NHS
Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 08 November 2022

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 13 September 2022	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Patient Story – Physical Health Monitoring for Patients with Serious Mental Health Illness	Debbie Fulton, Director of Nursing and Therapies/Kerry Harrison, Senior Physical Health Lead	Verbal
6.1	Health and Wellbeing Update Report	Steph Moakes, Staff Health, Wellbeing and Engagement Manager	Enc.
6.2	Patient Experience Quarterly Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.3	Six Monthly Safe Staffing Report *(NB the Finance, Investment and Performance Committee reviews the monthly Safe Staffing Reports)*	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.4	Research and Development Annual Report	Dr Minoo Irani, Medical Director/Kate Penhaligon, Head of Research and Development	Enc.
6.5	Quality and Safety In Inpatient Services Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			
8.0	Month 06 2022/23 Finance Report	Paul Gray, Chief Financial Officer	Enc.
8.1	Month 06 2022/23 Performance Report	Paul Gray, Chief Financial Officer	Enc.

No	Item	Presenter	Enc.
8.2	Finance, Investment and Performance Committee Meeting held on 27 October 2022	Naomi Coxwell, Chair, Finance, Investment and Performance Committee	Verbal
STRATEGY			
CORPORATE GOVERNANCE			
9.0	Audit Committee Meeting held 26 October 2022	Rajiv Gatha, Chair, Audit Committee	Enc.
9.1	Trust Seal Report	Paul Gray, Chief Financial Officer	Enc.
9.2	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
Closing Business			
10.	Any Other Business	Martin Earwicker, Chair	Verbal
11.	Date of the Next Public Trust Board Meeting –13 December 2022	Martin Earwicker, Chair	Verbal
12.	**CONFIDENTIAL ISSUES:** To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	Verbal

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday, 13 September 2022

(Conducted via Microsoft Teams)

Present:	Martin Earwicker	Chair
	Mark Day	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Rajiv Gatha	Non-Executive Director
	Sally Glen	Non-Executive Director
	Mehmuda Mian	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Chief Financial Officer
	Tehmeena Ajmal	Chief Operating Officer
	Dr Minoo Irani	Medical Director
	Debbie Fulton	Director of Nursing and Therapies
	Paul Gray	Chief Financial Officer
In attendance:	Julie Hill	Company Secretary
	Hannah Lyman	Head of Specialist Children's Services *(present for agenda item 6.0)*
	Helen Gray	Children's Community Nursing Service *(present for agenda item 6.0)*
	Amanda Rochetti	Children's Community Nursing Service *(present for agenda item 6.0)*
	Justine Turner	Children's Community Nursing Service *(present for agenda item 6.0)*
	Jane Nicholson	Director of People *(present for agenda items 9.0 and 9.1)*
	Amit Popat	Interim Deputy Director, Leadership, Inclusion and Organisational Experience *(present for agenda items (9.0 and 9.1)*
Observers:		
	Eve Tsapayi	Clinical Governance Lead
	Mona Kiad	Medical Higher Trainee
	Tom O'Kane	Public Governor
	John Jarvis	Public Governor
	June Carmichael	Staff Governor

22/138	**Welcome and Public Questions** (agenda item 1)
	The Chair welcomed everyone to the meeting. The Chair particularly welcomed the observers to the meeting.
	The Chair said a few words about the death of Her Royal Highness, Queen Elizabeth II and said that her reign encompassed the difficult years after the Second World War and the early beginnings of the NHS right up to the present day. The Chair reminded the meeting that Queen Elizabeth had awarded the George Cross to the NHS which was a symbol of the high regard she held for those working in the service.
	On behalf of the Trust, the Chair said that the Trust Board wanted to record its condolences to King Charles and the royal family also wanted to wish the King well as he took on his new role as head of state. As a mark of respect, the Chair asked the Board and Observers to observe a minute silence.
	There were no public questions.
22/139	**Apologies** (agenda item 2)
	Apologies were received from: Naomi Coxwell, Non-Executive Director.
22/140	**Declaration of Any Other Business** (agenda item 3)
	There was no other business.
22/141	**Declarations of Interest** (agenda item 4)
	i. **Amendments to Register** – none
	ii. **Agenda Items** – none
22/142	**Minutes of the previous meeting – 12 July 2022** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday 12 July 2022 were approved as a correct record.
22/143	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board:** noted the action log.
22/144	**Board Story – Children's Community Nursing Service – Berkshire West (**agenda item 6.0)
	The Chair welcomed Hannah Lyman, Head of Specialist Children's Services and members of the Children's Community Nursing Service (Berkshire West) – Amanda Rochetti, Justine Turner and Helen Gray.

The Director of Nursing and Therapies explained that the team looked after children with complex health needs and children who were at end of life.

Hannah Lyman gave a presentation and highlighted the following points:

- The service was designed to enable children, young people and their families to have good physical and emotional health and wellbeing by providing a joined up, high quality community positioned model of care which effectively reduced the need for hospital attendance, admissions and length of stay and endeavored to keep families together
- The service operated from 8.00 hours to 20.00 hours
- The service was fully operational during the COVID-19 pandemic
- The service supported children aged 0-18 years old including those with complex health needs and provided end of life care
- A rapid response service was provided to support families in the event of an unexpected child death
- The service provided wrap around care for the child and their family and was able to draw upon multi-agency support

Amanda Rochetti, Justine Turner and Helen Gray explained more about the end of life support provided by the service. During the example the following points were made:

- When the service received a referral from the hospital that the family wanted their child/young person to receive end of life care in their own home, there was often very little time to make the necessary arrangements. The Community Nursing team would inform the GP, organise any equipment , arrange ambulance transportation from the hospital to the home etc. The Community Nursing team would also meet with the family and draw up an advanced care plan for their child.
- When the child arrived home, two members of the Community Nursing team would be waiting to welcome the child/young person home. The service would develop a symptom management plan for the child/young person to ensure that they were comfortable and pain free and provided emotional support to the family. Two members of the service would visit the home daily
- After the death of the child/young person, the service provided both practical and emotional support to the family including engaging with religious leaders and signposting to specialist bereavement support services. The service also contacted families on the child/young person's birthday and on the anniversary of their death to provide support

Hannah Lyman reported that there was a multi-agency de-brief session after each episode of end of life care so that any lessons could be learnt.

The Chair thanked the Community Nursing team for the work they do to support children, young people and their families during such a traumatic time and commented that it required compassion, sensitivity and immense judgement.

Aileen Feeney, Non-Executive Director asked for more information about the service's role around supporting children, young people and their families to choose whether or not to leave hospital and to die at home.

Hannah Lyman said that each case was different and gave the example of a family who was advised not to bring their child home because their child's symptoms were unstable

which would make it difficult to support them at home. In this particular case, the family discharged the child and took the child home and the service supported the child at home.

Ms Lyman said that one of the challenges was around ensuring that families understood what was involved in caring for an end of life child at home.

Ms Feeney said that supporting children, young people and their families during such a difficult time must be emotionally very difficult and said that she hoped that the Community Nursing team received the support they needed.

The Chief Executive commented that it was a powerful and impactful presentation and asked how the team supported each other.

Ms Lyman said that the team was very resilient and was adept at supporting each other. The Community Nursing team visited in pairs which was helpful and staff had access to the Trust's Wellbeing Hub service. Ms Lyman acknowledged that there was more the service could do and there were plans in place to strengthen the provision of support to staff.

Mark Day, Non-Executive Director added his thanks to the team for their powerful presentation and asked about the interface with the Trust's mental health services.

Ms Lyman said that families tended to be signposted to specialist bereavement support services including the Child Bereavement Trust rather than to the Trust's mental health services.

Sally Glen, Non-Executive Director commented that there were cultural differences around death and asked how the team ensured that they were mindful of religious practices and rituals etc.

Ms Lyman said that each child or young person had an advanced care plan in place before they came home and this set out details of any cultural practices and rituals which needed to be performed.

The presentation slides are attached to the Trust Board minutes.

The Chair thanked Hannah Lyman, Head of Specialist Children's Services and members of the Children's Community Nursing Service (Berkshire West) – Amanda Rochetti, Justine Turner and Helen Gray for their presentation and for attending the meeting.

22/145	**Patient Experience Quarterly Report** (agenda item 6.1)
	The Director of Nursing and Therapies presented the paper and highlighted the following points: • The format of the report had changed to reflect the wider information from the I Want Great Care patient experience tool. This provided a more holistic and balanced overview of patient experience than by only focusing on complaints • The I Want Great Care tool gave positivity scores and star ratings out of five and these were comparable across all services. This meant that a rating of 4.75 for example in the Crisis Resolution Home Treatment Team would equate to the same 4.75 in Children's Services. This enabled the Trust to benchmark individual services.

	• Some services were now starting to use the feedback from the I Want Great Care tool as part of their Quality Improvement work • There were no new themes or trends identified from the patient experience data within the report. Sally Glen, Non-Executive Director asked how the Trust ensured that complainants received a robust response. The Director of Nursing and Therapies confirmed that every complaint response letter was read and signed by the Chief Executive or in his absence, by another Executive Director. **The Trust Board:** noted the report
22/146	**Infection Prevention and Control Board Assurance Framework Report** (agenda item 6.2)
	The Director of Nursing and Therapies presented the paper and reported that the national Infection Prevention and Control guidance had recently changed in respect of COVID-19. The requirement to routinely test asymptomatic staff and patients had been paused. Symptomatic staff and patients would continue to be tested. The Director of Nursing and Therapies reported that with the exception of the Minor Inquiries Unit, the requirement for staff to wear a face mask had also been paused. The Director of Nursing and Therapies pointed out that local COVID-19 infection rates would be monitored and if there was an increase in the prevalence of COVID-19, it was likely that masks and routine testing would be reintroduced. Mark Day, Non-Executive Director said that when he had visited services after other changes in national COVID-19 guidance, staff had been unclear about the new rules and he stressed the importance of communication. The Director of Nursing and Therapies reported that the changes had been communicated to staff and pointed out that staff had the option of continuing to wear face masks it that was their preference. **The Trust Board:** noted the report
22/147	**Quality Assurance Committee** (agenda item 6.3)
	The minutes of the Quality Assurance Committee meeting held on 30 August 2022 had been circulated. Sally Glen, Chair of the Quality Assurance Committee reported that in addition to the standing items, the Committee had received a presentation on the implementation of the Trust's Carer's Strategy. Ms Glen reported that a key focus of the Trust's Carer's work was around embedding good practice across the Trust. Ms Glen reported that the Committee had also received an update on the Trust's work around implementing the new national Patient Safety Strategy which would introduce a new framework for the way serious incidents were investigated.

	Ms Glen reported that the quarterly Learning from Deaths and the Guardian of Safe Working Practices Reports had been circulated for information but confirmed that there were no issues to bring to the Trust Board's attention. The Chair thanked Ms Glen for her update. **The Trust Board noted**: a) The minutes of the Quality Assurance Committee held on 30 August 2022 b) The Learning from Deaths Quarterly Report and c) The Guardian of Safe Working Practices Quarterly Report.
22/148	**Executive Report** (agenda item 7.0)
	The Executive Report had been circulated. **The Trust Board**: noted the paper.
22/149	**Month 04 2122-23 Finance Report** (agenda item 8.0)
	The Chief Financial Officer presented the report and highlighted the following points: • The Trust had submitted a revised plan for a £0.9m following the receipt of additional funding from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board and the requirement to deliver a further £0.4m of cost improvements. • The Trust was slightly ahead of the financial plan, reporting a £0.2m deficit against a £0.6m deficit plan year to date. • Pay costs in month were £19.5m. This was £0.4m below plan in month and £1.12m behind plan year to date. • The national pay award would be paid to staff in September 2022. This was being funded via a 1.7% increase in the national tariff. The Trust's specific funding and costs had yet to be worked through, but given the tariff funding • route, it was likely that the award would increase the financial pressure on the Trust. • NHS England had reintroduced the Agency Staff ceiling, but applied it at a system level, with the sum of all partners costs contributing to the target. There was an expectation that costs would be a minimum of 10% lower than in 2021/22. • The Trust was continuing to see suppliers pushing for significant price increases given the current rates of inflation and supply chain issues. Whilst the contractual arrangement with NHS Property Services mitigated the Trust's exposure to increased utility costs to some extent , the Trust was closely monitoring utility costs in its non-NHS Property Services owned buildings. The Procurement Team was expending a significant amount of time on negotiating rates in order to minimise the financial pressure. • The average number of out of areas placements had increased from 24 in June 2022 to 25 in July 2022, although costs remained in line with those in June. • The Trust had a requirement to deliver £10.1m of cost improvements. The achievement of savings was expected to increase over the year and currently the Trust was £0.5m ahead of the plan.

	- Capital expenditure year to date was £0.4m which was £1m behind plan. The Trust was seeing price inflation and supply chain issues which was impacting tender prices and therefore had slipped several schemes from 2022-23 to 2023-24. - Cash balances remained strong at £55.2. - The External Auditors had not yet completed their audit of the Trust's 2021-22 annual accounts because of an issue with the valuation of the Trust's PFI properties. The Trust had commissioned another valuation and the External Auditors had indicated that the new valuation was acceptable. The new valuation was 30% higher than the valuation provided by the District Valuer and therefore this would require changes to both the 2021-22 annual accounts and to the 2022-23 financial plan. The Chair referred to the staffing detail tables on page 153 of the agenda pack and asked how realistic was it that the Trust would be able to recruit to the planned level of workforce. The Chief Financial Officer reported that the finance team was reviewing the financial plan and would present a revised forecast which would include reviewing the workforce assumptions made in the original plan to the Finance, Investment and Performance Committee. **Action: Chief Financial Officer** Mark Day, Non-Executive Director noted that the Trust was £1m behind spend on the capital programme and asked about the Trust's confidence around fully utilising the capital programme monies by year end. The Chief Financial Officer confirmed that he was confident that the Trust would spend its full capital allocation by year end. **The Trust Board**: noted the report.
22/150	**Month 04 2122-23 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Chief Financial Officer presented the paper and reported that and highlighted the following points: - The format of the report had been amended to include statistical process control charts for some of the breakthrough objectives. (The Trust Board had received a presentation by NHS England which advocated the use of statistical process control charts). - The Trust's falls performance was RAG rated Green for the last two months which was encouraging but it was too soon to tell whether or not there had been a meaningful shift in performance. - The Trust was below target in respect of "Physical Health Checks – 7 Parameters for People with Severe Mental Illness" with performance at 80% against a revised stretch target of 90% by the end of September 2022. The Trust was undertaking some targeted work in the Slough area, including rapid improvement events to try and increase compliance rates - I Want Great Care Compliance Rate (replacing the Patient Friends and Family Test (FFT) response rate) at 2.3% against a 10% target. The new system was being embedded, so would take time to see improvements. - Staff turnover (including fixed-term posts) performance was at 16.83% against a 16% target. This was a challenging area which remained a key focus for the Trust.

	Sally Glen, Non-Executive Director referred to the incidence of self-harm on Snowdrop and Bluebell wards and asked whether there were any underlying reasons, for example, staffing shortages on wards leading to fewer opportunities for patients to get involved in activities etc. The Director of Nursing and Therapies explained that the incidence of self-harm was often linked to the individual profile of the patients admitted at any one time rather than to external factors such as staffing shortages etc. The Director of Nursing and Therapies confirmed that individual safety plans would include strategies for managing patients at risk of self-harming. Sally Glen said that it would be helpful if the number of self-harm incidence could include the number of patients as well as the number of incidence. The Director of Nursing and Therapies said that this information used to be included in the Performance Report. The Chief Financial Officer agreed to consider re-introducing the information about the number of individuals as this provided useful context to understanding monthly fluctuations in performance. **Action: Chief Financial Officer** Mark Day, Non-Executive Director commented that he welcomed that there was a project underway focusing on reducing the average length of stay for mental health inpatients. Mr Day said that it would be helpful to have an update on progress at a future Finance, Investment and Performance Committee meeting. **Action: Chief Operating Officer** **The Trust Board**: noted the report.
22/151	**Finance, Investment and Performance Committee** (agenda item 8.2)
	a) **Finance, Investment and Performance Committee Meeting held on 19 July 2022** There were no issues to report which were no covered by the Finance and Performance Reports. b) **Finance, Investment and Performance Committee – Minor Changes to the Committee Terms of Reference** The Finance, Investment and Performance Committee had reviewed its terms of reference and had identified minor changes to the Committee's Terms of Reference as follows: • Section 2.1.8 to be amended to read: "Oversee the Trust's People's Strategy's Recruitment and Retention work on behalf of the Trust Board" • New Section 2.10: "Review any ad hoc areas delegated by the Trust Board" • New Sections 5.4 and 5.5 to reflect the amendments as above **The Trust Board**: ratified the changes to the Finance, Investment and Performance Committee's Terms of Reference.

22/152	**Workforce Race Equality Standard Report** (agenda item 9.0)

The Chair welcomed the Director of People and the Interim Deputy Director, Leadership, Inclusion and Organisational Experience to the meeting.

The Interim Deputy Director, Leadership, Inclusion and Organisational Experience presented the report and reported that the Workforce Race Equality Standard (WRES) data showed that between 2020 and 2022:

- There was an improvement of 2% in BAME Staff who had experienced harassment, bullying or abuse from patients, relatives, or the public. Whereas our White staff had maintained the same level of experience across both years. (9% difference).
- BAME staff experiencing harassment, bullying or abuse from other colleagues remained at the same level at 23%, whilst our White staff had seen a decrease of 4%. (9% difference).
- There was a decrease of 4% in BAME staff who believed that their organisation provided equal opportunities for career progression or promotion, whereas there was an improvement of 2% for White staff. (22% difference).
- There had been an increase of 2% in BAME staff who had personally experienced discrimination at work from their Manager, team leader or other colleagues, whereas White staff maintained the same level of experience across both years at 5%. (9% difference).

The Interim Deputy Director, Leadership, Inclusion and Organisational Experience reported that the Trust had implemented a number of actions to address the disparities highlighted by both the WRES and the WDES which included:

- From June 2022 interview questions were shared with candidates in advance to improve the recruitment experience of both disabled and BAME Staff
- The Trust had launched its Neurodiversity Strategy in July 2022
- The Trust had launched "Fair Recruitment Guidance" in September 2022
- The Trust had achieved "Disability Confident Accreditation in March 2022.

The Interim Deputy Director, Leadership, Inclusion and Organisational Experience reported that the Trust had also developed a range of additional measures to address disparities of experience including:

- Mid-year Reviews and Appraisals would now include Equality, Diversity and Inclusion features
- A Violence Reduction Strategy and Dispute Resolution Framework was currently being developed
- A Sponsorship programme for under-represented groups was being developed as part of the Trust's succession planning work aimed at improving the diversity of our talent pipeline
- The Trust was agreeing an approach to anti-racism in line with revised Equality, Diversity and Inclusion Objectives including a focused review of over-representation of BAME investigations
- Inclusive leadership competency framework training would be offered which was aimed at supporting senior managers to create inclusive cultures
- Research and develop better and more appropriate Apprenticeships and career pathways including competency based progression

The Chair confirmed that the Trust Board was fully committed to the Equality, Diversity and Inclusion agenda. The Chair welcomed the practical and focussed measures as set out by the Deputy Director, Leadership, Inclusion and Organisational Experience.

Sally Glen, Non-Executive Director echoed the Chair's comments and asked whether there was anything further the Non-Executive Directors could do to support Equality, Diversity and Inclusion.

