) 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.

	Whilst the continued focus of the organisation on its response to the pandemic and Service Recovery has required the commitment of significant resources normally assigned to programmes and projects, it was possible to reactivate and progress all Mission Critical schemes and most of those prioritised as Important. Several schemes are now closed or moving to business as usual. Those now closed include Frimley Integrated Decision-Making Hubs, PMVA, the Carer Strategy Review, Sexual Health Services (East) Transformation and the new Trust Intranet (Nexus). Those moving to business as usual include Trust induction and Erlegh House Phase 3. The scheme to transfer the CAMHS Tier 4 service at Willow House to Prospect Park has been officially closed, with the focus now on the establishment of a new service model in advance of the closure of Willow House on 30th April 2021. In addition to its Mission Critical and Important schemes, the Trust has developed its People Strategy, Equality, Diversity & Inclusion Strategy and Estates Strategy, which were considered in November 2020.
Recommendation/ Action Required	The Board is asked to note the status of the Trust's key initiatives.

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: 20th January 2021

Purpose

This document has been prepared to update the Trust Board at its February 2021 meeting 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	22.01.2021	Neil Murton	The document includes an updated version of the Combined Projects/SIP Report submitted to the Business & Finance Executive on 25th January 2021

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
Status Report on Trust Strategic Initiatives as impacted by the COVID-19 Pandemic	Sept 2020	Neil Murton Director of Projects
Status Report on Trust Strategic Initiatives as impacted by the COVID-19 Pandemic	Nov 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

		Page
	Introduction	**4**
	Status of Key Programmes, Projects & Priorities	**4**
	• Combined Programme/Project and Strategy Implementation Plan (SIP) Report	**4**
	• Exception report approach	**5**
	• Impact of COVID-19 Pandemic	**5**
	• Status of Key Initiatives	**6**
	Conclusion	**9**
	Action	**9**

INTRODUCTION

Background

1. This document updates Board members on the current status of the Trust's key programmes and projects. This includes highlighting any continuing 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 will remain 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. However, the impact of the COVID Second Wave has inevitably impacted on progressing that work and the Recovery Programme is one of the few Trust initiatives currently reporting Red status. 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 January 2021.

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.

Note that the project status declared relates to the previous month (December).

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 - particularly with the full on-set of the pandemic's Second Wave - and there is limited capacity both in operational and support services to support change.

However, as highlighted in previous reports, it was possible to resume work on a number of schemes, with several now closed or moving to business as usual. These included Frimley Integrated Decision-Making Hubs, the Carer Strategy Review, Sexual Health Services Transformation, Trust induction, the new Trust Intranet (Nexus) and Erlegh House Phase 3. Good progress has been made on the Trust's

Mission Critical schemes, including the EUPD Pathway implementation, GDE, IT Architecture Strategy, BOB Ageing Well and the Trust's input to the Frimley Community Mental Health transformation. In addition, the Trust has developed its People Strategy, Equality, Diversity & Inclusion Strategy and Estates Strategy.

Status of Key initiatives

Supporting True North Goal 1

- **Quality Improvement** – Work was significantly impacted during the early stages of the pandemic as most of the team were redeployed, although some ad hoc coaching and support continued. Now, all the work streams are being progressed and the team have developed numerous virtual resources including virtual huddle, virtual status exchanges, virtual workshops and improvement events. The programme has a revised Roadmap, to which it is working and it is now considered to be moving to business as usual.

- **Community & Primary Care Network workforce** – Work remains paused.

- **CMHT Function & Workforce** – Work currently paused, but the intention is to progress this through Recovery activities.

- **CAMHS Pathways** – Work was paused whilst resources were devoted to COVID and Recovery-related activities but re-activated in September. Four priority pathways (anxiety disorders, psychosis/mania, eating disorders and PTSD) have been agreed, with a further three due to be signed off by end March 2021.

- **Frimley Integrated Clinical Decision-Making Hubs** – As previously reported, following receipt of a closure report, this initiative is now business as usual.

- **Carers Strategy** – A Closure Report was presented to the Business & Strategy Executive in September and closure approved. The Summary Report lists the achievements of the initiative.

- **Recovery** – The second wave of the pandemic has inevitably impacted on recovery activities, as the focus has returned to the Trust's response and staff have been redeployed into critical and high priority services. The Recovery Strategy will be reviewed in light of the impact of the second wave. The Executive considered a Reducing Health Inequalities Action plan in January.

Supporting True North Goal 2

- **Workforce Strategy** – The Strategic People Group has overseen the development of a refreshed People Strategy using a QI approach. This work was informed by the new NHS People Plan (which aligns well with the Trust's principles and approach to people). The People Strategy has now been

presented to the Trust Board where it was well-received. 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. 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. The Equality, Diversity & Inclusion Strategy was presented to the Trust Board in November 2020.

- **Trust Intranet** – Progress on the new intranet stopped with the onset of COVID-19. Work to address outstanding securing issues and final testing resumed in June, with the new intranet – Nexus – finally going live on 18th August 2020. The project was confirmed as closed in November 2020.

- **BAME Transformation Plan** – A newly-established initiative that was prioritised as Mission Critical, to harness the desire and opportunity to deliver positive changes for people from a BAME background. There are multiple priorities, many improvement opportunities and numerous participants, but a lack of clarity, ownership, focus, delivery and visibility on what needs to be done to make difference. An A3 has been developed with problem statement, current situation and goals developed. Target areas to work on have been identified, with 4 workstreams using Quality Improvement methodology, actions and measurables.

Supporting True North Goal 3

- **Emotionally Unstable Personality Disorder (EUPD) Pathway** –The remaining elements of the pathway (assessment, assertive stabilisation and service user networks) were piloted in two Localities (Bracknell and Wokingham) and following evaluation, the pathway will be rolled out to the other four Localities in early 2021. The assessment offer has been revised. All elements of the pathway will be in place by end March 2021.

- **Frimley Mental Health Transformation** – Progress was interrupted in March 2020 and recruitment delayed due to the Covid-19 pandemic. However, the implementation phase is now in progress and on target to achieve its revised timescales. The project includes two elements mental health integrated community services (MHICS) and a personality disorder element. Full launch was delayed due to the delay in the "Gateway", but full go live of all the PCNs during January 2021.

- **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** – The closure report with lessons learned was presented and approved in September 2020.

- **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) was initiated. The recommendations for award of the contract were considered on 25th January 2021 and approved.

- **Erlegh House, University of Reading, Whiteknights** – Building work was curtailed with the onset of the pandemic. (ADD date of official opening) The final elements of work are now in the process of being handed over and last of the moves being planned.

- **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 now on course for completion in March 2021.

- **Transfer of CAMHS Tier 4 service (Willow House) to Prospect Park** – This scheme has now been abandoned. NHS England Commissioners had been engaged in the development of the business case and this ceased with the on-set of the pandemic. Regular weekly meetings with NHSE and other network members were re-activated to confirm the commissioning needs and service model, along with future contractual arrangements, but commissioners ultimately decided not to support the business case. Lessons learned have been compiled and presented with project closure confirmed by the Business & Finance Exec in January 2021. In light of the Commissioner decision and the challenges in the continued provision of the Tier 4 service in sub-optimal accommodation, the Trust served notice to terminate this contract on 30th April 2021. Discussion with commissioners continue regarding the establishment of a new out of hospital service model. Whilst there is confidence that this will be supported and can be established, there are significant risks around confirmation of the detail and funding of the proposed service. Work is underway to establish elements of the new service in advance of the closure of Willow House.

- **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 launch of The Gateway by the end of 2020.

- **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)** – This has experienced some delay due to COVID, but otherwise this continues to progress well.

Supporting True North Goal 4

- **Maintaining our NHS Improvement use of Resource Rating of 1** – The monitoring of NHSIs Use of Resource rating has been suspended in 20/21.

- **Replacement for Fitzwilliam House including Trust Headquarters** – Following a pause because of COVID-19, work on securing alternative premises resumed with an outline business case due to be available in February and the full business case in June/July 2021.

- **Redevelopment of East Berkshire Community Hospitals (Frimley ICS)** – Previously on hold. This is a system initiative and Frimley ICS Estates Group has restarted with this programme as a key piece of work. The CCG commissioned consultants to draft a Programme Business Case which the Trust has reviewed and provided feedback. This is shown as Red as there are concerns at the current estimated capital costs.

- **Just to Zero** – The programme is now closed.

CONCLUSION

13. Whilst the continued focus of the organisation on its response to the pandemic and Service Recovery has required the commitment of significant resources normally assigned to programmes and projects, it has been possible to reactivate and progress all Mission Critical schemes and most of those prioritised as Important. Moreover, a number have now been successfully concluded and work on key Trust strategies progressed.
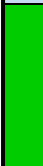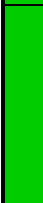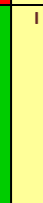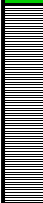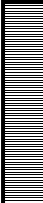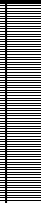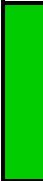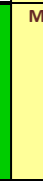
ACTION

14. Members of the Trust Board are asked to:

- review and note the report.

▦ = Paused

▨ = Reduced progress

November	December	Deployment Status	INITIATIVE	SUMMARY DESCRIPTION (as required)	Planned Completion Date	Lead	Initiation	In Progress	Moving to BAU	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 is included with meeting papers and is now reported the initiative as Red due to the impact of Wave 2 on progress which the report details. This includes the redeployment of staff into critical and high priority services and the halting of work on capacity and demand. Report shows the completed and outstanding milestones together with activity in the next phase.	Recovery workbook to be updated to reflect latest guidance. Exec to consider Reducing Health Inequalities Action Plan in January. Recovery strategy to be reviewed and updated with impact of Wave 2 and proposed Wave 2 Recovery process.
🟩		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			✔		The programme is now considered to be moving to business as usual. The latest report is included with meeting papers. The roadmap continues uninterrupted despite the impact of COVID-19 and the team at 50% capacity. The team are testing, evaluating and rolling out virtual resources to build capacity in QI. Updates in the report include the development of e-learning white belt training; the input of the team into the development of the People Strategy, OD, HR developement and BAME; supporting stratetic initiatives and range of improvement projects; leading the pilot evaluation stage of the EUPD implementation; resumption of work on QI governance; updates on green and yellow belt training and assessment; QMIS roll out inc waves 11 and 12; maturing QMIS QI Team Offer.	QI road map 2020 - 2021 was included with papers for the July 2020 meeting. Activities include for the next few months include Wave 12 QMIS and supporting the EUPD pathway pilots.
▦	▦	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. This initiative remains on hold.	Awaiting reactivation. This is likely to be conducted as part of mental health services transformation in the West.
▦	▦	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 Hayley Clarke		✔			Highlight Report included with meeting papers. Following pausing in March 2020 due to Covid19, this project was restarted in Sept 2020. The project and risk plan to be next reviewed by the steering group on 21/01/21 – planned completion date to be reviewed in light of current pressures on clinical teams. 4 pathways have been signed off (for which e-pathway development has commenced) with a further 3 in progress and due to be signed off by end March.	Progress next 3 clinical pathways for sign off. Finalise/sign off pathways for remaining pathways Engage service user input into pathway development Pathways on a page; ePathway development and tableau reporting development.
			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			✔		Dan Groves attended the QAC on 18th August to present an update on the carers strategy and work to date. A Closure Report was submitted to the September Business & Finance meeting which highlighted the following achievements: • A revised Carers Strategy and development of a carer offer that have been constructed using national best practice guidance and local engagement. • The design of a robust methodology to enable services to self-assess what level of carer offer they should implement. • Engagement with carers and the local authorities in Berkshire in the creation and content of the carer offer. • The creation of a list of recommendations and actions that Berkshire Healthcare will need to complete to ensure the successful implementation of the strategy and carer offer. The report includes commentary on the risks and lessons learned.	Business & Finance confirmed closure of the project.

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			True North Goal 2: To support our People and be a Great Place to Work									
			PEOPLE STRATEGY DELIVERY PLAN									
(green)	(green)	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. The final plan is due for sign off at the Board in February and will be launched in March.	Mar-21	AG (JN/AJ)		✔			Following inclusion with October Business & Finance meeting papers, the People Strategy was presented to the November 2020 Trust Board meeting where it was well received. Updates from the Strategic People Group in November 2020 included: - review of Making It Right and decision to redesign the programme from Jan 21 under the new title "Ready for Change" - update on the new Tableau-based People Dashboard which will be operational in the New Year. - Receipt of Mid-Year Casework Report. - update regarding bullying and harrassment - New training package "Reaching MY potential" to be trailed at Prospect Park in December 20. - update regarding recruitment and retention - receipt of information regarding respective Frimley and BOB approaches to reservists.	See updates
(green)	(green)		**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. This model is being developed in conjunction with our ICS partners as part of a bid funded by NHSEI		JN		✔			Our model has been reviewed and relaunched with the staff wellbeing psychological support now forming part of ongoing job descriptions . 3 leads in post have been identified and a staff support post-incident pathway has been developed. We have been actively engaged in the development of 2 systems bids for staff wellbeing and occupational health interventions. The BHFT model has been used as the foundation for both of these bids. The wellbeing steering group has been re-established to agree the ongoing programme of work in the wellbeing space.	Staff wellbeing psychological support to move into business as usual. Outcome of system bids Agreement of wellbeing work programme
(green)	(green)		**Organisational Development Objectives**	To support the organisation with OD interventions which help us deliver a great place to work		JN		✔			Paper proposing the establishment of an Organisational Development Group (OD) taken to SPG for comments and feedback. The aim of this group is to identify and support areas of poor organisational experience through a multi-disciplinary and QI lens. First meeting of Leadership Steering Group held.	Formal approval of OD Group including terms of reference and priorities Ongoing QI work in development of leadership strategy.
	✔		**Design an induction programme fit for purpose**	Proposal was made to the SPG and is moving into the implementation phase. This work had to adapt to an online world during Coid and has been completed. We will continue to develop and iterate our offer on a business as usual basis.	30/04/2020	JN			✔		Update report was included with September 2020 Business & Finance meeting papers. The People Team are working on several programs to ensure our new members of the Trust have the best possible experience. As part of this work three projects were established: •Streamlining the onboarding process •Review & redesign of the Corporate Induction •Dedicated website (Extranet) for new starters which contains key information and welcomes them to the Trust The report highlights E-Induction, A-form changes and irst day experience and identifies the improvements being secured through the new arrangements.	The Closure Report for Trust Induction was due to come to the November 2020 meeting. However, there are two key products that remain outstanding – the revised A form and the "ExtraNet" go live in January – plus there is a desire to have to have more information / evidence regarding the impact and effectiveness of the revised arrangements before requesting the closure of the project. The report is now planned for February 2021.
✔	✔		**PMVA/ Personal Safety RRN Accreditation**	**Achieved**	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.
(blue)	(blue)	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) impacted on timescale but Nexus is now live.**	Progress was put on hold in March with work reactivated in recent months. The full launch of Nexus was finally achieved on 18th August. Training on Nexus to enable services to amend content was conducted in December. The Closure Report was presented to the Business & Finance Executive on 23/11/2020 and closure was confirmed.	
		M	**BAME Transformation Plan**	There is a desire and opportunity to deliver positive changes for people from a BAME background. There are multiple priorities, many improvement opportunities and a number of people involved, but lack of clarity, ownership, focus, delivery and visibility on what needs to be done to make difference.		DT/GC	✔				Key Facts considered in August 2020 and initiative confirmed as Mission Critical. An A3 has been developed with problem statement, current situation and goals developed. The latest workshop identified 4 target areas to work on, there will be 4 workstreams work with QI methodology, actions and measurables. This will be overseen by the Diversity Steering Group, reporting through to the Strategic People Group and will be included with SPG updates to Business & Finance.	

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			EMBRACING DIVERSITY									
		I	**Delivering our Equality & Inclusion Strategy 2016-2020**		Oct-20	NZ		✔			EDI Strategy and priorities were signed off at DEG/SPG and presented to the Trust board in November where it was well received. There will now be one centralised EDI team, lead by the Director of EDI that will report to the Trust People Director. AG is now the Exec Lead for EDI.	Final EDI startegy is gong to board for sign off in February. Many identified workstreams are already in progress
		I	**Equality Employment Programme (EEP)**			JN/NZ					Rolling out strengths based recruitment programme, starting with the LD services is part of the new strategy. Work is underway to look at revisiing the "making it right" programme to be inclusive of all staff with protected characteristics	Strengths based recruitment will be a focus of work in 12 months time. Review of making it right complete and the development of the new "ready for change" programe is in progress with roll out planned for April 2021
		I	**Equality Delivery System (EDS) Priorities**	Delivered via the Equality Employment Programme		JN/NZ		✔			Still awaiting the publlicaion of EDS 3 from NHSE but will focus on community engagement via the strategy work in the interim which will include securing a community engagement lead post in the East (CM is already in post in the West).	Communication with Divisnal Leads in the east to create a dedicated EDI post across patients and workforce. Community engagement and resuming EDS are priorities in the EDI strategy and will aslo form part of the health inequalities recovery workstream
		I	**Implementation of the Workforce Race Equality Standard and EDS 2 objectives**	Delivered via the Equality Employment Programme		JN/NZ		✔			See above	see above
		I	**Regain Top 100 ranking in Stonewall work place equality index**	Delivered via Stonewall Action Plan	Oct-21	KM		✔		Target not met, but positive feedback received.	Due to the pandemic the submissions/ requirements this year have been amended but we are still signed up for 2020/21 and continue to meet monthly to monitor progress *Previous update:* 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.	During the pandemic, submissions have changed and scoring is now gold/ silver / bronze. We are aiming for gold
			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 2021	MI/SY		✔			A full progress update is included with meeting papers for the January meeting. Assertive stabilisation and the Service User Network (SUN) have been piloted since October and are being evluated using QI methodology and leadership from the QI team. The arrangements for assessment have been reviewed and a revised model has emerged which will be evaluated. All elements of the pathway will be in place by end March and the implementation of the business as usual plan will commence from April, following which the Oversight Group will be disbanded and a Monitoring Group will be in place. It is anticipated that final closure of the project with a closure/evaluation report will be in Dec. 2021.	Evauation of assertive stabilisation with roll out from Feb 2021 Evalation of Service User Network (SUN) with further roll out in January 2021. Dashboard development. Development and finalising of the business as usual plan.
		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 was delayed due to COVID but now re-started	• Implementation has progressed well through each PCN's Local Implementation Group (LIG); the digital solution, data flow and DPIA are all signed off; all PCN MHICS pilots 'soft' launched from October 2020 • Full launch delayed due to delayed launch of the 'Gateway'; however, Health Triangle went 'Live' on 21st Dec; LOCC and Bracknell & District plan to go 'Live' from w/c 4th Jan 2021. Windsor full 'Go Live' will be phased through January due to vacancies in the MHICS team • Currently piloting IPS in Bracknell MHICS to determine how the two services interface and ensure support for IPS staff prior to rolling out so IPS can be available for all MHICS patients across the 4 PCNs • Local stakeholder engagement has taken place for each PCN, both through membership of the LIG and through virtual engagement events in each locality • The MHICS clinical model has been defined and signed off by the clinical sub-group; currently working on: - agreeing use of PREM and developing tool to measure GP experience of MHICS - developing a blended model of care using Silvercloud packages as adjunct to other MHICS interventions - developing agreement regarding trusted assessments • Once outcomes and mapping of process flows are complete, future work will be around making 'easy-in-easy-out' a reality, including consideration of: - reviewing the interface and offer for OPMH, and supporting the work of the 18-25 work programme •As early implementor, members of the MHICS teams are taking opportunities to be involved with Kings Fund CMH Transformation learning network Update re Primary Care Personality Disorder programme: •SUN groups have been successfully piloted Sept – Dec and will continue to be rolled out in line with PDSA cycles •Managing Emotions Programme (formerly Tiered Interventions) materials have been coproduced and trialled, with further recruitment and roll out in train under the umbrella of Hope College	• Full 'Go Live' for all PCNs during January 2021; including recruit to Windsor MHICS vacancies • Plan move to business as usual (including LIGs taking on monitoring / evaluative role) • Finalise JDs for, and recruit to, outstanding posts, ie: pharmacist / additional psychologist • Participate in MHICS Impact Review via Independent Evaluation • Prepare / present case studies as examples of impact of MHICS • Clarify reporting requirements and processes to meet NHSE requirements Next update: February 2021

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		I	Improving Patient Experience		01/03/2021	NZ		✔			The report and recommendations from the tendering process for Phases 2 and 3 is to be presented to the January 2021 Business & Finance meeting for a decision regarding contract award.	Decision regarding award of contract.
✔	✔		Sexual Health Services Transformation	1	01/09/2020 Completed	JR/CW			✔		Agreed at B & F July meeting that this initiative is now business as usual. Lessons learned report was presented to Business & Finance Exec in September.	Confirmed as complete at Business & Finance Exec. September meeting.
OPTIMISING ESTATES											
		M	Development of University of Reading as a Primary Trust site / Erlegh House (Erlegh House Phase 3)	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.	01/01/2021 (previously March 2021 impacted by COVID)	AG			✔		Official opening on 27th October went well. Final works (car park and boiler replacement) due for completion in October. Specialist services moved in August. SALT moved to EH as they had been put under notice by UoR to vacate Harry Pitt. The outstanding building work is now in the process of being handed over. The last of the moves are being finalised. In due course, there will be consideration of the future of 25 Erleigh Road. The disposal of 3/5 Craven Road is underway with soft marketing and meeting with valuation / planning consultants - pre-planning application later this month.	Handover of final outstanding works. Finalising of last moves to the site. Project Board meetings will continue to March 2021 to cover any latent operational issues before full business as usual.
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)	February 2021 (previously Jan 21)	NP		✔			Project has been progressing with good feedback from staff on the conduct of the contract. Handover will now be one month later (in February 2021) owing to delays in supplies caused by Covid shutdown. Works proceeding well, £30k of £130k contingency been utilised on additional bathroom. Until recently this was on target to complete in Feb, but due to lockdown constraints this is now March 21.	Construction work on-going. Also Comms. Work on transition plan and reviewing of policies/protocols/ procedures. Orientation of staff and preparation of service users.
		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. This project was officially closed in January 2021 and the focus now is on the establishment of a new out of hospital CAMHS Tier 4 service model with key elements to be in place prior to the closure of Willow House on 39th April 2021.	01/08/2022	DT	✔			Business Case no longer supported.	This project as previously defined will not now be proceeding and the closure report was presented to Business & Finance Exec in January 2021. Our commissioners, NHS England confirmed they no longer support the business case for the new CAMHS Tier 4 inpatient unit at Prospect Park Hospital. The reasons they provided for this decision were: •an increasing need for more specialist CAMHs Tier 4 provision for our region •the cost of running the new unit was not comparable to other General Adolescent Units (GAU) and •following significant work to realign patient flow, the needs of our young people in Berkshire could be met through using other existing local CAMHs GAU services. Willow House was due to close due to the unsuitability of the environment and the Trust has therefore informed NHSE that the unit will need to close, giving 6 months' notice in line with contract terms. Willow House is due to close on 30 April 2021. Commissioners indicated they would like to retain revenue investment in CAMHS Tier 4 services for Berkshire's children and young people's population and would like to co-produce a revised clinical model with us. Details of the proposed new out of hospital model have been shared with commissioners with whom discussions remain on-going. Key stakeholders have been informed and career workshops have been held with affected staff. The closure of Willow house is being added to the Trust's Risk Register.	Continued co-production activities to develop and secure final agreement to the new community based service model and its associated funding (including transitional funding). Formal staff consultation. On-going work to ensure safe service provision at Willow House. On-going communications with staff and other key stakeholders.
			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	Likely to be 22/23 unless early decision is possible.	DT/SG					There is now the opportunity for a more economncally viable solution for improving the POS facilities now that the transfer of Willow House will not be proceeding (i.e. options using the vacated Campion building). An initial option appraisal has been conducted but a more in depth exercise- included detailed costing - is required before a preferred option can be confirmed	Option appraisal exercise, including detailed costing of options.
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		✔			The Pre-COVID service (Phase 1, for knees) is now back up and running. Carl Davies is the MSK Director, which is joint funded and all meetings have been reactivated. Evaluation of Phase 1 almost complete and preparations for Business Case for PHase 2 and 3 in hand.	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	✔				Frimley has conducted and concluded an internal secondary care redesigned, bt system work remains on hold.	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						
		I	Connected Care - BOB and Frimley STP areas		Jul-20	MD				Amber due to poor LA take up and issues around pathology reporting.	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.

November	December	Deployment Status	INITIATIVE	SUMMARY DESCRIPTION (as required)	Planned Completion Date	Lead	Initiation	In Progress	Moving to BAU	Reason to Amber or Red Status	COMMENTARY ON RED/AMBER STATUS (including new Significant Risks & Issues)	ACTIVITY IN NEXT PERIOD
		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	*Previous update:* Latest highlight report is included with meeting papers. The 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) . Overall project was partially halted due to Covid 19 but the East Well Being Service went live from May 2020 and has received over 250 internal referrals. The Wellbeing Service Joint Berkshire Healthcare/East Commissioner monthly Steering Group continues and CCG have remarked positively on progress to date. West Berkshire Wellbeing Service awaiting a commissioning/implementation decision. Linking in 111 with CPE and the Gateway pathways has gone live. E-referral went live 1st April 2020 The Gateway launch has been agreed to go live in a phased way and this is currently scheduled for early November having been delayed from August due to new systems requiring testing and clinical governance sign off.	*Previous update:* Final GP testing of e-referral and DXS form final amendments Phase 1 launch of Gateway (since achieved) Leadership: Suzannah Johnston appointed as CPE/Gateway Governance lead and Matt Poll will be Head of Access services (the Gateway) from 1st November.
		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 now secured regarding recruitment)	Overall project has made progress despite ongoing system pressures and have made an impact. Consultation process commenced to align Rapid Response offer across the West. Care Package review has commenced using QI methodology in an effort to optimise available resource across the 2 schemes. First draft metrics dashboard completed. Verification of 2 hour response times from Trust's data warehouse and CSDS data. Initial scoping meeting held with Healthwatch to discuss patient experience evaluation. System pressures will impact on community rehabilitation pathway as discharge pathway from acute hospitals become a priority. The latest report includes updates for **Extended and enhanced Rapid Response and Care Home Support** and **Clinical Rehabilitation Pathway**.	Care Package allocation - Feb 2021 Berkshire West Standard Operating Procedures - end Jan 2021 Gap analysis against NHSE/I urgent community response standards.
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:* Overall status is green backed on delivery against plan, NHS E/D monitoring and achievement of identified requirements. All activities delayed through COVID have now resumed. Projects currently deploying are patient observations (eOBS), bed management and patient status (FLOW), medicines management (ePMA). The papers include updates on blueprinting and accreditation. The Trust is on track to achieve all elements for accreditation, with the majority already achieved. Amongst the topics covered in the papers is patient feedback regarding their experience of using One Consultation.	See update. **Next update is now due March 2021, due to cancellation of December 2020 GDE Programme Board meeting.**
		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.	Orginally 31/03/2020 See Next Steps for latest timings	MD		✔		Amber due to the delays as detailed in update.	CoIN completed, e-mail migration completed, secure e-mail implemented, Windows 10 migration completed, Home Drive and Outlook Personal folders migrated. Shared Drive & System migrations underway – delays being experienced as services dealing with Covid19 do not have the capacity to engage with the programme. Services unable to assist in redesign due to their clinical workload – Programme board approved approach is now to bulk move the shared drives to SharePoint and refine the data once clinical services have capacity.	Create communications and migrations plan for departmental shared drives to be moved to SharePoint and accessible via Teams - Jan 21 Progress migrations of local systems to their hosted cloud versions in line with the project plan - May 21 Complete migration of Shared Drives to SharePoint / Teams - April 21.
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		✔			The monitoring of NHSIs Use of Resource rating has been suspended in 20/21	See update.
			Replacement for Fitzwilliam House including Trust Headquarters	Replacement accommodation for the services and functions currently based at Fitzwilliam House prior to expiry of lease arrangements or notice period (if served).	Early 2022 (Previously mid 2021)	IG	✔				Fitzwilliam House needs to be vacated in 2022. There are realistically two options for a future HQ site London House in London Road and Times Square in Market Street which is being offered to share by BFBC as the 'one public estate'. Office Principles have been engaging with stakeholders to design/create a change management strategy. Outline business case due in February with the preferred option and a full business case due in June/July.	Conclusion of exploration of options with production of the Outline Business Case.
			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	See Estates Summary Report. IG / Exec have provided initial comments on draft Programme Business Case. Concerns include focus of project stated in PBC and also significant increase in capital estimated (almost double the STP capital award)	See update.
✔	✔	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 Davison   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

PROJECT RATING DEFINITIONS

GREEN – The project or work stream is progressing in accordance with planned timescales, resource commitment and quality requirements and
there is confidence regarding the realisation of benefits/ achieving savings. Project plans include actions to address the identified risks which mitigate them to acceptable levels.

AMBER – An element of the project is at risk and action is required to bring the project 'back on track'.   Examples include:
- Slippage on the timescale, putting the achievement of a key milestone(s) at risk.
- Likely delay in realising benefits and/or possible reduction in the scale of the benefits.
- Resource issues jeopardising either quality, timescale in achieving final capability/ realising benefits
- Significant risk that the quality of the project's products may be compromised and/or the specification will need to be reduced

RED – The project or work stream is significantly at risk and major action is required to remedy this (indeed it may already be too late)
A key milestone has been missed or will inevitably be missed.
A major risk has occurred (i.e. has become an issue) or almost certainly will now occur.
Major risks to the full realisation of benefits/delivery of the required savings
The validity of the project or elements of it may be undermined by changed circumstances.

WHITE - Yet to be rated

Inevitably an amount of licence is required in judging how a project's status is reported, but the above is provided as a guide.
A key consideration is the balance within a project of the relative importance of quality, cost and time -
e.g. a project may be significantly over-running, but may not merit a 'Red' status if the priority is quality/getting it right.

Trust Board Paper

Board Meeting Date	9 February 2021
Title	New BHFT People Strategy and New Equality, Diversity and Inclusion (EDI) Strategy
Purpose	**Final Board approval of the:** BHFT People Strategy and Equality, Diversity and Inclusion (EDI) Strategy
Business Area	People Directorate
Author	Jane Nicholson Director of People and Nathalie Zacharias Equality, Diversity and Inclusion Director
Relevant Strategic Objectives	Both strategies impact on all our strategic objectives but particularly harm free care and supporting our staff
CQC Registration/Patient Care Impacts	Both strategies are a critical part of the CQC oversight framework, specifically the Well Led and Safe inspection ratings.
Resource Impacts	None currently
Legal Implications	Legal and reporting requirements have been considered and addressed in both strategies
Equalities and Diversity Implications	Both strategies are pivotal in the delivery of our Trust EDI ambitions and targets

SUMMARY	The paper presents the new BHFT People Strategy and EDI Strategy for final approval.
ACTION REQUIRED	The Board are asked to approve: • both strategies • the outline communications and launch plans and • the proposed governance arrangements.

The New Berkshire Healthcare

People Strategy and Equality, Diversity and Inclusion Strategy

Background

Both the People Strategy and Equality Diversity and Inclusion (EDI) Strategies have been in development since February 2020.

The People Strategy has been developed based on QI principles and has been overseen by the Strategic People Group (SPG). The strategy has been produced collaboratively with involvement from people at all levels of the organisation. Through workshops and focus groups we have listened to our people and identified the issues that our people want us to resolve. These have provided the four themes we want to work on:

1. Growing and retaining for the future
2. Looking after our people
3. Belonging to our organisation
4. Finding new ways of working

These themes are then divided into priority workstreams.

The EDI Strategy has also been developed in collaboration with our networks and their members at all levels of the organisation. The development of this strategy has been overseen by both the Diversity Steering Group (DSG) and the SPG. Their views and feedback as well as the data and evidence that we have collated from a variety of sources has informed the strategy. The strategy has also considered best practice in EDI.

Once the draft strategies were developed, they were shared through formal Trust channels including:

- Trust Leaders and Managers
- Finance, Investment and Performance Committee (FIP)
- Trust Board

The strategies are now presented for final review and approval by the Board

Strategy Launch

We will be working with our Communications Department to launch the new strategies. The launch will include:

- Presenting the strategies to all staff via our regular All Staff Q&As in line with the launch of the new Trust Strategy
- Launch strategies on our website and intranet
- Link headline strategies to detailed plans on our intranet

Governance

We will review progress against the People Strategy in the monthly Strategic People Group (SPG) with specific support for some workstreams via our Diversity Steering Group and Safety Group. The SPG will also be presented with detailed updates of each workstrand when appropriate.

There will be regular quarterly progress reports to FIP and, initially, every six months to the Board. We will provide more detailed updates on key workstrands to both FIP and Board when appropriate.

Actions for Board

Board actions are:

- The final written People Strategy and EDI strategy are presented for final comment and approval
- To agree that these strategies will be published on both our intranet and Trust website
- To note the accompanying presentations which will be used as a visual communication tool when presenting our strategies
- To agree the proposed governance process

Berkshire Healthcare People Strategy 2020 to 2023

Outstanding for everyone

At Berkshire Healthcare, we aspire to be an outstanding organisation for everyone: our people, our patients, their families, and their carers. For our people who work here that means we want Berkshire Healthcare to be a great place to work where everyone can thrive and grow.

Our vision is to continue to develop our culture so that we're a place where our people want to work and stay. We need to tackle areas where people have poorer work experiences so that staff retention improves and turnover diminishes.

This is the core of our new People Strategy and means that we can all:
- Live our values
- Feel we belong and bring our true self to work
- Enjoy an excellent staff experience
- Commit to the NHS People Promise

NHS People Promise

We already deliver safe, compassionate, high-quality care and an excellent patient experience. We want to continue to build on this to meet changing service demands and new challenges. We'll do this through our skilled and engaged workforce in a way that's efficient and safe.

Engaging our People

Through workshops and focus groups we've listened to our people and identified four key priority themes for the People Strategy and strands of work that sit below these. This means we are addressing the issues that our people want us to resolve.

1. Growing and retaining for the future
2. Looking after our people
3. Belonging to our organisation
4. Finding new ways of working

People Strategy Key Priorities

Through these work strands and a focus on our key priorities, we can maintain constant improvement within Berkshire Healthcare and for everyone that uses our services.

Delivering the People Strategy

The Strategic People Group will take overall responsibility for the delivery of the People Strategy and actively support a number of areas of our work.

The Strategic People Group is accountable for the delivery of:
- Attraction and retention of a diverse workforce
- Training and clinical education
- Wellbeing, benefits and employee experience
- Remote working and digital transformation
- Emergency response and recovery (based on our COVID-19 pandemic experience)

The Diversity Steering Group is accountable for the delivery of:
- Inclusive recruitment, career progression and development
- Leadership that supports a culture of inclusion and belonging
- Ways of addressing differentials in experiences

The Safety Culture Steering Group is accountable for the delivery of:
- An approach to handling incidents in a fair and open way using the principles of learning, understanding and trust which we will know as Just Culture.

Looking After our People

Our work strands of wellbeing and just and learning culture are an important part of sustaining a culture of safety and will support the Trust Safety Strategy.

Equality, Diversity and Inclusion

We're proud of the wide diversity of our 4,500 staff and want everyone to feel valued and that they belong.

In order to be outstanding for everyone, our EDI strategy will address the differentials in experience and identified inequalities in some pockets of our workforce.

The People Strategy is inextricably linked to our Equality, Diversity and Inclusion (EDI) Strategy and its workforce strand will deliver our leadership and differentials in experience priorities.

Workforce Planning

Workforce planning underpins our whole People Strategy and plans. Workforce planning is the process of identifying the people and skills we need now, and in the future, to deliver our services. The NHS has shortage of key workers for many key roles, and in Berkshire and the South East we have some of the highest vacancy rates in the NHS. It is very important, therefore that we understand and balance our workforce needs against the workforce that is available. Where we have gaps, we will work with our service leads to identify solutions. This will include working with clinical leads to look at the potential to deliver services in a different way or with a different mix of skills.

Our Strategic People Priorities

Growing and Retaining for the Future

Growing and Retaining our People
Recruitment will always be a vital element for the NHS and we will continue to focus on recruiting the best people to our roles.

However, our greatest challenge is reducing our high turnover of staff. While some turnover is healthy in an organisation and we don't have the highest turnover of NHS Trusts, our turnover is too high, averaging just below 15%. We need to focus on making Berkshire Healthcare a place where people want to stay and work.

Attracting, training and retaining a diverse workforce has many benefits. It means we'll be able to keep skilled staff, reduce wasted time and money by not having to continually recruit and train new people, and reduce pressure on existing people whose workload often has to increase to fill the gaps.

Our ambition is:
- To reduce our voluntary staff turnover to 11% by March 2023.
- To reduce the number of staff that leave with less than 12 months service by 50% by March 2022.

Training and Clinical Education

To provide safe patient care we need competent, agile and capable people. Training and education are also key to improving patient and staff experiences in the workplace. We will continue to train and develop our people so that everyone can reach their potential, to progress to new roles and be equipped with future-facing knowledge and skills. We will continue to provide the highest quality clinical training and professional development to maximise the capabilities of our clinical workforce to deliver safe and effective patient and family-centred care, now and into the future.

Our people have told us they need clear career pathways and equal access to opportunities to grow and develop in their work. Career development and opportunities for progression are both vital for growing and retaining a competent workforce and we will make sure we provide this.

We will continue to increase the number of clinical students trained within the Trust and provide a positive, personalised learning experience to make Berkshire Healthcare a place where they want to work and stay. We will use technology and innovation to develop new training programmes and increase our training capacity in areas of high demand.

Our ambition is:
- To complete a review of our learning and development programme, and make sure there is sufficient training and clinical education provision to meet the needs of our workforce now and in the future and to make sure these programmes are equally and easily accessible to all staff. We will deliver our plan by the end of quarter three 2021.
- Develop and execute a strategy to increase our recruitment pipeline through clinical student placement, staff conversion programmes, apprenticeships, and international nurse programmes so that we have a minimum 50 extra clinical candidates per year available for recruitment into various workforce roles

Looking After our People

Wellbeing and Rewards
The wellbeing of our people is at the centre of our organisational culture. Our aim is to make sure our people feel well and supported at work. Wellbeing starts with good managers who lead with compassion and care and being part of a team with caring and supportive colleagues. We can only thrive and perform well at work if we feel engaged, valued, and physically and psychologically supported.

The main reasons our people are off sick are anxiety, mental health and muscular skeletal problems. The added pressure of COVID-19 has strengthened the focus on looking after our people. Therefore, we will focus on reducing work related anxiety, mental health, and muscular skeletal problems, and to achieve a positive and timely return to work for our people who have a period of sickness absence.

We are developing extra support for our people to achieve these aims. This will include proactive wellbeing conversations to promote early identification of potential health and wellbeing concerns; and wellbeing hubs that focus on building resilience and providing rapid psychological support to our people where needed.

Our ambition is:
- To increase the percentage of people reporting that the organisation takes positive action on health and wellbeing in the Staff Survey from 33% in 2019 to at least 55% by 2022 and to be best in class for the health and wellbeing theme in the Staff Survey within the next 3 years.

Just and Learning Culture
We know some staff groups are more likely to be involved in disciplinary cases and investigations than others, particularly our BAME staff. We want to understand the reasons why this is and to reduce unwarranted disciplinary action and disproportionate sanctions for all staff so that you are no more likely to be subject to formal disciplinary processes if you are from a BAME background or White background.

We also recognise that workplace conflicts inevitably arise from time to time, but currently the number that are not resolved early and quickly is too high. We're changing our approach to handling incidents in order to develop a fair and open culture of learning, understanding

and trust. Our new approach will help us resolve workplace conflicts quickly and to be honest and open about mistakes so we can learn from them if they occur.

To help us achieve a new approach, we will develop a pool of trained investigators and mediators, meaning that early intervention and mediation can largely replace formal investigations wherever possible. We have always aimed to reduce any conflict at the earliest opportunity and in an informal way – and the adoption and embedding of a just and learning culture will support us in our achievement of this.

Our ambition is:
- To reduce the number of disciplinary cases that involve BAME staff from 65% in 2019 to 30% by 2022 as first step to reducing any unwarranted disciplinary action and disproportionate sanctions for all staff, so that you are no more likely to be subject to formal disciplinary processes if you are from a BAME background or a white background.

Belonging to our Organisation

We want our people to feel valued and to feel that they belong in the Trust. We will do this by focusing on developing inclusive leaders who inspire and motivate people to be the best they can be and tackling the reasons why some of our people have poor experiences at work.

Talent and Leadership
Our leadership is recognised in the NHS Staff Survey as one of the best in its class. We want Berkshire Healthcare to continue to be an example of great leadership as great leaders make this a great place to work for everyone.

However, our leadership group is not always reflective of the people who work here. Currently, we still have fewer BAME members of staff in our most senior roles. This issue needs to be addressed. Everyone should feel valued, represented, and able to progress in the Trust. This means helping our current leaders to understand and unlock the career barriers that some groups face as well as ensuring that all our people have fair access and support to career development opportunities.

We are reviewing our support to leaders and potential leaders. This includes refreshing our successful leadership programme to give managers the skills and confidence to lead compassionately and inclusively as well as supporting managers to develop their skills and confidence to lead people in both traditional and virtual workplaces.

Our ambition is:
- To increase our position in the NHS Staff Survey to best in class within the 'immediate manager theme' by focusing on improving the leadership behaviours in those areas of our Trust with lower leadership scores to ensure that Berkshire Healthcare is a great place to work for everyone.

Addressing differentials in experience
It is acknowledged that the most diverse teams and organisations are the most successful ones. More importantly, they deliver the highest quality patient care, but however successful we are in practicing compassion and inclusivity, our people with a protected characteristic (Disabled, LGBT+ and BAME) still report more bullying and harassment than those without a protected characteristic. This is not acceptable, and we have set improvement measures to reduce the gap between the experiences of different staff groups.

Our aim is to reduce poor experiences for all our people. However, we will not do this if we accept the higher levels of bullying and harassment that some of our staff groups experience. Our first step, therefore, is to reduce the levels of bullying and harassment these groups experience so that we see no differences in experience between our staff groups. We will begin a programme of targeted interventions to address these inequalities. Once this programme is embedded, we expect to see a reduction in the people reporting differences in experience and specifically reports of bullying and harassment.

We are creating a new role to tackle any bullying and harassment that our staff experience from the general public and we will provide targeted support and interventions in those areas when people report any aggression, bullying or harassment.

Our ambition is:
- That no one in our trust experiences bullying or harassment and our first step towards achieving this is that by 2023 we have eliminated the differential in experience between staff with identified inequalities in comparison to the rest of our people.

New Ways of Working

COVID-19 response and recovery
For all the difficulties and strain the COVID-19 pandemic placed on the NHS, it has been a valuable period in terms of our ability to respond to such a broad emergency. We will continue to respond to the pandemic in the best ways we can for our staff and in line with national guidance. We will also continue to support the national COVID-19 vaccination programme for our people.

Once the emergency has passed and we are able to initiate our recovery plans, we will use our learning from this experience to determine how best to re-establish normality for our people.

Our ambition is:
- To continue to support our people in line with national guidance and requirements until the pandemic is over.
- To support the Trust recovery plans by identifying those services where we have the most workforce pressures and develop and deliver a plan of targeted workforce reviews to address short-term and longer-term workforce needs. This workforce review plan will be delivered in collaboration with clinicians, service leads, strategy, finance and contracting.
- To recognise that some of our new ways of working, adopted through necessity in March 2020 can be sustained in some roles and will benefit wellbeing.

Remote Working and Digital Transformation
COVID-19 has made us reconsider how and where we work. We've learnt how to work more flexibly and remotely and of the benefits of homeworking for many of our staff.

Since March 2020, we've overcome many immediate challenges, from practical equipment issues to the wellbeing of those working remotely for the first time. This transformation of many of our processes using new technology is ongoing

We will continue to work using technology efficiently in 2021/22 and beyond, learning from our experiences during COVID-19 and embracing further developments. Some of the

changes will be sustained, for example the use of virtual interviewing in many recruitment interviews and also supporting our clinicians to work remotely where appropriate. Remote working and digital transformation have attracted a wider group of candidates for some roles as they are able to work from home. This means we can potentially now attract more people with disabilities for whom working from home is either easier or essential.

Remote working has also helped us reduce costs as more people work wholly or partially from home. Equally important, our people tell us that home working frequently benefits   their wellbeing, flexibility and work life balance.

We want to continue to learn from this experience and, where we are able, to take a more flexible approach to how we work in the future – whether that is offering more flexible working patterns, more home and remote working or creating new types of roles.

Our ambition is:
- To develop and implement a new remote working strategy in 2021 that supports our people to work safely and productively at home when their role allows this.

Digital Systems Transformation
We will use our learning from the last 3 years to continue to enhance our use of digital technology to streamline our people processes and services. Our vision is that:

- Our people have all the digital tools they need to work from anywhere, anytime.
- All of our internal operating processes will be automated and eliminate manual and paper processes, saving staff time and providing more time to care.

To gain the greatest benefits, from technology, we also need to ensure that our staff and leaders have the digital confidence and competence to use digital tools to deliver their services, identify and develop new models of care provision; promoting inclusive ways of working and supporting staff wellbeing and work life balance.

Our ambition is:
- To agree and deliver a plan to streamline those people processes that involve the most waste, duplication of effort or potential for error, releasing the administrative burden on our people and allowing more time to care for our patients.

In conclusion

The People Strategy will help make working for Berkshire Healthcare a positive experience for everyone, at every level of the organisation. By following through on our plans, and with the support of all the people who work in the trust, we will:

- Start to tackle differentials of experience and show that it is possible for us to be genuinely outstanding for everyone.
- Achieve a compassionate and inclusive culture that makes Berkshire Healthcare a place where people feel they belong and can thrive.
- Train and develop people so that they can work safely and reach their potential.
- Learn from our mistakes and always seek to improve the way we work.
- Continue to work in an agile way and respond positively to new challenges and new ways of working.
- Serve the needs of our patients and service users and make sure that they also feel that Berkshire Healthcare is outstanding for everyone.

Through this people strategy we make a promise to our people that we will do all that we can to make Berkshire Healthcare outstanding for everyone.

Our **new** People Strategy

Current turnover rate: 14%

Context for new strategy:

- National NHS shortages of clinical staff with **fewer students studying for clinical degrees than staff leaving**
- Thames Valley is the **most NHS workforce-constrained** region
  - Our turnover rate is higher than the NHS Thames Valley average and, nationally, **we benchmark 34 out of 47 similar trusts** for turnover

If we don't improve our turnover rate, we risk continuing to:

- Lose skilled and experienced staff members
- Expend resources to replace leavers
- Put pressure on our stretched finances
- Increase the workload of existing staff members

The strategy has also been developed in line with the:

- New Trust Strategy
- Equality, Diversity and Inclusion Strategy
- New NHS People Plan
- ICS People Strategies in BOB and Frimley

Our **People Promise:**
Outstanding for **Everyone**

We want to be Outstanding for Everyone.
We want to be a great place to work where all our people can thrive and grow.

This means that everyone who works here can:

- Live our values
- Feel they belong
- Enjoy a great staff experience
  (and not tolerate a poor one)
- Commit to the NHS People Promise

We will deliver safe, compassionate, high quality care and a good patient experience through a skilled and engaged workforce in a way which is efficient and financially sustainable.

148

Our Culture:
Outstanding for Everyone

Current culture

- Reacting to workforce gaps
- Poor retention rates

- Limited training opportunities
- Underuse of apprenticeships

- Not all people thrive at work
- Pockets of blame culture

- Compassionate culture is acknowledged but not embedded
- Inequalities in opportunities for progression and development

- Reacting to digital opportunities

Future culture

- Proactively identify and plan for our future workforce
- High retention rates

- Training accessible for all
- Maximising value of apprenticeships

- Supporting our people to thrive at work
- Just culture, where we all learn from mistakes

- Compassionate and inclusive culture is fully embedded
- Inclusive progression for all

- Proactively embrace the benefits of technology

149

People Strategy…
Key priorities and initiatives

To make Berkshire Healthcare 'Outstanding for Everyone', we need to focus our attention on areas of poorer experience, using our QI principles.

People Strategy
Strategic People Group

- Retention and Attraction
- Training and Clinical Education
- Wellbeing and Rewards

Growing and retaining for the future

Safety Strategy
Safety Culture Steering Group

- Just and Learning Culture

Looking after our people

EDI Strategy
Diversity Steering Group

- Talent and Leadership
- Differentials in Experience

Belonging to the Trust

Workforce Transformation Projects
Strategic People Group

- Remote Working and Digital Transformation
- COVID-19 Response and Recovery

New ways of working

People Strategy Key Priorities

150

Quality Improvement Approach
to our People Strategy

Quality Improvement (QI) has helped us to understand the reasons for high turnover and address the underlying causes.

People Strategy QI Work:

- Listened to teams with high turnover
- Ran open workshops including staff network reps
- Used data from WRES, WDES, staff survey and other projects

Top three leaving reasons identified as:

- Work-life balance
- Relocation
- Promotion

Growing our People for the Future

Retaining our People

New ways of working

QI Initiatives from QI work

Retention

Belonging to the Trust

Looking After our People

151

Work-life balance themes

- Support from managers
- Tackling underperformance
- Supportive infrastructure
- Relationships with manager
- Workload
- Clear job role / description / plan
- Recognition
- Lack of staff
- Flexibility and flexibility to support childcare / family life
- Home / remote working
- Support from colleagues
- Information, communication and technology

Promotion themes

- Knowledge of new opportunities
- Knowing what to do to get to the next level
- Being released to take up a secondment opportunity or development opportunity
- Existing job should be graded at a higher level
- People leaving for more money / other incentives
- Staff members access to training, development, coaching, mentoring, work experience and shadowing opportunities
- Managers / organisation supporting with access to career development / promotion
- Lack of specialist / clinical / profession specific roles available at higher levels
- Belief in individuals / relationships with manager / being enabled to progress
- Certain services / professional groups don't have roles at particular levels
- Applied for jobs with Berkshire Healthcare but didn't get them

Growing and retaining for the future

NHS
Berkshire Healthcare
NHS Foundation Trust

Attracting and Retaining Staff

Problem:

Nearly half of our new starters leave within the first two years.