The Deputy Director, Leadership, Inclusion and Organisational Experience said that the commitment from the Trust Board to lead and drive cultural change was essential.

Rajiv Gatha, Non-Executive Director commented that the data identified disparities between BAME and White staff groups but asked whether there were disparities within the different BAME ethnic groups

The Deputy Director, Leadership, Inclusion and Organisational Experience confirmed that there were disparities between different ethnic groups and singled out the experience of Asian staff compared with Black African staff.

The Chief Executive asked the Deputy Director, Leadership, Inclusion and Experience to identify one area where the Trust was performing well and one area where there was more work to be done.

The Deputy Director, Leadership, Inclusion and Organisational Experience said that he was encouraged by the Trust's commitment to the Equality, Diversity and Inclusion agenda and gave the example of 85 members of staff volunteering to support Reading Pride. The Deputy Director, Leadership, Inclusion and Organisational Experience identified community engagement including engagement with faith groups as an area requiring further development.

The Trust Board: noted the report.

22/153	**Workplace Disability Equality Standard Report** (agenda item 9.1)

The Interim Deputy Director, Leadership, Inclusion and Organisational Experience presented the report and reported that the Workforce Disability Equality Standard (WDES) data showed that between 2020 and 2022:

- Disabled staff remained at the same level of experience in being harassed, bullied or abused from patients, relatives, or the public across both years at 30%, as did Non-Disabled staff at the same level at 20%. (10% difference).
- Disabled and Non-disabled staff experiencing harassment, bullying or abuse from other colleagues had both seen an improvement of 2%. (8% difference).
- There was a decrease of 6% in Disabled staff who believed that their organisation provided equal opportunities for career progression or promotion, and a decrease of 3% for Non-Disabled staff. (11% difference).
- There had been a decrease of 3% in Disabled staff who are satisfied with the extent to which their organisation values their work, and a decrease in Non-Disabled staff of 6%. (9% difference).
- There had been an improvement of 4% in Disabled staff saying that their employer had made adequate adjustment(s) to enable them to carry out their work.

	The Interim Deputy Director, Leadership, Inclusion and Organisational Experience referred to the actions above reported that the Trust had developed address the disparities highlighted by the WDES which included the WRES actions as set out above and
22/154	**Quarterly Status Report on Key Trust Initiatives** (agenda item 9.2)
	The Quarterly Status Report on Key Trust Initiatives had been circulated. **The Trust Board**: noted the report.
22/155	**Audit Committee Meeting – 20 July 2022** (agenda item 10.0)
	a) Minutes of the meeting held on 20 July 2022 Rajiv Gatha, Chair of the Audit Committee reported that the External Auditors were still finalising the Annual Accounts 2021-22. The External Auditors had challenged the District Valuer's valuation of the Trust's PFI buildings which had resulted in the Trust commissioning a second valuation which had delayed the completion of the audit. **b) Minor Changes to the Committee's Terms of Reference** Rajiv Gatha reported that the Committee had made minor amendments to its terms of reference as follows: the membership of the Committee to be updated to include the Director of Nursing and Therapies or Deputy Director of Nursing and the "the Trust's Litigation activity" to replace "new and existing claims" under the Committee's "Other Functions" section. **The Trust Board:** a) Noted the minutes of the Audit Committee meeting held on 20 July 2022. b) Ratified minor changes to the Audit Committee's Terms of Reference
22/156	**Schedule of Meetings** (agenda item 10.1)
	The Schedule for Meetings for 2023 had been circulated. **The Trust Board**: noted the report.
22/156	**Council of Governors Update** (agenda item 10.1)
	The Chair reported that the Governors were reviewing the remit of the Living Life to the Full Governor working group following the retirement of group's chair, John Barrett. The Chair reminded the meeting that the Annual General Meeting on 28 September 2022 would be held in person.

22/157	**Any Other Business** (agenda item 11)
	State Funeral of Queen Elizabeth on Monday, 19 September 2022 – Operational Issues Mehmuda Mian, Non-Executive Director asked whether the Queen's State Funeral in Windsor would cause an operational issues for the Trust and whether staff would be able to have time off to watch the funeral. The Chief Executive said that the day of the funeral was a bank holiday so non-clinical staff would not be in work. It was noted that patient appointments in areas where there were long waits would go ahead but other non-urgent and routine appointments may be rescheduled. The Chief Operating Officer said that from an operational point of view, NHS England had issued guidance and the Trust was working closely with the system to ensure a coordinated approach. The Chief Operating Officer reported that the Trust's Incident Management Team were meeting daily until the end of the mourning period. The Chair thanked the Chief Executive and Chief Operating Officer for their update.
22/158	**Date of Next Public Meeting** (agenda item 12)
	The next Public Trust Board meeting would take place on 08 November 2022.
22/159	**CONFIDENTIAL ISSUES:** (agenda item 12)
	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 13 September 2022.

Signed……………………………………………………. Date 08 November 2022

(Martin Earwicker, Chair)

Children's Community Nursing Service (Berkshire West)

Hannah Lyman (HoS), Amanda Rochetti (CCN), Justine Turner, (CCN) Helen Gray (CCN)

Introduction

- Service overview
- Referral criteria and caseload
- Multidisciplinary working
- CYP journey- EoL
- Memory Making
- Feedback
- Questions

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Service overview

Enabling children, young people and their families to have good physical and emotional health and wellbeing through providing a joined up, high quality, community positioned model of care, which effectively reduces the need for hospital attendance, admissions and length of stay and endeavours to keep families together.

- CCN service 'tuped' over to BHFT October 2019
- Who are we and where are we based and what are do we cover
- 8.00-20.00 service including BH
- Redesign and development
- Covid
- Childrens Palliative Care and EoL Pathway (East Berkshire)

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Examples of CYP on caseload

- EoL- palliative diagnosis who may be on case load for 0-18 yrs of CYP who develop a diagnosis which leads to EoL care.
- Oncology caseload (shared care)
- Complex Health Needs
- Acute Nursing needs
- Ambulatory acute – e.g. IVs
- Training and competency sign off
- O2 dependant babies and neonates
- Home Ventilation
- Home O2 therapy
- Tracheostomy
- Home Treatment Plans
- Rapid Response
- Key Worker role

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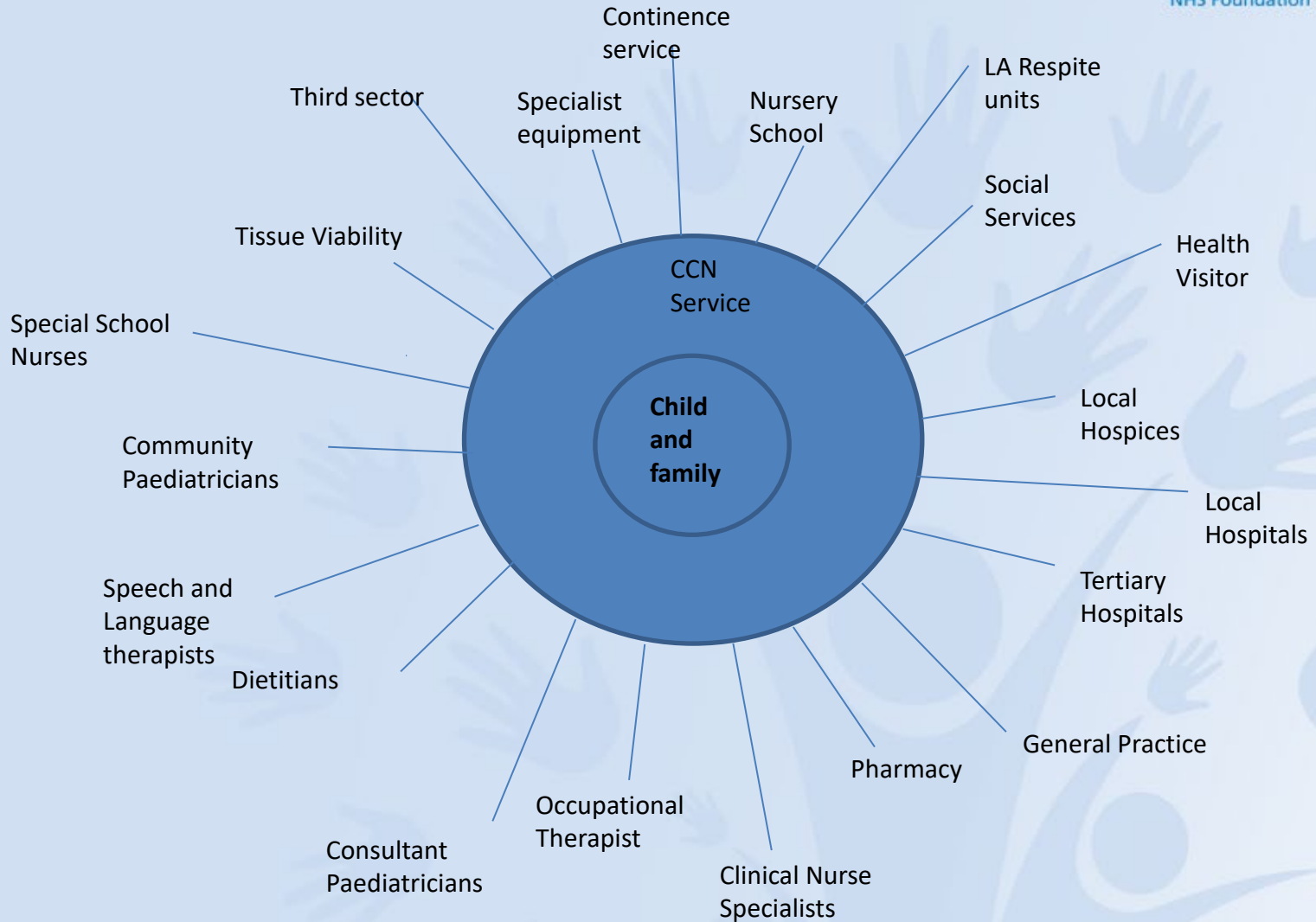
Example journey through the service EoL

Since January 2022 - 10 children/young people have passed away in the West Berkshire community: 3 Rapid Response call outs (unexpected death at home): 1 in hospice: 1 died during sleep: 5 planned EoL at home facilitated by CCN Team.

- Referral from Hospital/Hospice to Home - Amanda Ronchetti CCN
- EoL care at home – Justine Turner CCN
- Support after child has passed away – Helen Gray CCN

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Amanda Ronchetti
Referral from Hospital/Hospice to home

- Documentation prior to discharge
- Equipment
- Communication
- Transfer home

Justine Turner
EoL care at home

- Home
- Communication
- Symptom Management Plan
- Emotional Support

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Helen Gray

Support after child/young person has passed away

- Practical Support
- Co-ordination and Liaison
- Bereavement Support

Memory Making

Memory Making

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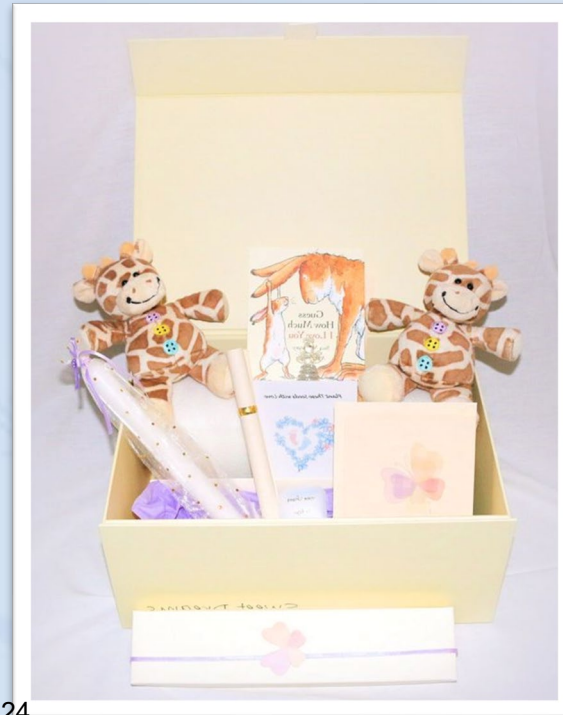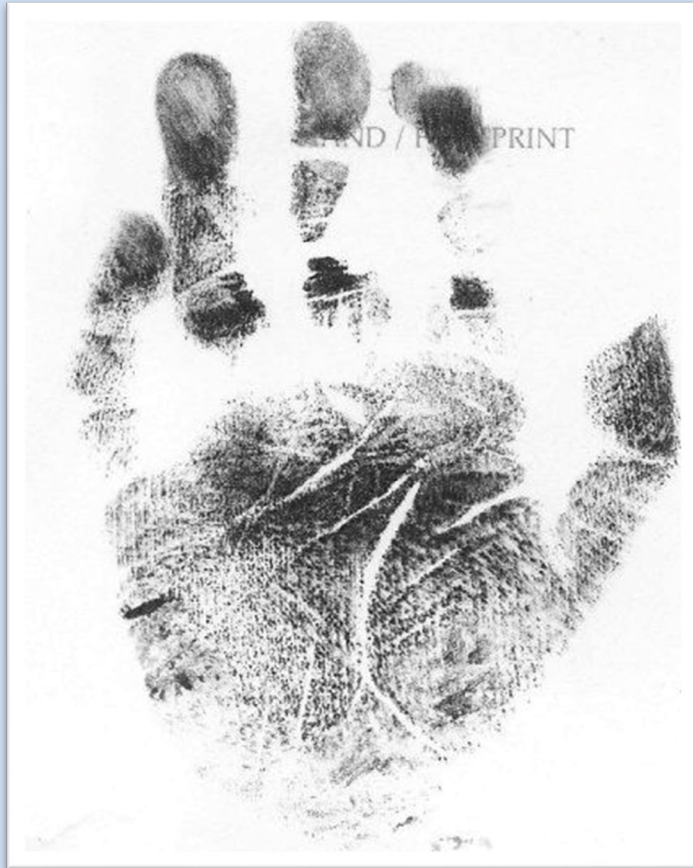
Learning from experience

- De-brief + and – after each episode of EoL
- Developed more efficient and effective joint record keeping/drug procurement and administration/equipment and medication delivery
- Clear roles and responsibilities of different agencies and effective communication between them
- All multidisciplinary working to best EoL experience for child and family
- Listening to child and parent
- Training and joint working with hospices
- RR training and Key worker training
- Grab boxes
- Memory making
- Wellbeing support for staff

NEXT STEPS

- Verification of death training
- Developing staff in EoL expertise
- Bereavement training

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Challenges

- Supporting children/young people and families
- Supporting Staff
- Sustaining 24/7 support
- Symptom management support
- Medical cover (Manged Clinical Networks?)
- Partnership working

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Feedback

"Your team do a fantastic and amazing job Hannah. Can you please pass on that we really appreciate all they do for families at such an emotional time and do recognise how this must have an impact on them too" **Email from Consultant to HoS**

"6 months ago last night you guided us through the worst night of our lives. Thank you for everything you did for us. It will never be forgotten" **Message from Mother to CCN**

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Feedback

*"Thank you so much *******. I can't tell you how grateful I am for your amazing care to this special boy and his family"* **Message from Oncology Consultant to CCN**

*"Thanks again for the huge amount of hard wok you have put into making **** safe and well looked after, as I said earlier, I don't underestimate the amount of time this has taken you"* **Palliative Care Consultant**

"*All the Staff and Pupils would like to give our thanks for everything you did for our friend *******. Your hard work and dedication is very much appreciated and will never be forgotten"* **Thank you card from Child's School to CCN Team**

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BOARD OF DIRECTORS MEETING 08.11.22

Board Meeting Matters Arising Log – 2022 – Public Meetings

Key:

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

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
13.09.22	22/149	Finance Report	A reviewed financial forecast to be presented to the Finance, Investment and Performance Committee.	October 2022	**PG**	The year-end financial forecast was presented to the Finance, Investment and Performance Committee meeting on 27 October 2022.	
13.09.22	22/150	Performance Report	The Performance Report to re-introduce the information about the number of individuals who made up	Dec 2022	**PG**	The number of individuals who made up the self-harm incidents will be	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			the self-harm incidents.			reintroduced in the Performance Report	
13.09.22	22/150	Performance Report	The Finance, Investment and Performance Committee to receive an update on the project on reducing the average length of stay for mental health patients	Jan 2023	**TA**		

Trust Board Paper

Board Meeting Date	08 November 2022
Title	**Health & Wellbeing Update**
	ITEM FOR DISCUSSION AND INFORMATION
Purpose	To provide a six-monthly update to Trust Board on health and wellbeing activity
Business Area	Corporate
Author	Jane Nicholson/Steph Moakes
Relevant Strategic Objectives	True North Goal 2: Supporting our staff
CQC Registration/Patient Care Impacts	Deliver safe, compassionate, high-quality care and a good patient experience through a skilled and engaged workforce
Resource Impacts	N/A
Legal Implications	N/A
Equality and Diversity Implications	EDI implications considered
SUMMARY	This paper provides an update on health and wellbeing activity over the last 6 – 12 months and give an indication of the planned milestones ahead.
ACTION	For information and discussion

Report to Trust Board – November 2022

Health, Wellbeing, Engagement & Rewards Update

Introduction

In line with the trust People Strategy, national People Promise and new NHS Health & Wellbeing Framework, Wellbeing continues to be a high priority and profile activity. This paper looks to update on the work that has happened since the last update and give an indication of the planned milestones ahead.

Review:

2022 has been a busy year for the Wellbeing & Engagement Team. We have continued to bring on organisational level support and empower teams and individuals to look after their own health and wellbeing at work. We have also done a lot of work responding to situations as they arise such as the conflict in Ukraine and the cost-of-living crisis.

Since the last board update in February, the following projects have been delivered:

Activity	Target staff group	Benefit/Feedback
Worked with the HR policy and transformation team to launch a scheme to enable staff to **buy and sell annual leave**	All staff	Greater autonomy and flexibility around how staff can use their benefits.
The **Health Kiosk** has just finished its six-month tour of sites across the trust, providing staff with the opportunity to have a health MOT. The kiosk was funding by the BOB Enhanced Occupational Health and Wellbeing Project and has given us a rich data source which now needs analysing.	All staff but specifically those on site	Empowering staff to 'know their numbers' and prompt any further action around their health. 406 staff undertook a health check between 14 Apr and 30 Sep (kiosk is on site until 14 Oct).

An anonymous report is provided to us which will enable us to consider future campaigns around health. |
| Received the results of the **2021 Staff Survey** which showed we had the **top engagement score** across all Mental/Community/LD Trusts. It | All staff | Good recruitment and retention tool |

Activity	Target staff group	Benefit/Feedback
also showed that 74.5% of staff believe that Berkshire Healthcare takes **positive action on health and well-being**, less than 1% from the top score.		
The HRBP's, with our support, have worked with their divisions to look at gathering more information and then create a **Staff Survey Action Plan**, exploring existing and new changes to make a difference.	All staff	Enables staff to see changes that are made as a result of the staff survey (either directly or indirectly) on their day to day activity
Successful bid for **two projects (totalling £99k) from NHS Charities Together**. The first project is to **update 5 rest areas and staff kitchens** across the trust. The second project is to recruit a **Wellbeing activities facilitator** (1 year fixed term contract) to deliver virtual and face-to-face exercise sessions for staff as well as coordinate additional sessions such as mindfulness and nutrition.	All staff	Improved rest areas for the 5 identified areas which is a basic need The biggest difference that we hope to achieve through the Wellbeing Activities Facilitator role is a healthier workplace, rather than a healthier workforce, although we hope that this will be an ultimate outcome. By having physical and health based activities available and regularly advertised, we will aim to nudge staff into healthier habits and supports the message that the organisation is supportive of them looking after their health.
In addition to the Peppy menopause support, we were also able to secure funding for a small trial of support from **Peppy for Men's Health, Pregnancy & Baby and Fertility**.	Men and women who may need support around fertility, pregnancy or with a new baby	Similarly to the feedback for the menopause support available from Peppy, staff feedback has been overwhelmingly positive with 100% of those feeding back saying they would recommend the app.

Activity	Target staff group	Benefit/Feedback
		We will be submitting a charitable application
Launched **Health Assured, our new EAP provider** who has an enhanced and more comprehensive package of support for staff.	All staff	Enhanced package of support including more counselling sessions available (6 sessions per issue per year) as well as access to their My Healthy Advantage app, which includes four week plans, step challenge leadership boards and breathing exercises as well as a live chat function.
Launched a new **Financial Support section on Nexus** outlining the support which is available to staff. This includes: - Publicised **HSBC financial education sessions** to all staff as part of our response to cost-of-living crisis. - Linked to the **Trussell Trust** to be able to issue food vouchers to staff who are at crisis. This also enables us to support those staff and signpost to other support.	All staff, particularly those impacted by cost of living increases	One stop shop for financial support. Will need ongoing promotion and is being included in next newsletter.
Published our inaugural **Wellbeing at Work newsletter**, aimed at getting information to frontline teams who struggle to access Nexus. This is distributed during **Wellbeing On Tour**, days we plan to go out to sites and speak to staff, promote the support available and talk about what's working and what they need.	Frontline staff who have limited time/ access to emails and nexus	Feedback on both the newsletter and the tour was anecdotally very positive, and was an excellent opportunity for
Welcomed over **60 Wellbeing Champions** to the network and we are working with them to make sure it meets their needs.	All teams	Wellbeing champions create a focus on wellbeing within a team and also enable improved two way communication throughout the organisation

Activity	Target staff group	Benefit/Feedback
Secured the return of **Project Wingman** to four of our sites for 5 weeks in April and September.	Staff at PPH, WBCH, St Marks and Wokingham	There were over 800 staff who visited the bus. Project Wingman was started in Covid by furloughed airline staff and aims to provide a first-class lounge service to our NHS people.
Won a **Business Culture Award for best Wellbeing Initiative**, focused on the work done across the trust around reasonable adjustments.	NA	Good recruitment/ retention marketing

Alongside the trust level health and wellbeing work, two ICS projects have also been running:

Wellbeing Matters, the ICS Mental Health Hub which is hosted by Berkshire Healthcare has continued to provide support to Health & Social Care staff across Berkshire. The team have been focusing on outreach particularly to primary care and social care organisations as well as continuing to support our acute partners.

The **Enhanced Occupation Health & Wellbeing (EOHW) Project** in BOB ICS ended in June 2022. Evaluation on the project was completed and submitted to the national team as part of the ongoing focus in this area.

Future Roadmap:

Since the last update, we have refreshed and extended our health and wellbeing plan. The plan now covers wellbeing, ergonomics, rewards and engagement and links into the People Strategy. Updates are provided monthly through the People Strategy updates to SPG.

Upcoming project delivery and likely timescales are captured below. Only limited Wellbeing Matters projects have been included due to the scale of the service. A future update just on the Wellbeing Matters work can be prepared if requested.

Activity	Target staff group	Intended benefit
October		
Launching our wellbeing activities schedule of virtual and face to face sessions	All staff	As above, creation of a healthier workplace

Activity	Target staff group	Intended benefit
Trialling food bank donation points at Upton Hospital. Comms will also let staff know that they can take from the donation points as well. This is aiming to support those who are struggling but not yet at crisis.	All staff, particularly those struggling financially	This responds to feedback from operational teams about staff who aren't at crisis point yet (therefore not suitable for Trussel Trust) but are in need of a little support. We will need to monitor the use to get an idea of uptake
Recording and launching Q&A sessions with payroll around the pensions and the recent changes.	All staff	Improve understanding around pensions and the changes, especially focused on the benefits such as death in service payments which some are unaware that works
World Menopause day comms including: - Launch of the new Menopause Policy, which has just been approved. - Launch of the unlimited licences for Peppy menopause support app	Staff impacted by the menopause and managers	This aims to continue challenging the stigma around menopause, increase awareness and ensure staff can have conversations around what support is needed and access expert health advice
Wellbeing Matters are launching Mental Health First Aid and REACTMH Wellbeing Conversations training as part of ongoing outreach and to create a network of ambassadors.	All BHFT staff and managers as well as all health & social care staff in Berkshire	Both MHFA and REACT training aims to improve knowledge and skills of the participants around wellbeing and mental health
Receive first draft of the internally requested audit into our wellbeing activity at Berkshire Healthcare which is being undertaken by RSM.	Wellbeing team	We are looking forward to seeing the review and looking at how we can continue to improve. We expect that evaluation will come out as a theme for improvement here and will be looking at how we can improve

Activity	Target staff group	Intended benefit
		this aspect of the work.
November		
The Staff Survey for 2022 has launched and we are supporting divisions and their HRBP to increase the response rate for this year before the closing date of 25th November.	All staff	Links to People Promise – we all have a voice. Staff opinions and experiences will shape ongoing actions in the trust to make it an outstanding place to work for everyone
Proposal of a peer recognition and long service scheme following feedback from staff. The long service will propose recognising BHFT service years and more frequently.	All staff	First recognition strategy for the trust and widens the scope of recognition outside of the annual All Star Awards. Long Service awards have been a repeated request from staff and will recognise BHFT service
Working to bring on financial support packages such as Wagestream, to give employees greater control over their finances.	All staff, particularly those impacted by cost of living increases.	Access to services to have greater control over finances such as accessing earned pay ahead of pay day. Improved financial support and subsequent wellbeing.
The next Wellbeing at Work newsletter and tour is planned for November 2022	Frontline staff	Improved communications and opportunity for us to gather feedback
Planning for 2023 campaigns including Wellbeing calendar. Topics currently in consideration are self-care and back to basics	All staff	Responding to current climate in a planned way.
December		
Continuing the charitable funded project to refresh rest rooms – most are expected to be complete by the end of 2022.	Staff in teams who received the grant funding	Improved rest areas which is a basic need
January		

Activity	Target staff group	Intended benefit
Design and launch the 2023 Health and Wellbeing Calendar, engaging with the Wellbeing Champions	All staff	The calendar is a excellent tool for champions to use in their teams and gives us a platform to promote services and communicate advice
February		
Wellbeing Matters scoping exercise to be finalised.	All BHFT staff as well as all health & social care staff in Berkshire	The scoping exercise is being undertaken to stocktake existing support across Health & Social care, consider the overlap in that support (such as OH/EAP) and identify the unique selling point of Wellbeing Matters and other hubs and reviewing literature to spot opportunities for growth. This will contribute towards a business case around ongoing funding.

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Trust Board Paper

Meeting Date	8th November 2022
Title	Patient Experience Report Quarter 2 (July -September 2022)
	Item for Noting
Purpose	The purpose of this report is to provide the Board with an overview of the patient experience information and activity for Quarter 2
Business Area	Nursing & Governance
Author	Elizabeth Chapman, Head of Patient Experience 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 Impact	Supports maintenance of CQC registration
Resource Impacts	N/A
Legal Implications	N/A
SUMMARY	This report is for information and provides detail of patient experience data collected across the Trust during quarter two (July–September 2022). During this quarter there were a reported 152,841 patient contacts this includes patient hospital discharges and around 5,300 pieces of feedback received, this equates to around 3.5% feedback. The feedback includes 81 formal and locally resolved complaints, 1119 compliments, 16 MP enquires received and 4,024 responses to our patient experience tool. All of this data is used to provide the triangulation summary within the attached report. The 'I want Great Care' patient experience tool is, since December 2021 our primary patient survey programme, it is available to patients through online, SMS, paper, and electronic tablet; it is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge. As services start to embed the use of this tool, we are seeing an increase in the numbers of responses received, the 4,024 this quarter is up from 2,067 in quarter one. The increased feedback will support areas for improvement alongside hearing the patient voice both where the experience is good and where improvements could be made. We are also seeing services using the information to make improvements and displaying where they have done this (examples are detailed on page 15). The increased number of responses has not materially altered the positivity score which was 95% this quarter (94% last quarter) or the star rating 4.77 this quarter against 4.75 last quarter. It is the view of the Director of Nursing that there are no new themes or trends identified from the patient experience data within the report. We are seeing that wait times especially for CAMHS services are featuring across

	both formal and informal complaints, local resolution and MP enquires. This is not a new theme and there are initiatives in place to support reduced waiting times particularly for neurodiversity pathways. Involvement and information came out across the divisions as being the areas for most improvement whilst this was not true of all individual services it is an area of focus for some; where comments were received, they were often in relation to communication between staff and patients including clarity of service, expectations, timeliness of information and understanding of why visits were occurring. There were also several services where ease of access including venue, type of appointment and appointment time came across as areas for improvement, these were all in small numbers, with the vast majority of patients being very satisfied with all aspects of their care and treatment. There were also many positive comments in the feedback relating to kindness and compassion of staff. Whilst positive compliments and feedback continues to far outweigh the concerns and complaints raised every concern/complaint is reviewed with feedback provided and consideration given to learning from the persons experience. Our 15 steps programme has continued during quarter two, Appendix 1 of the report provides a brief summary of these.
ACTION REQUIRED	The Trust Board is asked to: Note the report.

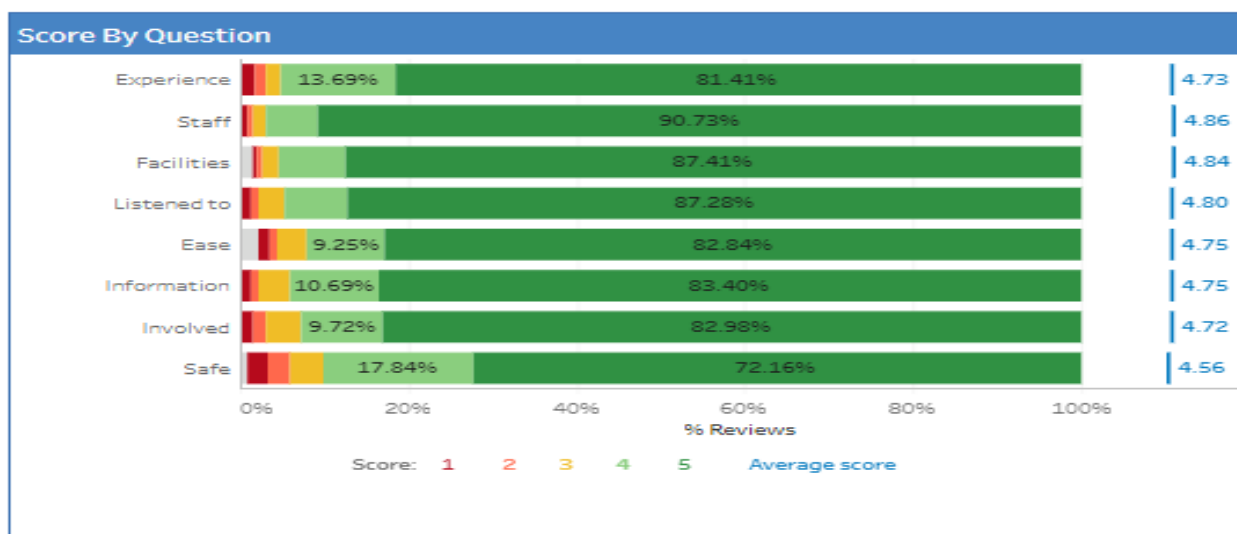**Patient Experience Report; Quarter Two 2022/23**

Introduction

This report is written for the board and contains patient experience information for Berkshire Healthcare (The Trust) incorporating feedback from complaints, compliments, PALS, our patient survey programme, and feedback collated from other sources during the quarter.

This report is written in the context of there being 152,841 reported patient contacts and discharges from our inpatient wards, with around 5,400 pieces of feedback collated through compliments, complaints, the patient experience survey and some additional children and young people service feedback equating to around 3.5% service user feedback from contacts this quarter. The total amount of feedback received is expected to rise as more services utilise the patient feedback survey.

The 'I want Great Care' patient experience tool is now used as our primary patient survey programme and was introduced in December 2021, this is available to patients through online, SMS, paper, and electronic tablet; it is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge. As services start to embed the use of this tool, we are seeing an increase in the numbers of responses received which will support areas for improvement alongside hearing the patent voice both where the experience is good and where improvements could be made.

The tool uses a 5-star rating which is comparable across all services within the organisation and is based on questions in relation to experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to.

Below is the trust overall scoring which is based on the 4024 responses received during the quarter; a **95.1% positive score** was achieved with an average 4.77-star rating. It is worth noting that not all questions are scored by everyone, for example facilities related questions only apply where patients are seen in a building / are on a ward/ outpatient appointment and are therefore not asked in all surveys. Our surveys are also available in easy read and differing languages.

Score By Question		
Experience	13.69%	81.41%	4.73
Staff		90.73%	4.86
Facilities		87.41%	4.84
Listened to		87.28%	4.80
Ease	9.25%	82.84%	4.75
Information	10.69%	83.40%	4.75
Involved	9.72%	82.98%	4.72
Safe	17.84%	72.16%	4.56

% Reviews

Score: 1 2 3 4 5   Average score

For this quarter, 2 of the divisions that are proactively using the tool achieved an overall positivity scoring of over 95% (this is the threshold that we are aspiring to achieve at trust, divisional and service level scoring), these were Community Health East and Community Health West divisions, this is the same as Quarter 1. Children, Young People, families, and Learning Disabilities also achieved this, but the volume of feedback collated via the tool was minimal.

Table 1: The services with the largest numbers of feedback through the patient survey

Service	Star Rating	Number of Responses	% Positive Score
Talking Therapies	4.67	437	92
Musculoskeletal (MSK) Physiotherapy East - Upton Hospital	4.83	252	95.2
District Nursing & Community Matrons West Berkshire	4.95	200	100
MSK Physiotherapy - Wokingham Hospital	4.9	173	98.8
MSK Physiotherapy - WBCH	4.94	172	97.7
CRHTT East	4.33	114	89.5
District Nursing & Community Matrons Wokingham	4.92	102	100
Hearing & Balance (Audiology) - King Edward VII Hospital	4.8	87	94.3
Psychological Medicine (PMS) West	4.39	79	84.8
Community Wards East- Upton Hospital- Jubilee Ward	4.56	70	97.1

The patient survey also includes a free text section for a review and any suggested improvements.

During the quarter, there were a total of 152,841 contacts (including discharges from wards), the Trust received a total of **50 formal complaints** (14 of these were secondary complaints, 36 were new complaints) this equates to 0.04%, there were a further **31 concerns that were locally resolved** / responded to as informal complaints. We also received **1119 compliments** in addition to the patient survey feedback and **16 MP enquiries.** The number of formal complaints received is lower than quarter 1 where 61 were received, the number of concerns able to be locally resolved or responded to as informal complaints has increased slightly from 25 in the last quarter and the number of MP enquires has reduced this quarter from 26 meaning that the overall number of concerns/ complaints received this quarter is slightly lower than quarter 1. **61 formal complaints were closed** during the quarter with a 100% response within agreed timescale achieved.

What the data is telling us

Below is a summary and triangulation of the patient feedback we have received for each of our 6 divisions.

Children and Young Peoples division including learning disability services

Table 2: Summary of patient experience data

Patient Experience - Division CYPF and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	111	92		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	0.5%	0.4%		
iWGC 5-star score	Number	4.81	4.80		
iWGC Experience score – FFT	%	91%	95.6%		
Compliments received directly by services	Number	47	80		
Formal Complaints Rec	Number	11	11		
Formal Complaints Closed	Number	15*	12		
Formal Complaints Upheld/Partially Upheld	%	60	67		
Local resolution concerns/ informal complaints Rec	Number	11	6		
MP Enquiries Rec	Number	21	10		

*Some of these complaints closed were from the quarter four.
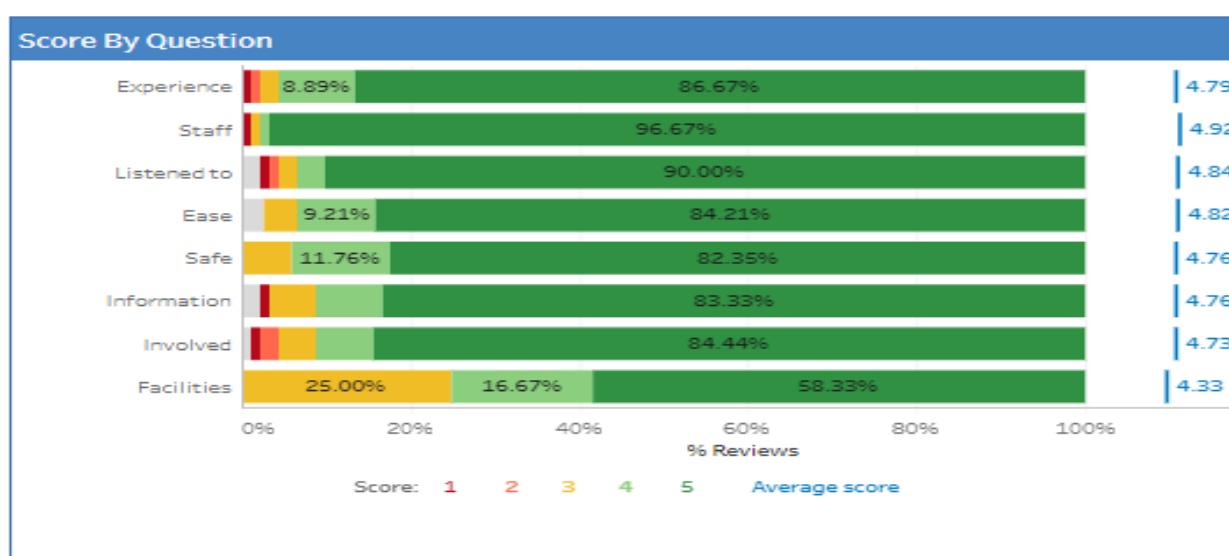
Children and Young People

For children's services the iWGC feedback form is not currently being well used and therefore it is less easy to draw conclusions; young people and parents/carers have been assisting in the ways to promote the new patient experience tool to other service users, including the design and layout of the new posters that will now be used across CYPF services. Feedback has also been gained via other routes this quarter and that information is included in the information within this section of the report.

Of the 92 responses, 57 responses related to children's services; these received 100% positivity score, with positive comments about staff and services and a few suggestions for further improvement, this included 9 reviews for Phoenix House our T4 adolescent day unit where comments about staff kindness and attitude was very positive and there were some suggestions for further improving communication with parents and around care plans/ meetings. 33 of the responses related to learning disability services as detailed below and 2 to eating disorder services.

From the feedback that was received, feeling involved and information was most frequent reasons for individual questions being scored below 4. Although 25% of respondents gave a

score of 3 (satisfactory) to facilities and it therefore appears to be lowest star rating, it was only scored by 12 people with the responses from Phoenix House and Woodland respite centre where young people spend the longest periods of time all scoring 5 for that question.