Training and Clinical Education

Problem:

Within our region, there will be a **reduction in clinical students** in the next three years so we need **to focus on retaining and growing our own people**.

We need to maximise the use of our apprenticeship levy and have a clear apprenticeship strategy.

Benefits:

- Reduce the loss of **skilled staff, expenditure of resources** to recruit, train and orientate new staff members to replace leavers
- Reduce **pressure on finances**
- Avoid **workload increases** for existing staff members due to vacancies
- Maintain safety of clinical care provided

Deliverables	End date
Improved onboarding experience for new starters and further develop support provided by managers	Mar 2021
Develop international recruitment pipeline	Oct 2021
Support and develop flexible and home working options to improve staff retention	Dec 2021
Develop internal appointment and secondment strategy and provide tailored training to support staff through the process to improve staff retention.	Jun 2021
Develop flexible retirement options and implement a more structured approach to retaining staff nearing retirement	Sept 2021
Create workforce strategies including an apprenticeship strategy for difficult-to-fill vacancies and improve inclusivity	Ongoing
Increase the number of students available for recruitment by increasing placement capacity for nursing and AHP roles	Sept 2022
Support new nursing pipelines and career pathways including sponsoring PIN programmes, nursing apprenticeships international nurses and reservists	Nov 2021
Support career progression by implementing a new apprenticeship strategy	Jun 2021
Improve access to training through a fully digitalised TNA process	Dec 2020

153

Looking after our people

Wellbeing and Rewards

Problem:

Our **absence rate remains above our target of 3.5%**. Anxiety, stress and depression remain our highest reason for absence and referrals for MSK and back-related problems have increased.

Just and Learning Culture

Problem:

Number of formal investigations is too high, causing conflict rather than learning. We must embrace a 'Just Culture' aligned to our compassionate values.

Benefits:
- Wellbeing has a direct impact on retention and staff engagement
- Rewards and Wellbeing **help our staff feel valued**
- Assurance across system for managing conduct in 'Just Culture' way
- People report a more positive experience of employee relations casework

Deliverables	End date
Review and improve our Rewards Programme	Sept 2021
Appoint a Wellbeing Guardian	Mar 2021
Introduce 'Wellbeing Conversations' to our appraisals	Apr 2021
Health and Wellbeing Induction for all new starters	Dec 2020
Review Healthy Workplace Ally/HWB Champions proposals for all teams	Aug 2021
Develop pathway to improve access to psychological support for staff	May 2020

Review relevant policies so they follow 'Just Culture'	Jun 2021
Set up Centre of Excellence with investigators and mediators trained in 'Just Culture'	Oct 2021
Embed 'Just Culture' in Leadership training and management of employee relations casework	Dec 2021
Embed 'Just Culture' in employee relations case work	Aug 2021

154

Belonging to the trust

We want everyone to feel valued and that they belong in the trust.

NHS
Berkshire Healthcare
NHS Foundation Trust

Talent and Leadership

Problem:

New ways of working mean we need to review and update our leadership and talent offer, focussing on compassionate and inclusive leadership.

Addressing disparities in experience

Problem:

Disabled, LGBTQ+ and BAME staff all have worse experiences compared to other staff so we need to improve inequalities and differentials in experience.

Benefits:
- Leadership programme based on **compassion and inclusion**
- Address inequality of opportunity for staff with identified inequalities
- The most diverse teams are the most successful ones, delivering high quality patient care

Deliverables	End date
Review and replace Excellent Manager Programme with greater focus on equipping managers with the confidence and the skills to lead compassionately and inclusively	Sept 2021
Launch 'Reaching My Potential' inclusive development programme for Band 2 - 6 staff who want to be the best version of themselves; this course also serves as a Pre-Leadership Programme	Jun 2021
Develop a clear and inclusive talent management strategy that support our staff to develop their careers	Sept 2021
Dedicated Staff Safety Lead appointed to deliver improvements in physical and psychological safety of staff	Jun 2021

BAME Transformation Project will undertake a piece of work which includes microaggressions, bullying and harassment	Oct 2021
Develop and deliver our inclusive "ready for change" programme for managers and leaders	April 2021
Strengthen staff support to staff networks to increase membership and allies	Sept 2021

New ways of working

NHS Berkshire Healthcare
NHS Foundation Trust

Remote Working and Digital Transformation

Problem:

COVID-19 has changed how we work and technology has enabled us to have greater flexible working. We need to ensure that staff and leaders have the digital competence to use technology to promote inclusive ways of working, support well-being and work-life balance

COVID-19 Response and Recovery

Problem:

Staff have dealt with many challenges during COVID-19. We have used the learning from the first wave to help us plan and manage the second wave.

Benefits:

- Attract wider group of candidates for roles that can be worked predominately from home
- Improved flexibility and **work-life balance**
- Ability to adopt digital technologies quickly
- Understand and plan for post COVID-19 workforce requirements

Deliverables	End date
Develop and implement new Home Working Policy	April 21
Formalise and embed new ways of working, post Covid-19 that use technology to enable more flexible working, promote inclusivity and support staff wellbeing	Aug 2021
Embracing new technologies to improve our HR processes	Ongoing
Project to raise digital competence of staff and leaders	Jun 2021
Introduce new e-learning system to streamline training	May 2021

Management of redeployment process, including review and lessons learned	Oct 2021
Annual review of wellbeing and risk to our staff, building on the work we have commenced during COVID-19	Jun 2020
Workforce arrangements for delivery of COVID-19 vaccine for our staff	Jun 2021
Regular updated guidance to staff for COVID-19 working arrangements	Mar 2021

156

Performance measures

Priority	Ambition and progress measure
Retaining our People	Reduce our voluntary staff turnover to 11% by March 2023.
	Reduce the number of staff that leave with less than 12 months service by 50% by March 2022.
Training and Clinical Education	Complete a review of our learning and development programme, and make sure there is sufficient training and clinical education provision to meet the needs of our workforce now and in the future and to make sure these programmes are equally and easily accessible to all staff. We will deliver our plan by the end of quarter three 2021.
	Develop and execute a strategy to increase our recruitment pipeline through clinical student placements, staff conversion programmes, apprenticeships, and international nurse programmes so that we have a minimum 50 extra clinical candidates per year available for recruitment into various workforce roles.
Wellbeing and Rewards	Increase the percentage of people reporting that the organisation takes positive action on health and wellbeing in the Staff Survey from 33% in 2019 to at least 55% by 2022 and to be best in class for the health and wellbeing theme in the Staff Survey within the next 3 years.

Performance measures

continued...

Priority	Ambition and progress measure
Just Culture	Reduce the number of disciplinary cases that involve BAME staff from 65% in 2019 to 30% by 2022 as first step to reducing any unwarranted disciplinary action and disproportionate sanctions for all staff, whatever their characteristics
Talent and Leadership	Increase our position in the NHS Staff Survey to best in class within the 'immediate manager theme' by focusing on improving the leadership behaviours in those areas of our trust with lower leadership scores to ensure that Berkshire Healthcare is a great place to work for everyone.
Differentials in Experience	No one in our trust experiences bullying or harassment and our first step towards achieving this and by 2023 we have eliminated the differential in experience between staff with identified inequalities in comparison to the rest of our people.
Remote Working	Develop and implement a new Remote Working Strategy in 2021
Digital Systems Transformation	Agree and deliver a plan to streamline those people processes that involve the most waste, duplication of effort or potential for error, releasing the administrative burden on our people and allowing more time to care for our patients.

Outstanding for **Everyone**

EQUALITY, DIVERSITY AND INCLUSION STRATEGY

2020-2023

Equality

Everyone benefits from the same support

Equity

Everyone gets the support they need

Justice

The cause of the inequity was addressed

Image source unknown

Our vision:

Berkshire Healthcare is recognised as a CQC outstanding organisation. However, this is not the experience of everyone, due to pockets of inequalities and discrimination experienced by some patients and our people with protected characteristics. The impact of this is poor health outcomes, not achieving full potential, feelings of not belonging, feeling excluded and not being able to be your true self.

Our vision is that Berkshire Healthcare is outstanding for everyone and has no pockets of inequality. We want all our patients and people to be treated fairly and equitably and that our differences can be respected and celebrated.

Berkshire Healthcare has made a commitment to identify and address some of the health inequalities experienced by the patients and communities who use our services. We will build on our existing practices of consultation, engagement and co-production to make sure that those who use our services have a voice and that it is inclusive of those communities that we have historically found hard to reach. We aim to provide accessible services that meet the needs of all individuals and focus our efforts on work that is important to those we serve.

We are proud of the diversity of our 4,500 staff who provide high quality patient care and want all our people to feel they belong and are equally valued and important. We know diverse teams are the most successful. There is clear evidence that feeling included, that we belong and we are engaged at work, in turn translates into high quality care for patients. We want this to be a great place to work for all our diverse people and that the Trust supports people to provide safe, compassionate, and inclusive services for all our patients and communities.

The Trust recognises, however, that we are not always outstanding place to work for all our people. Data from the staff survey as well as Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) demonstrates that there are still pockets of inequalities affecting our people with protected characteristics, resulting in differentials in experience. It is important to retain our diverse workforce and tackle these pockets of inequality as a top priority.

Our intention is to eliminate the differentials that some of our people experience. This means that all our staff have the same recruitment and career development opportunities. It also means that we actively tackle all reports of bulling, harassment and discrimination.   We can then move towards our ambition to eliminate bullying, harassment and discrimination for everyone.

We are focusing on our leaders and managers to make sure that they are equipped to support their teams with inclusive behaviours and that they take the necessary action to create an organisational culture that supports inclusion and belonging for all. It is however important that this cultural change focusing on allyship occurs at all levels of the organisation. We need to nurture a network of allies of this change at all levels over the next three years.

We are setting ourselves some ambitious targets to meet the cultural change needed to move well beyond our intention of parity of experience and outcome and reduce poor experience for everyone, both our people and patients. We will measure our progress against our targets over the next three years, recognising that we have a number of priorities that we will need to address in stages before we can achieve our overall vision.

This Equality, Diversity and Inclusion strategy will serve as a golden thread through the Trust Strategy and People Strategy and as such, these strategies have been developed collaboratively and the workforce elements of the EDI strategy will form a critical part of our People Strategy.

Where Berkshire Healthcare will be in three years:

In three years, we will be demonstrating explicitly that we value diversity within our Trust - that all our people feel welcome, included and supported to achieve their own potential. By focusing on our leaders and managers, we will make sure that they are equipped to support their teams with inclusive behaviours and that they take the necessary action to continue to build an organisational culture that supports consistency, inclusion and belonging for all.

Our strategy aims to deliver this important work in a way that considers the needs of our people and patients, recognising the complexities and individuality of each human being and that those with multiple protected characteristics often have poorer outcomes. Everyone is a combination of many aspects of their identity and so everyone's experience is unique. People cannot be described as just one thing - we are not just a race, gender or of a single sexual orientation. We are all a combination of all these things and many more. You may hear this referred to as intersectionality.

To support the delivery of our strategy, we are committed to engaging and co-producing work with both our people, networks and patients to make sure we have a diversity of voices, experiences and views. As we implement this work, we will make sure we maintain our focus on the protected characteristics of our people and patients addressing the priority identified inequalities but recognise that the targeted work on bullying and harassment will improve the experience of all our people.

The main themes of this strategy and our focus for year one are shown in the plan on a page below and are supported by an action plan.

The detailed plan for years two and three will be published at the end of years one and two, when we can review progress made in those years and make sure we are targeting our work in the right place.

Our Priorities

The priority areas of work included in this strategy have been co-produced with key stakeholders in line with our vision, values and overall Trust Strategy and are informed by an analysis of our statutory and regulatory requirements, as well as national guidance.

Our People:

- Address and reduce inequalities and differentials in experience, focusing on bullying and harassment, aligned to workforce retention in the people strategy
- Embed inclusive and compassionate leadership approaches
- Develop workforce career progression and talent management
- Strengthen and develop our staff networks including making them more inclusive for allies
- Develop and deliver our inclusive "ready for change" programme which builds on the Making it Right programme and will address the culture change required based on allyship and a greater appreciation of the different cultural norms that can cause misunderstandings and miscommunication. This is known as "cultural intelligence".

Our patients:

- Embed the Accessible Information Standard for disabled patients across all services
- Embed reasons for and recording of patient demographics to improve health outcomes
- Identify actions and resources needed to identify health inequalities through community engagement
- Continue to promote LGBT+ engagement and support through Stonewall and Reading Pride
- Develop strengths- based inclusive recruitment with services
- Co-produce actions and resources needed for Trans patient's pathways

We want to provide a simple message about equality, diversity and inclusion – that it is about respect for everyone, serving our population well, and building a fair and just culture within the organisation. We will all work together to achieve this. Our BAME, Pride and Purple Staff Networks are a key part of our work - supporting us to achieve our objectives through a united approach that values and supports everyone.

In order to make sure the delivery of this Equality, Diversity and Inclusion strategy, Berkshire Healthcare has aligned the EDI resources and leadership, with structures in place for regular monitoring and review of progress.

The strategy has been reviewed and approved by the Trust Diversity Steering Group who will oversee its implementation and progress.

Equality, Diversity and Inclusion Plan on a Page - Year 1

Where we are

Berkshire Healthcare is recognised as an outstanding organisation however this is not the experience of everyone, resulting in pockets of inequalities and discrimination experienced by patients and staff with protected characteristics. The impact of this is poor health outcomes, not achieving full potential, feeling of not belonging, feeling excluded and not being able to be your true self. We need to demonstrably improve culture at all levels to ensure consistency of experience for all.

Our People

- Improve inequalities and differentials in experience
- Embed inclusive and compassionate leadership approaches
- Develop workforce career progression and talent management
- Strengthen and develop our staff networks
- Develop and deliver our inclusive 'Ready for Change' programme

Our Patients

- Embed the Accessible Information Standard for disabled patients across all services
- Embed reasons for and recording of patient demographics to improve health outcomes
- Identify actions and resources needed to reduce health inequalities through community engagement
- Promote LGBT+ engagement and support through Stonewall and Reading Pride
- Develop strengths-based inclusive recruitment with services
- Co-produce actions and resources needed for Trans patient's pathways

Where we are going

Our strategy will address the differentials in experience at all levels of the organisation and support the development of allies of this culture change over the next three years. This will lead to improved staff and patient satisfaction, good health outcomes and everyone feeling they are valued and have a voice.
We want to make Berkshire Healthcare outstanding for everyone.

The following legislation underpins this EDI strategy:

Human Rights Act 1998

The human Rights Act creates a legal duty on public officials to act compatibly with the Human Rights Act rights.

There are three main duties under this act:

- **Respect**: not to breach human rights
- **Protect**: To take action to safeguard people's rights
- **Fulfil:** to have the right procedures and processes in place, particularly to investigate when things have gone wrong

The Equality Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and wider society.
The Act offers protection against discrimination to individuals possessing a minimum of one of the nine characteristics (see below) in employment and service delivery. We all possess some of these characteristics. They are:

- Age
- Disability
- Race including ethnicity and national identity
- Sex
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Religion or belief, including lack of belief
- Sexual orientation.

In addition to this, the Public Sector Equality Duty (PSED) requires public bodies to have due regard for the need to:

- Eliminate discrimination, harassment, victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Specific duties, set out in regulations to the Equality Act require us to:

Publish information to demonstrate compliance with the public sector Equality Duty, annually. This information must be published in such a manner that it is accessible to the public, either in a separate document or within another published document. Prepare and publish equality objectives at least every four years. All such objectives must be specific and measurable.

Health and Social Care Act 2012

Under the Health and Social Care Act 2012 NHS England and Clinical Commissioning Groups (CCGs) must have regard to the need to (a) reduce inequalities between patients with respect to their ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services. The purpose of this act was to put clinicians at the centre of commissioning, empower patients and give some focus to public health. We are indirectly affected by these provisions.

The current position in Berkshire Healthcare:

We have purposefully focused our attention on the areas which are most important to our people and patients. What we have set out to achieve is challenging but achievable in three years with a focus on embedding the cultural change required to ensure that an equal experience for all people in Berkshire Healthcare is sustained.
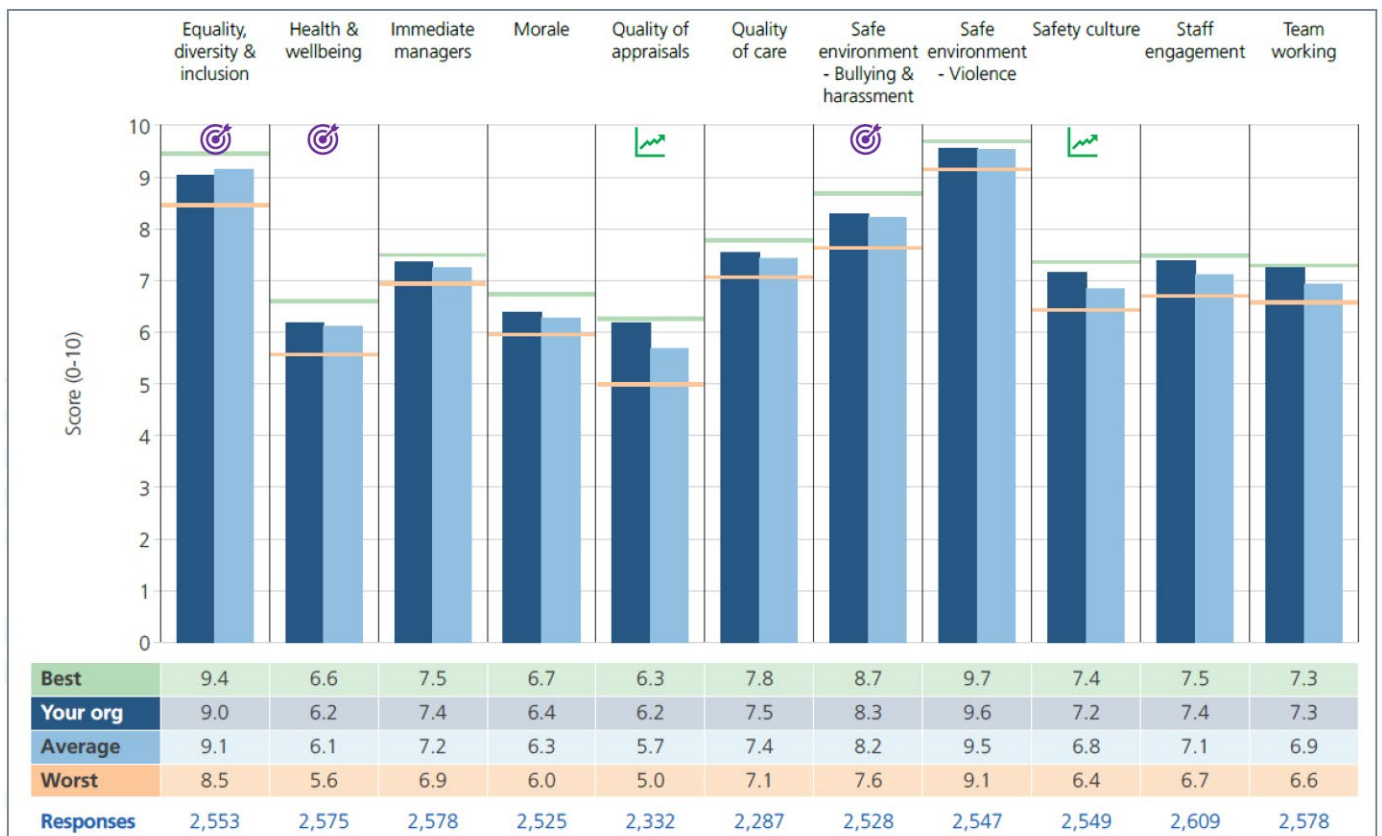
We held several workshops including key stakeholders to agree these priorities which were also informed by our WRES, WDES, Stonewall and staff survey results from the past year. The strategy has been reviewed and approved by the Trust Diversity Steering Group who will oversee the implementation and progress.

Staff survey

Berkshire Healthcare continues to have a high response rate to the national staff survey and in 2019 had its highest response rate at 61 % (2623 responses). Disabled staff accounted for 496/ 19% of the responses and BAME staff for 587/ 22% of the responses.

The engagement score was 7.4/10, the second highest for a combined trust.

The 11 themes of the survey are summarised below and show that whilst we are above national average for almost all the key performance indicators there are areas that require targeted intervention such as EDI and safe environment/ bullying and harassment. The EDI average for Berkshire Healthcare (9.0) was slightly below the national average (9.1) with the best performing trust scoring 9.4.

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.4	6.6	7.5	6.7	6.3	7.8	8.7	9.7	7.4	7.5	7.3
Your org	9.0	6.2	7.4	6.4	6.2	7.5	8.3	9.6	7.2	7.4	7.3
Average	9.1	6.1	7.2	6.3	5.7	7.4	8.2	9.5	6.8	7.1	6.9
Worst	8.5	5.6	6.9	6.0	5.0	7.1	7.6	9.1	6.4	6.7	6.6
Responses	2,553	2,575	2,578	2,525	2,332	2,287	2,528	2,547	2,549	2,609	2,578

The NHS Workforce Race Equality Standard (WRES)

As at 31st March 2019 the Berkshire Healthcare employed 4,328 people: 71% were white and 23% were from a BAME background.

The nine key indicators that underpin the WRES have played a key role in the progress that the Trust is making towards the amelioration of issues around racial inequality and BAME representation. Progress has been incremental over the past years. Our ambition in this strategy is to equalise and improve overall staff experience, further and faster than before.

It is required that we publish our results and the resultant Action Plan which covers BAME recruitment, workforce diversity, career development, disciplinaries, responses to the national staff survey on equal opportunities in career development, experiences of harassment, bullying and discrimination, and Board diversity.
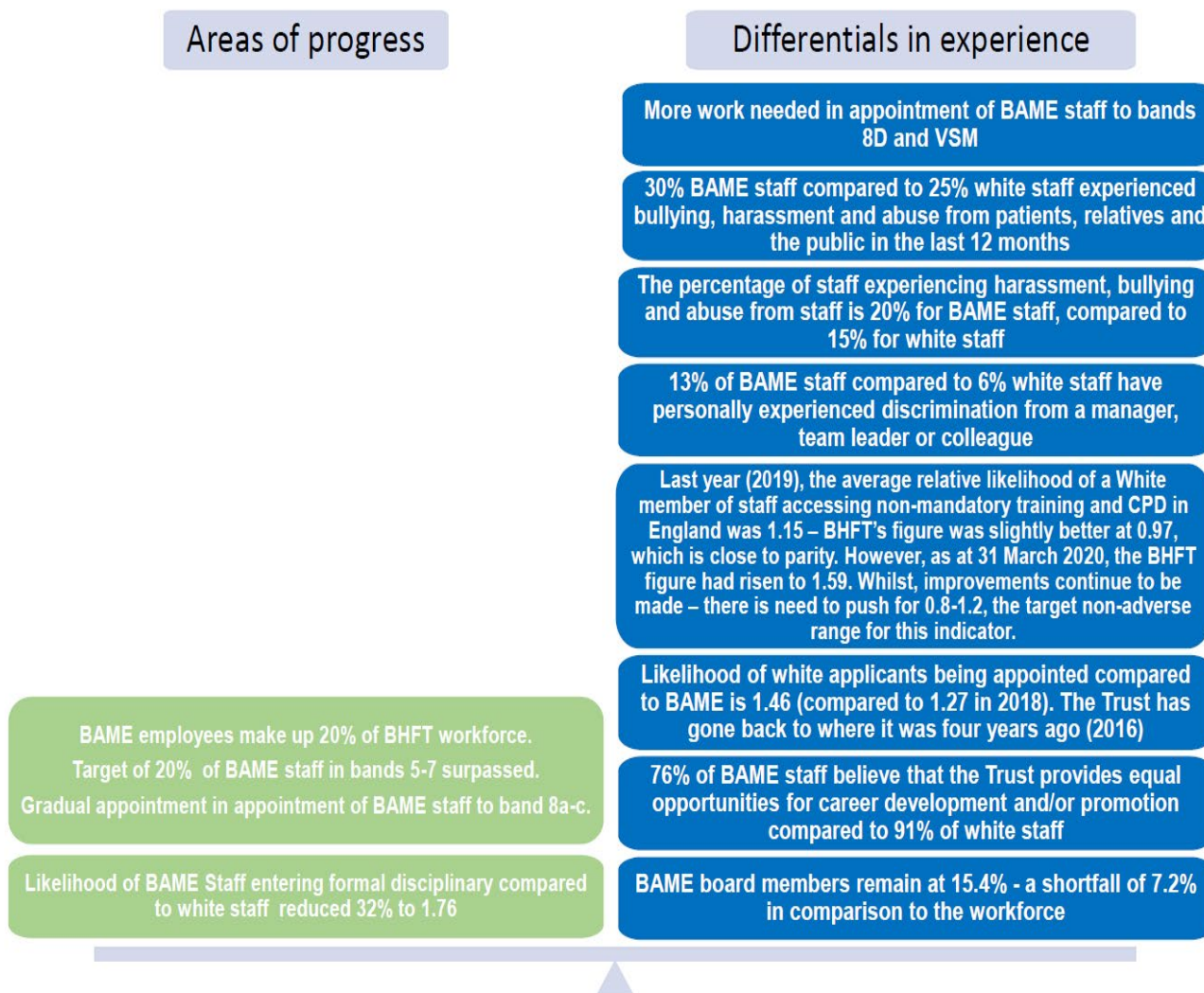
As this data needs to be reviewed over several years to provide assurance of a sustained equity and improvement of experience in the organisation, Berkshire Healthcare is focusing on eliminating the gap in our people experiencing bullying and harassment as well as differentials in experience of recruitment, development and promotion. Our actions are targeted to achieve no differential in experience between any groups of our people, and an overall improvement where everyone has the same outstanding experience.
We continue to work with key stakeholders including the BAME Staff Network.