Children's Physical Health Services

For children's physical health services there were a total 4 formal complaints received, 3 of these were for the Health Visiting Team and 1 was in relation to children's speech and language therapy. There was also 1 children's speech and language therapy concern and one health visiting concern that were responded to informally; children's speech and language therapy also received 23 compliments. There were 3 formal complaints that were closed as either partially upheld or upheld during the quarter (1 for Health Visiting and 2 for Speech & Language Therapy) and these all related to communication.

48 of the 90 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Children's Community Nursing West Team and the Specialist Paediatric Dieticians; the Children's Community Nursing West received 16 of these responses all of which scored positively receiving a five-star rating of 4.99 and feedback included '*x is always super helpful in anything we need*', '*'the care of the community nurse team has been so supportive to us over the last 9 months, if we need anything they're her for us and do all they can''*, *always kind, amazing and couldn't ask for more*'

The Specialist Paediatric Dietitians received 10, all of which were positive with a five-star score of 4.95. The services received many free text comments related to knowledgeable staff, prompt and good experiences, staff being available and understanding as well as being kind and gentle.

Children's services have continued to undertake their feedback surveys this quarter for school nursing 20 young people completed the survey with 19 stating the service was good or better, responses included that the nurses were helpful, kind and patient, understood their worries.

ChatHealth is a confidential texting service launched in July 2022 , run by health visiting that enables parents to test to get health advice for their children aged under 5, in quarter 2 there were over 1,600 conversations, with very positive feedback including that this was quick and convenient, very easy to communicate, excellent service, quick and informative

Child and Adolescent Mental Health Services (CAMHS)

For child and adolescent mental health services there were six complaints received for CAMHS services (these were in relation to waiting times, care/ treatment received and communication). In addition to this, 9 of the organisation's total of 16 MP enquires related to CAMHS services with most relating to waiting times.

There have only been 9 responses for CAMHS services received through our patient survey for this quarter, with all being received for the family safeguarding model service. Currently the survey is accessed through paper forms, online or configured tablets in the departments. From the end of quarter 2 feedback can also be made online which was not previously possible. CAMHS have also been collecting patient experience information through a separate internal survey which will have had an impact on the responses received through iWGC.

The services have also received some compliments including '*'Specialist CAMHS "Thank you so much for your help and support, your input has been invaluable. The handover document is brilliant really informative and will be so useful for us moving forward. I wish you all the best for the future".*

During quarter 2 CAMHS undertook their own patient feedback survey, this received 89 responses collected from Children and Young People (CYP) and 138 responses collected

from Parents/Carers. 92% young people and 96% parents/ carers responded positively to 'I feel the people who saw me listened to me/my child'. 92% young people and 100% parents/ carers felt that they/ young person was treated well. Responses that where slightly less positive included 'It is quite easy to get to the place where I have my appointments' with 88% parents and carers/ 65% young people agreeing this was definitely true; 'appointments being at a convenient time' received 85% positive score from parents/ carers and 72% from young people. There were lots of positive comments about feeling listened to and it being helpful and some comments about the clinics and waiting room areas needing a refresh.

CAMHS have a dedicated Participation Lead who has led two consultation exercises with young people who access the service during this quarter:

- Service users reviewed the letters sent out by the Anxiety and Depression Pathway. They decided that the letters should be addressed to the young people/families with the GP Copied in rather than the other way around. They felt that this would mean the communication is with them rather than being about them. They also reviewed the accessibility of the language used and the usefulness of the detail within the post appointment letters. The A&D team are now working to implement the changes.
- Service users and family members have helped to review the 'Be Well' Berkshire website to improve the awareness and access for families to the range of services across Berkshire. The service users provided plenty of feedback on the design, layout, and functionality of the website. The team working on the website are now implementing the service user preferences.

Our CAMHS Outcomes and Participation assistants have been working to identify the top three service user priorities for each of the CAMHS pathways. This will be aided by the upcoming launch of the patient experience tool and will allow us to work with pathways to use the service user priorities as a basis for coproduction.

Learning disability

There was one complaint received this quarter for the Campion unit and 1 concern in relation to community learning disability services that was locally resolved. Two complaints were closed this quarter, one was in relation to care and treatment, and one was around concern attitude of staff regarding bullying, both were partially upheld.

33 responses from the patient survey have been received (17 were in relation to the Wokingham based team), an increase from 10 responses last quarter. These received 82.4% positive score, this was skewed down by 2 responses not having a score; 4 people scored the services as a 1 however there are no comments to understand the reason for this; feedback included that staff listened, *' I got the help I needed to make my life easier', 'listened to my problems'* and '*tasks were helpful and so were the staff', checked equipment and referred me to employment support',* there were a couple comments for improvement included that face to face works better and ways of communication that would help.

Mental Health East division (Slough, Windsor, Ascot & Maidenhead , Bracknell)

Table 3: Summary of patient experience data

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	183	309		
Response rate (calculated on number contacts)	%	1.5%	2.2%		
iWGC 5-star score	Number	4.56	4.57		
iWGC Experience score - FFT	%	93%	92.9%		
Compliments received directly by services	Number	43	201		
Formal Complaints Rec	Number	9	13		
Formal Complaints Closed	Number	7	12		
Formal Complaints Upheld/Partially Upheld	%	71	50		
Local resolution concerns/ informal complaints Rec	Number	5	2		
MP Enquiries Rec	Number	0	1		
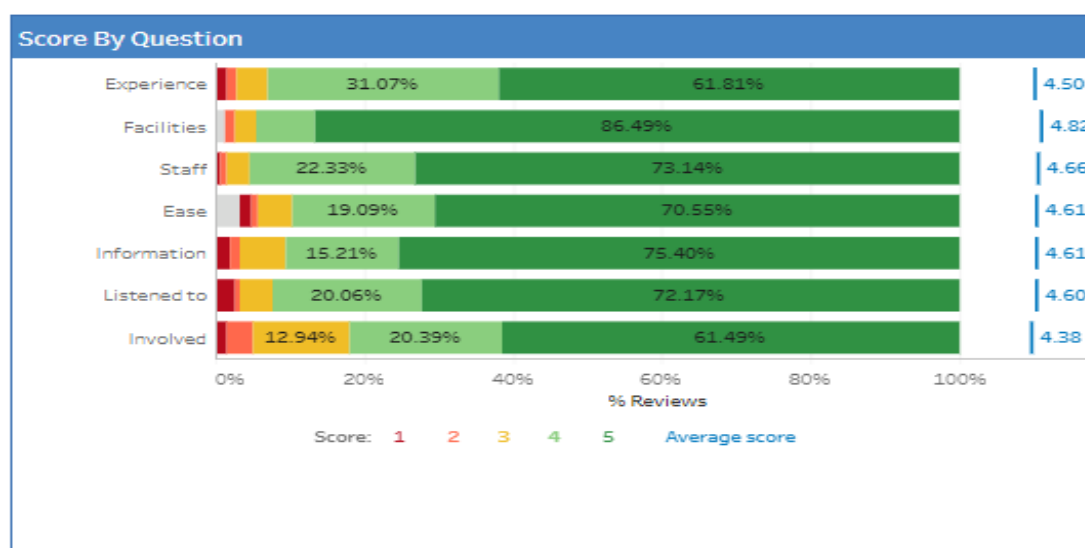
13 complaints were received into the division during this quarter; in addition, there were 2 informal/ locally resolved complaints. 12 complaints were closed during the quarter of these 1 was upheld, 5 were partially upheld and 6 were not upheld. There were no themes in relation to the complaints.

The services receiving the majority of iWGC responses were CRHTT East 114, PMS East 62, CMHT 36 and Physical Health Team 28.

Across the CRHTT survey responses the average 5-star score was 4.3 with 89.47% positive feedback, a slight reduction from last quarter and slightly below the overall divisional scores. 102 of the 114 scored a 4- or 5-star rating with many comments about staff being helpful, supportive, very kind and listened; " *I was extremely low at the time but with help I received I feel a lot better but did not appreciate that at the time. Well done CRHTT*." This quarter questions relating to feeling involved and listened to were least likely to be positive with areas for improvement and dissatisfaction with the service generally about communication including more contact or the service not being beneficial / discharged too soon. There were 3 complaints received about CRHTT this quarter and 6 complaints closed (4 were not upheld and 2 was partially upheld in relation to patient wanting to speak to a manager who was not available and communication)

The psychological medicine service received 95% positive score (4.59-star rating) and received positive feedback about being taken seriously, listened to and staff being helpful ''*x was very funny and made the whole experience nice given what I was going through. She sat and listened to me and when I stopped talking, she then gave me very useful advice and guidance. Please tell her thank you for her time.*"

There were a quite a few comments about the room that is used not being great and waiting times to be seen being longer than people would like.

The physical health team received 96.4% positive feedback (4.94-star rating), all of the comments were positive including excellent communication, very friendly and easy to talk to, kind and reassuring. *"Nurse x was friendly, calm, reassuring, organised and supportive."*

The Community mental health teams (CMHT) received 36 feedback responses with a positivity score of 97.2%- and 4.66-star rating. Comments included that *'the whole team have been fabulous,' 'the communication between myself and the team is clear and precise,' 'Supported me when I was really down, took time to listen to me."* There were a number of positive comments about the consultant being very kind. The CMHTs received 6 complaints, have closed 4 complaints this quarter 2 were partially upheld and 2 were not upheld, the partially upheld complaints were in relation to discharge arrangements and a delayed referral.

Mental Health West Division (Reading, Wokingham, and West Berks)

Table 4: Summary of patient experience data

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	232	717		
Response rate (calculated on number contacts)	**%**	0.5%	1.6%		
iWGC 5-star score	**Number**	4.53	4.61		
iWGC Experience score - FFT	**%**	87%	90.4%		
Compliments received directly by services	**Number**	434	589		
Formal Complaints Rec	**Number**	14	10		
Formal Complaints Closed	**Number**	11	13		
Formal Complaints Upheld/Partially Upheld	**%**	55	85		
Local resolution concerns/ informal complaints Rec	**Number**	2	4		
MP Enquiries Rec	**Number**	2	3		
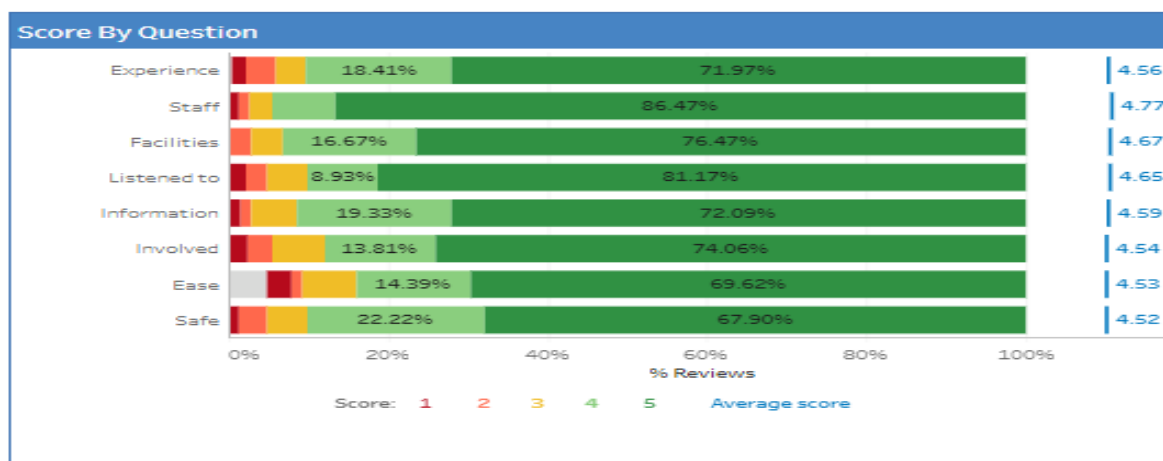
The Mental Health West division has a wide variety of services reporting into it, including Talking Therapy services and Court Liaison as well as secondary mental health services. The division saw a significant improvement in number of responses received this quarter, this was largely due to significant increase in responses from Talking Therapies. The 3 services with the most feedback through the patient survey were Talking Therapies with 437 responses, PMS West with 79 responses and CRHTT with 51 responses.

Within Mental Health West the questions relating to ease and safety were least likely to be positive.

This division received 10 formal complaints during the quarter with CMHT receiving 4 and CRHTT receiving 3. There were 13 complaints closed with 11 being found to be upheld or partially upheld.

For CRHTT there were 51 feedback questionnaires completed with a 72.5% positivity score and 4.08 star rating; with lots of positive comments about being seen quickly, being helpful, *'I was in a very bad way and they checked in with me every day , they were helpful and saved my life';* a number of the less positive reviews talked about communication both in terms of style and content as well as dissatisfaction with being discharged.

There were 3 complaints received by CRHTT and 3 complaints closed (2 from same person), these were all upheld with 2 relating to staff attitude/ communication and 1 around care and treatment provision. There were 2 compliments received directly to the service.

CRHTT use all of the feedback they receive to help shape provision along with a dedicated lived experience worker who supports the whole team to improve on service user and carer experience.

Of the 4 complaints for West CMHT's during the quarter, 3 were about care and treatment and one about the conduct of staff. There were 7 complaints closed, 5 of which were found to be upheld or partially upheld. CMHT is an area with little feedback received via the iWGC survey, and work is underway to understand the challenges they are having and increase the uptake by people who are seen by this service. There were 11 responses received with 77.8% positivity score and 4.39-star rating, 9 of these were positive with comments received included staff being friendly with patients felt listened to, whilst 2 did not believe that their experience had been positive or helpful to them.

Older adult and memory clinic combined have received 65 patient survey responses during the quarter with a 98.5% positivity rating (4.84-star rating) some of the feedback included *"My consultant explains everything so clearly and completely incudes my daughter, who accompanies me on visits too, which is so important for both of us.";*

For Talking Therapies, their patient survey responses gave a positivity score of 92% (4.67-star rating), they are also the service who receive the most compliments back to the service with 534 received this quarter. There was 1 complaint opened and no complaints closed this quarter.

The vast majority of comments were still very positive about the staff, finding them kind, supportive and empathetic. A number of the comments/areas for improvement still demonstrated need for flexibility and differing approaches preferred. Some other areas for improvement were around more time being needed and difficulty with online appointments and the online log in system. For example, *"the login instructions for the online tool could be better. I used different platforms and eventually got in" "the therapy being online can make it hard to connect at first."* The service reviews all feedback.

There were 22 reviews that scored very low (1 or 2 star) this quarter where patients did not feel that the service had been at all helpful to them. To provide some context there were 28,399 contacts for the service during the quarter. The division will review this as part of their Patient Safety and Quality meetings and work on improvements.

Community Health East Division (Slough, Windsor, Ascot and Maidenhead, Bracknell)

Table 5: Summary of patient experience data

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	755	1416		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3.4%	5.6%		
iWGC 5-star score	Number	4.83	4.84		
iWGC Experience score - FFT	%	96%	97.2%		
Compliments received directly into the service	Number	174	201		
Formal Complaints Rec	Number	5	1		
Formal Complaints Closed	Number	2	4		
Formal Complaints Upheld/Partially Upheld	%	100	50		
Local resolution concerns/ informal complaints Rec	Number	6	2		
MP Enquiries Rec	Number	0	0		
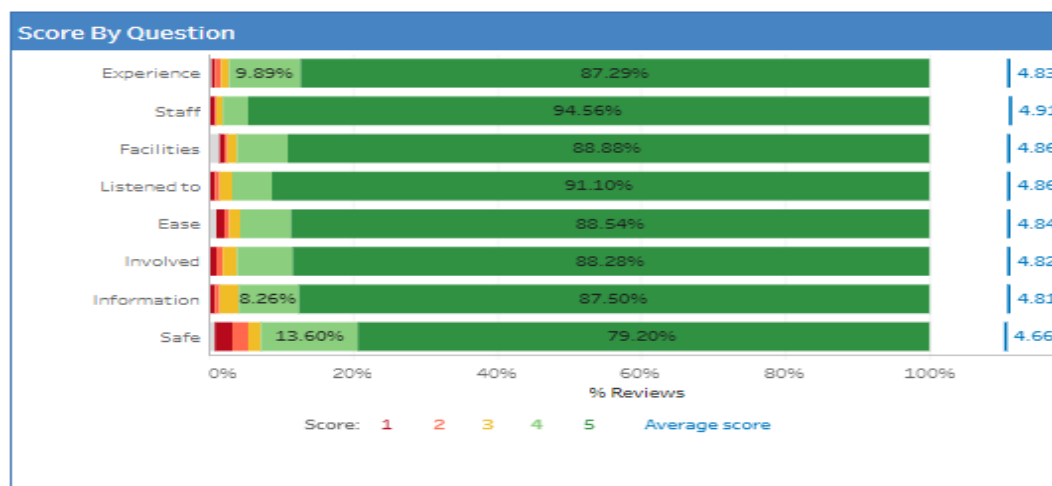
Community Health East Division saw a significant increase in responses this quarter. During this quarter there was 1 complaint received into the division (about the Assessment and Reablement Clinic known as ARC), and 2 locally resolved concerns. 4 complaints were closed for the division, 3 of which were not upheld and 1 upheld.

To provide some context across our East and West District Nursing teams combined there are 38,274 contacts this quarter. East Community Nursing/Community Matrons received 124 patient survey responses during the quarter with a 96.8% positive scoring, many comments were about the kindness and compassion of the staff and the treatment received including, *" I was listened to and offered the support needed", "I had an excellent care in my own home. The matron was polite and involved me in decision making" and "CM was very supportive and referred me to lots of different services and treatment was excellent." Very pleased with all the care and treatment I receive , all the nurses are friendly and kind",* There were also some comments around timing of visits and *'occasionally I have been missed and have had to call to remind them, having said that the nurses are all kind and considerate to my needs'* Work is ongoing within community nursing to procure an allocation tool that will help with visits scheduling.

The wards received 118 feedback responses (70 Jubilee ward 97% positive score and 48 Henry Tudor ward 87.5% positive score). 3 of the responses giving a score of below 3 for Henry Tudor ward had positive comments so it appears there was confusion with way the scoring worked, comments included '*I have been other hospital they do not have same care as*

I'm having here. 'Customer care is excellent' and 'staff are very kind and helpful,' 'food exceptional.'
Most of the comments for improvement were around sleeping at night, call bell response and more physio. Henry Tudor Ward received the second highest number of compliments this quarter, with 103 reported by the staff.

There was one complaint closed for Jubilee ward which was found to be upheld, this was in relation to staff attitude toward a visitor.

The Community Dental service received 96 responses to the patient survey during the quarter (more than double received last quarter) with a positive score of 100%. There were lots of comments about kindness and friendliness of staff including *"[name removed] my Dentist was so kind and very supportive she explained everything she was doing as she was doing my dental work. The nurse who was assisting her was also very nice."* and *"Excellent visit today, great information received, clear and understanding. Not rushing and very reassuring for [name removed]. Full stars thank you!"*

As with MSK physio in the West, there was a high number of responses to the patient survey and a high positivity score of 96% (4.85 stars), comments were very complimentary about staff and included *"Appointment on time. I was listened to, and exercises were adjusted to my needs. All done in a familiar manner also advised about next stage with my treatment."* There were no themes emerging from the improvement suggestions this quarter.
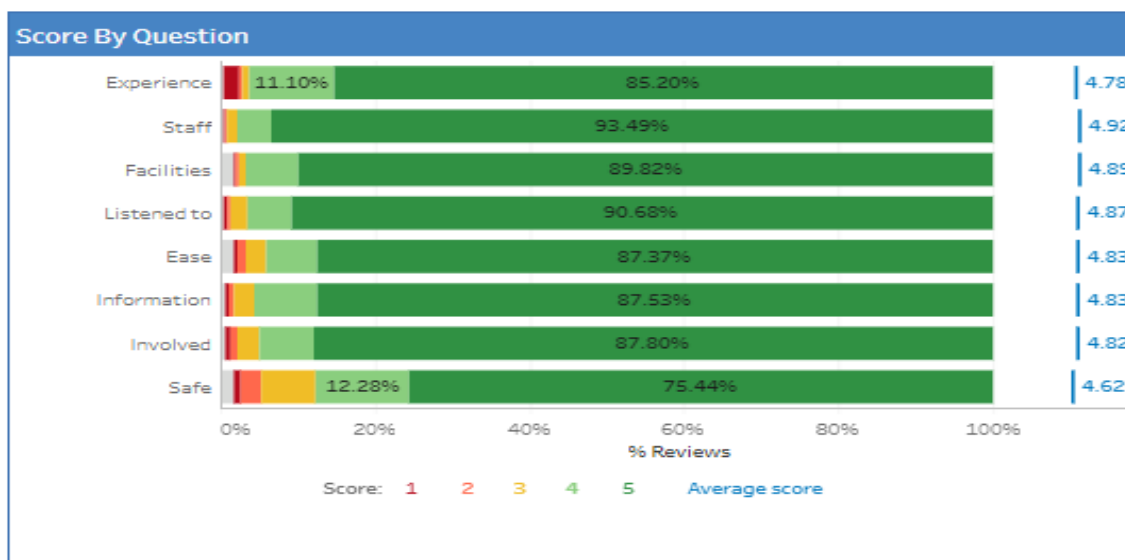
There has been a significant increase in responses received by the outpatient services within the locality. The scores were 96% positive with a positivity score of 4.85 stars from the 384 responses received. With some very positive feedback including for the Lower limb service, *'The nurses were considerate, prompt- was not kept waiting, not rushed thus able to pay attention to my needs. The venue is so convenient for me with parking facilities as well as clean and not overcrowded''.*

The diabetes service received 24 feedback responses with 100% positivity and some lovely comments including *'my diabetic nurse explained everything very carefully and thoroughly , she answered any questions I had and very patiently went over things again'* and   *'xx has been so supportive , so helpful guiding me to help control my diabetes so much easier','* x is the best diabetic nurse we have seen in NHS…..', it was comprehensive and I was totally involved'* alongside some helpful suggestions for the service to consider such as 'having the booklet sent out electronically as well as on paper' and challenges with the log in system for the online training sessions.

Community Health West Division (Reading, Wokingham, West Berks)

Table 6: Summary of patient experience data

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	675	1459		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	0.9%	3.1%		
iWGC 5-star score	Number	4.76	4.84		
iWGC Experience score - FFT	%	95%	96.3%		
Compliments (received directly into service)	Number	126	167		
Formal Complaints Rec	Number	7	5		
Formal Complaints Closed	Number	11	4		
Formal Complaints Upheld/Partially Upheld	%	55	50		
Local resolution concerns/ informal complaints Rec	Number	16	16		
MP Enquiries Rec	Number	3	1		

Score By Question

Question	% positive (visible)	Average score
Experience	11.10% / 85.20%	4.78
Staff	93.49%	4.92
Facilities	89.82%	4.89
Listened to	90.68%	4.87
Ease	87.37%	4.83
Information	87.53%	4.83
Involved	87.80%	4.82
Safe	12.28% / 75.44%	4.62

Score: 1 2 3 4 5   Average score

% Reviews

Community Health West saw a significant increase in responses this quarter. There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 96.3% positive satisfaction and 4.84-star rating and the question on staff (were you treated kindly?) receiving a 97.9% positive scoring from the 1,461 responses received.

There were 5 complaints received during the quarter, 3 of these related to community wards and there were 2 relating to the Podiatry Service.

There were 4 complaints closed for the division during the quarter with 2 being upheld or partially upheld (these were about Windsor Ward and Westcall). There were no themes identified for closed complaints.

During this quarter the community hospital wards have received 101 responses through the patient survey receiving a 92% positive score and 4.54 star rating, (7 responses scored 3 and below overall) questions around information and feeling involved received the most results of 3 and below; comments include staff being kind and knowledgeable, 'I could not have wished for better care', 'I can't fault the care I received', 'I've been looked after with such kindness, care and compassion and 'joyful, kind staff', there were some individual comments where patients were less satisfied particularly with discharge, some wanting more therapy and some less, patients seem to have very mixed opinions of the food where they have left comments about it, a few patients would have liked more information around what to expect.

Westcall received 60 responses through the iWGC questionnaire this quarter(90% positive score, 4.88-star rating, 5 scores received below 4 and all 5 had very positive comments including amazing staff and being very happy with the call, it is therefore likely that those were intended to be positive scores of 5 rather than 1. Positive comments included '*the doctor treated my daughter really nicely,' nurses and doctors very kind and helpful, seen speedily'* and '*wonderful team were friendly and reassuring.'* Westcall received around 17,000 contacts during the quarter.

Podiatry services received 113 patient survey responses. Most responses were very positive receiving 5 stars (overall 95.6% positivity 4.84 star rating) with examples including "*Kind and treated with respect and understanding and gave appointment quickly", from the receptionist to the nurse first class service as usual, caring, universally and beyond, kind, friendly, helpful, efficient , follow up booked, I cant thank the team enough".*

There were no complaints for Community Nursing and Community Nursing have received some of the highest numbers of feedback (352 across the 3 localities in the quarter, with a 99.4% overall satisfaction score and 4.89-star rating). To provide some context across our East and West District Nursing teams combined there are 38,274 contacts this quarter. Lots of comments included professionalism, empathy, and kindness of staff, '*nurses are a pleasure*

to see , aways cheerful,' 'everything was communicated extremely well' and *'you are all absolutely amazing'.* There were several positive comments about the triage nurses and there were very few suggestions from improvement, there were just a few about timing of visits including not knowing when the nurses would be coming.

MSK Physio has not received any complaints in the quarter, it has received 1 compliment and 398 patient survey responses with a 99.5% positive score (4.94 star rating), very few areas for improvement were included in the feedback there were a few suggestions including reminder text, length of wait to appointment and booking future appointments and the overall feedback was extremely positive with lots of comments about fantastic, helpful and dedicated staff, treated with respect and excellent care.

There is one PHSO complaint currently under investigation (for Donnington Ward).

Mental Health Inpatient Division

Table 7: Summary of patient experience data

Patient Experience - Division MH Inpatients		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	21	33		
Response rate	%	10.3%	16.5%		
iWGC 5-star score	Number	3.92	3.77		
iWGC Experience score - FFT	%	76%	75.8%		
Compliments	Number	12	10		
Formal Complaints Rec	Number	14	10		
Formal Complaints Closed	Number	11	15		
Formal Complaints Upheld/Partially upheld	%	45	67		
Local resolution concerns/ informal complaints Rec	Number	2	1		
MP Enquiries Rec	Number	0	0		
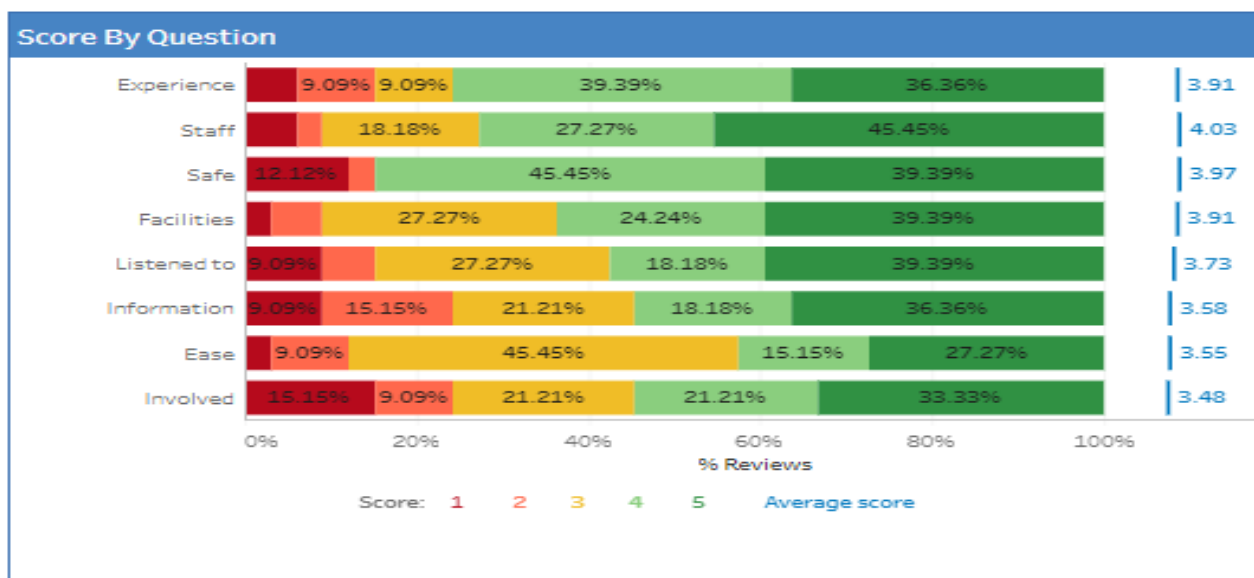
There were 200 reported discharges from mental health inpatient wards (including Sorrel Ward). Only Daisy Ward, Place of Safety, Snowdrop Ward, and Sorrel Ward collected feedback from the patient experience tool this quarter (33), with no responses received from Bluebell Ward, Rose Ward, and Rowan Ward. The satisfaction rate at 75.8% is possibly skewed by 8 of the 33 completed questionnaires giving scores of 1-3. The individual question themes would indicate that 'feeling involved' receives the least positive scores with overall 5-star rating being 3.48; with 15 of the 33 giving a score of 3 or less to this question.

There were 10 formal complaints received for mental health inpatient wards during the quarter, with care and treatment being the main theme for 4 complaints. 4 of the complaints received were about Snowdrop Ward, however there were no themes or trends to the complaints.

There were 15 complaints closed for this Division during the quarter and of these 10 were partially upheld and 5 were not upheld, of those upheld 4 related to attitude of staff

There were many positive comments received in the feedback including comments such as staff were very nice and supportive, and queries dealt with professionally and concisely. 25 of the 33 responses to the survey were from Sorrel Ward and of those 19 (76%) gave a positive score of 4 or 5. Most of the lower scores did not provide much additional feedback however there were some comments about a wish for more therapy including art therapy and encouragement to use the gym, there were also a few individual comments about their specific treatments.

Examples of the feedback left are *'that I had the opportunity to express my beliefs and ideas, doubts that I had have been dealt with professionally and concisely'*, *'personally the idea of medication is not a route I believe is best but the therapy has been beneficial and positive'*, '*I have received the care I need and the staff are lovely'*, *'staff listen and act on what you tell them'* and '*I feel safe here is clean and staff are available to help'*.

Positive feedback was also received through the CRHTT carers group in relation to hospital stays for their loved ones, this included, one carer's husband had a 4-month admission to Snowdrop Ward she was effusive with her praise for the staff she said she and her husband were treated with kindness and compassion throughout the admission. She described how frightened she had been leaving her husband on the ward after his admission and that how as she was leaving a female member of staff had noticed and came over, held her hand and reassured her that her husband was now safe and would be looked after. She said that this small thing had been so reassuring and had meant so much to her. She particularly singled out Versha and Tim for the support they had given them both.

The other carer had a son admitted to Bluebell ward for 8 weeks she again was very keen to stress how positive the experience was. She also spoke about the kind and caring nature of the staff, how both her and her husband had been made to feel welcome when visiting. She also spoke about how flexible the Ward had been when it came to her son's discharge

The 3 responses related to Place of Safety provided positive scores and comments

Demographic profile of people providing feedback (Breakdown up to date as of Quarter 4)

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	6%	7.1%	9.67%
Black/Black British	8%	2.6%	2.67%
Mixed	8%	1.9%	3.49%
Not stated	24%	9.5%	15.89%
Other Ethnic Group	4%	5.7%	1.62%
White	50%	73.1%	66.66%

The above would indicate that potentially we have a higher number of complaints received compared to attendance percentage from those with Asian/Asian British and mixed heritage and that there is still more feedback being received from White British as a percentage of contacts than from others. It will be important to ensure as we continue to gain an increase in our patient survey responses that everyone is able to access and use the survey; the survey is provided in easy read and a number of differing languages, but it will be important to ensure that the prompts to complete this are not inhibiting feedback representative of the community and our patient attendance.

Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q4 attendance
Female	52%	47.20%	53%
Male	44%	32%	46.98%
Non-binary/ other	0	4.70%	
Not stated	4%	16.20%	0.009%

This would indicate that whilst the breakdown by attendance is fairly equally split as are complaints it would appear that we are still more likely to hear the voice of the patient through the patient survey if they are female.

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendance
0 to 4	2.00%	4.70%	18.41
5 to 9	10.00%		4.14
10 to 14	6.00%		4.34
15 to 19	2.00%		4.52
20 to 24	8.00%	6.60%	2.87
25 to 29	4.00%		3.14
30 to 34	6.00%	9.20%	3.56
35 to 39	6.00%		
40 to 44	10.00%	9.50%	3.58
45 to 49	12.00%		3.52
50 to 54	6.00%	13.20%	3.73
55 to 59	4.00%		4.32
60 to 64	0.00%	14.90%	4.46
65 to 69	0.00%		4.63
70 to 74	4.00%	16.70%	4.53
75 to 79	4.00%		5.56
80 to 84	2.00%	17.00%	6.16
85 +	4.00%		6.55
Not known	10.00%	8.30%	11.98

Ongoing improvement

Complaint Handling Training continues to be delivered by the Complaints Office to support ensuring robust investigation and response to any complaints (formal or informal) that are received.

All services have access to a tableau dashboard detailing response to our patient survey including free text comments and this is refreshed daily to enable live data to be used by services alongside improvement work being undertaken.

Many of the teams are starting to use the feedback and improvement suggestions received through the iWGC tool, services like wards and outpatient departments are also starting to display these for services users and their loved ones to see.

Some examples of services changes and improvements are detailed below

Service	You said	We did
Children in care	You would like to have a choice of face to face or online health checks	We now offer to see you face to face or virtually for your health checks
	You didn't know what would happen when you and your health checks	We updated our team webpage with information about your health checks
CRHTT carers Group	Concerns raised about navigating Mental health services	We have since built on an existing Directory of Services and raised a Bright Idea with hopes of creating a user-friendly app or webpage to support Carers, patients, and staff with this. We plan to include service information, such as remit, inclusion/exclusion criteria, opening hours, and contact details for all BHFT Mental Health Services and guide users through the various treatment pathways. They can input the information they know, such as Crisis Team, which will show the service information and prompt to potential ongoing treatment pathways, such as CMHT, EIP, Psychology etc.
	Concern raised about lack of clarity for options in an emergency	Our plan is to create an accessible document detailing option, such as 999, CRHTT, EDS, which will be shared with Carers. We will also provide training to CRHTT staff to ensure a consistent response when Carers contact us for support in such situations. We are using a document created by the Carer who raised this concern to guide what information is needed both in the emergency response document and for training
	A concern was raised by a Carer that staff lacked awareness of supporting people with ASD, with potential implications on	We used this feedback when developing training facilitated by our Nurse Consultant. This training has helped staff to better understand supporting people with ASD, including for example making reasonable

	effective risk management and developing treatment plans.	adjustments such as meeting in an environment with less sensory stimulation, providing written copies of care plans, and relaying information in an understandable way (e.g., avoiding metaphors).
Community Physiotherapy	A patient fed back about the unknown duration of waits.	At the time we were sending a letter to patients to advise that there would be long waits and to call the service if needed more urgent appointment. Now we include the approximate wait time.
	Our appointment letters are too long and contain too much information	We have reviewed and amended the appointment letter to make it more succinct, whilst still including the relevant information
	You said you were prefer later opening times	Increased our opening times to include early evening appointments
	Change phone line message to include more information and opening times and the welcome message more patient friendly	We have changed the phone line message to include our opening times, updated the welcome message and included our email address.
	You prefer face to face appointments	We have made all first appointments and most follow up face to face, there is still an option for virtual appointments if you prefer that
Lower limb service	Everything was explained and my questions were fully answered My problem was that so much information given that I had great difficulty remembering it all Improvement: More of the information should be written down.	share skin care leaflets and information relating to what a leg ulcer is, how and why they develop and how patients can reduce the risk of developing another one; and are exploring when during the average 12-week pathway that this information is best shared
Health Visiting	Families have struggled to access healthy vitamins now we no longer do 'drop in' well baby clinics	a new process has been devised to enable us to work with children's centres/hubs and increase the access to healthy start vitamins.
	Families fed back they were getting their ASQ development checks later and problems had been dealt with by other services.	We devised a 'catch up process' to ensure these families had a timelier appointment and children approaching their developmental review is now at the correct time.
	Bruising policy was appropriately instigated but a parent was unhappy with the service	mothers' feedback was used to offer more training to staff on birth marks and a team reviewed the bruising policy and used this as a focus in the monthly team meeting to support development in all practitioners,

15 Steps

Appendix 1 contains the 15 Steps visits that took place during quarter two, with the programme fully recommencing in April 2022. There was 1 visit to a community physical health inpatient ward, 2 for mental health inpatient wards and 3 to community based physical healthcare services.

Summary

The largest single concern raised through all data sources continues to be about waiting times in children's services where this features within formal, informal and MP concerns as well as being identified within patient surveys. There is work being undertaken currently within the children's division and with support of some external resource to ensure that there is clarity on wait time data , the reasons behind our longest waits are understood and that the services are operating in the most efficient way possible in the context of increasing demand and staffing resource. Some of our other services also received some comments around wait times.

Responses about staff were still overwhelming positive although we recognise that this is not the experience for everyone and do see some feedback and complaints relating to staff attitude for the vast majority of patient contacts their experience of our staff is a good one; we continue to foster our culture of kindness and civility across the organisation.

Involvement and information came out across the divisions as being the areas for most improvement whilst this was not true of all individual services it is an area of focus for some; where comments in relation to this are received, they are often in relation to communication between staff and patients including clarity of service, expectations, and timeliness of information.

It is very positive to see further increased volumes of patient feedback through our patient survey month on month and all managers and divisional leaders have access to the live tableau dashboard to view this. It is also positive to see a number of services proactively using the feedback to make changes and displaying this for patients and their loved ones to see.

It has been noted that in some cases we have been receiving scores of 1 (the lowest rating) but with very positive comments alongside this rating which doesn't quite equate; this has been fed back to iWGC who have advised that this is a recognised issue with feedback across the Trusts that they work with and that as they consider this as a minimal impact, there are no plans to amend the supporting information that is given about the rating scale.

Appendix 1

15 Steps Challenge

Quarter 2 2022/23

<u>**Daisy Ward**</u>

Positives observed during the visit:

- The Ward appeared calm and relaxed.
- Staff interacted with patients in a positive way.
- Communal areas were tidy and free of clutter.
- QMIS board was up to date and current.
- Staff board of photos was on show with origins of birth to demonstrate diversity.