The Trust WRES data shows some progress in addressing gaps and inequalities and ameliorating differentials in experience between our BAME staff and their white colleagues over the past four years.

This progress however has not been embeded in all areas as shown in the table below. We are aware of further efforts needed in facilitating a fairer recruitment process: whilst the likelihood of white staff being appointed over BAME staff is at national average (1.46) the Trust made progress in 2017(1.36) and 2018 (1.27) but the data for 2019 shows we have but not retained this progress and regressed to 2016 levels.

Summary of Berkshire Healthcare WRES data for 2020 showng where progress has been made/ differentials in experience between BAME and white staff:
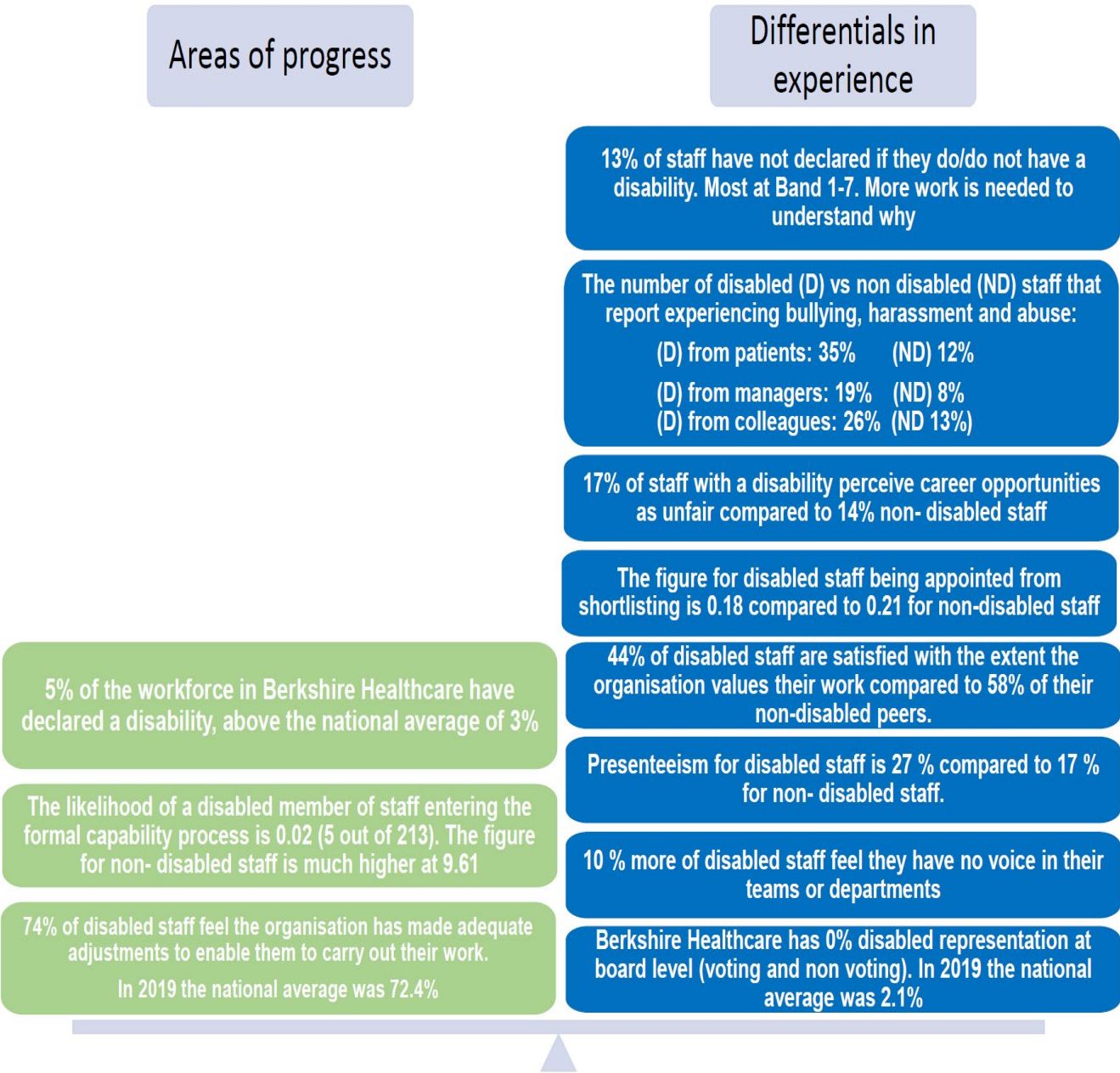
Areas of progress

BAME employees make up 20% of BHFT workforce. Target of 20% of BAME staff in bands 5-7 surpassed. Gradual appointment in appointment of BAME staff to band 8a-c.

Likelihood of BAME Staff entering formal disciplinary compared to white staff reduced 32% to 1.76

Differentials in experience

More work needed in appointment of BAME staff to bands 8D and VSM

30% BAME staff compared to 25% white staff experienced bullying, harassment and abuse from patients, relatives and the public in the last 12 months

The percentage of staff experiencing harassment, bullying and abuse from staff is 20% for BAME staff, compared to 15% for white staff

13% of BAME staff compared to 6% white staff have personally experienced discrimination from a manager, team leader or colleague

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 figure 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.

Likelihood of white applicants being appointed compared to BAME is 1.46 (compared to 1.27 in 2018). The Trust has gone back to where it was four years ago (2016)

76% of BAME staff believe that the Trust provides equal opportunities for career development and/or promotion compared to 91% of white staff

BAME board members remain at 15.4% - a shortfall of 7.2% in comparison to the workforce

The NHS Workforce Disability Equality Standard (WDES)

 The WDES reporting requirements came into force on 1st April 2019 regarding staff with a disability. The WDES has been established to improve the experience of disabled staff working in and seeking employment in the NHS. 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. According to our Electronic Staff Record (ESR) system, 213 (5%) of our workforce of 4460 declared that they have a disability in 2019. Whilst this figure is above the national average (3%), it is significantly lower than the 505 (20%) of the National Staff Survey respondents who declared a disability. This highlights that the need to continue working towards facilitating a culture where our people are comfortable to declare their disabilities.

As with the WRES, this data will need to be tracked over several years to have assurance of change. The focus for Berkshire Healthcare is to increase the confidence of our disabled staff to disclose their disability and have open discussions with their line managers regarding reasonable adjustments required. This will provide assurance of the cultural change we are aiming to achieve where our people feel confident to have conversations with their managers about their disability and reasonable adjustments needed.

Summary of Berkshire Healthcare WDES data for 2020 showing where progress has been made/ differentials in experience between disabled and non disabled staff:

Areas of progress

Differentials in experience

13% of staff have not declared if they do/do not have a disability. Most at Band 1-7. More work is needed to understand why

The number of disabled (D) vs non disabled (ND) staff that report experiencing bullying, harassment and abuse:

(D) from patients: 35%   (ND) 12%

(D) from managers: 19%   (ND) 8%
(D) from colleagues: 26%   (ND 13%)

17% of staff with a disability perceive career opportunities as unfair compared to 14% non- disabled staff

The figure for disabled staff being appointed from shortlisting is 0.18 compared to 0.21 for non-disabled staff

5% of the workforce in Berkshire Healthcare have declared a disability, above the national average of 3%

44% of disabled staff are satisfied with the extent the organisation values their work compared to 58% of their non-disabled peers.

The likelihood of a disabled member of staff entering the formal capability process is 0.02 (5 out of 213). The figure for non- disabled staff is much higher at 9.61

Presenteeism for disabled staff is 27 % compared to 17 % for non- disabled staff.

10 % more of disabled staff feel they have no voice in their teams or departments

74% of disabled staff feel the organisation has made adequate adjustments to enable them to carry out their work.
In 2019 the national average was 72.4%

Berkshire Healthcare has 0% disabled representation at board level (voting and non voting). In 2019 the national average was 2.1%

Stonewall Diversity Champions Programme

We have been a Stonewall Diversity Champion since 2011.The index represents one of the best and most competitive benchmarking tools for organisations wishing to improve their LGBT+ performance and involves significant work on 10 areas including staff development, promoting non-discriminatory working environments, managerial competence and community engagement. The summary of our last scores and areas for improvement for the next submission (submission in 2021 but results published 2020) below:

Summary of the Stonewall Workplace Equality Index 2022 criteria

Overall Scoring

Total score – 103 / 200
Overall Ranking – 142 / 503
Sector Ranking – 15 / 64

Areas presented well
- Promising score increase of Trans inclusion – last year 15%, this year 37%
- First year Stonewall have given scoring for bi inclusion; matching those in the top 100, scoring 66%

Areas of loss in marks
- Monitoring data is presented poorly
- Employee Lifecycle requires improvement
- Allies & Role Models requires more work

Highlights
- Network Group – score increase from 8 to 14, with evidence like those in the top 100
- Procurement – above sector average, most improved section.

1. Policies & Benefits
Policies and benefits that the Trust have in place to support LGBT staff. Policy content will be scrutinised to ensure there is sufficient provision and specific support available to LGBT staff.
Our score – 8.5
Sector average score – 5.5
Top 100 score – 10.5

2. Employee Lifecycle
How the Trust engages and supports employees throughout their journey in the workplace, starting with recruitment practices and finishing with the exit process.
Our score – 12.5
Sector average score – 10
Top 100 score – 15

3. LGBT Employee Network Group
Focus on the support given to the Trust to the LGBT employee network, the commitment to inclusivity and the activities carried out by the Trust.
Our score – 14
Sector average score – 9.5
Top 100 score – 14.5

4. Empowering Individuals
The process of engaging and empowering LGBT and non-LGBT staff to create an LGBT inclusive culture and using allies within the Trust.
Our score – 10
Sector average score – 7.5
Top 100 score – 13

5. Leadership
Empowering and engaging senior leaders and line managers in their responsibility to set an LGBT inclusive culture.
Our score – 9.5
Sector average score – 6
Top 100 score – 11

6. Monitoring
How the Trust uses data collection methods, analysis and outcomes to understand the representation and experience of our LGBT employees .
Our score – 3.5
Sector average score – 6
Top 100 score – 8.5

7. Supply Chain
What steps the Trust takes to ensure suppliers are LGBT inclusive from tendering new suppliers to monitoring current contracts.
Our score – 7
Sector average score – 4
Top 100 score – 8.5

8. External Engagement and Service Delivery – previously 2 sections
A – Community Engagement; outreach activities to support wider LGBT communities
B – Sector Engagement; promoting LGBT equality to other in the sector
C - Service Delivery; meeting the needs of service users
Our score – 11 & 12
Sector average – 6 & 9
Top 100 score – 9.5 & 13.5

Our measures of progress for our people:

EDI targets and ambitions for the workforce contributing to the people strategy are included below. We are focusing on eliminating differentials in experience regarding bullying and harassment as well as recruitment and career progression with the ambition to further improve experience for all our people until we are outstanding for everyone.

These targets are our priority for focus due to the inconsistencies in the progress being made in the WRES/ WDES data and the stagnation in some of the indicators indicating that any change has not been sustained over time.
The focus is on workforce retention and reducing bullying and harassment because of the increasing awareness of the impact of organisational culture in retaining our people. This will incorporate several workstreams and will support the culture change required, where our people feel valued and see that appropriate action is taken to safeguard them.

DATIX in its current form is not fit for purpose for those experiencing bullying and harassment from their line managers to formally report this as reports generated go to line managers. We therefore currently rely on the anonymous reporting via the National Staff Survey as the most accurate data of the experience of our people. The EDI Team works closely with the Freedom to Speak Up Guardian and will continue to ensure we improve the structures in place for our people to report concerns, hate crimes and bullying and harassment.

Bullying and harassment described in this strategy includes all forms of bullying and harassment (being treated with a lack of dignity and respect) as well as hate crimes. Hate crimes can be reported by people with any of the five protected characteristics that come under the definition, disability, race, religion, gender identity or sexual orientation (or any combination thereof).

The graphs below highlights some of the areas where there are differentials in experience regarding bullying and harrassment as well as career progression.These questions form part of the WRES/WDES returns and the data comes from the annual National Staff Survey and needs to be to be considered over a number of years to make sure that change is embedded and maintained.

Bullying and harassment from patients, relatives and the public:

Aligned to our commitment and ambition to be outstanding for everyone, our three-year plan is to equalise and further improve experience for all our people, reducing incidents of bullying and harassment. We will provide consistent support for all our people post incident.
Over the next three years as a minimum we intend to eliminate the gap between white and BAME / disabled and non- disabled staff and make sure changes are embedded. Our further ambition is to reduce the overall level of poor experience for all staff, impacting results below the green line.

Graph 1

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Graph 2

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
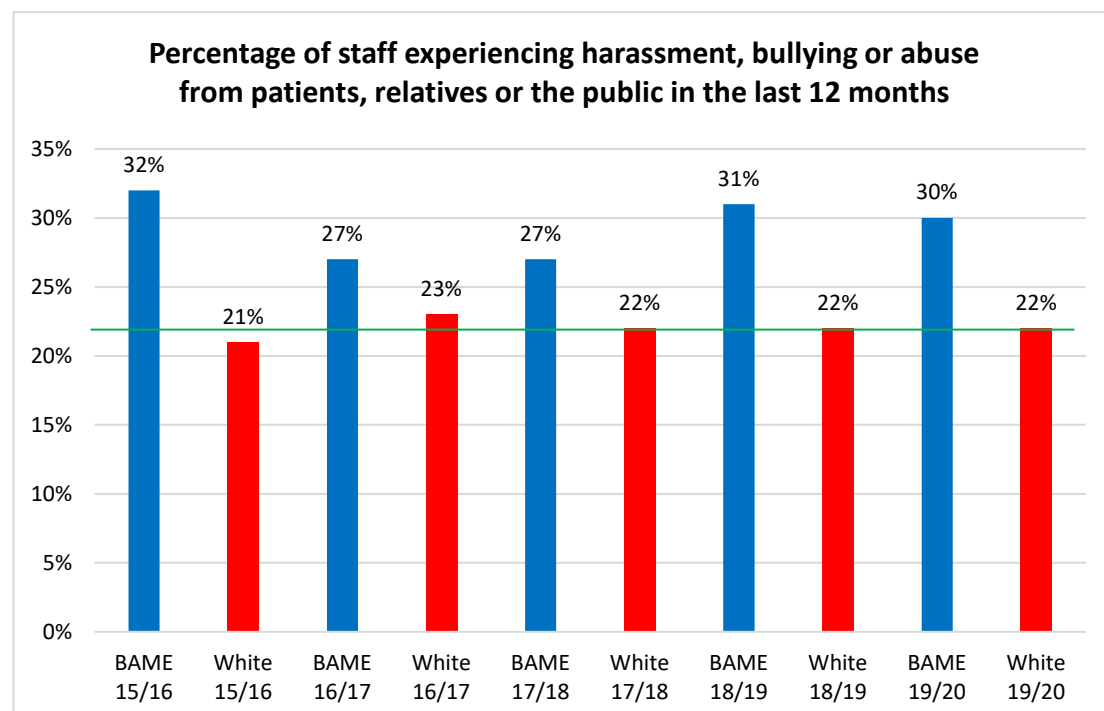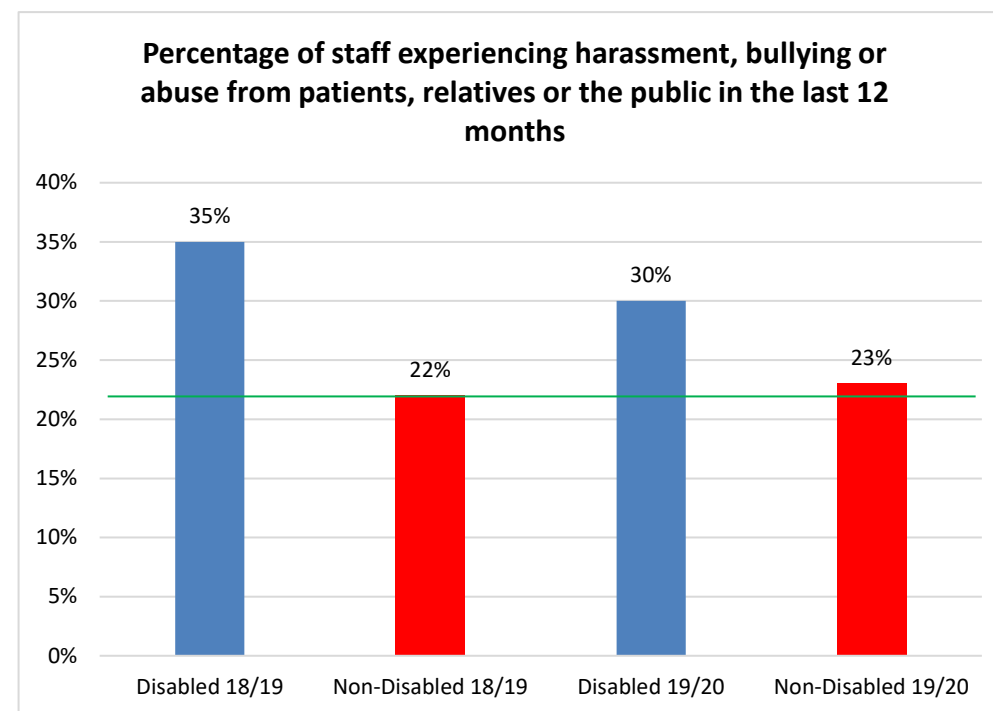
Bullying and harassment from staff/ colleagues

Aligned to our commitment and ambition to be outstanding for everyone, our three-year plan is to equalise and further improve experience for all our people, reducing incidents of bullying and harassment. We will provide consistent support for all our people post incident.
Over the next three years as a minimum we intend to eliminate the gap between white and BAME / disabled and non- disabled staff and make sure changes are embedded. Our further ambition is to reduce the overall level of poor experience for all staff, impacting results below the green line.

Graph 3

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Category	Value
BAME 15/16	23%
White 15/16	19%
BAME 16/17	27%
White 16/17	19%
BAME 17/18	21%
White 17/18	18%
BAME 18/19	20%
White 18/19	14%
BAME 19/20	20%
White 19/20	15%

Graph 4

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months

Category	Value
Disabled 18/19	26%
Non-Disabled 18/19	13%
Disabled 19/20	23%
Non-Disabled 19/20	14%

Bullying and harassment from managers:

Aligned to our commitment and ambition to be outstanding for everyone, our three-year plan is to equalise and further improve experience for all our people, reducing incidents of bullying and harassment. We will provide consistent support for all our people post incident.
Over the next three years as a minimum we intend to eliminate the gap between white and BAME / disabled and non- disabled staff and make sure changes are embedded. Our further ambition is to reduce the overall level of poor experience for all staff, impacting results below the green line.

Graph 5

In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleague

Category	Percentage
BAME 16/17	17%
White 16/17	5%
BAME 17/18	11%
White 17/18	7%
BAME 18/19	17%
White 18/19	7%
BAME 19/20	13%
White 19/20	6%

Graph 6

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months

Category	Percentage
Disabled 18/19	19%
Non-Disabled 18/19	9%
Disabled 19/20	16%
Non-Disabled 19/20	9%

Graph 7: The work on embedding the reasonable adjustment policy, microaggressions and bullying and harassment will eliminate the gap between the confidence of disabled and non- disabled staff in reporting these incidents. This will be reinforced by the support offered to staff experiencing these incidents through the support that will be offered by the new staff safety management post.

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

Category	Percentage
Disabled 18/19	60%
Non-Disabled 18/19	55%
Disabled 19/20	53%
Non-Disabled 19/20	61%
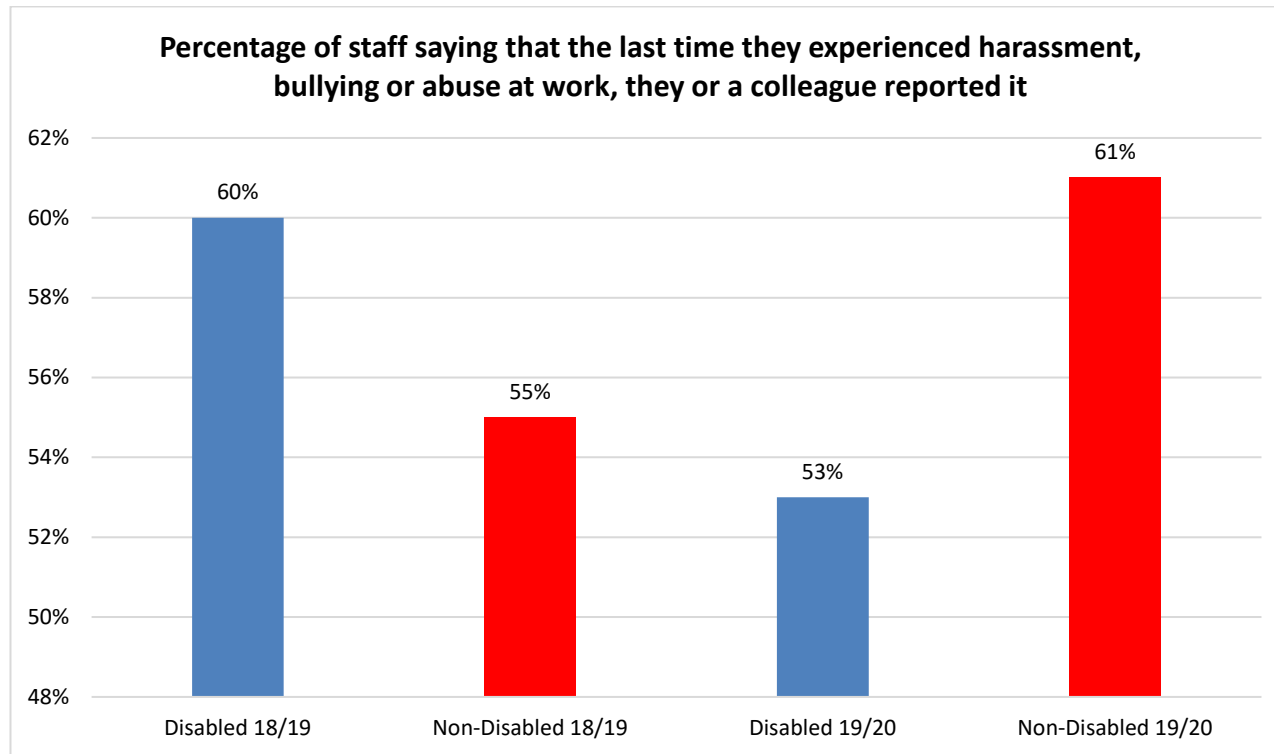
Recruitment, promotion and career progression:

The ambition for perceptions on career progression for BAME staff (graph 8) for the next three years is to eliminate the gap with the long-term aim of consistency for all our people and equalising and improving experience.

The data in graph 9 relating to the liklihood of white staff being appointed over BAME staff shows a regression in comparison to past years, back to the same position we were in in 2016. This is a challenge to all Trusts nationally and although Berkshire Healthcare achieved the same results as the combined average, this still represents an area needing further attention as currently BAME staff are 1.46 times less likely to be appointed in comparison to white colleagues. We will focus on reviewing our recruitment processes in year two and three of this strategy.