There were some observations made which were discussed at the time of the visit with the manager:

- There was no whiteboard with staffing numbers or staff present - CDL indicated that this was due to a patient who kept erasing the details form the board.
- Notice boards looked tired and neglected- CDL said he was working on these, but he was unable to devote time to them a present.
- There was no visible activity taking place despite the timetable- CDL said he would chase this up as the person that was meant to undertake the activity was not present.

<u>**Rowan Ward**</u>

Positives observed during the visit:

- Staff greeted the team and were ready to assist if necessary.
- Photo board was up to date and current.
- The ward felt calm and well managed.
- Hand gel and Masks were available, and the team was encouraged to use them.
- Staff seen actively engaging with patients in a positive way.

There were some observations made which were discussed at the time of the visit with the manager:

- The Rowan tree board used for feedback was looking tired- Manager said this was something they would update.
- QMIS information board was confusing- Manager acknowledged that some of the information was a bit confusing and they would address.

- The team visited the cinema room but on entry it was being used by some relatives, no sign was placed to indicated it was occupied- Manager was happy to address and put a sign out when the room is occupied.

Donnington Ward

Positives observed during the visit:

- Staff wore their name badges.
- The ward felt calm.
- The ward had access to a garden for patients.
- Mealtimes were protected times, and this was displayed on the ward.
- Staff were friendly and know of the 15 steps challenge.

There were some observations made which were discussed at the time of the visit with the manager:

- The dining area was cluttered with various equipment- Manager indicated that the area was not in use, and they were still getting back to normal after Covid.
- Some patients indicated they were bored during the visit- Manager said that they had had to send the activities coordinator home due to illness.
- Some patients said that food was given cold and not covered- Matron said the food should be both warm and covered, she would investigate into this.

Urgent Care Uni t- WBCH

Positives observed during the visit:

- Staff were friendly, caring, and professional.
- Signage was clear from main reception.
- The waiting areas was clean and clutter free.
- Patient Leaflets were well organised.
- Notice board was on display to distinguish which staff were on duty.

There were some observations made which were discussed at the time of the visit with the manager:

- Despite system being down all was under control and the wait time was only 12 minutes.
- The joined waiting area was distinguished by coloured chairs.
- The unit did not have waiting lists- they are moving to an online booking system which all patients can access.

Physiotherapy- Bracknell

Positives observed during the visit:

- Staff introduced themselves and made eye contact.
- Patients were seen in cubicles to maintain dignity.
- Corridors were free of clutter.
- Clinic was running on time on day of visit.
- Toilets were clean and there was adequate wheelchair use.

There were some observations made which were discussed at the time of the visit with the manager:

- There was a waiting list for the clinic- Staff indicated was 12 weeks however this time had been reduced as the team was working extra hours.
- The Photo display of stay was out of date- Staff indicated that this would be updated and placed in a better location.
- The floor in the main clinic room was stained- Staff reported that this was going to be cleaned.

Podiatry- Skimped Hill

Positives observed during the visit:

- On day of visits appointments were running on time.
- The main reception and Podiatry area had enough setting for the patients.
- Leaflets were displayed for patients to read and take with them.
- There was a board near the office which stated who was on shift.
- I want great care is in use, patients were given leaflets to fill this out and were told to send it back via envelope that was provided.

There were some observations made which were discussed at the time of the visit with the manager:

- It was noticed that some staff names there were displayed weren't on shift- Staff said that this will be rectified, and it was noted that staff photos were displayed due to security reasons.
- The podiatry administrative office was cluttered and had some out-of-date posters- Staff indicated that they had been asking for an office revamp and the posters would be removed.
- Signage to the clinic was clear and staff at main reception gave directions to patients- Member of staff indicated that patients are still being sited at main reception due to getting lost.

Linda Nelson & Pauline Engola
Professional Development Nurses
October 2022

Appendix 2: complaint, compliment and PALS activity

All formal complaints received

Service	2021-22						2022-23				
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Higher or lower than previous quarter	Q2	Total for year	% of Total
CMHT/Care Pathways	5	8	10	9	32	**13.85**	11	↓	10	21	**19%**
CAMHS - Child and Adolescent Mental Health Services	5	10	6	10	31	**13.42**	4	↑	6	10	**9%**
Crisis Resolution & Home Treatment Team (CRHTT)	5	4	2	4	15	**6.49**	3	↑	9	12	**11%**
Acute Inpatient Admissions – Prospect Park Hospital	11	8	7	6	30	**12.99**	13	↓	7	20	**18%**
Community Nursing	4	5	2	1	12	**5.19**	3	↓	0	3	**2.50%**
Community Hospital Inpatient	6	8	6	5	25	**10.82**	4	↓	3	7	**6.50%**
Common Point of Entry	0	1	1	0	2	**0.87**	0	↑	1	1	**1%**
Out of Hours GP Services	1	1	5	2	9	**3.9**	1	↓	0	1	**1%**
PICU - Psychiatric Intensive Care Unit	3	1	2	1	7	**3.03**	1	↑	2	3	**2.50%**

Service	2021-22						2022-23				
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Higher or lower than previous quarter	Q2	Total for year	% of Total
Urgent Treatment Centre	1	1	0	0	2	**0.87**	1	↓	0	1	**1%**
Older Adults Community Mental Health Team	0	0	0	2	2	**0.87**	1	-	1	2	**2%**
Other services in Q2	18	14	14	16	64	**27.71**	19	↓	11	30	**26%**
Grand Total	59	61	55	56	231	100	61		50	111	100%

Locally resolved concerns received

Division	July	Aug	Sept	Qtr 2
MH IP	0	0	0	**0**
CHS East	1	0	1	**2**
CHS West	4	4	4	**12**
MH East	0	0	0	**0**
MH West	0	1	0	**1**
CYPF and LD	1	0	1	**2**
Total	**6**	**5**	**6**	**17**

Informal Complaints received

Division	July	Aug	Sept	Qtr 2
MH IP	0	0	1	**1**
CHS East	0	0	0	**0**
CHS West	3	1	0	**4**
MH East	0	1	1	**2**
MH West	0	1	2	**3**
CYPF and LD	1	2	1	**4**
Total	**4**	**5**	**5**	**14**

KO41a Return

We have been informed by NHS Digital that they are no longer collecting and publishing information for the KO41a return on a quarterly basis, but will now be doing so on a yearly basis. We will expect to be asked to submit our information in May 2023, so this will next be reported in the Q2 2023 report.

Formal 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).

Outcome of formal complaints closed

Outcome	2021-2022				2022-2023				
	Q1	Q2	Q3	Q4	Q1	Higher or lower than previous quarter	Q2	Total for year	% of 22/23
Not Upheld	27	36	34	21	23	↓	22	45	38.00%
Partially Upheld	19	18	22	22	21	↑	30	51	43.00%
Upheld	9	11	6	6	12	↓	9	21	18.00%
SI	0	0	0	0	1	↓	0	1	1%
Grand Total	**55**	**65**	**62**	**49**	**57**		**61**	**118**	**100.00%**

61% of complaints closed were either partly or fully upheld in the quarter (compared to 57% last quarter), these were spread across several differing services.

Complaints upheld and partially upheld

Service	Main subject of complaint									
	Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatment	Communi cation	Confiden tiality	Discharge Arrangements	Discrimin ation, Cultural Issues	Waiting Times for Treatment	Grand Total
SUN						1				1
Adult Acute Admissions - Daisy Ward	1		2	1						4
Adult Acute Admissions - Rose Ward				3						3

Service	Main subject of complaint								
	Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangements	Discrimination, Cultural Issues	Waiting Times for Treatment	Grand Total
Adult Acute Admissions - Snowdrop Ward			2	1						3
CAMHS - ADHD				1					1	2
CAMHS - Specialist Community Teams				1						1
Children's Speech and Language Therapy - CYPIT					2					2
CMHT/Care Pathways				6			1			7
CMHTOA/COAMHS - Older Adults Community Mental Health Team				1						1
Community Hospital Inpatient Service - Jubilee Ward	1									1
Community Hospital Inpatient Service - Windsor Ward				1						1
Crisis Resolution and Home Treatment Team (CRHTT)			3	1	1					5
Health Visiting					1					1
Learning Disability Service Inpatients - Campion Unit - Ward	1			1						2
Neuropsychology				1				1		2

Service	Main subject of complaint									
	Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangements	Discrimination, Cultural Issues	Waiting Times for Treatment	Grand Total
Other					1					1
Out of Hours GP Services		1								1
Psychological Medicine Service				1						1
Grand Total	**3**	**1**	**7**	**19**	**5**	**1**	**1**	**1**	**1**	**39**

Compliments

The chart below shows number of compliments received into services, these are in addition to any compliments received through the iWGC tool.

	2020/21					2021/22					2022/23		
	Q1	Q2	Q3	Q4	Total 2021/22	Q1	Q2	Q3	Q4	Total 2020/21	Q1	Q2	Total to date 2022/23
Compliments	873	975	1,010	1,319	4,177	1076	986	960	772	3794	1076	1119	2195

Top 10 services with the highest number of compliments

Service	Number of compliments
Talking Therapies - Admin/Ops Team	533
Community Hospital Inpatient Service - Henry Tudor Ward	103
District Nursing	63
SUN	39
Community Respiratory Service	28
CMHTOA/COAMHS - Older Adults Community Mental Health Team	28
Community Based Neuro Rehab - CBNRT	24
Children's Speech and Language Therapy - CYPIT	23
Community Dietetics	20
Cardiac Rehab	16

PALS activity

PALS has continued to provide a signposting, information, and support service throughout the pandemic response. PALS has continued to facilitate the 'Message to a loved one' service, which involves collating messages for patients, which are then delivered on the ward. This was available across all inpatient areas. The PALS Manager continues in the roles of Freedom to Speak Up champion and Armed Forces Service Network champion.

There were 379 queries recorded during Quarter two. A decrease of 36 since Quarter 1. PALS has engaged a volunteer on a part time basis, and this has improved direct access to the service.

In addition, there were 226 non-BHFT queries recorded.

The services with the highest number of contacts are in the table below:

Service	Number of contacts.
West CAMHS	33
West Berkshire Community Hospital	25
57/59 Bath Road	23
Fitzwilliam House	17
King Edward V11 Hospital	16
The Old Forge Wokingham	16
CAMHS Building Wokingham Hospital	14

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
8576	West Berks	CMHT/Care Pathways	Moderate	Has not received any of the things promised ORIGINAL COMPLAINT BELOW Complainant feels there has been total neglect in patient care, since transferring from CAMHS to AMH. No therapy, suicide attempts, changes in care coordination	Upheld	Pt to be allocated a new care coordinator Pt to be discussed in EUPD panel with a view to being offered urgent IMPACTT Assessment Pt to be invited to Rise Club and Staying Well Programme at CMHT.	Care and Treatment
8618	Slough	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Low	complainant unhappy at the attitude of staff when requesting help for the pt. Complainant feels the question put to the NOK in front of the pt were inappropriate	Partially Upheld		Care and Treatment
8575	Wokingham		0 Minor	Pt left hanging on the line which was cut off to 111. WestCall referred to DN's wants to know why there is not a dedicated phone line for cathetar care believes the structure and delivery or care is not done properly	Partially Upheld	Complainant to be given the WestCall Clinicians direct dial number and apology that this had not been given previously.	Access to Services
8583	Bracknell	Other	Low	Pt states the Trust falsely wrote to the PHSO	Upheld	Trust inadvertently provided PHSO with incorrect information. Apology to both pt and PHSO	Communication
8572	Reading	Mental Health Act Department	Low	Pt feels their medical records are unrecognisable to them, they did not realise they had been sectioned in 2020 until they read the records and did not realise everything they said was being recorded in the notes	Not Upheld	Ward to read / explain Sec. 132 MHA rights to detained patients in accordance with the Trust / MHA and the Code of Practice.	Medical Records
8582	Wokingham	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	pt feels they have been lied to, refused copied of their medical records and threatened with enforced hospitalisation. Also wishes to deal with a different staff member. Allegedly formally requested their medical records more than 29 days ago which have not been provided.	Partially Upheld	Discuss with CRHTT Team Leads the need to gain clarity on nature of SAR, confirm with patient at the point of request and Team Leads will continue to share with their respective teams through handover meetings	Attitude of Staff
8528	Wokingham	CMHT/Care Pathways	Minor	Multiple agency complaint about inaccuracies in records and care given by CMHT along with funding concerns from the CCG	Not Upheld		Care and Treatment
8592	Wokingham	Podiatry	Low	Local resolution complaint meeting requested ORIGINAL COMPLAINT BELOW Pt unhappy with staff attitude and does not understand why the question to have the nail removed was not addressed	Not Upheld		Attitude of Staff
8581	Reading	CAMHS - ADHD	Low	pt on wait list for 12 months, complainant struggling and states they really need help for the patient	Not Upheld		Care and Treatment
8579	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Complainant unhappy with response and disputes most of it Original complaint Pt unhappy with the way they have not been helps by Crisis and the attitude of the staff	Partially Upheld	Case has been discussed with all staff concerned. Good practice was acknowledged with some staff and supervision was undertaken with staff member on the importance of timely communication with patient and her carer. Learning from this complaint has also been shared with wider CRHTT staff in staff meetings to highlight good practice and the importance of good communication with patients and carers.	Attitude of Staff
8627	Reading	Out of Hours GP Services	Low	call back was when pt was asleep, no further call despite chasing	Not Upheld		Care and Treatment
8658	Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Unhappy at being forcibly removed from their home during lunch by CRHTT staff and police	Not Upheld		Care and Treatment
8595	Reading	Adult Acute Admissions - Snowdrop Ward	Low	pt unhappy about staffing levels and the number of times they are allowed outside in a day, feels caged	Not Upheld		Attitude of Staff
8577	Reading	Adult Acute Admissions - Snowdrop Ward	Minor	Feels the response does not recognise complainants distress, wishes this to be acknowledged, and wish to know what processes have changed following complaint ORIGINAL COMPLAINT Pt adamant a ligature incident with another patient was nothing to do with them. Pt worried CCTV footage has not been reviewed to clear their name	Partially Upheld	Feedback to the original ward in regard to writing down information as an option for someone who disassociates when overwhelmed. Discussion with those involved in the decision making in regard to moving without notice to feed back SU opinions on this.	Attitude of Staff
8613	Reading	Neuropsychology	Minor	Pt unhappy at the way they have been treated just because they are away at university. Taken on and off wait because offered appt's when studying.	Partially Upheld	Outcome of ADHD MDT to be only documented on RIO. Previously outcomes documented on locally held spreadsheet.	Care and Treatment
8649	Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt feels they are worse since being under CHRTT, believe they have no coping methods, no understanding of what is wrong or help to deal with it plus no follow ups.	Not Upheld	There is evidence that the service have tried to engage this patient in a variety of ways. Patient has declined interventions with staff and has capacity.	Care and Treatment
8634	Slough	Assessment and Rehabilitation Centre (ARC)	Low	Pt felt pre-judged by the ARC physio and Dr following communication from her GP. Pt is unhappy with the way the IO spoke to her. Pt states the letter containing the diagnosis of their condition is peppers with mistakes.	Not Upheld		Attitude of Staff
8559	Wokingham	CMHT/Care Pathways	Low	9 new issues raised plus comments response to our letter of reply to the original complaint ORIGINAL COMPLAINT BELOW pt has experienced a reluctance and rudeness from CMHT re issues regarding the support package, as a result nothing has been adhered to. Pt states they have been without support for the last 3 months. Pt feels they have nowhere to turn for support and is not heard. New care coordinator required due to lack of confidence in current one	Partially Upheld	Issues raised about provider conduct to be forwarded to Wokingham Borough Council care governance.	Care and Treatment
8541	Reading	Adult Acute Admissions - Rose Ward	Moderate	General care and treatment of patients on Rose Ward	Partially Upheld	Arranged to meet with the lead for Neurodiversity strategy implementation and the commissioner for this on the 19th July	Care and Treatment
8621	Reading	Learning Disability Service Inpatients - Campion Unit - Ward	Minor	attitude of staff verbal and physically. Says not being advised to keep clean	Partially Upheld	It has been discussed and suggested that Mr, who has weekly contact with an advocate who visits with him at Campion, that he might benefit from a weekly joint meeting with the advocate and an aligned senior colleague external to the ward who could listen to his concerns and ensure these are explored or rationales given if there are no findings to suggest change in practice. This will be discussed and shared with the CQC so that Mr can continue to raise his concerns with them transparently, but they can also remind him of this process in place which will hopefully feel responsive and supportive for him.	Abuse, Bullying, Physical, Sexual, Verbal
8659	Bracknell	CMHT/Care Pathways	Low	Pt wishes to know the policies in place to make sure psychologists upload documents and who is accountable if this is not done	Not Upheld		Medical Records
8641	Bracknell	Health Visiting	Low	Many HV appt cancelled from HV with little notice plus pt's family. Complainant feels lies have been spread about them to the pre-school by the HV	Partially Upheld	Health Visitors to be reminded that all referrals to Children's Services should be shared with the parent/carer. The only exception is if there is an identified risk to the child in doing so.	Communication
8614	Reading	Adult Acute Admissions - Daisy Ward	Low	Pt complaining about being told to 'carry on banging their head'. Pt also states they are not listened to, they state they came into PPH to get help but also to be listened to and be cared for.	Partially Upheld	Staff member to undertake reflection as she went against MDT decision Better handover from MDT to staff on the ward is necessary in order to ensure everyone is aware of plans made in the MDT	Attitude of Staff
8669	Reading	Out of Hours GP Services	Low	complainant believes the 2nd Dr that called had a bad attitude to the patient on the phone	Partially Upheld	Clearer instructions on follow up arrangements when triaging patients	Attitude of Staff
8590	West Berks	CMHT/Care Pathways	Low	16 points raised covering CMHT / psychiatry / diagnosis understanding remits within BHFT	Not Upheld	Offer to meet with complainant to discuss points in person.	Care and Treatment
8667	Slough	CMHT/Care Pathways	Minor	Unhappy with response, wishes it reviewed ORIGINAL COMPLAINT Pt shocked to receive discharge letter date the day the Dr advised pt they would talk in 3-4 months. Letter states pt verbally agreed to the content which they had state had never heard about. Pt wishes to see evidence of facts and states medication in letter is incorrect	Partially Upheld	IO will discuss with the wider multi-disciplinary team the importance of setting clear expectations with patients around discharge; as well as staff roles and function as Transitions Clinic lead. IO will make sure the SOP is well; circulated and offer management support in discharge cases.	Discharge Arrangements

ID	Area	Service	Severity	Complaint	Outcome	Recommendations/Actions	Category
8574	Slough	Assessment and Rehabilitation Centre (ARC)	Minor	Pt was unhappy with diagnosis mentioned in letter received from Assessment and Rehabilitation Clinic (ARC) recently. They mentioned that their past medical history includes untrue surgery. They wish this to removed and to understand what the relevance was.	Not Upheld	ARC to ensure no PMH goes on further letter	Communication
8596	West Berks	CMHT/Care Pathways	Minor	Family unhappy at the lack of contact with CCO and as such request a different one. Worried as pt is showing signs of relapsing	Partially Upheld	Pt to be allocated a new care coordinator (CCO) CCO to make contact and agree frequency of updates Pt to be seen within two weeks of allocation to introduce new CCO, review risk and start care plan CCO to organise professionals meeting to agree shared care approach and identify needs and timescales to meet.	Care and Treatment
8552	Reading	Learning Disability Service Inpatients - Campion Unit - Ward	Moderate	Complainant has welfare concerns regarding the way the pt is treated on the ward. staff allegedly asleep at work, medication allegedly used to calm pt. Pt belonging go missing	Partially Upheld	To provide an opportunity to discuss her nervous feelings (related to taking a bath since she hurt her foot on the leg of the bath) with a psychologist. To check if she remains satisfied with the replacement purse – and if not, arrange to have an alternative purchased To remind all staff of the importance of ensuring that when a call point is deactivated, that the reason for this should be recorded in the RiO records To ensure that there is reconsideration of the appropriate use of ice packs, and that close supervision and support is provided, if their use is deemed necessary, to reduce the risk of a similar skin reaction To review the information available and given to all families/visitors to Campion. To ensure that this information includes what is expected of visitors during their time at Campion e.g., the rules around the use of phones and cameras, including the potential consequences. To ensure that following an incident, involving restrictive interventions, there should be a thorough visual check on the individual and if there is any injury, staff should ensure the RiO notes clearly record action taken, including the use of first aid, and recording of details using body maps, to identify the location and extent of any injury, these should then be uploaded to RiO Document View.	Care and Treatment
8629	West Berks	Community Hospital Inpatient Service - Donnington Ward	Minor	Family are complaining about a number of issues with care, treatment and communication whilst their mother has been an inpatient	Not Upheld		Care and Treatment
8568	Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Low	complainant unhappy that they were not contacted by Crisis to say a visit had already taken place the night before	Partially Upheld	1.To consider the recording of telephone conversations between clients and professionals in CMHT 2. CRHTT to consider checking on the authority in which some of their actions are based especially specific requests to act when referrals are made to the service. 3 Rio to ensure that the contact profiles on relatives and next of kin are clearly visible in the demographics to prevent professionals searching deeply in the progress notes for such information 4 Services should always consider the registration of service user consent where feasible and evidenced in case records and in circumstances considering rights and responsibility to always check on the notion of power of attorney for health, financial and wellbeing matters and whether such authority has been registered with office of Public Guardian	Communication
8611	Reading	CAMHS - ADHD	Moderate	Complainant upset that CAMHS have said the suicide attempt was a cry for help and the pt is not in crisis. Been waiting 4 yrs for ADHD assessment. Refused A&D in case it relates to ADHD.	Upheld	RRT Manager to shadow clinician involved in complaint (Agency Staff) Increased supervision of clinician (Agency Staff) Parent to call RRT if in crisis. Will not be put through to (agency staff) Administrators aware not to put the call through and clinician aware due to mum losing trust in clinician. Manager available to speak to mum if needed to rebuild trust in RRT Compliment passed to ADHD clinicians manager	Care and Treatment
8540	Reading	Neuropsychology		Due to interpreter service reoccurring incidents of not providing a service the pt no longer wishes to continue with therapy sessions	Upheld		Discrimination, Cultural Issues
8626	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	pt believes the medication is having side effects and no longer wishes to take it. Pt says they would like to be listened to	Not Upheld	Snowdrop medical team to explore/discuss prescribing lithium in liquid form. Planning a meeting with pharmacist to discuss medication.	Medication
8628	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt unhappy that they heard the staff member laugh on the call, wishes the call to be listened to investigated	Partially Upheld	Member of staff to listen back to the recorded call in supervision and to be supported in reflection. CRHTT staff to be informed that when patients request to speak to a Manager who is not available they can be directed to the Deputy Team Manager of Shift Lead.	Attitude of Staff
8625	Reading	Health Visiting	Low	Unhappy about communication regarding a mark on the childs body	Not Upheld		Communication
8656	Reading	Adult Acute Admissions - Rose Ward	Low	Pt assaulted on the ward in Dec 2021. Perpetrators was not removed from the ward, pt wishes to know why?	Partially Upheld	apology offered and explanation provided	Care and Treatment
8619	Reading	CAMHS - ADHD	Minor	Family wish appt to be expedited ORIGINAL COMPLAINT pt on wait list for 3 yrs. Starting senior school next year not sure how they will cope	Not Upheld		Waiting Times for Treatment
8580	Reading	Children's Speech and Language Therapy - CYPIT	Minor	Non-verbal Pt behaviour deteriorating. Family feel there has been a lack of support from OT and SLT	Partially Upheld	Therapists to be reminded (via Newsletter and team meetings) of the importance of ensuring that parents are kept informed about decisions relating to their child's therapy provision at school – need to be clear with parents and school who is going to be feeding back to parent Remind all staff to ensure that all conversations with school staff or parents in relation to a child (even those accessing support via the universal or targeted levels of the service) are recorded in a timely way on RIO to evidence that they took place and the content of the discussion. Remind all staff to be explicit with parents about who holds duty of care once a therapy programme has been provided for school staff to implement to avoid confusion or expectation of pro-active monitoring by therapy staff (which is not their role).	Communication
8591	Windsor, Ascot and Maidenhead	District Nursing		Complainant believes DN's using incorrect dressings and thus breaking down already fragile skin	Not Upheld	no consent received	Care and Treatment
8571	Reading	Adult Acute Admissions - Rose Ward	Minor	sectioned pt states misdiagnosed in 2005 states she is not ill. Has requested clean underwear and toothbrush, handbag and charger has been taken off pt. No info re advocate has been provided	Partially Upheld	Apology offered. Phone charger replaced	Care and Treatment
8548	Reading	Adult Acute Admissions - Daisy Ward	Low	Pt feels unreasonable force was used with a bullying nature by staff member during restraint also threatened to take their phone from them	Partially Upheld	None recommended as this has already been actioned by the ward manager as a result of the IFR completed	Attitude of Staff

8622	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt believes Crisis staff are complicit in the online bullying they have been experiencing. They believe staff have posted recorded conversations on social media	Not Upheld	Signposted to PHSO	Abuse, Bullying, Physical, Sexual, Verbal
8597	Reading	Adult Acute Admissions - Daisy Ward	Minor	Pt unhappy with the aggressive stance the staff have with them. Escorted leave continuously put back. issues around a parcel	Not Upheld		Attitude of Staff
8520	Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Jubilee Ward	High	Visitor used pt toilet on ward, nurse said they would 'slap' them if they did it again. Complainant is extremely angry at the way this person was threatened and believes they should not work in a care environment	Upheld	The member of staff involved on returning to work will be invited to a meeting in line with the Trust's Disciplinary Policy and an investigation will be undertaken. Should the member of staff not return to work, this will be discussed with them prior to them leaving for work and an investigation will be completed in their absence.	Abuse, Bullying, Physical, Sexual, Verbal
8657	Reading	Adult Acute Admissions - Snowdrop Ward	Low	medication and side effects not explained at the time, believes more training is required	Partially Upheld	apology offered for lack of explanantion	Care and Treatment
8554	Reading	Adult Acute Admissions - Snowdrop Ward	Low	complainant alleges to have been assaulted during the night on the ward for 11 nights on a row, not sure by whom	Not Upheld		Abuse, Bullying, Physical, Sexual, Verbal

Trust Board Paper

Board Meeting Date	8th November 2022
Title	Six Monthly Safe Staffing Review – April - September 2022
Purpose	**ITEM FOR NOTING** The purpose of this report is to provide the Board with information and assurance of safe staffing
Business Area	Nursing and Governance
Author	Linda Nelson - Professional Development Nurse Heidi Ilsley - Deputy Director Nursing
Relevant Strategic Objectives	Harm free care, Good Patient Experience, supporting our Staff, Money Matters
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, Diversity and Inclusion Implications	N/A
Summary	This report is for noting and aims to provide the Board with information and assurance on the assessment of safe staffing across our wards both in terms of a retrospective view over the last 6-month period (April – September 2021) and a prospective assessment of whether our staffing levels are sufficient to provide safe care over the coming months. The report is structured to support the requirements within the 2016 National Quality Board and the October 2018 NHSI Developing Workforce safeguards in relation to Board oversight of staffing on the wards. The report includes an executive summary and the required safe staffing declaration can be found on page 18 of the report. In summary, there are no predicted changes to any of the wards in terms of capacity meaning that current retrospective assessment also provides likely prospective requirements.

Triangulation of available data including the SafeCare tool indicates that the number of staff being used at PPH are broadly in line with meeting the needs of the acuity of patients, whilst a high number of temporary staff are used many know the hospital well and staff are moved around the hospital/ deployed to ensure that staffing is in the right place to best meet patient need. Additional temporary staffing is brought in to meet additional patient 1:1 observations and the number of unfilled shifts has reduced in the last 6 months compared to previous. Completion of the work with finance will support ensuring establishments are reflective of staff numbers being used on the wards with aim of reducing temporary workforce need.

For the community wards in the West a review of establishment is in progress to ensure that we can provide optimal care for the current cohort of patients being admitted to the wards. The safer care tool is showing that staffing may not be optimal on all of these wards and the Care Hours Per Patient Day (CHPPD) tool is showing variation across the wards. There are several therapy staff on each of the wards who contribute to daily patient care and who are not factored into the SafeCare tool data and therefore the wards have been assessed as safe although not always optimal.

For the East wards staffing over last 6 months has been largely in line with suggested staffing when using the daily SafeCare tool, although in this report the 20-day snapshot indicated Jubilee ward to be less than optimal at that time; like the West wards there are therapy staff not captured in the safer care tool, staffing will therefore continue to be monitored over the coming months to ensure that it remains adequate to meet current patient need; both wards were assessed as being safe although there were times within the reporting period where they were sub-optimal.

Campion unit appears to have the right level of staffing establishment to meet desired rota and patient acuity from SafeCare tool data.

Whilst there has been no correlated link between staffing levels and patient safety incidents, we recognise that workforce remains one of our most significant risks and although there is significant work in place to support increased recruitment and retention, including staff well-being, there is currently limited assurance that care was always of a high quality. It also possible that patient experience may have been compromised due to high temporary staffing on some shifts and some gaps in staffing that were unable to be filled.

There continues to be much higher levels of sickness absence on the wards (around 8%) compared to overall trust sickness absence at 4.7% (August). Top reasons in terms of number days absent is stress and anxiety related, MSK and respiratory illness.

There is a significant amount of work being undertaken to provide differing sources of recruitment such as apprenticeships and international recruitment and quality improvement work supporting assessment and actions in terms of retention. The community wards currently have only small amounts of vacancy compared with Prospect Park Wards that have current vacancy of 22% overall.

The Board is asked to:

ACTION REQUIRED	Not the report and the declaration provided by the Director of Nursing and Medical Director

Six Monthly Safe Staffing Review.
April 2022 – September 2022

1.0 Executive Summary

The purpose of this report is to provide the board with an assessment and assurance in relation to safe staffing on our wards, as required in the NHS Improvement, Developing Working Safeguards document published in 2018. This report is in addition to the monthly safe staffing report provided to the Finance Committee and made publicly available, it provides detail on metrics and information used to assess both retrospective staffing safety and prospective staffing requirements.

As part of the safe staffing review, it is a requirement that both the Director of Nursing and Therapies and the Medical Director confirm in a statement that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable. This statement can be found on page 18.

The report highlights the ongoing challenges, particularly in relation to registered nursing recruitment and retention, with registered nursing vacancy across the mental health wards currently around 40% (17wte newly registered nurses are commencing in the next few weeks and this will reduce registered vacancy to 25%). For the community wards the registered nursing vacancy rate is much lower at around 8.5%, although absence due to sickness and authorised leave such as maternity leave still impacts on ward staffing.

In line with national reporting, shifts with less than two registered nurses are monitored each month (table 7). 26% of the shifts across the mental health wards had less than 2 registered staff (27% in previous 6 months), whilst the West community wards had 8.5% of their shifts and the East wards had no shifts with less than 2 registered nurses. Although very high in some areas, these figures do show a small improvement across all areas from the last 6 monthly report; the peak of shifts with less than 2 registered staff was over July/ August where traditionally it is more challenging to secure temporary staff. Across the mental health wards, the improvement seen is due to better temporary staffing fill rates rather than a decrease in vacancy, there has been an increase in total vacancy over this 6-month period to 22% in September. Although the recruitment of newly qualified staff to 17 posts as detailed above will positively impact this (table 6 shows vacancy as of September).

Across the wards we use the e-roster tool to support with rota completion, temporary staffing, primarily through NHSP (and agency where this is not possible) provides support to fill any gaps in the rota or additional need. During the last 6 months 14% of our temporary staffing requests were unfilled (total temporary staffing shifts requested 29,763). This is a significant reduction on the previous 6 months where 26.27% requests were unfilled (total requests in previous 6 months 30,472).

During this reporting period we have continued to see challenges because of the Covid pandemic; this has impacted staffing due to sickness absence amongst both our permanent and temporary workforce and at times ward capacity has also been affected. Sickness absence in general is high across our inpatient wards with all but 3 of the wards currently above 8% (organisation absence 4.7% August); the top three sickness absence reasons in terms of number of working days lost due to illness are anxiety/ stress/ depression and other psychiatric illness, chest and respiratory problems and musculoskeletal problems; the most frequent reason in terms of number of staff affected are chest and respiratory problems, Gastrointestinal problems and cold, cough, flu. Temporary staffing is used to fill gaps in the rota as required when staff absence occurs due to

sickness. As is a requirement when building agreed establishments for wards, a 24% uplift is included to factor in absence such as training , annual leave and some sickness.

The main ways used to review safe staffing establishments are:
1. Professional judgement (this is what staff and managers believe to be staffing needed)
2. Staffing review tool -Safecare / MH tool (this is a national recognised tool that calculates staffing needed to meet the care of the patients factoring in their acuity and dependency.

Care Hours Per Patient Day (CHPPD) is also calculated, this looks at an average number of hours each patient has of care provision each day, this allows us to benchmark across wards. CHPPD data can be skewed, particularly on the mental health wards where extra staff are brought in to provide one to one care to a patient. Across our wards CHPPD does not include supernumerary staff such as the Ward Managers, Doctors, or Allied Health Professionals / Psychologists and therefore the actual hours of total care received from all professionals is slightly more than the CHPPD indicates.

In summary across the mental health wards (as can be seen in table 1 of this report), the whole-time equivalent establishment except for Rose Ward is possibly less than the establishment required to achieve the rota patterns currently being used (professional Judgement), this is based on standard shifts of 7.5 hours, however some staff work long days which will impact on establishment needed to meet the staffing rotas; temporary staffing is making up the difference where there is a shortfall. It is demonstrated through the safe staffing tool review (Table 2) that the rota pattern/ the staffing numbers used across the mental health wards are needed to meet acuity of patients (the table shows that the difference between actual staffing used and what was needed to meet patient acuity across all the mental health wards was approximately 15 hours in total spread over the 24-hour period). It is recognised that the resource is not always in the right place and that staff are moved around the hospital to ensure that staffing is in the right place to best meet patient need at any given time. Completion of beyond budgeting work with finance will support ensuring that the ward establishments are reflective of patient acuity and need and reduce ad-hoc temporary staffing requests. A deep dive exercise involving workforce planning and the Mental Health Inpatient wards also commenced in May 2022 and is still ongoing to identify short, medium, and long-term workforce transformation opportunities to help address the current staffing challenges.

For the community wards, except for West Berks Community Hospital, the staffing establishment is sufficient to provide the agreed rota (Table 1) however, in the West the safer nursing care tool data (Table 2) indicates that there was a shortfall of actual staffing against patient need to achieve optimal care. The primary function of these wards is rehabilitation and therefore there are several additional therapy staff on each of the wards (for example 7 whole time equivalent on Oakwood) that contribute to daily patient care, these staff are not factored into the safecare tool data and therefore the wards were not seen as unsafe over the previous 6 months. Ascot, Windsor, and Donnington wards also have the lowest CHPPD (Table 4) compared to the other community wards in this reporting period. Considering all available data, monitoring/ review of staffing alongside patient acuity on the West Community Wards over next 6-months is required to ensure that total staffing establishments are sufficient to meet the acuity and complexity of patients now being cared for in these settings. It is also advised that the safercare tool is proactively used to identify when acuity is higher than expected and therefore additional temporary staff are needed.

For the East wards, staffing over last 6 months has been largely in line with suggested staffing when using the safecare tool daily, although in this report the 20-day snapshot indicated Jubilee ward to be less than optimal, unlike the West wards this has not been consistently the case. As with the wards in the West there are also therapy staff not factored into the safecare tool assessment that support the wards daily. The safecare tool will continue to be used to monitor staffing over the coming months, to ensure that establishment alongside temporary additional staffing continues to be adequate to meet the needs of the patients being cared for.

From all available data, Campion unit appears to have the right level of staffing establishment to meet the desired rota and patient acuity, both retrospectively and prospectively.

There are no predicted changes to any of the wards in terms of capacity over the coming months that require factoring into a prospective view of staffing.

NHS 2022/23 priorities and operational planning guidance highlights the need to invest in our workforce both in terms of more people but also new ways of working and by strengthening the compassionate and inclusive culture needed to deliver outstanding care. The guidance details a focus on looking after our people (improving retention through flexible working, career conversations and enabling staff to understand their pension, support for staff wellbeing and improving of attendance by addressing sickness absence); improve belonging in the NHS (implementation of plans to improve equity); working differently (establishing new roles) and growing for the future (expanding ethical international recruitment, and apprenticeships and making the most effective use of temporary staffing).

Within the trust we have a strategic initiative related to workforce and several workstreams in place that are supported by Quality Improvement methodology to focus on identified areas including staff retention. We also have ongoing work in relation to improving equity for all staff following review of our WRES and WDES data and an active programme supporting international recruitment and apprenticeships as a route into healthcare and career progression. Detail of these initiatives and quality improvement programmes is covered within workforce reporting to the Board and are therefore not covered in detail within this report although are pertinent to achieving safe staffing and the safe staffing data that is detailed within this report.

There are several initiatives in place to grow our workforce, this includes Nurse Associate posts that have now been successfully embedded in several services across the organisation, the Trust currently having 20 employed and further 3 in training. We have recruited into some international posts across our community and mental health wards and are developing a competency-based approach to promotions where we assess that staff have the right skills and behaviours to progress to permanent and higher banded roles which includes a temporary to permanent trial at PPH for healthcare support workers.

Most of the newly recruited staff, particularly those across our mental health wards continue to be newly registered nurses who have been on placement with us. There is an onboarding, preceptorship programme and structured supervision sessions in place to support these staff alongside ward managers and a senior leadership structure of matrons and specialists such as the Nurse Consultant , Physical Health and Drug & Alcohol leads and Allied Health Professionals who are supernumerary to ward establishment, these staff are able to support when the ward is short staffed as well as where less experienced staff are on duty, there is also a Duty Senior Nurse available 24/7. A programme called 'Reaching my potential' is also open to all band 5 staff aimed at supporting improved resilience and confidence.

To improve staff resilience and support in all areas of the trust the Professional Nurse Advocate (PNA) programme commenced roll out in June 2021 and we currently have 60 qualified PNAs. The PNA role involves providing restorative supervision which is aimed at improving wellbeing as staff feel supported and listened to, this in turn supports staff retention. The PNA programme is a Health Education England initiative supported by Ruth May and has been a requirement in midwifery for some years and is now being rolled out widely across healthcare.