Graph 8:

Percentage believing that trust provides equal opportunities for career progression or promotion

Graph 9:

The likelihood of white staff being appointed over BAME Staff
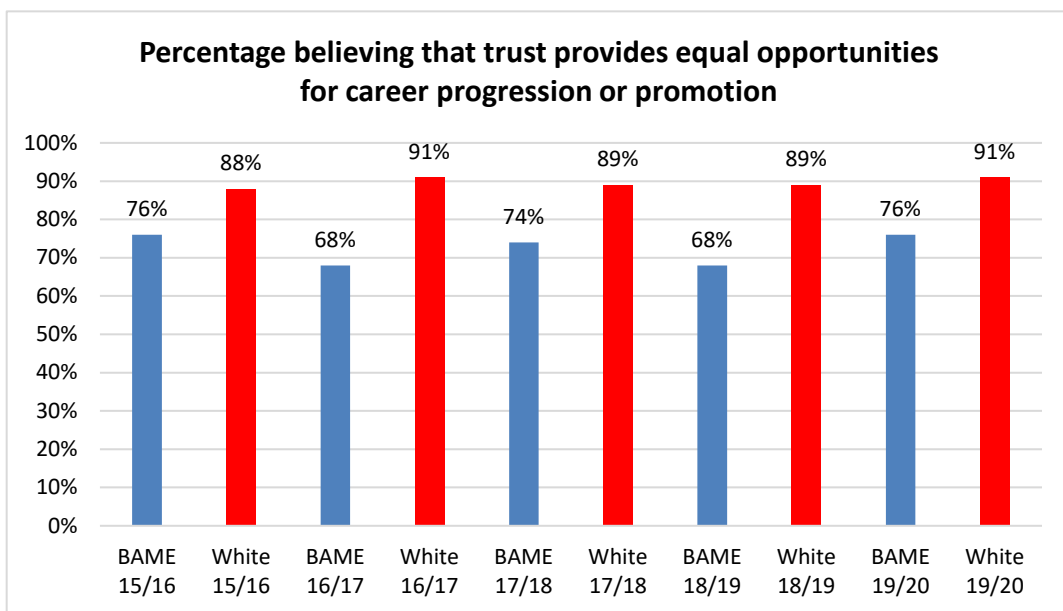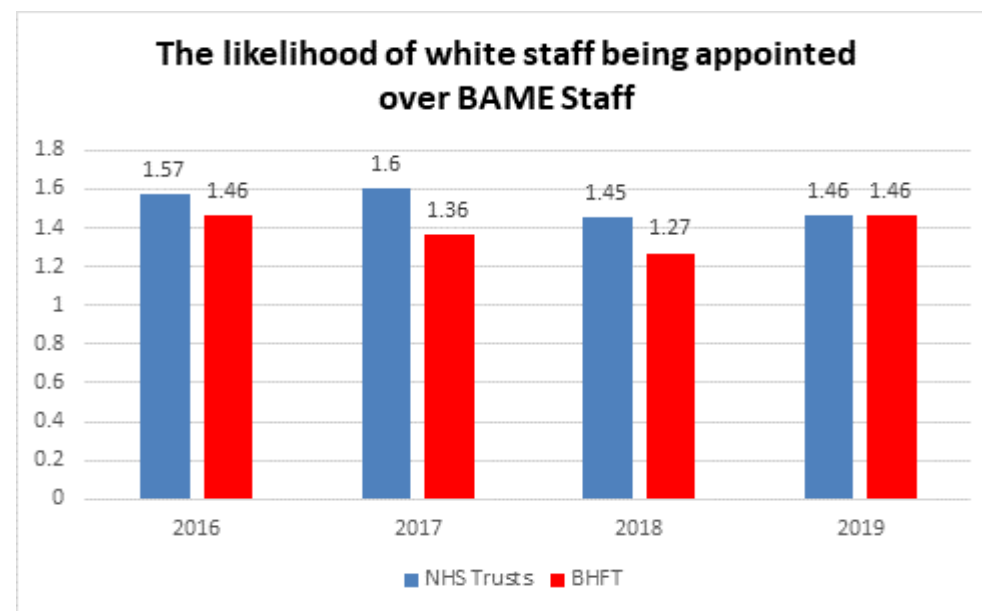
BAME staff/ WRES action plan

Evidence/ background	Target	Timescale	Related workstreams	Owner
As highlighted in graph 1, the percentage of BAME staff experiencing harassment, bullying or abuse from patients is significantly and consistently higher compared to the experiences of white staff. There have been fluctuations and negligible improvements over the last 5 years. In 2015/16 the number of BAME staff experiencing harassment, bullying and abuse was 32% compared to 21% white staff (9% difference). 5 years later (2019/20), it is 30% and 22% respectively (8% difference). Our ambition is equality between BAME and white staff and reduction in overall number. We will also put in place post incident support for staff	Our three-year plan is to: (i) Reduce the percentage of BAME staff experiencing harassment, bullying or abuse from patients. (ii) Eliminate the gap in experience between our BAME and white staff. (iii) Consistency in the data above for at least three years.	Year 1/2/3	BAME transformation programme Microaggressions and bullying Review of leadership training and development Freedom to Speak up Post incident review: follow up and support of staff post incident, supported by the safety manager post	Gerry Crawford Thanda Mhlanga Lesley Wheeler Mike Craissati Post in development
There is a consistent gap, currently 5%, in the number of BAME staff (20%) and white staff (15%) experiencing harassment, bullying or abuse from colleagues (Graph 3).	Our three-year plan is to: (i) Reduce the percentage of BAME staff experiencing harassment, bullying or abuse from colleagues (ii) Eliminate the gap in experience between our BAME and white staff. We expect to see a	Year 1/2/3	Review of leadership training and development Allyship module as part of the ready for change programme Freedom to Speak up Post incident review: follow up and support of staff post incident,	Lesley Wheeler Thanda Mhlanga Mike Craissati Post in development

			supported by the safety manager post	
	(iii) Consistency in the data above for at least three years.		BAME taskforce disciplinary workstream group	Gerry Crawford
			OD group- targeted work	Joe Smart
			Working with networks to develop ambassador/ mediator roles	Thanda Mhlanga
The percentage difference between the number of BAME staff and their white counterparts who experience discrimination from managers or colleagues at work remains high (7%).	Our three-year plan is to: (i) Reduce the percentage of BAME staff experiencing harassment, bullying or abuse from managers (ii) Eliminate the gap in experience between our BAME and white staff. (iii) Consistency in the data above for at least three years.	Year 1/2/3	Review of leadership training and development	Lesley Wheeler
			Allyship module as part of the ready for change programme	Thanda Mhlanga
			Freedom to Speak up	Mike Craissati
			Improve reporting process (currently DATIX) to enable staff to disclose any concerns	Nathalie Zacharias
			Post incident review: follow up and support of staff post incident, supported by the safety manager post	Post in development

Disabled staff/ WDES action plan

Evidence/background	Target	Timescale	Related Workstream	Owner
There is a significant difference in the experiences of Disabled staff and their non-disabled counterparts, currently: 7% more Disabled staff than their non-disabled counterparts experience harassment bullying or abuse from both patients and line managers (Graphs 6 and 7)	Our three-year plan is to: 1. Reduce the number of Disabled staff who experience harassment bullying or abuse from patients to at least 25% 2. Eliminate the differential between Disabled and non-disabled staff 3. Reduce the number of Disabled staff experiencing harassment, bullying or abuse from managers 4. Eliminate the differential between Disabled and non-disabled staff	Year 1/2/3	Review of leadership training and development Allyship module as part of the ready for change programme Freedom to Speak up Management/ communication Post incident review: follow up and support of staff post incident, supported by the safety manager post	Lesley Wheeler Thanda Mhlanga Mike Craissati Post in development
9% more Disabled staff experience harassment, bullying or abuse from other colleagues than their non-disabled counterparts (Graph 4). The number of Disabled staff who experience harassment, bullying or abuse from other colleagues is currently 23% compared to 14% for non-disabled staff – the differential is 9%	Our three-year plan is to: 1. Reduce the number of Disabled staff harassed, bullied or abused by the colleagues 2. Eliminate the differential between Disabled and non-disabled staff	Year 1/2/3	Review of leadership training and development Allyship module as part of the ready for change programme Freedom to Speak up Post incident review: support of staff post incident, supported by the safety manager post	Lesley Wheeler Thanda Mhlanga Mike Craissati Post in development

LGBT+ staff

Efforts are being made to improve systems and facilitate easy capture of all aspects of EDI and protected characteristics. Such data will facilitate support for all sections of the workforce including our LGBT+ people who we know have a very low declaration rate on ESR and a low rate of reporting incidents of bullying and harassment. This is for several complex reasons including that it is seen as "coming out" and the individual's family and work colleagues may not be aware. We will work with the PRIDE network to understand how to best capture this data for their members and support our people who we know are not reporting these incidents and put in place support structures as required.

How we will achieve this change over the next three years:

People action plan

Objective	Evidence	Year 1	Year 2	Year 3	Impact
1. Address and reduce inequalities and differentials in experience and strive to make the organization 'Outstanding for Everyone' focusing on: • Bullying and Harassment • Microaggressions • OD Interventions for EDI	National Staff Survey results as outlined in the WRES, WDES and Stonewall action plan. WRES Board Paper_July 2020 V5.d WDES Board Paper_July 2020_V7.d WDES WRES action plan V8 01.10.20 po Stonewall Feedback Session w	Implement priorities identified in the bullying, harassment and discrimination (BHD) Work – lead by the BAME transformation programme OD Steering Group and Wellbeing Group to identify areas requiring improvement and 'dig under' the behaviours that differentials in experience and drive culture change to continue to move to a compassionate and inclusive culture. Continue with team level training and discussions about Micro-aggressions putting a formal plan/approach in place by April 2021- liaising with stakeholders to find out which teams are priority for focus.	Review impact of interventions and approaches in Year 1 and complete the PDSA cycle to build on the work for Year 1	Review impact of interventions and approaches in Year 2 and complete the PDSA cycle to build on the work for Year 2	Staff survey (NSS) results will show the impact of this work. True North goals- staff experience Eliminate the gap in experience.

2. Leadership: embedding EDI - "inclusive cultures depend on inclusive leaders" (People Plan 20-21).	National Staff Survey results as outlined in the WRES, WDES and Stonewall action plan. Feedback from the Pride, BAME and Purple networks and Freedom To speak Up (FTSU)	Appointment to the Leadership and OD Lead secondment to drive the review of all Trust leadership programmes to design the leadership offer to fulfil the dual objectives of "inclusive cultures' and 'outstanding for everyone' Test leadership pilot programme (skills you need to be successful as a leaders) Leadership Review and new programme to be launched Q3 2021	Roll out of new leadership programme that combines EDI, QI, Leadership and OD into one seamless package for our people	Continue the rollout and focus on OD work to make sure the new leadership behaviours and culture are being embedded in the workplace	We want everyone to feel valued and important. It is important that our leaders demonstrate inclusive behaviours and take action to create an organisational culture where everyone feels that they belong. We believe in fairness and equity. Strengthening a just culture will result in everyone being respected equally, where everyone feels able to give feedback and that their ideas and concerns will be listened to and acted upon. NSS results will indicate that our people have had a more positive experience of leadership and management.

3. Workforce Development, Career progression and Talent Management (QI approach to talent issues)	National Staff Survey results as outlined in the WRES, WDES and Stonewall action plan. Feedback from the Pride, BAME and Purple Networks Improvements in career progression for underrepresented groups based on focus on QI work	Start QI evidence gathering of the gaps in career progression (BAME transformation programme) and talent management for all our people with identified inequalities by April 2021 and agree timetable with the QI team Review of career pathways and training and development for Bands 2 – 6 New training package developed called 'Reaching MY Potential' Skills you need to be successful and develop in your role/ prepare for new roles to be tested by January 2021 and launched in June 2021.Available to all staff in bands 2-6 but targeting bands 2-4 Wider review of Talent Management across the organisation.	Delivery of agreed outcomes from review	Complete PDSA cycle for new programme and make improvements and adjustments as needed	Representation rates increase-national/local norms Define for professions/ groups what is the norm?
4. Supporting Staff Networks: • BAME • PURPLE • PRIDE	National Staff Survey results as outlined in the WRES, WDES and Stonewall action plan.	Review of infrastructure supporting networks based on national best practice from NHS and other organisations by December 2020 Proposal to be developed collaboratively with the networks and then presented to Executive for review and agreement	PDSA cycle to build on the work for Year 1	PDSA cycle to build on the work for Year 2	Being able to support our people and enable the networks to work at their best and support them in working collaboratively,

	Feedback from the Pride, BAME and Purple Networks				promoting intersectionality
5. Review of MIR programme and develop and deliver our inclusive "ready for change" programme "We are a diverse and inclusive team" Making%20it%20Right%20Programme%20F	National Staff Survey results as outlined in the WRES, WDES and Stonewall action plan. Feedback from the Pride, BAME and Purple Networks	Review of MiR Programme by December 2020 and relaunch a new training programme by April 2021. Collaboratively developed. The focus will be promoting intersectionality and allyship underpinned by greater "cultural intelligence". Wider review of Talent Management across the organisation for staff with identified inequalities.	Delivery of agreed programme	Complete PDSA cycle for new programme and make improvements and adjustments as needed	Forms wider view of talent management and promotion to VSM posts

Patient and Community action plan

Objective	Evidence	Year 1	Year 2	Year 3	Impact
1. Accessible Information standard The Accessible Information Standard is legislation that was introduced in 2016. It is designed to capture the communication needs of disabled people accessing services to make sure they	https://www.england.nhs.uk/ourwork/accessibleinfo/ https://youtu.be/ZJngMo37WvA# We receive a disproportionate number of complaints from our deaf patients and a higher number of grievances from	1A. To adapt the communication form within RiO and other platforms used in our services to include the four questions within the standard and make sure	Review baseline data from year one and develop/ set targets. Provide additional	Review data from year 2 and agree priorities	We are not currently fully compliant with this standard and although other NHS Trusts are also not compliant, we would like to be leaders in meeting all patient's communication needs

are not treated unfavourably in comparison to non-disabled people by providing information in formats that are accessible to them. Berkshire Healthcare has a legal requirement to meet all communication needs of our disabled patients.	deaf staff. Reasonable adjustments and no communication tools remain the greatest reason for both. During the "you said, we did" sessions run in the East the deaf community reported lack of appropriate communication support having the greatest negative impact. AIS%20Report_FINAL-%20LD.docx	there is a reporting function by July 2021. Understanding if/ how this can be rolled out to the shared record for connected care in year 2. 1B. To develop and roll out training/engagement and communication for all services to understand the legal requirements within the standard and how to complete the form on RiO by December 2021. 1C. To purchase and distribute communication grab bags for all services and provide training for teams on how to	training if required		across all Berkshire Healthcare services which will result in improved health outcomes.

		use them by July 2021. 1D. To provide baseline information on the use of the communication forms across the Trust and set targets for the next two years by July 2021.			
2. Patient Demographics Patient equality, diversity and inclusion data relating to the 9 protected characteristics is not captured, recorded or reported consistently or in the same way across the Trust. There is no minimum standard set by NHSE or Berkshire Healthcare. This makes it difficult to make sure that services are accessible / health inequalities are being addressed	patient%20EDand%20l%20data%20A3.ppt Make sure datasets are complete and timely, to underpin an understanding of and response to inequalities. This is now included as one of the 10 health inequality actions and the Phase 3 NHS guidance states that all NHS organisations should proactively review and make sure the completeness of	2A. To agree consistent definitions for capturing patient demographics, starting with ethnicity in RiO across the Trust by September 2021. ethnicity%20survey.docx 2B. These definitions to be approved by DSG and implemented	Embed roll out for all protected characteristics and make sure consistency in BOB and Frimley ICS	Robust capture of data and reporting ability in place across all services	**For patients/ public** Berkshire Healthcare wants to provide excellent care to everyone who use their services. However, they are aware that certain groups of people struggle to access good healthcare. To make sure their services are available easily and are suitable for all the population they look after, they need to understand who uses our services from every part of the community.

	patient ethnicity data by no later than 31st December 2020, with general practice prioritising those groups at significant risk of COVID-19 from 1 September 2020.	in RiO Trust wide. (Timescale not given a dependant on changes required and Transformation Team capacity). 2C. SLT to make sure all teams understand the importance of reporting and report baseline data by December 2020. 2D. A clear comms plan to the wider organisation to make sure understanding of why this information is needed by September 2021 2E. Alignment across the systems regarding the			To help them achieve this, it is important to ask about things like age, gender, sexual orientation and religion (sometimes referred to as 'demographics'). **For our people** Berkshire Healthcare wants to make sure that all our people are treated fairly. They also know that by employing people from all groups and backgrounds, who reflect the wider population, that patients will have a better experience when using their services. To help them achieve this, it is important to ask about things like age, gender, sexual orientation and religion (sometimes referred to as 'demographics').

		definitions by September 2021			
3. Post COVID recovery/Community engagement/Equality Delivery System (EDS3) COVID has shone a light on health inequalities, particularly for the BAME population and phase 3 guidance has reinforced the need for engagement and coproduction with communities as well as patients who use our services. National voices 5_principles_statemen Report_Health-inequalities-time-to-act-FNL.	There are areas of effective community engagement across Berkshire Healthcare, but this is not consistent and therefore doesn't represent the full diversity of our local communities. Through community engagement Berkshire healthcare needs to identify the health inequalities experienced by our populations and the resources needed to address these. In anticipation of the EDS3, mapping of EDI reporting will need to be completed once the requirements are published.	3A. Review all health inequalities data, mapping and EDS requirements by September 2021 to be able to understand and agree the priorities of focus for engagement. 3B. Engage with community groups across Berkshire to co-develop and agree a plan to address the priority areas within the EDS including COVID recovery planning by August 2021. 3C. To make sure robust systems are put in place to feedback actions and findings to	EDS 3/ or our own version if EDS 3 has not yet been published by NHSE		To address the range of health inequalities a trust wide approach to community partnership and engagement is needed to meaningfully engage within our communities. We must ask ourselves -are these communities hard to reach or easy to ignore?

		community groups by August 2021.			
4. Promoting LGBT+ engagement and support for our people as well as communities using our services: Berkshire Healthcare Foundation Trust has signed up to the **Stonewall Diversity champion's employer's index** for 2021 **Reading Pride** Berkshire Healthcare has long history of attending the annual Reading Pride to promote links between the Trust and the public and offering support to reduce health inequalities in the LGBT+ community.	The process of our annual submission provides assurance that Berkshire Healthcare makes improvements that impact on our LGBT + community; including procurement, workforce and people who use our services. Inequalities for the LGBT+ community have widened further during COVID19 and the need for focused support for our staff, patients and communities is needed. https://nationallgbtpartnership. org/covid-19/	4A. Berkshire Healthcare is aiming for improved scores for staff survey, achieving the Gold status within the new Stonewall framework with a submission date of September 2021. 4B. Prepare and plan for Reading Pride in September 2021. Recognising this may be a virtual event.	Review results and consider index 2022		Inequalities for the LGBT+ community have widened further during COVID19 focused support for our people, patients and communities is needed to reduce health inequalities and inclusion
5. Trans Patients Berkshire Healthcare receives a disproportionate number of complaints from Tran's patients and our	The higher prevalence of smoking, alcohol use and drug use, and lower uptake of screening programmes, are likely to contribute to increased	5A. Engagement and co-production with Trans Patients, Tran's community groups	Focus on systems-working across BOB and remove the	Review impact of project with Trans patients, community groups and	To make sure that services are accessible and meet the needs of the Trans population who have proportionally high

people consistently report not being confident supporting Trans patients.

We are working in collaboration with NHS England who are interested in our learning from this project to share nationally as part of the LGBT+ improvement standard. | risk of preventable ill health. There is also a significant body of evidence demonstrating high rates of suicide attempts.'

Transgender people have statistically higher rates of mental ill-health than their LGB counterparts. The Stonewall School Report shows that 92% of young transgender people have thought about suicide and 84% have self-harmed, signalling that monitoring mental health should begin at even younger than 16 years old. | and national Trans charities to co-develop and co-produce priorities on a plan on a page to improve the health inequalities within the Trans community by September 2021.

5B. Develop a clear pathway for improving the systems within Berkshire Healthcare based on the agreed priorities. This can include the recording of individuals gender identity on RiO, how we address appointment letters etc by December 2021. | system barriers. Develop training package to support our people in using the system changes and better supporting our Trans patients | national partners. Change, adapt or improve any areas that are not working. | levels of physical and mental health inequalities |
| **6. Inclusive Recruitment within learning disabilities and Mental Health** | Less than 6% of people with a Learning disability, 15% of people with Autism and 20% of people with a severe and | 6A. Working with Berkshire Healthcare Learning Disability | Job match in partnership with agencies. Trial-working | Review- process and roll out inclusive strengths-based | Using a strengths-based approach to recruitment can reduce this inequality experienced by those with |

	enduring mental health condition, have access to paid employment, yet 68% of people want a paid job. The social inclusion task force identified the recruitment process remaining the greatest barrier to accessing talented people from within these communities.	services, three vacant posts within the trust will be identified to recruit to using a strength-based approach by December 2021. 6B. Establishing a partnership with a local supported employment service and Berkshire Healthcare's IPS service by December 2021. 6C. Produce accessible job descriptions, consider job carving and agree training support required with relevant stakeholders by October 2021.	interviews and work trials. Match right people into roles. Make sure in work support is in place. Training for our people.	recruitment into other vacant roles across all services.	disabilities and provide a greater level of access to all people within our community including those with protected characteristics, care givers, women returning to work and older jobseekers.

All the dates in the action plans above are subject to change due to COVID

NHS

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	9 February 2021
Title	Health & Safety Annual Report 2020
Purpose	To provide the Board with the annual Health & Safety report for 2020
Business Area	Operations
Author	Chief Operating Officer
Relevant Strategic Objectives	To provide accessible and safe environments which keep patients safe, supports our staff, provides good patient experience and is cost effective.
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and the delivery of safe and responsive care
Resource Impacts	None
Legal Implications	Report seeks to provide assurance of Trust's adherence to relevant legislation
Equalities and Diversity Implications	N/A
SUMMARY	The attached paper provides the Board with the Trust's annual Health & Safety report, highlighting key areas of performance and providing assurance on relevant internal processes.
ACTION REQUIRED	To note the report and seek any clarification.

Berkshire Healthcare
Health & Safety - Annual Report 2020

Executive Summary

This report provides an update to the Board on Berkshire Healthcare's Health and Safety performance statistics for the calendar year 2020

The report reviews Trust performance on a range of categories, comparing results to the previous year and national figures. Key points of note include:

- The Trust received no Enforcement Notices from the HSE or the Local Authority in 2020.

- There were 9 incidents reported under the RIDDOR regulations in the year 2020, (no false reports) showing a decrease of four incidents compared to 2019. Manual Handling, Assaults and Slips, Trips & Falls are the main incident types, there have been 4 COVID-19 RIDDOR reports under the criteria Case of Disease, RIDDOR reportable incidents.

- During 2020 the Trust reported 578 physical assaults against staff. This is a decrease of 48 (7.6%) compared to 2019. It also reported 426 Non-Physical Assaults against staff, an increase of 113 (36%) over the previous year.

- During 2020 the Royal Berkshire Fire and Rescue Service undertook zero fire safety visits to ensure the Trust is compliant with the Regulatory Reform (Fire Safety) Order 2005.

- Four fires were reported during 2020. One was accidental and three were arson. This is a reduction of 33% on the previous year.

- Compliancy in statutory training: Fire Awareness – The number of staff trained throughout 2020 has averaged 90.75% over the year. This falls short of the Trust's target of 95% compliance.

- Compliancy in statutory training: Health & Safety - The number of staff trained throughout 2020 has averaged 95.87%. This is above the Trust's target of 90% compliance.

- The overall sickness rate for 2020 was 4.05%, and the main reason for absence continues to be anxiety/stress/depression which accounted for 27.8% of the sickness in the 12-month period. COVID-19 related sickness accounted for 18.7% of all sickness absence in 2020 and back/musculoskeletal problems accounted for 15.5% of sickness.

- The total number of FTE days lost to sickness in 2020 has decreased by 0.75% when compared to 2019. If COVID-19 related sickness is excluded from the figures, the overall sickness rate for 2020 was 3.29% and in the six-month period April – September, the sickness rate was consistently below the Trust target of 3%, which is the lowest sickness rate seen in over 7 years.

1. Key National Annual Figures

The most recent data from the Health and Safety Executive highlights the following issues:

- **1.6 million** working people were suffering from a work-related illness (up from previous year).

- **111** workers were killed at work (down from 147 in 2019).

- **65,427** injuries to employees reported under RIDDOR (down from **69,208).**

- **693,000** injuries occurred at work according to the Labour Force Survey (up from **581,000**)

- **38.8 million** working days lost due to work-related illness and workplace injury (up from **28.2 million**).

- **£16.2 billion** estimated cost of injuries / ill health from current working conditions.

2. Enforcement

There have been no enforcement actions from Royal Berkshire Fire & Rescue Authority or the Health & Safety Executive during 2020.

Following on from a HSE Investigation after a C-19 related staff death on an Outbreak Ward at Prospect Park Hospital (PPH) and died on June 6th 2020, the HSE identified two breaches of the law in the course of their investigation, but in considering these breaches in line with the HSE's Enforcement Management Model and Enforcement Policy Statement, they concluded that these did not qualify as material breaches. That is, breaches of sufficient seriousness, in the context of the response the Trust were making in the face of rapidly changing guidance during a developing pandemic.

The Trust were able to evidence the following throughout the HSE investigation with regards to the two breaches:

1. During the investigation steps were taken to review policies and procedures in the event of a second wave of Covid-19, for the set-up of isolation wards at PPH.

2. All staff, including bank staff were afforded the same level of training and risk assessment processes and were provided with health / co-morbidity assessments.

3. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

The yearly reported incidents fell into the following categories:

RIDDOR Incident Type	2019	2020
Manual Handling	5	2
Assault	4	
Injured during physical restraint	1	1
Slip, Trip or Fall	3	2
Sharps Injury	0	0
Collision Struck by moving object	0	0
Case of disease	0	4
Total	13	9

RIDDOR incident reports, including root cause analysis and remedial actions taken, are included in quarterly Trust performance reports at NCRG and tabled at the Joint Staff Consultative Committee.

During 2020 there were 9 RIDDOR incidents and no False RIDDOR incidents reported by the Trust.

(A False RIDDOR is a report that was submitted to the HSE but later rejected as it did not meet the reporting criteria.)

Health & Safety Training Compliancy 2020

All staff under-take statutory and mandatory training in Health & Safety every 5 years.

The number of staff trained throughout 2020 has averaged 95.87%. This is above the health and safety training target of 90%. Manual Handling training has also been above the compliancy training target of 90% with 91.84% of staff trained on average throughout the year.

Health & Safety Training Compliancy 2020 (Statistics provide by Learning & Development)												
Statutory Training	Jan 20 %	Feb 20 %	Mar 20 %	Apr 20 %	May 20 %	Jun 20 %	Jul 20 %	Aug 20 %	Sep 20 %	Oct 20 %	Nov 20 %	Dec 20 %
Health & Safety	96.74	96.47	96.28	96.08	96.32	96.55	96.58	96.67	96.97	96.02	96.05	96.99
Moving & Handling	93.11	93.35	92.84	90.01	88.80	90.31	90.18	91.19	92.39	92.59	93.16	94.12

4. Violence and Aggression

- 578 physical assaults against staff were reported during the period, which is a decrease of 48 (7.6%) compared to 2019. 80 of those took place within the learning disability inpatient service. This is a decrease of 78 (49%) incidents from last year.

- 402 assaults took place on the mental health adult admission wards, PICU and older persons MH wards compared to 348 in 2019 which is an increase of 54 (15%) assaults.

- The number of reported Non-Physical Assaults has decreased steadily from 2016 to 2019 to a 2019 figure of 313 with an increase of 113 (36%) to a 2020 total of 426. 304 of these incidents were categorised as threatening behaviour or verbal abuse by patients – an increase of 106 (53%) compared to 2019.

- Compared to the number of reported Physical Assaults, it is to be presumed that the relative low number of reported Non-Physical Assaults is due to under reporting though it is considered a positive outcome that the number of reported Non-Physical Assaults for 2020 has risen 34% over 2019, indicating better reporting year on year
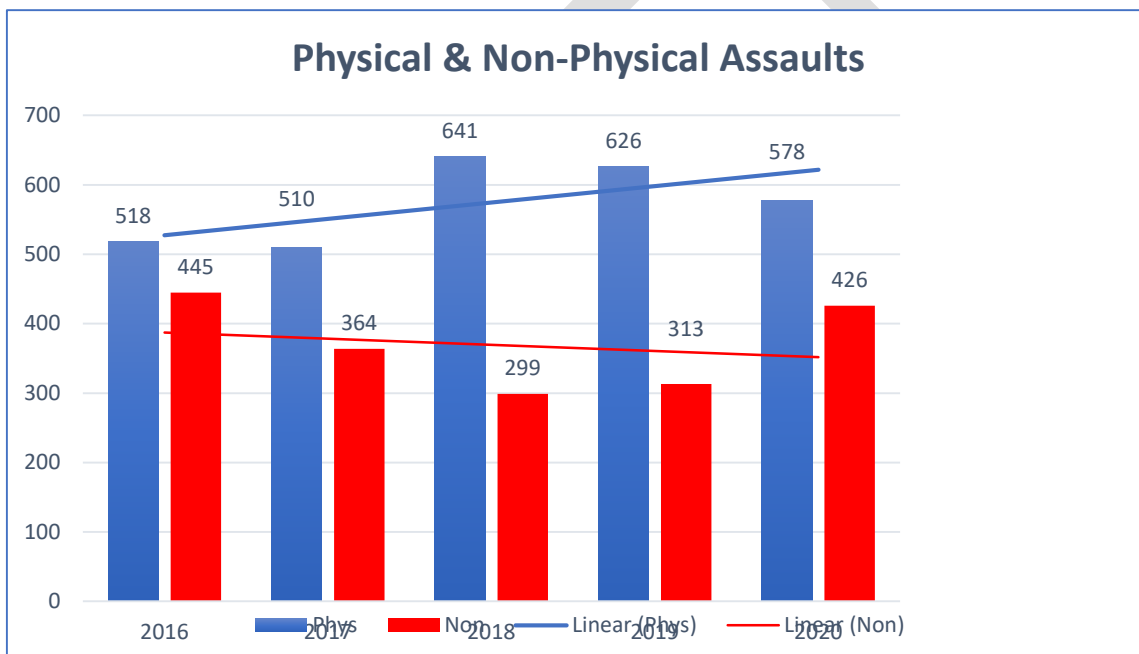
Non-Physical Assaults by type	2019	2020
Threatening Behaviour	88	171
Verbal abuse by Patient	110	133
Verbal abuse by member of Public	60	56
Racial abuse by Patient	24	27
Sexual Harassment	12	13
Malicious allegations	1	12
Harassment	9	5
Verbal abuse by Staff	6	5
Racial Abuse by member of Public	0	3
Bullying	1	1
Total	**313**	**426**

Non-Physical Assaults by Service	2020
Adult Acute Admissions - Bluebell Ward	37
District Nursing	37
PICU - Psychiatric Intensive Care - Sorrel Ward	37
Adult Acute Admissions - Rose Ward	34
CMHT/Care Pathways	33
Adult Acute Admissions - Snowdrop Ward	23
Learning Disability Service Inpatients - Campion Unit	21
Adult Acute Admissions - Daisy Ward	20
Crisis Resolution and Home Treatment Team (CRHTT)	19
Older Adults Inpatient Service - Orchid ward	13
Podiatry	8
Adolescent Mental Health Inpatients - Willow House	7
Adult Acute Admissions	7
Community Hospital Inpatient Service - Jubilee Ward	7
Intermediate Care	7
Community Hospital Inpatient Service - Donnington Ward	6
Other	110
TOTAL	**426**

Physical Assaults by Service	2020
PICU - Psychiatric Intensive Care - Sorrel Ward	109
Learning Disability Service Inpatients - Campion Unit	80
Adult Acute Admissions - Snowdrop Ward	63
Adult Acute Admissions - Bluebell Ward	48
Adult Acute Admissions - Rose Ward	48
Older Adults Inpatient Service - Rowan Ward	44
Adult Acute Admissions - Daisy Ward	42
A Place of Safety	41
Older Adults Inpatient Service - Orchid ward	28
District Nursing	14
Adult Acute Admissions	12
Older Peoples Mental Health (Ward Based)	8
Adolescent Mental Health Inpatients - Willow House	6
Community Hospital Inpatient Service - Donnington Ward	4
Community Hospital Inpatient Service - Oakwood Ward	3
Crisis Resolution and Home Treatment Team (CRHTT)	3
Other	25
TOTAL	**578**

Assaults - Capacity (Total - 578)

- No (394) — 68%
- Yes (132) — 23%
- No value (52) — 9%

Non Phys Assaults-Capacity (Total - 426)

- No (132) — 31%
- Yes (194) — 46%
- No value (100) — 23%
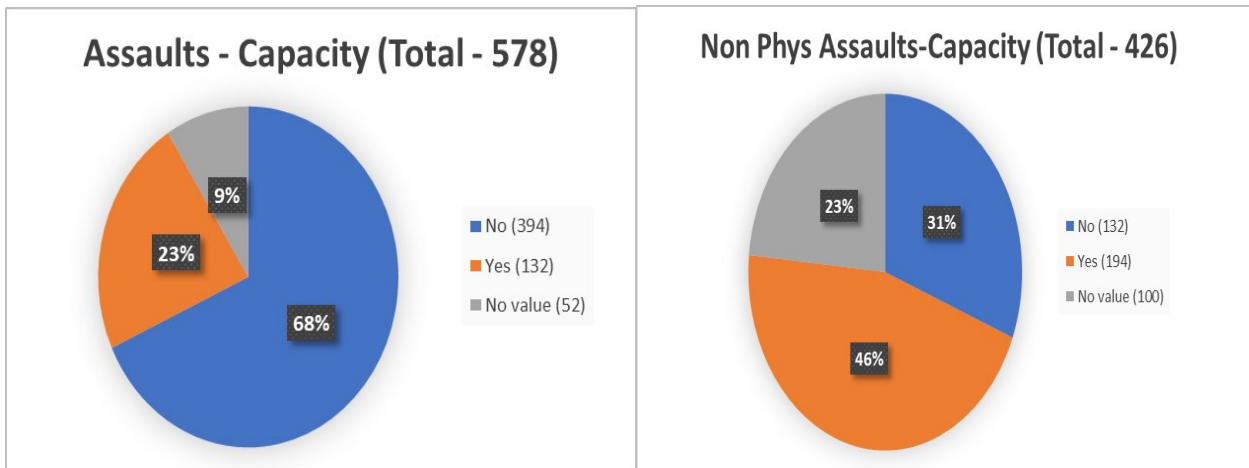
The Health, Safety & Security Management Specialists continue to raise the importance of reporting security-related incidents, particularly incidents of violence and aggression, via the Trust's incident reporting system.

It is acknowledged that the significant majority of physical and non-physical assaults are the result of a patient's mental health or medical condition, but it is important that this data continues to be captured and those affected are supported.

326 of all physical and non-physical assaults reported during the period were perpetrated by individuals (predominantly patients) where the indication is that they had capacity at the time of the incident. This therefore suggests that these incidents might be categorised as "criminal" in nature.
Very few of these incidents reach judicial resolution with the appropriate sanctions applied. Either the victim chooses not to go down the route of reporting the incident to the police or there is lack of sufficient evidence to pursue a case or satisfy criteria required by the Crown Prosecution Service.

The successful application of appropriate sanctions against willful and intentional violent or abusive behaviour would show:
- Greater support for victims of violent or aggressive behaviour.
- A zero tolerance stance for those who willfully abuse staff.
- Show to all perpetrators that this type of behaviour is not tolerated and should act as a deterrent.

To that end the Health, Safety & Security Management Specialists will work with Services and other stakeholders to improve on the number of sanctions applied for 2021.

Impact of COVID-19

There is evidence to support the fact that certain types of violence and aggression have increased due to the current pandemic such as intentional spitting and coughing. During the first half of 2020 there were reports of staff being targeted when wearing uniform in public. On the other hand, some wards have not been full at times during the year and this has led to a reduction in violence.

In general, the impact of COVID-19 has meant a general reduction in physical violence to staff (many have worked from home) but has increased the likelihood of abusive and aggressive behaviour towards patient facing staff.

The Trust is focused on a reduction of physical assaults on staff which is a Driver metric as part of the performance improvement priorities for Supporting our Staff.

Supporting Our Staff Driver: Physical Assaults on Staff (Jan 20 to Dec 20)
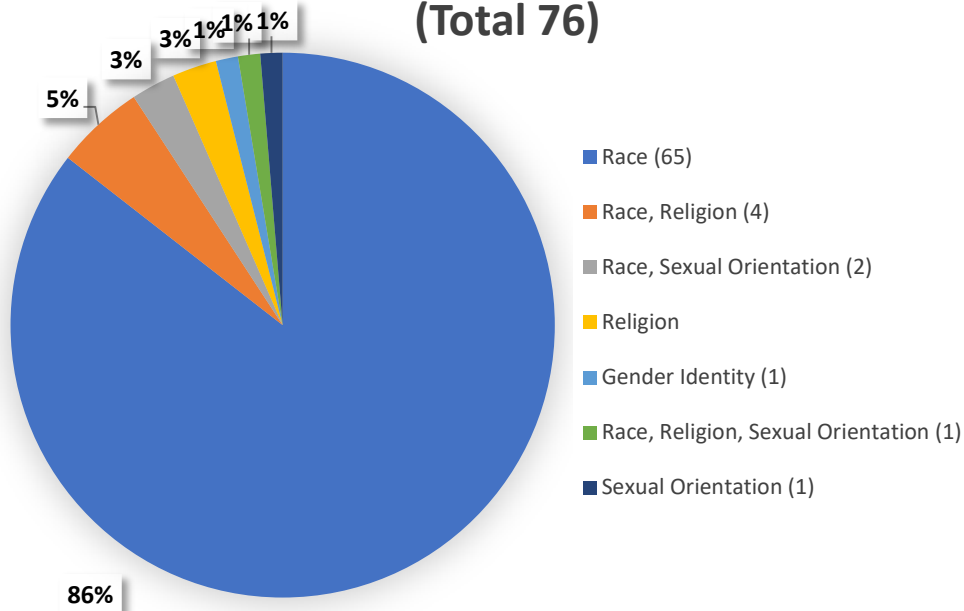Any incident where sub-category = assault by patient and incident type = staff
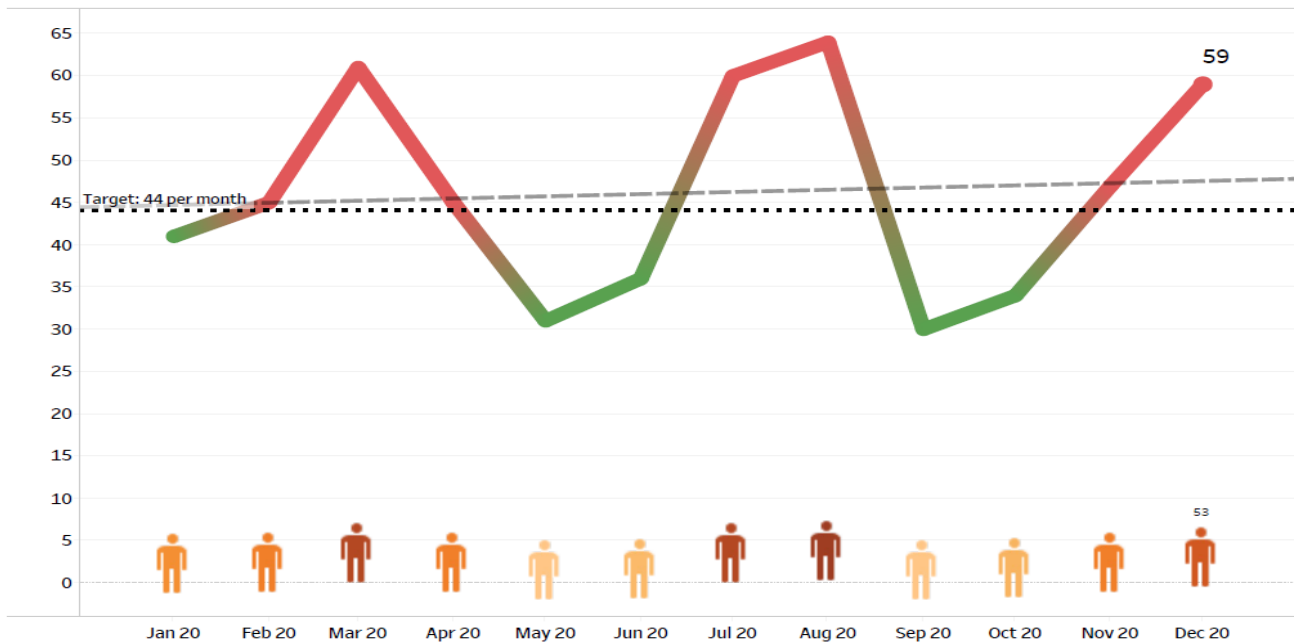
Hate Crimes

- 2020 has seen an increase in reported hate crimes from 2018 to date (40 in 2018, rising to 47 in 2019 and 76 in 2020). Hate crimes can be reported by any of the 5 protected characteristics that come under the definition, disability, race, religion, gender identity or sexual orientation (or any combination thereof). The category includes both Hate Crimes and Hate Incidents.

- They can be reported alongside another category of incident e.g. "patient breaks door and is racially abusive to attending staff member" would be categorised as Criminal Damage with the racial element "bolted" on.

- This steady increase can be seen as a positive in that ease of reporting and a better reporting culture around Hate Crimes can be seen as the cause and not a steady increase in the number of such incidents.

- Almost 95% of the reported hate crime incidents have an element of bias against race

- Acute inpatient MH wards & PICU generated almost 70% of the hate crime incidents which is similar to 2019.

- Coupled with this, reported racial abuse by patient or public has risen 13%, it should be noted that there is no reported racial abuse by staff on staff

- Levels of reported bullying and harassment via Datix are minimal and do not include any staff on staff incidents.

This is a priority for our Equality and Inclusion strategy and there are a number of actions in place to address and improve this.

Hate Crime by service	2020
Adult Acute Admissions - Rose Ward	14
Adult Acute Admissions - Daisy Ward	13
Adult Acute Admissions - Snowdrop Ward	9
PICU - Psychiatric Intensive Care - Sorrel Ward	9
Adult Acute Admissions - Bluebell Ward	7
CMHT/Care Pathways	7
A Place of Safety	3
Community Hospital Inpatient Service - Oakwood Ward	2
Crisis Resolution and Home Treatment Team (CRHTT)	2
Learning Disability Service Inpatients - Campion Unit	2
Adult Acute Admissions	1
CAMHS - Child and Adolescent Mental Health Services	1
CAMHS - Specialist Community Teams	1
Community Hospital Inpatient Service - Henry Tudor Ward	1
Community Hospital Inpatient Service - Highclere Ward	1
Podiatry	1
Respite Care	1
Other	1
Total	**76**

Hate Crime by Protected Characteristic(s) 2020 (Total 76)

Legend:
- Race (65) — 86%
- Race, Religion (4) — 5%
- Race, Sexual Orientation (2) — 3%
- Religion — 3%
- Gender Identity (1) — 1%
- Race, Religion, Sexual Orientation (1) — 1%
- Sexual Orientation (1) — 1%

5. Personal Safety and Lone Working

In 2019, the Trust re-tendered for the provision of lone worker devices (LWD's) for high risk services, this was won by the previous supplier, Skyguard (now Peoplesafe). In January 2020, the Trust had 1270LWD's (1,000 with the new contract and the remainder re-allocated from the previous contract) with 1,236 staff registered on the web portal as users.

Statistics show that on average 30% of these devices were used during the last quarter of 2020. The rollout of a training package for both users and administration staff within services was continued throughout 2020. Services will continue to be reminded of obligations under Health & Safety legislation to ensure devices are employed whenever staff are considered to be lone working under the Lone Worker Policy. Services are being encouraged to re-visit their lone working risk assessment to determine if devices are still required in light of low usage, they are also being asked to consider if working from home or online consultations means that devices can be released to other services requesting technological support. This work is on-going.

6. Fire Safety

There has been no enforcement action from Royal Berkshire Fire & Rescue Authority during 2020. Royal Berkshire Fire and Rescue Service (RBFRS) undertook no fire safety visits to ensure the Trust were compliant with the Regulatory Reform (Fire Safety) Order 2005 during 2020.

There was one visit to allow RBFRS to update their operational risk information; this is known as an Article 7.2.d visit and took place as follows:
1. Wokingham Red Watch attended Wokingham Hospital on 2nd January 2020.

The RBFRS Tactical Plan for Prospect Park Hospital was reviewed via email in November 2020.

7. Fire Incidents

There were four fires reported in 2020:
One accidental fire:
* Clothing left on hob in patient's own home.
Three cases of arson:
* Patient lit sheets then put it out, bedroom Prospect Park Hospital.
* Patient lit underpants in bedroom Prospect Park Hospital.
* Patient lit artwork & newspaper in communal area Prospect Park Hospital.

Four cases of a risk of fire being identified:
* Cigarette burn in sheet, patient's home.
* Burnt toast setting off alarms, patient's home.
* Damage to toilet by burning; Prospect Park Hospital inpatient.
* Detained person was an alleged arsonist, Community Mental Health West - Hoarding clothes in bedroom; Prospect Park Hospital inpatient.

One case of fire equipment being damaged:
* Exit door came off hinges in evacuation drill.

Two reports of fire equipment failure:
* Multiple fire alarm faults after rain at Upton Hospital.
* Bath Road fire suppression triggered due to fault.

Six accidental false alarms – all were staff using call points. There were 24 other reported false alarms.

Fire Related Incidents by Service (pre-Feb 2020 Directorates):

Services	2015	2016	2017	2018	2019	Total
Mental Health	15	27	21	18	17	98
Community West	10	13	7	9	7	46
Estates & Facilities	9	13	9	21	7	59
Community East	0	4	5	3	5	17
Totals:	34	57	42	51	36	220

Fire Related Incidents New Directorates:

Services	2020	Total
Children, Young persons & Families	2	2
Community Physical Health East	3	3
Community Physical Health West	2	2
Community Mental Health West	5	5
Mental Health Inpatients	10	10
Corporate	17	17
Estates, Facilities and Support Services	5	5
Total	44	44

Fire Related Incidents by Type:

Sub-category	2015	2016	2017	2018	2019	2020	Total
Fire Accidental	3	6	0	3	3	1	16
Fire Arson	4	2	1	9	3	3	22
False Alarm Accidental	1	1	2	3	2	6	15
False Alarm Malicious	0	1	5	0	1	0	7
False Alarm Other	21	35	10	13	11	24	114
Fire Equipment Damaged	2	1	4	2	3	1	13
Fire Equipment Failure	0	6	0	4	3	2	15
Planned Fire Evacuation Drill	1	2	0	0	0	0	3
Risk of Fire Identified	1	2	10	13	9	5	40
Other	1	1	10	4	1	2	19
Grand Total	34	57	42	51	36	44	264

Incidents by Service & Type:

Services	Accidental	Arson	Equipment damage	Equipment failure	False alarm call point	False alarm other	Risk of fire	Other	Total
Children, Young persons & Families	0	0	0	0	0	2	0	0	**2**
Community Physical Health East	0	0	0	0	0	2	1	0	**3**
Community Physical Health West	0	0	0	0	0	1	1	0	**2**
Community Mental Health West	1	0	0	0	2	1	1	0	**5**
Mental Health Inpatients	0	3	0	0	2	2	2	1	**10**
Corporate	0	0	1	2	1	12	0	1	**17**
Estates, Facilities and Support Services-	0	0	0	0	1	4	0	0	**5**
Total	**1**	**3**	**1**	**2**	**6**	**24**	**5**	**2**	**44**

Smoking Related Incidents:

Historic Figures - Old Directorates:

	2015	2016	2017	2018	2019	Total
Mental Health	182	196	206	156	175	**915**
Berkshire Healthcare Community East	5	4	3	2	3	**17**
Berkshire Healthcare Community West	6	5	2	6	7	**26**
Estates, Facilities & Support Services	12	0	6	2	1	**21**
Total	**205**	**205**	**217**	**166**	**186**	**979**

2020 Figures - New Directorates:

	2020
Community Mental Health West	1
Mental Health Inpatients	137
Berkshire Healthcare Community West	13
Total	**151**

These smoking related incidents are down slightly on the previous two years, but there has not been a significant drop due to the introduction of e-cigarettes.

8. Fire Safety Improvements

The following works have been completed in 2020:

Location	Action required	Actions completed
PPH	Provision of bedrooms for arson-risk patients in mental health wards (4 acute plus Sorrel & Orchid)	Misting system installed in two high-fire-retardant rooms per ward.
Erlegh House UoR	Replace existing systems with single fire alarm.	New alarm panel and devices fitted throughout, now a single system with voice alarm.
Wokingham Hospital	Fire compartment improvements	New fire resisting doors in admin building.

9. Fire training

All members of staff undergo statutory fire safety training every 12 months. Those not on wards have Fire Awareness Training but those who work with inpatients have Inpatient Fire Evacuation Training. Whichever one they do will count as their statutory training.

2020 saw a dip in spring when face to face training was suspended due to the Covid-19 risk. This has recovered with the introduction of Teams Broadcast based training. Whilst the average number of staff trained throughout 2020 is 90.75%, Trust-wide compliance in the developing pandemic dropped by 1% over the year (93.3% January to 92.3% December).

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Overall Trust Figure	93.30%	91.52%	90.94%	88.47%	85.94%	87.38%	91.25%	91.34%	92.93%	92.49%	91.16%	92.30%
371 Children, Young People and Families Services	94.27%	93.42%	92.95%	92.03%	90.05%	91.72%	92.47%	92.41%	95.13%	91.00%	91.89%	91.10%
371 Community Health East Services	95.08%	94.38%	92.85%	93.24%	92.36%	93.12%	94.79%	96.38%	97.77%	95.97%	93.11%	96.28%
371 Community Health West Services	94.82%	92.59%	90.51%	87.22%	86.32%	86.86%	90.52%	93.78%	95.63%	96.98%	95.23%	96.74%
371 Corporate Services	92.42%	87.99%	88.80%	85.52%	78.87%	78.91%	82.74%	83.33%	84.40%	85.16%	85.55%	86.07%
371 Head of Inpatient (MH) Services	93.41%	93.17%	91.29%	88.38%	84.58%	90.55%	94.76%	96.92%	98.51%	96.65%	95.67%	96.69%
371 Mental Health East Services	91.63%	90.31%	89.62%	90.86%	89.66%	90.15%	90.38%	88.78%	92.46%	92.61%	92.86%	91.98%
371 Mental Health West Services	92.53%	91.10%	91.73%	87.96%	85.68%	87.51%	91.92%	92.82%	94.11%	93.89%	90.71%	92.03%
371 Other Health Services Service	85.28%	84.34%	82.39%	77.11%	72.30%	75.51%	75.00%	70.92%	68.31%	72.54%	71.43%	75.71%

10. Days Lost through Sickness

The following table shows the number of days lost through sickness, by sickness reason, for the calendar year January 2020 to December 2020.

Absence Reason	Headcount	Episodes	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	541	697	16,096.90	27.8
S15 Chest & respiratory problems	746	909	10,851.85	18.7
S12 Other musculoskeletal problems	326	400	5,886.17	10.2
S25 Gastrointestinal problems	844	1,054	3,995.17	6.9
S13 Cold, Cough, Flu - Influenza	1016	1,282	3,940.83	6.8
S11 Back Problems	219	260	3,094.36	5.3
S16 Headache / migraine	606	810	1,814.54	3.1
S28 Injury, fracture	109	116	1,763.57	3.0
S26 Genitourinary & gynaecological disorders	210	261	1,721.06	3.0
S21 Ear, nose, throat (ENT)	242	274	1,421.31	2.5
S17 Benign and malignant tumours, cancers	23	28	1,255.71	2.2
S30 Pregnancy related disorders	79	134	1,255.44	2.2
S98 Other known causes - not elsewhere classified	80	86	966.14	1.7
S19 Heart, cardiac & circulatory problems	54	60	721.35	1.2
S29 Nervous system disorders	26	35	678.49	1.2
S31 Skin disorders	59	62	643.09	1.1
S99 Unknown causes / Not specified	20	20	422.59	0.7
S23 Eye problems	56	59	404.95	0.7
S22 Dental and oral problems	95	104	318.31	0.5
S24 Endocrine / glandular problems	19	22	234.53	0.4
S14 Asthma	16	19	188.00	0.3
S27 Infectious diseases	29	30	166.74	0.3
S18 Blood disorders	9	9	61.93	0.1
S20 Burns, poisoning, frostbite, hypothermia	6	6	55.40	0.1
S32 Substance abuse	2	2	2.00	0.0
Total	5432	6739	57960	100

The total number of FTE days lost to sickness in 2020 has decreased by 0.75% when compared to 2019. The most common reason for absence remains anxiety/stress/depression but the number of FTE days lost has also decreased (by 9.6%) when compared with 2019.

The overall sickness rate for 2020 was 4.05%, and the main reason for absence continues to be anxiety/stress/depression which accounted for 27.8% of the sickness in the 12-month period. COVID-19 related sickness accounted for 18.7% of all sickness absence in 2020 and back/musculoskeletal problems accounted for 15.5% of sickness. Analysis of the month-by-month sickness rate throughout the year shows that overall sickness peaked in April at 5.82% (during the first wave of the pandemic). The sickness rate decreased sharply to 3.91% in May and remained consistent until October when it started to increase slightly as we moved into the second wave of the pandemic. The COVID-19 related sickness shows this same trend throughout the year.

If COVID-19 related sickness is excluded from the figures, the overall sickness rate for 2020 was 3.29% and in the six-month period April – September, the sickness rate was consistently below the Trust target of 3%, which is the lowest sickness rate seen in over 7 years. The sickness rate attributed to anxiety/stress/depression decreased during the first quarter of the year and remained fairly consistent for the remainder of the year, at slightly above 1%, apart from an increase in July to 1.3%. The sickness rate attributed to back/musculoskeletal problems has also seen a downward trend from January (0.94%) to September (0.44%), although the sickness rate increased slightly in the final three months of the year.

Trust Board Paper

Board Meeting Date	09 February 2021
Title	**Audit Committee – 20 January 2021**
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 20 January.
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

Unconfirmed Draft Minutes

Minutes of the Audit Committee Meeting held on

Wednesday, 20 January 2021, Fitzwilliam House, Bracknell

Present:	Chris Fisher, Non-Executive Director, Committee Chair
	Naomi Coxwell, Non-Executive Director
	Mehmuda Mian, Non-Executive Director *(present from 3pm)*
In attendance:	
	Alex Gild, Deputy Chief Executive and Chief Financial Officer
	Paul Gray, Director of Finance
	Graham Harrison, Head of Financial Services
	Debbie Fulton, Director of Nursing and Therapies
	Minoo Irani, Medical Director
	Amanda Mollett, Head of Clinical Effectiveness and Audit
	Sharonjeet Kaur, Internal Auditors, RSM *(deputising for Clive Makombera)*
	Ben Sheriff, Deloitte, External Auditors
	Chris Randall, Deloitte, External Auditors
	Melanie Alflatt, Counter Fraud, TIAA *(present for agenda item 15)*
	Susanna Yeoman, Divisional Director for Mental Health Services *(present for agenda item 5)*
	Karen Watkins, Senior Programme Manager *(present for agenda item 5)*
	Mark Davison, Chief Information Officer
	Julie Hill, Company Secretary

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. The Chair particularly welcomed Sharonjeet Kaur, RSM who was deputising for Clive Makombera.	
1.B	**Apologies for Absence**	
	Apologies for absence were received from: Clive Makombera, RSM.	
2.	**Declaration of Interests,**	
	There were no declarations of interest.	

3.	**Minutes of the Previous Meeting held on 28 October 2020**	
	The Minutes of the meeting held on 28 October 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 action log was noted.	
5.	**Emotionally Unstable Personality Disorder Pathway Update**	
	The Chair welcomed Susanna Yeoman, Divisional Director for Mental Health Services and Karen Watkins, Programme Manager to the meeting. The Chair explained that he had requested an update on the Emotionally Unstable Personality Disorder Pathway because of the pathway's contribution to the Trust's bed optimisation work. The Medical Director reported that the development of the Emotionally Unstable Personality Disorder (EUPD) Pathway was progressing as planned, but since the COVID-19 pandemic, the acuity of non-EUPD patients requiring in-patient services had increased which in turn had resulted in an increase in the number of Out of Area placements. The Medical Director explained that a Quality Improvement approach was taken to develop the EUPD pathway and commented that the biggest challenge during phase 1 of the programme was to reach a consensus around the key issues. The pathway was co-produced with service users, carers and stakeholders and was based on the best clinical evidence. The Medical Director reported that work on the EUPD pathway had continued during the COVID-19 pandemic. Susanna Yeoman, Divisional Director for Mental Health Services referred to the slides and highlighted the following points: • The development of the EUPD pathway was an exceptionally complex piece of work. This was partly because EUPD patients required the whole range of mental health services • The EUPD pathway was also co-produced with external stakeholders, for example Social Care, Ambulance, GP, and Police colleagues • The development of the EUPD pathway also had to factor in the increased risks around self-harm and suicide for this particular client group • The Trust had made good progress in implementing most elements of the pathway. The Trust was collecting data to measure the impact of the project. It was too early to quantify the impact of the pathway but there were early indications that the pathway was having a beneficial impact	

	The Chair referred to the slide on risks and mitigations and asked about the impact of workforce constraints.	
	The Divisional Director for Mental Health Services said that staff turnover and recruitment was challenging but said that the Trust had successfully recruited into the new roles to support the Service User Networks (SUN) and the single model of assertive stabilisation (ASSIST) components of the pathway.	
	The Chair asked how the Trust would know that the EUPD pathway was working.	
	The Divisional Director for Mental Health Services said that the Trust had developed a set of metrics, for example, a reduction in the number of bed days to measure the efficacy of the pathway but would also be using data from patients self-reported outcome scores.	**MI**
	Naomi Coxwell, Non-Executive Director suggested that the Audit Committee receive an update report in six months' time in order to monitor the impact of the EUPD pathway.	**JH**
	The Chair suggested that the presentation slides be circulated to all members of the Trust Board for information.	
	The Chair thanked the Medical Director, Divisional Director for Mental Health Services, and the Senior Programme Manager for their presentation.	
6.	**Cyber Security Annual Report**	
	The Chair welcomed Mark Davison, Chief Information Officer to the meeting.	
	The Chief Information Officer presented the paper and highlighted the following points: • The move to mass home working had demonstrated that the Trust's resilience and business continuity provision was effective • 28 incidents were recorded of which 6 were classified as critical, none of the incidents resulted in data loss or breach of the Trust's network • Cyber Essentials Plus certification was achieved in March 2020 and recertification of ISO27001 was achieved in October 2020. • 6 audits and tests were carried out in 2020 resulting in 96 recommendations, of these 58 have been completed and 38 were progressing as planned • The Trust had reduced the number of log ins staff had to do to access different applications. This included replacing physical cards to access the Electronic Employee Record System with virtual smart cards	
	The Chair reported that members of the Trust Board had attended a CCHQ accredited cyber security training session last year which had stressed the cyber security risk of staff using memory sticks and asked whether this was still a concern.	
	The Chief Information Officer said that to disable the usb port on Trust laptops would be a costly undertaking and therefore the Trust was mitigating the risk by other means. It was noted that the Trust had also invested in a mobile device management system which allowed the Trust to keep track of individual devices.	

	Naomi Coxwell, Non-Executive Director referred to page 58 of the agenda pack and asked for more information about the incident at Bath Road computer server room which involved fire bottles being discharged

The Chief Information Officer explained that due to a maintenance error causing the system to erroneously detect a fire and the fire bottles being discharged. The fire bottles contained particle safe material and there was no damage incurred, but it took several days to fix the issue.

Ms Coxwell asked whether the Chief Information Officer was satisfied that a similar issue would not occur in the future. The Chief Information Officer confirmed that he was assured that the issue had been rectified by the Estates and Facilities Department.

Mehmuda Mian, Non-Executive Director referred to the 6 critical incidents (page 58 of the agenda pack) and noted that one of the incidents related to a problem with Microsoft 365 and asked whether the Trust's reliance on Microsoft presented any issues.

The Chief Information Officer explained that the Microsoft Office 365 system was a more resilient system because it was spread across different data centres and was an online system and could therefore be accessed via any computer and mobile devices.

The Committee noted the report. | |
| **7.** | **Information Governance Annual Report 2019-20** | |
| | The Chair reported that the Information Governance Annual Report used to be presented to the Trust Board but in consultation with the Deputy Chief Executive and Chief Financial Officer and the Medical Director, it was agreed that the report should be presented to the Audit Committee.

The Medical Director reported that in February 2020, the Information Governance team and its functions moved to the IM&T division from the Medical Directorate. The objective was to bring all the functions (Information Governance, Data Security and Cyber Security) together under one directorate.

It was noted that the Deputy Chief Executive and Chief Financial Officer and the Chief Information Officer would present future Information Governance Annual Reports.

The Medical Director explained that he retained the role of the Caldicott Guardian. The Caldicott Guardian was responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing.

The Medical Director reported that the Information Commissioner's Office had contacted the Trust to ask if the Trust would agree to a voluntary audit. It was noted that the Trust had agreed, and the Information Commissioner's Officer had confirmed that there were no major areas for concern.

Naomi Coxwell, Non-Executive Director asked about the impact of leaving the European Union in terms of the GDPR regulations especially in relation to data | **AG/MD** |

	flows between other European countries.	
	The Chief Information Officer confirmed that the Trust had moved all its systems to the United Kingdom.	
	The Committee noted the report.	
8.A	**Board Assurance Framework**	
	The Board Assurance Framework had been circulated.	
	The Company Secretary reported that the Trust's two COVID-19 risks on the Board Assurance Framework (Risks 8A and 8B) along with the Nosocomial Risk on the Corporate Risk Register were now being monitored monthly rather than quarterly by the Quality and Performance Executive meeting.	
	The Company Secretary also reported that the risk descriptions had been reviewed and aligned with the Trust's refreshed Three-Year Strategy.	
	The Committee reviewed the Board Assurance Framework and made the following points in respect of the risks below:	
	Risk 8B – COVID-19 Recovery	
	The Chair commented that there had been a lot of recent press coverage about concerns from clinical staff about the impact on their clinical indemnity because of having to change working practices in order to meet the challenges of the COVID-19 pandemic and asked whether this was an issue for the Trust.	
	The Director of Nursing and Therapies explained that NHS Resolution provided the Trust's clinical negligence cover and she was not aware of any concerns. The Director of Nursing and Therapies said that the Trust was supporting those staff who were required to undertake different and/or additional responsibilities because of the challenges around responding to the COVID-19 pandemic.	
	The Committee: noted	
	a) The Board Assurance Framework. b) Approved the new risk descriptions c) Noted that the COVID-19 related risks on the Board Assurance Framework (Risk 8A and 8B) and the Nosocomial risk on the Corporate Risk Register were monitored monthly by the Quality and Performance Executive meeting rather than quarterly	
8.B	**Corporate Risk Register**	
	The Corporate Risk Register had been circulated.	
	The Company Secretary reported that since the last meeting, the closure of Willow House and disruption as a result of the United Kingdom's Exit from the European Union had been added to the Corporate Risk Register.	
	It was also noted that there would be a new risk in relation to Fraud Prevention added to the Corporate Risk Register in order to comply with the National	**AG**

	Counter Fraud Authority's standards.
	
	The Chair noted that the number of Out of Area placements had increased due to an increase in the number of patients with psychosis and asked what would happen if there were no available beds nationally.
	
	The Director of Nursing and Therapies explained that the Trust would take a risk-based approach and would review whether any of the informal patients could be discharged and supported in the Community. The Director of Nursing and Therapies said that the Trust would also pause planned activities and focus on urgent and critical services.
	
	The Committee noted:
	
	    a) the Corporate Risk Register updates since the last meeting.
	    b) Approved the new risks on the Corporate Risk Register, the closure of Willow House and the disruption following the UK's exit from the European Union
	    c) Noted that a new risk around fraud prevention would be added to the Corporate Risk Register in order to comply with the Counter Fraud Authority standards	

9.	**Single Waiver Tenders Report**	
	A paper setting out the single waivers approved from 1 October 2020 to 31 December 2020 had been circulated. The Chair referred to the single waiver tender in relation to COVID-19 vaccination booking software and asked whether this was a national solution. The Director of Finance said that this was not a national solution and explained that the software built upon the system which was already used by the Trust's School Immunisation service. It was noted that the system had to be procured urgently in order to facilitate the roll out of the staff COVID-19 vaccination programme and pointed out that the cost would be recovered centrally. Mehmuda Mian, Non-Executive Director asked for an explanation about what was meant by "point of care testing". The Medical Director explained that this referred to rapid tests which would be done on the spot rather than having to be processed at a laboratory. The Committee noted the paper.	
10.	**Information Assurance Framework Update Report**	
	The Deputy Chief Executive and Chief Financial Officer presented the paper and reported that the Trust was now using a Quality Improvement driven performance report known as the True North Performance Scorecard which was aligned to key organisational drivers and to the current NHS England and Improvement Oversight Framework metrics. Appendix 1 of the paper recommended 13 priority indicators. The Deputy Chief Executive and Chief Financial Officer reported that a total of	

five indicators were audited during Quarter 3:

- Mental Health: Crisis Resolution Home Treatment Team gate keeping of inpatient admissions (Green).
- Mental Health Readmission rate within 28 days (Green)
- Number of suicides (per month) (Green)
- Mental Health Seven-day follow up (audited monthly) (Amber)
- Care Programme Approach (CPA) 12-month review (Amber)

The Committee noted the report.

11.	**Losses and Special Payments Report**	
	The Losses and Special Payments Report covering October 2020 to December had been circulated.

The Chair asked about the process for approving ex gratia payments.

The Director of Finance confirmed that the payment would be agreed by the relevant divisional director and would be forwarded to the relevant Executive Director or to himself for final approval.

Naomi Coxwell, Non-Executive Director said that it would be helpful to the Committee if future reports could contain the full year cost of losses and special payments in the previous year for comparison.

The Committee noted the report. | **PG** |
| 12. | **Critical Accounting Estimates and Judgements for Year-End Annual Accounts 2020-21 Report** | |
| | The Director of Finance presented the paper and reported that he was not expecting any particular issues in producing the Annual Accounts 2020-21. It was noted that guidance was awaited around how to account for PPE stock and stock valuation.

Ben Sheriff, External Auditors reported that he expected PPE to be treated as a donation with a notional income and cost.

The Committee noted the report. | |
| 13. | **Clinical Claims and Litigation Report** | |
| | The Director of Nursing and Therapies presented the paper and reported that during quarter 3 there were six new claims (two were Employers Liability claims and four were Clinical Negligence Claims. During quarter 3, two claims were closed (both were Employers Liability claims).

The Committee noted that report. | |

14.	**Clinical Audit Report**	
	The Medical Director presented the report and highlighted the following points:	
	- In total there are 25 national quality account reportable projects - The following national reports have been received since the previous meeting and are being presented and discussed at the March 2021 Quality Assurance Committee meeting: - National Audit of Chronic Obstructive Pulmonary Disease (COPD) and Asthma Programme (NACAP) pulmonary Rehabilitation report. - National Diabetes Audit (NDA) report 2019/20. - On 2 November 2020, the Trust was advised by the National Diabetes Audit that the Trust was a potential outlier on one process and outcome measure for the period 2019-20 in relation to the HbA1c level for people with Type 1 Diabetes. Since receiving the notification, the Trust has reviewed the data from reports and an action plan has been developed which will be presented to the March 2021 Quality Assurance Committee. The Committee noted the report.	
15.	**Counter Fraud Report**	
	a) Counter Fraud Progress Report Melanie Alflatt, TIAA presented the report which set out TIAA's activity across the generic areas of Strategic Governance, Inform and Involve and Prevent and Deter and highlighted the following points: - The NHS Counter Fraud Authority had launched a Fraud Prevention Guidance Impact Assessment in October 2020. This Impact Assessment, previously known as the Measurement and Compliance Survey had been developed to measure the impact of fraud prevention activity undertaken by NHS organisations following guidance issued during the period of 1 July 2019 to 30 June 2020 - TIAA had produced a management actions tracker which would be reviewed monthly with the Director of Finance The Chair commented that there were a number of RAG rated RED actions (high priority) which were overdue and asked whether this was a concern. Ms Alflatt conformed that there were no overdue actions which were of concern and said that recognised that pressures of responding to the COVID-19 pandemic. **b) Counter Fraud Risk Assessment and Annual Work Plan 2021-22** Melanie Alflatt, TIAA presented the Counter Fraud Risk Assessment and Annual Work Plan 2021-22 which had been developed in consultation with the Deputy Chief Executive and Chief Financial Officer and Director of Finance. The Committee:	

	a) Noted the report; and b) Approved the Counter Fraud Risk Assessment and Annual Work Plan 2021-22	
16.	**Internal Audit Progress Report**	
	a) Internal Audit Progress Report Sharonjeet Kaur, Internal Auditors, RSM, presented the Internal Audit Progress Report and reported that since the meeting, the Internal Auditors had finalised the following report: • Workforce Race Equality Standard (reasonable assurance) • Recruitment and Retention (reasonable assurance) The following reviews were in progress: • Quality Improvement • Financial Governance • Patient Experience and Learning from Complaints Ms Kaur reported that there were seven actions marked as implemented since the last Audit Committee meeting and there were a total of eight overdue actions all of which had revised implementation dates. **b) Assurance Map** Ms Kaur reported that the Internal Auditors had completed a draft Assurance Map which would be finalised in discussion with the Company Secretary and submitted to the next Audit Committee meeting. **c) NHS Provider Review Outcomes Report** Ms Kaur reported that the report provided an analysis of 2019-20 internal audit high priority management actions across 41 NHS provider clients. The report confirmed that the Trust was performing well. The Chair thanked the Internal Auditors, Counter Fraud Specialist and External Auditors and the Trust's staff for ensuring that the Audit Committee related work had continued despite the challenges of responding to the COVID-19 pandemic. The Committee noted the reports.	**JH/ MK**
17.	**External Audit**	
	a) External Audit Planning Paper 2020-21 Chris Randall, External Auditors reported that the COVID-19 pandemic has had a significant impact on the operations of all NHS foundation trusts and therefore he would expect organisations as part of their reporting to conduct a thorough assessment of the current and potential future effects of the COVID-19 pandemic including:	

- Consideration of the impact across the Trust's operations, including on its income streams, supply chains and cost base, and the consequent impacts on financial position.
- The scenarios assumed in making forecasts and on the sensitivities arising should other potential scenarios materialise (including different funding scenarios); and
- The effect of events after the reporting date, including the nature of non-adjusting events and an estimate of their financial effect, where possible.

Mr Randall reported that NHS England and Improvement had published the timetable for the financial accounts and had extended the deadline to 15 June 2021.

The Chair reported that the Trust would be working towards the original timescale and had an Audit Committee meeting scheduled on 19 May 2021 to approve the annual accounts.

The Chair reported that he was concerned about the possibility of a surge in demand for services post-COVID19 particularly in relation to mental health services. The Chair suggested adding this concern as a post balance sheet comment in the annual accounts.

AG

Ben Sheriff, External Auditors reported that NHS England and Improvement had confirmed that the Quality Accounts would again not be externally audited.

The Head of Clinical Effectiveness and Audit clarified that the Trust was still required to produce and publish the Quality Accounts.

b) Charitable Funds Annual Report and Financial Statements

The Charitable Funds Annual Report and Financial Statements had been circulated.

c) External Auditors Independent Examination of the Financial Statements on the Trust's Charitable Fund 2019-20

Chris Randall, External Auditors, Deloitte reported that the External Auditors had conducted an independent review of the Charitable Funds. It was noted that the External Auditors had confirmed that there were no material matters that had come to their attention in connection with the examination.

Mr Randall reported that the External Auditors had identified a disclosure deficiency (set out at appendix 1 of their report) in relation to the non-disclosure of analysis of assets and liabilities between funds. It was noted that the current year analysis was clear on the balance sheet.

The Audit Committee reviewed the Charitable Funds Annual Report and Accounts and agreed to recommend that the Trust's Corporate Trustees formally approve the Annual Report and Accounts at their meeting immediately after the Audit Committee.

18.	**Minutes of the Finance, Investment and Performance Committee meeting held on 29 October 2020**	
	The minutes of the Finance, Investment and Performance Committee meeting held on 29 October 2020 were received and noted.	

19.	**Minutes of the Quality Assurance Committee held on 17 November 2020**	
	The minutes of the Quality Assurance Committee meetings held on 17 November 2020 were received and noted.	
20.	**Minutes of the Quality Executive Committees held on 19 October 2020, 16 November 2020, and 21 December 2020**	
	The minutes of the Quality Executive Committee meetings held on 19 October 2020, 16 November 2020 and 21 December 2020 were received and noted.	
21.	**Board Sub-Committees Annual Review of Effectiveness Reviews**	
	The Committee noted the outcome of the Annual Assessments of Effectiveness of the Finance, Investment and Performance Committee, Appointments and Remuneration Committee and the Quality Assurance Committee.	
22.	**Annual Work Plan**	
	The Committee's Annual Work Plan was noted.	
23.	**Any Other Business**	
	Appointment of Internal and External Auditors The Director of Finance reported that the Trust was going out to tender for both the internal and external audit contract. The new contracts would commence on 1 April 2021.	
24.	**Date of Next Meeting**	
	21 April 2021	

These minutes are an accurate record of the Audit Committee meeting held on 20 January 2021.

Signed: - _____

Date: -   **21 April 2021** _____

Trust Board Paper

Board Meeting Date	09 February 2021
Title	Trust Board Declarations of Interests and Fit and Proper Persons Assurance Report
Purpose	The purpose of the agenda item is to receive the Trust Board members individual declarations of interests and to provide assurance that the Trust has taken reasonable steps to provide on-going assurance that all members of the Trust Board (and staff on Very Senior Manager contracts) meet the requirements of the Fit and Proper Persons Test.
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	All strategic objectives are relevant
CQC Registration/Patient Care Impacts	Supports the Well-Led Domain
Resource Impacts	None
Legal Implications	N/A
Equalities and Diversity implications	N/A
SUMMARY	The current schedule of Directors declarations of interest is provided for review and update as appropriate.
ACTION REQUIRED	The Trust Board is asked to: a) Note the Register of Individual Directors' Interests; b) Note the assurance provided that all Directors (and staff on Very Senior Manager contracts) are and remain "Fit and Proper Persons" as defined in regulation 5 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) and do not meet the grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations.

Board of Directors Register of Interests and Fit and Proper Person Assurance Report

Section A
   1. **Declarations of Interests**

NHS England issued new guidance in February 2017 on Managing Conflicts of Interests. The Trust's Standards of Business Conduct Policy has been updated to reflect the new requirements.

NHS England defines a conflict of interest as: "a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgment or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."

Interests fall into the following categories:

Financial interests	Non-financial professional interests	Non-financial personal interests	Indirect interests
Where an individual may get direct financial benefit from the consequences of a decision they are involved in making	Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career	Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career	Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making

   2. **Compliance with the Regulations**

Upon appointment, all Board members are required to complete a declaration of interests' form. Any declared interests are entered onto the Register of Board Member Interests maintained by the Company Secretary. In addition, there is a standing item on declarations of interest on every Board and Sub-Board meeting agendas. This provides a prompt for members to consider whether they have a potential or perceived conflict of interest in any of the matters under discussion.

The Company Secretary writes to all members of the Board in January each year with a request that individuals confirm or amend their interests on the Register. As required by NHS England, the Trust Board Register of Interests is published on the Trust's website at:

https://www.berkshirehealthcare.nhs.uk/media/109513452/board-declarations-of-interest-22-january-2021.pdf

The current Register of Board Interests in attached at Appendix 1.

Section B
  1. Fit and Proper Persons Test

Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (set out at appendix 2) was introduced as a direct response to the Francis Report into the failings at Mid Staffordshire NHS Foundation Trust. The Regulation aims to ensure that all Board level appointments of NHS provider organisations are fit and proper to carry out their roles.

It is ultimately the responsibility of the Chairman to discharge the requirement to ensure that individual members of the Board meet the fit and proper persons test and do not meet any of the "unfit" criteria.

During an inspection, the Care Quality Commission will consider compliance with the Fit and Proper Persons Regulations as part of the Well-Led domain (CQC key line of enquiry W1: Is there the leadership capacity and capability to deliver high quality, sustainable care? Specifically, one line of enquiry is to check whether leaders have the skills, knowledge, experience and integrity they need – both when they were appointed and on an going basis.

The Regulations came into force on 1 April 2015. The Trust conducted a retrospective review of all Board appointments (and directors on Very Senior Managers contracts). The then Chair confirmed that all current appointments met the requirements of the Fit and Proper Persons test.

Board level (and Very Senior Manager) appointments made after 1 April 2015 were subject to the Fit and Proper Persons Test requirements prior to appointment and were made in accordance with the Trust's Fit and Proper Persons Policy.

  2. On-going Compliance with the Fit and Proper Persons Test Requirements

The purpose of this report is to provide assurance that all Board members (and staff appointed on Very Senior Manager contracts) remain fit and proper persons. The assurance is provided by:

  a) The outcome of the annual appraisals process as set out below:

Appraisee	Appraiser	Fit and Proper Person Test Assurance
Chair	Senior Independent Director	The Senior Independent Director canvassed views on the Chair's performance from the Non-Executive Directors, Chief Executive and the Governors. The Senior Independent Director confirmed that there were no Fit and Proper Person Test issues. The Senior Independent Director attended a meeting of the Council of Governors Appointments and Remuneration Committee and presented the outcome of the Chair's appraisal. The Committee in turn provided assurance to the full Council at a private meeting in July 2020.
Non-Executive Directors	Chair	The Chair conducted appraisals with each of the Non-Executive Directors and confirmed that there were no Fit and Proper Person Test issues.

Appraisee	Appraiser	Fit and Proper Person Test Assurance
		The Chair presented the key points from his appraisals with each of the Non-Executive Directors to the Council of Governors' Appointments and Remuneration Committee on 30 September 2020. The Committee provided assurance to the Council of Governors at a private meeting on 2 December 2020 that all the Non-Executive Directors were performing well.
Chief Executive	Chair	The Chair conducted the Chief Executive's appraisal and has confirmed that there were no Fit and Proper Person Test issues.
Executive Directors	Chief Executive	The Chief Executive conducted appraisals with each of the Executive Directors and has confirmed that there were no Fit and Proper Person Test issues.
Very Senior Managers		
a) Director of Finance	Deputy Chief Executive and Chief Financial Officer	The Deputy Chief Executive and Chief Financial Officer conducted the Director of Finance's appraisal and has confirmed that were no Fit and Proper Person Test issues.
b) Chief Information Officer	Deputy Chief Executive and Chief Financial Officer	The Chief Financial Officer conducted the Director of IM&T's appraisal and confirmed that were no Fit and Proper Person Test issues.
c) Director of People	Deputy Chief Executive and Chief Financial Officer	The Director of People was appointed to the substantive role in October 2020 and a full Fit and Proper Persons Test check was completed and no issue were identified.
d) Frimley Integrated Care System Hosted Post – Strategic Workforce Director	Chief Executive	This is a new post which is hosted by the Trust on behalf of the Frimley Health and Care Integrated Care System. The Trust conducted a full Fit and Proper Persons Test check and there were no issues identified.

b) All Board members and staff appointed on Very Senior Manager contracts have made an annual (template attached at Appendix 3) to confirm that they continue to meet the requirements of the Fit and Proper Persons Test and do not meet any of the "unfit" criteria.

c) The Company Secretary has conducted the following on-going checks on each Board member and staff appointed on Very Senior Manager contracts:

   i)   Disclosure and Barring Service
   ii)   Individual Insolvency Register
   iii)   Insolvency Director Disqualification Register
   iv)   Bankruptcy or Debt Relief Restrictions Register
   v)   Company House Register of Disqualified Directors
   vi)   Company House Register of Directorships
   vii)   Charity Commission's Register of Removed Trustees

The searches did not flag any issues of concern.

d) Members of the Trust Board (and staff on Very Senior Manager Contracts) are required to conduct themselves in accordance with the Directors' Code of Conduct (appendix 4).

Recommendations:

The Trust Board is asked to:

a)   Note the Register of Individual Directors' Interests;

b)   Note the assurance provided that all Directors (and staff on Very Senior Manager contracts) are and remain "Fit and Proper Persons" as defined in regulation 5 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) and do not meet the grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations.

Declarations of director interests 22 January 2021

Date	Name	Position	Interest declared
			Non-Executive Directors
13/12/17	Naomi Coxwell	Non-Executive Director	Trustee Hart Citizen Advice Bureau
			James Walker Group Ltd
			Director of James Walker Pension Scheme
			Trustee of the First Walker Share Trust
			Director of James Walker Trustees Ltd
			Director of James Walker Senior Executives Managed Pension Plan
			Arco Ltd (Arco is a safety specialist company based in Hull, UK).
01/10/14	Chris Fisher	Non-Executive Director	None
01/11/19	Aileen Feeney	Non-Executive Director	Trustee of Oakleaf Enterprises (Mental Health Charity, Guildford)
			Member – Circle Trust (Wokingham Schools Trust)
			Justice of the Peace
			Lay Person for NHS Blood & Transplant Service
			Partner works for Frimley Health NHS Foundation Trust as General Manager (IT) for the

Date	Name	Position	Interest declared
			Berkshire & Surrey Pathology Services.
01/06/15	David Buckle	Non-Executive Director	Non-Executive Director for Salisbury Hospital NHS Foundation Trust
			President of the Society for Assistance of Medical Families
			Vice President of the Stroke Association
			Non-Executive Director for East and North Hertfordshire NHS Hospital Trust
01/06/15	Mehmuda Mian	Non-Executive Director	Board Member - Independent Press Standards Organisation
01/09/16	Mark Day	Non-Executive Director	Operations Manager (P/T) for Cognatum Estates
01/12/16	Martin Earwicker	Chair	Trustee Hart Citizen Advice Bureau
			Chair, Farnborough College of Technology
Executive Directors			
09/09/08	Julian Emms	Chief Executive	Brother is COO of Circassia pharmaceuticals PLC
			Wife works for BHFT
01/12/18	Debbie Fulton	Director of Nursing and Therapies	None

Date	Name	Position	Interest declared
03/09/09	Alex Gild	Deputy Chief Executive and Chief Financial Officer	Member of the Board of Trustees of the Healthcare Financial Management Association Chair of the Southern Customer Board for NHS Procurement and Supply and Member of the National Board
01/11/15	Minoo Irani	Medical Director	Wife is employed by NHSE & NHSI (South) as Maternity Programme Manager
16/12/19	Kathryn MacDermott	Acting Director of Strategy	Company Secretary for a local community shop in Shackleford
26/11/12	David Townsend	Chief Operating Officer	Wife works for Compass Group

Care Quality Commission's Fit and Proper Persons Test Requirements

Regulation 5 of the Regulated Activities Regulations states that the Trust must not appoint or have in place an individual as a director, or performing the functions of or equivalent or similar to the functions of, such a director, if they do not satisfy all the requirements set out in paragraph 3 of that Regulation.

The requirements of paragraph 3 of Regulation 5 of the Regulated Activities Regulations are that:

(a)   the individual is of good character;

(b)   The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;

(c)   The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;

(d)   The individual has not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and

(e)   None of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

The grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations are:

(f)   The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;

(g)   The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

(h)   The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

(i)   The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;

(j)   The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

(k)   The person is prohibited from holding the relevant office or position, or in the case of an individual carrying on the regulated

activity, by or under any enactment.

Under Schedule 4, Part 2 a director will fail the 'good character' test, if they:

    1.1.   Have been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in an part of the Unity Kingdom, would constitute an offence;

    1.2.   Have been erased, removed or struck off a register of professionals maintained by a regulator of health or social care.

Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST
VERY SENIOR MANAGER / BOARD DECLARATION

The position you have been offered is subject to Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the Regulations") and in particular the requirement that Very Senior Manager level appointments must be "fit and proper persons."

Before you can commence employment with the Trust we need to be satisfied you are a fit and proper person pursuant to the Regulations.   In order to assist us with this determination, we ask that you please complete the following declaration.

1.   Are you currently bound over, or do you have any current unspent convictions or cautions, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?

   NO   ☐

   YES   ☐ please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

Please note: you do **not** need to tell us about parking offences.

2.   Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

   NO   ☐

YES ☐ If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.

> **You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future.**
> **You do _not_ need to tell us if you are charged with a parking offence.**

3. Are you aware of any current or previous investigation being undertaken by the NHS Counter Fraud and Security Management Services (NHS CFSMS) or other body or organisation following allegations made against you in relation to matters of fraud or other financial mismanagement?

NO ☐

YES ☐ If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by NHS Counter Fraud and Security Management Services (NHS CFSMS) or other body or organisation.

4. Are you aware of any current or previous investigation that indicates that you, or an organisation for which you held responsibility, has failed to adhere to recognised best practice, guidance or processes regarding care quality?

NO ☐

YES ☐ If **YES**, please include details of the nature of the investigation made against you or the organisation, and if known to you, any action to be taken against you or the organisation by the investigatory body.

5. Have you been investigated by the Police, NHS CFSMS or any other investigatory body resulting in a current or past conviction or dismissal from your employment or volunteering position?

NO ☐

YES ☐   If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body.

6.   Have you ever been dismissed or disciplined by reason of serious misconduct from any employment, volunteering, office or other position previously held by you?

NO ☐

YES ☐   If **YES**, please include details of the employment, office or position held, the date that you were dismissed or had disciplinary action taken against you, including the nature of the action or sanction, and provide details of the nature of allegations of misconduct made against you.

7.   Have you been convicted of breaching any health and safety requirements or legislation on the basis of whether you or an organisation for which you have, or have had, responsibility for has organised or managed its activities?

NO ☐

YES ☐   If **YES**, please include details of the nature of the health and safety conviction against you or the organisation, and if known to you, any action to be taken.

8.   Have you ever been disqualified, erased, removed or struck off from the practise of a profession, or required to practise subject to specified limitations following fitness to practise proceedings, by a regulatory or licensing body in the United Kingdom or in any other country?

NO ☐

YES ☐   If **YES**, please include details of the nature of the disqualification, erasure, removal, limitation or restriction, the date, and the name and address of the licensing or
regulatory body concerned.

> **The information required includes being convicted of an offence or removal from the register of a professional health or social care regulator.**

9.   Are you currently or have you ever been the subject of any investigation or fitness to practise proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

NO   ☐

YES   ☐   If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned.

10.   Have you been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement in the carrying out of any health and social care services and/or any other services that may require registration with the CQC?

NO   ☐

YES   ☐   If **YES**, please include details.

> **"Responsible for, contributed to or facilitated" means that there is evidence that you have intentionally, or through neglect, behaved in a manner (whether whilst holding a Very Senior Manager / Board appointment or otherwise) that would be considered to be, or would have led to, serious misconduct or mismanagement.**
>
> **"Privy to" means that there is evidence to suggest you were aware (whether whilst holding a Very Senior Manager / Board appointment or otherwise) of serious misconduct or mismanagement but did not take appropriate action to ensure it was addressed.**
>
> **"Serious misconduct or mismanagement" means behaviour that would constitute a breach of any legislation/enactment that CQC deems relevant. "Serious misconduct" might be expected to include assault, fraud and theft.**

> **"Mismanagement" might be expected to include mismanaging funds and/or not adhering to recognised practice, guidance or processes regarding care quality within which you are required to work.**

11.   Are you :

- an undischarged bankrupt;
- a person who has had sequestration awarded in respect of your estate which is not discharged;
- subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to the like effect make in Scotland or Northern Ireland;
- a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986; or
- a person who has made a composition arrangement with, or granted a trust deed for, creditors, and not been discharged in respect of it?

NO   ☐

YES   ☐   If **YES**, please include details.

12.   Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying, for example, you are prohibited from holding the post of director?

NO   ☐

YES   ☐   If **YES**, please include details.

13.   Have you previously been employed in a position that involved work with children or vulnerable adults?

NO   ☐

YES ☐   If **YES**, please include details/reasons as to why this position ended.

14. Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question?

NO ☐

YES ☐   If **YES**, please include details.

If you have answered 'yes' to any of the questions above, please use this space to provide details. Please indicate clearly the number(s) of the question that you are answering.

You may continue on a separate sheet if necessary and may attach supplementary comments should you wish to do so.

IMPORTANT - DECLARATION

The *GDPR/DPA18* requires us to advise you that we will be processing your personal data. Processing includes holding, obtaining, recording, using, sharing and deleting information. The *GDPR/DPA18* defines 'special category data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence. Where you are applying for a position which involves regulated activity, this will also include any barring decisions made by the Disclosure and Barring Service (DBS) against the Children's or Adults barred

lists under the terms of the *Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012).*

The information that you provide in this declaration form will be processed in accordance with the *GDPR/DPA18*. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Once a decision has been made concerning your appointment, Berkshire Healthcare NHS Foundation Trust will not retain this declaration form any longer than necessary. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the organisation who are authorised to view it as a necessary part of their work.

In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I consent to the information provided in this declaration form being used by Berkshire Healthcare NHS Foundation Trust for the purpose of assessing my suitability for employment, and for enquiries in relation to the prevention and detection of fraud. I understand that I have an ongoing duty of disclosure and must provide any further relevant information up to the date of commencement of employment.

I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my offer of employment being withdrawn, or if I am appointed, in my dismissal, and I may be liable to prosecution.

Please sign and date this form.

SIGNATURE...

NAME (in block capitals)

DATE....

Please complete and return this Declaration Form in a separate envelope marked 'Confidential'. Forms should be returned to: the Company Secretary

If you wish to withdraw your consent at any time after completing this declaration form or you have any enquiries relating to information required in this form, please contact the HR Department directly. All enquiries will be treated in strict confidence.

Berkshire Healthcare **NHS**

NHS Foundation Trust

Board of Directors Code of Conduct

1. **Introduction**
   High standards of corporate and personal conduct are an essential component of public service. The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of all directors.

   This Code, with the Code of Conduct for governors and the NHS Constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour within the Trust. The Code is intended to operate in conjunction with the Trust's Constitution, Standing Orders and Monitor's (now NHS Improvement) Code of Governance. The Code applies at all times when directors are carrying out the business of the Trust or representing the Trust.

2. **Principles of public life**
   All directors are expected to abide by the Nolan principles of public life:

   - **Selflessness -** Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.

   - **Integrity -** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

   - **Objectivity -** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

   - **Accountability -** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

   - **Openness -** Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

   - **Honesty -** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

   - **Leadership -** Holders of public office should promote and support these principles by leadership and example.

3. **General principles**

   Boards have a duty to conduct business with probity; to respond to staff, patients and suppliers impartially; to achieve value for money from the public

funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

The general duty of the Board, and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public. The Board therefore undertakes to set an example in the conduct of its business and to promote the highest corporate standards of conduct and corporate governance.

4. Trust Vision and Values

Directors are also required to promote the Trust's Vision and to abide by the Trust's Values.

The Trust's Vision is: "to be recognised as the leading community and mental health service provider by our staff, patients and partners".

The Trust's Values are:

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

5. Confidentiality and Access to Information

Directors must comply with the Trust's confidentiality policies and procedures. Directors must not disclose any confidential information, except in specified lawful circumstances.

Information on decisions made by the Board and information supporting those decisions should be made available in a way that is understandable. Positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation, and directors must not seek to prevent a person from gaining access to information to which they are legally entitled.

The Trust has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act, the Freedom of Information Act and other relevant legislation which will be followed at all times by the Board of directors.

6. Media, public speaking and use of social media

Care should be taken about any invitation to speak publicly about the Trust, including speaking to journalists. Particular care must also be taken in the publication of any articles or expression of views about the Trust on social media. In any such instance, the Chairman and/or the Chief Executive should be informed in good time before such an article is proposed to be submitted or views put forward on the Trust's behalf.

Speaking publicly on the Trust's behalf about the Trust's leadership, policy, performance and regulatory relationships is a matter generally reserved to the Chief Executive and Chairman, or as delegated by them. Appropriate training should have been given to all individuals asked to speak to the media on the Trust's behalf. Speaking to, or providing written statements to the media about the Trust should be undertaken in liaison with the Trust's Marketing and Communications Team. In all cases views should not be

expressed on the Trust's behalf that are at variance from agreed Trust policy.

7. Fit and proper person

All directors are required to comply with requirements of the Fit and Proper Person Test. Directors must certify on appointment and sign an annual declaration that they are/remain a fit and proper person. If circumstances change so that a director can no longer be regarded as a fit and proper person or if it comes to light that a director is not a fit and proper person, they are suspended from being a director with immediate effect pending confirmation and any appeal. Where it is confirmed that a director is no longer a fit and proper person, their Board membership is terminated.

8. Register of interests

Directors are required to register all relevant interests in accordance with the provisions of the Constitution. It is the responsibility of each director to provide an update to their register entry if their interests change. Failure to register a relevant interest in a timely manner may constitute a breach of this Code. The Board's register of interests is published on the Trust's website.

9. Conflicts of interest

Directors have a statutory duty to avoid a situation in which they have (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust. Directors have a further statutory duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

If a director has, in any way, a direct or indirect interest in a proposed transaction or arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. Any such declaration must be made at the earliest opportunity and before the Trust enters into the transaction or arrangement.

The Chair will advise directors in respect of any conflicts of interest that arise during Board meetings, including whether the interest is such that the director should withdraw from the meeting for the period of the discussion. In the event of disagreement, it is for the Board to decide whether a director must withdraw from the meeting. The Company Secretary will provide advice on any conflicts that arise between meetings.

10. Gifts and hospitality

The Board will set an example in the use of public funds and the need for good value when incurring public expenditure. The use of Trust funds for hospitality and entertainment, including hospitality at conferences or seminars, will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. The Board is conscious of the fact that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage the reputation of the Trust in the eyes of the community.

Further information about gifts and hospitality is contained in the Trust's Standards of Business Conduct Policy. Directors must not accept gifts or hospitality other than in compliance with this policy.

11. Personal conduct

Directors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute.

Specifically, directors must:

- act in the best interests of the Trust and adhere to its values and this Code of conduct;
- respect others and treat them with dignity and fairness;
- seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- be honest and act with integrity and probity;
- contribute to the workings of the Board in order for it to fulfill its role and functions;
- recognise that the Board is collectively responsible for the exercise of its powers and the performance of the Trust;
- raise concerns and provide appropriate challenge regarding the running of the Trust or a proposed action where appropriate;
- recognise the differing roles of the Chair, Senior Independent Director, Chief Executive, executive directors and Non-Executive directors;
- make every effort to attend meetings where practicable;
- adhere to good practice in respect of the conduct of meetings and respect the views of others;
- take and consider advice on issues where appropriate;
- Be mindful of the environmental impact of Trust Board decisions;
- acknowledge the responsibility of the council of governors to hold the Non-Executive directors individually and collectively to account for the performance of the Board; represent the interests of the Trust's members, public and partner organisations in the governance and performance of the Trust; and to have regard to the views of the council of governors;
- not use their position for personal advantage or seek to gain preferential treatment; nor seek improperly to confer an advantage or disadvantage on any other person;
- accept responsibility for their performance, learning and development.

12. Compliance

The members of the Board will satisfy themselves that the actions of the Board and directors in conducting business fully reflect the values, general principles and provisions in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All directors, on appointment, will be required to give an undertaking to abide by the provisions of this Code.

Trust Board Paper

Board Meeting Date	09 February 2021
Title	**Annual Board Planner 2021**
Purpose	The attached sets out the non-standing items of business which will be presented to the public and in committee Trust Board meetings during 2021.
Business Area	Corporate
Author	Julie Hill, Company Secretary
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	The attached Board Planner sets out the forthcoming business of the Trust Board. During the course of the year, other items of business are likely to occur and these items will be added to the relevant agenda.
ACTION	To note the annual Trust Board planner 2021.

Rolling Annual Trust Board Planner – Non-Standing Items

January 2021 – Discursive Meeting	
•	
February 2021	**Executive Lead**
•	
• Patient Experience Report Qtr 3	Debbie Fulton
• Annual Fit and Proper Person Test and Declarations of Interest Report	Julie Hill
• Annual Health and Safety Report	David Townsend
• Annual Board Planner	Julie Hill
• People Strategy	Alex Gild/Jane Nicholson
• Equalities, Diversity, and Inclusion Strategy	Alex Gild/Nathalie Zacharias
• Strategy Implementation Progress Report	Kathryn MacDermott
• Annual Community Mental Health Survey Report	Debbie Fulton
• Draft Annual Plan on a Page (In Committee)	Kathryn MacDermott
March 2021 – Discursive Meeting	
• Health Inequalities	Kathryn MacDermott
• Mental Health Act Reform Briefing	Minoo Irani
April 2021	
• Board Vision Metrics Report	Alex Gild
• Guardians of Safe Working Report Quarterly Report*	Minoo Irani
• Learning from Deaths Quarterly Report* *included as part of the QAC minutes	
• Quality Impact Assessment Annual Report	Debbie Fulton
• Gender Pay Gap Report	Alex Gild/Jane Nicholson
• Annual Review of Grievances and Disciplinaries	Alex Gild/Jane Nicholson
• Annual Financial Plan	Alex Gild
• Quality Concerns (In Committee)	Debbie Fulton
May 2021	
• Quality Accounts	Minoo Irani
• Annual Report (*circulated to members of the Board but not published until the Annual Report is laid before Parliament*)	Julian Emms
• Final Financial Plan 2021-22	Alex Gild
• Strategy Implementation Plan Update Report	Kathryn MacDermott
• Staff Survey Results	Alex Gild/Jane Nicholson/Jane Nicholson
• NHS Improvement – Board Declarations	Alex Gild
• Patient Experience – Qtr 4 Report	Debbie Fulton
• Six monthly Safe Staffing Report	Debbie Fulton

June 2021 – Discursive Meeting	
• TBC	
July 2021	
• Equalities Update	Alex Gild/Nathalie Zacharias
• Estates Strategy - Update Report	David Townsend
• Annual Complaints Report	Debbie Fulton
• Revalidation Annual Report	Minoo Irani
• Research and Development Annual Report	Minoo Irani
• Board Vision Metrics Report	Alex Gild
• Annual Freedom to Speak Up Guardian Report	FTSU Guardian
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Quality Concerns (In Committee)	Debbie Fulton
September 2021	
• Patient Experience Report – Qtr 1	Debbie Fulton
• Strategy Implementation Plan Update Report	Kathryn MacDermott
• Workforce Disability Equality Standard Report	Alex Gild/Nathalie Zacharias
• Race Equality Standard Report	Alex Gild/Nathalie Zacharias
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Quality Concerns (In Committee)	Debbie Fulton
• IT Strategy Six Monthly Update Report (In Committee)	Alex Gild/Mark Davison
• Trust Board Away Day Agenda (In Committee)	Chair/Julie Hill
October 2021 – Annual Strategic Planning Away Day	
• Strategic Planning	Kathryn MacDermott
• Board Assurance Framework Risks	Alex Gild/Julie Hill
November 2021	
• Patient Experience – Qtr 2	Debbie Fulton
• Strategy Implementation Progress Report	Kathryn MacDermott
• Equalities and Diversity Update Report	Kathryn MacDermott
• Six Monthly Safe Staffing Report	Debbie Fulton
• Board Assurance Framework and Corporate Risk Register Annual Review (in Committee)	Alex Gild/Julie Hill
• TB Away Day – Notes and Actions (in Committee)	Julie Hill
December 2021	
• Board Vision Metrics Report	Alex Gild
• Estates Strategy – 6 monthly Update	David Townsend
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Freedom to Speak Up Six monthly Report	FTSU Guardian
• Quality Concerns (In Committee)	Debbie Fulton
• People Strategy 6 monthly Update Report (In Committee)	Alex Gild/Jane Nicholson