2.0 Main Report.

Overview**:**
To meet the requirements of the *Developing Workforce Safeguards* (2018) published by NHS Improvement (NHSI) the Trust need to:
1. Include a specific workforce statement in their annual governance statement – this will be assessed by NHSI.
2. Deploy enough suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively.
3. Have a systematic approach of determining the number of staff and range of skills required to meet the needs of people using the service, keeping them safe at all times.
4. Use an approach that reflects current legislation and guidance where available.

Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and executive leaders. The board should discuss the workforce plan in a public meeting. An effective workforce plan should be multidisciplinary, evidence-based, integrated with finance, activity and performance plans, and directly involve leaders and managers of the service. The Director of People for the Trust leads on this piece of work.

The publication states that establishment setting must be done annually, with a mid-year review, and should take account of:
- Patient acuity and dependency using an evidence-based tool (as designed and where available).
- Activity levels.
- Seasonal variation in demand.
- Service developments.
- Contract commissioning.
- Service changes.
- Staff supply and experience issues.
- Where temporary staff have been required above the set planned establishment.
- Patient and staff outcome measures.

The minimum staffing expectation of at least two registered staff on each ward for every shift remains a requirement. The exception to this minimum is on Campion Unit where it was agreed that a skill-mix of one registered with three support workers was best able to meet with patient need at night.

2.1 Current Situation.
Berkshire Healthcare NHS Foundation Trust has the following wards:
1 Learning disability unit.
7 Community hospital wards (5 units).
7 Mental health wards.

All the wards have a staffing establishment that includes an allowance of 24% for planned and unplanned leave (training, annual leave, sickness absence). Table 1 demonstrates the ward establishments, alongside shift patterns agreed with wards and senior leaders (professional judgement) and the establishment required to achieve that shift pattern.

Table 1: Current Staffing establishment, bed numbers and shift patterns April to September 2022:

	Beds	FTE Establishment in budget 2021/22	Professional judgement FTE	Planned shift pattern (Early-late-night)
Bluebell	22	39.26	40.6wte + 1 ward manager + 0.5 DSN + 1 CDL = 43.1wte	7-8-6 activity coordinator inc on the late shift
Daisy	20	39.95	40.6wte + 1 ward manager + 0.5 DSN + 1 CDL =43.1wte	7-8-6 activity coordinator inc on the late shift
Rose	22	44.15	40.6wte + 1 ward manager + 0.5 DSN + 1 CDL = 43.1wte	7-8-6 activity coordinator inc on the late shift
Snowdrop	22	38.31	40.6wte + 1 ward manager + 0.5 DSN + 1 CDL = 43.1wte	7-8-6 activity coordinator inc on the late shift
Orchid	20	41.8	41.3wte + 1 ward manager + 0.5 DSN + 1 CDL = 43.9wte	7-7-7
Rowan	20	42.60	44.8 + 1 ward manager + 0.5 DSN + 1 CDL = 47.3wte	8-8-7
Sorrel	11	37.00	41.3 + 1 ward manager + 0.5 DSN + 1 CDL = 43.8wte	7-7-7
Campion	9	37.11	37+ 1 ward manager = 38	7-7--5
WBCH	44	63.46	**DONNINGTON** 40.6wte+ 1 ward matron + 0.3 staff development lead = 41.9wte	9-6-6
			HIGHCLERE 30.8wte + 1 ward matron + 0.3 staff development lead = 32.1wte	6-5-4
Oakwood	24	46.67	38 + 1 ward manager and 1 dep. ward manager matron = 40	9-7-4
Wokingham	46	61.31	57.8+ 1 ward manager + 0.8 matron = 59.6	13-10-7
Henry Tudor	24	32.80	32.7+ 1 ward manager = 33.7	7-6-4
Jubilee	22	30.23	33.5 + 1 ward manager = 34.5	7-5-5

The table above shows that 3 of the acute mental health wards as well as Orchid , Rowan , Sorrel, West Berks Community Hospital and Jubilee ward do not appear to have the establishment required to meet the shift pattern being used; however some of the staff on these wards work long days which effectively means a 37.5 hour week covers 6 shifts rather than the traditional 7.5 hour shifts covering 5 shifts per week; with some staff working long days these establishments are sufficient. Beyond budgeting work being undertaken with the mental health wards will help confirm that the establishments are sufficient for the current mix of standard and long days being undertaken.

At times across a month, wards may require additional staff above what is planned within the establishment to meet patient acuity and one to one observation.

3.0 Review of staffing establishment.
When workforce modelling is undertaken for the wards, the Keith Hurst dependency modelling tools are used to assist in the triangulation of data, alongside benchmarking and professional judgement. For Mental Health wards the modelling tool used is the Mental Health Optimal Staffing Tool (MHOST); the SafeCare tool (which uses the SNCT for the dependency calculations) is used for other wards. It is recognised that these modelling tools use a snapshot of dependency of patients on a given day and that dependency can fluctuate. Therefore, review using the tools utilises the collation of daily data over a period of 20 days to understand the average dependency for each ward.

The SafeCare tool is a software module within the Allocate E- Roster system, it provides information on actual staff levels together with the acuity/ dependency of patients, this has been implemented across the community health wards. The implementation for the Mental Health wards was delayed due to staff sickness in the rostering team but is expected to commence from October 2022. It is envisaged that Campion ward will complete the module once the Mental Health wards are fully established.

3.1 Review using workforce modelling tool.
Tables 2 and 3 below show the current establishments compared to the recommended establishment from the 20-day review undertaken in September 2022 using the current available Keith Hurst tools**.**

Table 2: Prospect Park Hospital Wards:

Ward	Bed Number	Current establishment (WTEs)	Average additional staff requested above establishment (WTE per day)	Recommended establishment from September 2022 review (WTEs)	Total actual establishment (including unfilled shifts requested)
Sorrel	11	37	4.31	40.96	41.31
Rose	22	44.15	4.08	52.26	48.23
Snowdrop	22	38.31	4.86	50.38	43.17
Bluebell	22	39.26	4.26	44.72	43.52
Daisy	20	39.95	3.33	43.95	43.28
Rowan	20	42.60	8.66	55.08	51.26
Orchid	20	41.8	7.85	45.69	49.65
Total	137	283.07	37.35	333.04	320.42

The review was undertaken over a 20-day period in line with the Developing Workforce Safeguards recommendations and offers a guide. Whilst the recommended establishment compared to actual establishment appears to be sub-optimal across some of the wards to meet the patient need over the 20-day period, the table shows that the combined difference between actual staffing used and what was needed to meet patient acuity across all the mental health wards was approximately 15 hours in total (2 hours per ward) spread over the 24-hour period. It is recognised that the resource is not always in the right place and that staff are moved around the hospital to ensure that staffing is in the right place to best meet patient need at any given time. Completion of the beyond budgeting work with finance will support ensuring that the ward establishments are reflective of patient acuity and need and reduce ad-hoc temporary staffing requests. A deep dive exercise involving workforce planning and the Mental Health Inpatient wards also commenced in May 2022 and is still ongoing to identify short, medium, and long-term workforce transformation opportunities to help address the current staffing challenges.

Patients on Rowan and Orchid wards most frequently required extra staff to support the high level of patients requiring observations and high levels of acuity.

All acute wards now have Activity Co-ordinators who work on the wards during the 4pm-10pm period, 7 days per week. This supports both safe staffing and the therapeutic environment. There will always be a requirement for some flexibility to meet increased observations and demand.

Ward Managers and Clinical Development Posts are not included in the numbers although are able to contribute a combined 10-15 hours per day per ward of registered nursing time if required. All wards have Allied Health professionals and Psychology who support the wards who are also not included in the numbers but support the ward throughout the day with patient care and treatment, including some weekends. These additional roles have supported the safe staffing of the wards during this period as well as the role of activity coordinator which aims to improve the therapeutic environment.

Table 3: Community Wards and Campion:

Ward	Bed Numbers	Current establishment	Recommended establishment from September 2022 review	Average additional staff requested above establishment (WTE per day	Total actual establishment (including unfilled shifts requested)
Oakwood	24	46.67	53.81	2.00	48.67
Wokingham (Ascot /Windsor)	46	61.31	78.33	3.30	64.91
WBCH (Highclere/ Donnington)	49	63.46	73.02	4.29	67.75
Henry Tudor	24	32.8	30.2	1.89	34.69
Jubilee	22	30.23	47.05	1.09	31.32
Campion	9	37.11	41.91	4.53	41.64

The review of staffing in September occurred when bed availability was at optimal levels with no closures.
Across the wards West Berks Community Hospital and Campion were most likely to request additional staffing.
Across the West community wards the safer nursing care tool data in the table above indicates that there was a shortfall of actual staffing against patient need to achieve optimal care. The primary function of these wards is rehabilitation and therefore there are several additional therapy staff on each of the wards (for example 7 WTE on Oakwood) that contribute to daily patient care, these staff are not factored into the safecare tool data and therefore the wards were not seen as unsafe over the previous 6 months.
Over the next 6-months monitoring and review is required to ensure that total staffing establishments are sufficient to meet the acuity and complexity of patients now being cared for in these settings. Work is currently underway to review staffing levels and there are various workstreams which have members from both nursing and allied health professional groups. The aim is to maximise the patient's rehabilitation potential leading to decreased lengths of stay and improved quality of experience and care. It is also advised that the safercare tool is proactively used to identify when acuity is higher than expected and therefore additional temporary staff are needed.

For the East wards, staffing over last 6 months has been largely in line with suggested staffing when using the safecare tool on a daily basis, although in this report the 20-day snapshot indicated Jubilee ward to be less than optimal this has not been consistently the case over the 6 month period; like the wards in the West there are also therapy staff not factored into the safecare tool

assessment that support the wards on a daily basis, the safecare tool will continue to be used to monitor staffing over the coming months to ensure that it continues to be adequate to meet the needs of the patients being cared for.

From all available data, Campion unit appears to have the right level of staffing establishment to meet the desired rota and patient acuity, both retrospectively and prospectively

3.2 Care Hour per Patient Day (CHPPD) Data Collection.
Lord Carter's review: 'Operational Productivity and Performance in English Acute Hospitals: Unwarranted Variations' (2016); highlighted the importance of the non-acute sectors in ensuring efficiency and quality across the whole NHS health economy. One obstacle identified to eliminate unwarranted variation in clinical staff distribution across and within the NHS provider sector has been the absence of a single means of consistently recording, reporting and monitoring staff deployment. CHPPD provides this measure. The CHPPD is calculated by taking the actual hours worked (split into registered nurses and healthcare support workers) divided by the number of patients occupying beds on the ward at midnight and is fed into the national data collections team each month.

CHPPD does not consider patient acuity, ward environmental issues, patient turnover or movement of staff for short periods only staffing levels in relation to patient numbers on individual in patient wards. The Model Hospital no longer provides data to enable benchmarking against comparable trusts. The table below shows the CHPPD for each of the wards over this six-month period. The SafeCare tool is used to demonstrate actual and required staffing levels for the Inpatient wards. The Mental Health data will commence reporting in October's monthly report. Across the Trust CHPPD does not include allied health professionals or clinicians other than nursing and health care support workers , working on the wards.

Across our wards CHPPD does not include supernumerary staff such as the Ward Managers, Doctors, or Allied Health Professionals / Psychologists that work with the patients and therefore the actual hours of total care received from all professionals is slightly more than the CHPPD indicates.

Table 4: BHFT CHPPD:

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Bluebell	11.20	10.70	9.40	10.40	9.60	8.80
Daisy	10.50	10.70	9.60	9.00	9.00	8.80
Rose	9.20	8.20	8.50	8.60	9.30	9.60
Snowdrop	9.20	8.20	9.50	9.00	9.00	9.50
Orchid	15.50	16.70	16.60	19.70	17.80	10.10
Rowan	17.90	18.10	17.60	18.60	17.70	16.50
Sorrel	21.90	21.10	21.40	21.50	19.50	21.10
Campion	38.80	39.10	34.60	34.70	44.00	31.40
Donnington	5.90	6.60	6.60	7.10	6.40	6.80
Highclere	7.30	8.50	8.30	7.80	7.20	7.20
Oakwood	7.00	7.20	7.20	7.60	7.70	7.50
Ascot	6.40	6.60	7.30	6.20	7.20	7.10
Windsor	6.10	5.80	6.00	6.00	5.90	6.00
Henry Tudor	8.10	7.20	7.30	7.20	7.30	6.80
Jubilee	7.70	7.00	7.90	7.40	7.00	6.90

Campion Unit CHPPD data figures have remained high but have reduced during this 6-month period. The high levels are due to the high amount of level 2 observation (5-6 cases), patients who required 2 on 1 supervision for safety/safeguarding reasons and another patient needing 2 to 1 supervision due to challenging behaviour. The data is skewed by number of patients requiring 1:1 observations and therefore explains some of the variation particularly on the mental health wards making it more difficult to make direct comparisons. Ascot, Windsor and Donnington wards have lower CHPPD than the other community wards and this should be reviewed given the community health wards all have a very similar function and therefore similar CHPPD would be expected.

3.3 Bed occupancy.
Table 5 below details monthly bed occupancy over the reporting period, the data highlighted in red is where bed occupancy has exceeded 90%. The areas that have frequently experienced bed occupancy in excess of 90% are the Acute Adult Mental Health Wards In addition, some of the West CHS wards (West Berkshire wards and Wokingham wards) also demonstrated periods of high occupancy although their average was under 90%.During this reporting period some wards were impacted by Covid and there were some periods of time where beds needed to be closed to ensure appropriate cohorting and management of patients to minimise the risk of transmission in line with national guidance.

Table 5: Bed Occupancy:

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Average
Bluebell	91.80%	94.90%	96.40%	87.70%	97.90%	95.60%	94%
Daisy	89.30%	88.90%	96.70%	96.60%	98.50%	99.20%	95%
Rose	93.00%	96.50%	95.80%	96.20%	87.60%	96.70%	94%
Snowdrop	83.30%	97.40%	94.70%	95.60%	95.90%	97.30%	94%
Orchid	87.50%	84.40%	89.20%	73.90%	87.60%	85.20%	85%
Rowan	86.20%	89.70%	90.50%	81.80%	83.20%	84.30%	86%
Sorrel	83.60%	95.60%	93.00%	90.00%	96.20%	99.40%	93%
Campion	64.10%	67.00%	77.40%	78.50%	77.80%	86.30%	75%
Donnington	89.10%	83.40%	85.00%	88.90%	88.40%	83.80%	86%
Highclere	93.20%	81.70%	83.30%	87.10%	94.40%	88.70%	88%
Oakwood	81.70%	85.40%	84.00%	78.70%	79.60%	90.90%	83%
Ascot	79.00%	88.60%	79.00%	71.30%	70.90%	89.00%	80%
Windsor	79.20%	87.30%	86.40%	78.60%	84.00%	93.80%	85%
Henry Tudor	76.30%	87.20%	81.10%	82.40%	88.00%	82.20%	83%
Jubilee	83.60%	88.80%	75.60%	75.20%	79.40%	84.60%	81%

All the acute mental health wards demonstrate that occupancy was almost always above 90% each month and averaged over 90% over the last 6 months. Other areas have seen a similar occupancy rates to the previous 6 months apart from Henry Tudor ward whose bed occupancy has increased from 74% to 83%. Campion Unit's occupancy rate has increased over the six month period.

4.0 Workforce data

Several factors have the potential to impact on the wards ability to achieve the agreed staffing levels on every shift; these include vacancies, maternity leave and sickness absence.

4.1. Vacancies.

Table 6 below shows the combined whole-time equivalent (wte) vacancy rate of registered nursing and healthcare support staff for each ward according to finance data over the last six months. Across the mental health wards registered nurse vacancies has varied during the last six months , with recruitment remaining challenging, vacancies peaked in August at 46.64 wte. During October/ November 17wte newly registered staff are commencing which will have a positive impact on current vacancy. There has been an increase in unregistered vacancies but again there has been much variability within the 6 months. Campion unit has consistently had low vacancy rates but has challenges filling specialist RN positions long term. Graph 2 shows vacancy per ward over the reporting period.

An 18-month rotational Mental Health band 5 role between inpatient and community services is being tried leading to a possibility of a band 6 position on completion. Currently 4 individuals have been appointed with one commenced in August 2022. There is also significant vacancy across the unregistered posts, however a trial is currently underway whereby people can join NHSP as a way of trialling working on our wards, are guarantee at least 30 hours per week and they then move to a permanent position if they would like to, this has proved popular with 12 people currently working under this scheme.

The CHS wards have had some staffing challenges but have benefitted from some successful recruitment including international appointments.

Table 6: Whole Time Equivalent (WTE) vacancy of registered nursing and healthcare worker combined:

		April 22	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
MH Wards	**Registered**	37.64	40.64	44.64	43.64	46.64	44.92
	Unregistered	40.56	39.16	42.16	25.76	54.56	66.25
CHS Wards	**Registered**	8.06	6.46	9.69	4.52	7.97	7.32
	Unregistered	9.38	7.86	15.53	14.92	15.92	14.87
Campion	**Registered**	1.00	1.00	2.00	2.00	2.00	2.00
	Unregistered	3.00	3.00	3.00	2.00	2.00	2.00

Graphs 1 and 2 below detail the split of vacancy across the wards and demonstrate variation in level of vacancy that each ward is experiencing. Across the mental health wards we have 17wte commencing during next month which will have a significant positive impact on vacancy.

Graph 1: WTE on the Community Wards by Month:
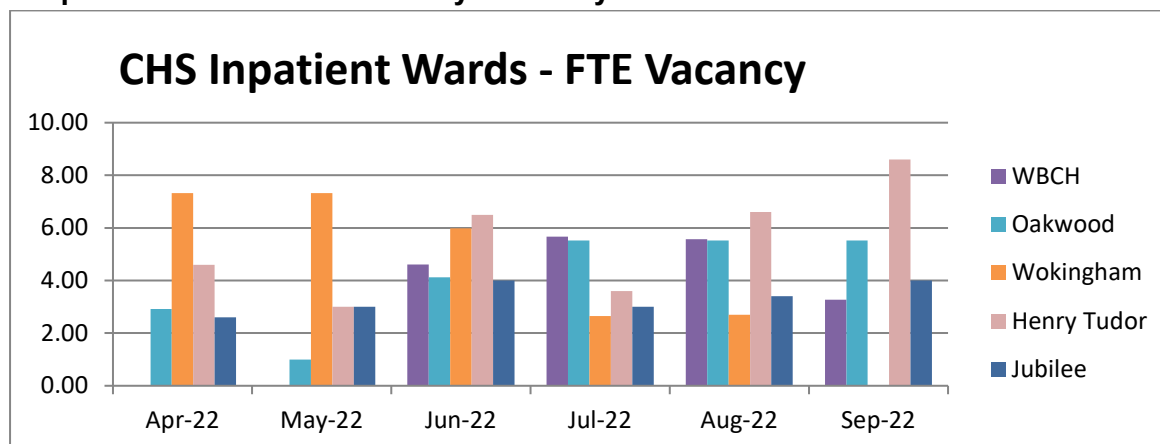
Graph 2: WTE on the Mental Health Wards by Month:

Graph: MH Inpatient Wards - FTE Vacancy, showing FTE vacancy values for wards (Bluebell, Daisy, Rose, Snowdrop, Orchid, Rowan, Sorrel, Campion) across Apr-22 to Sep-22.
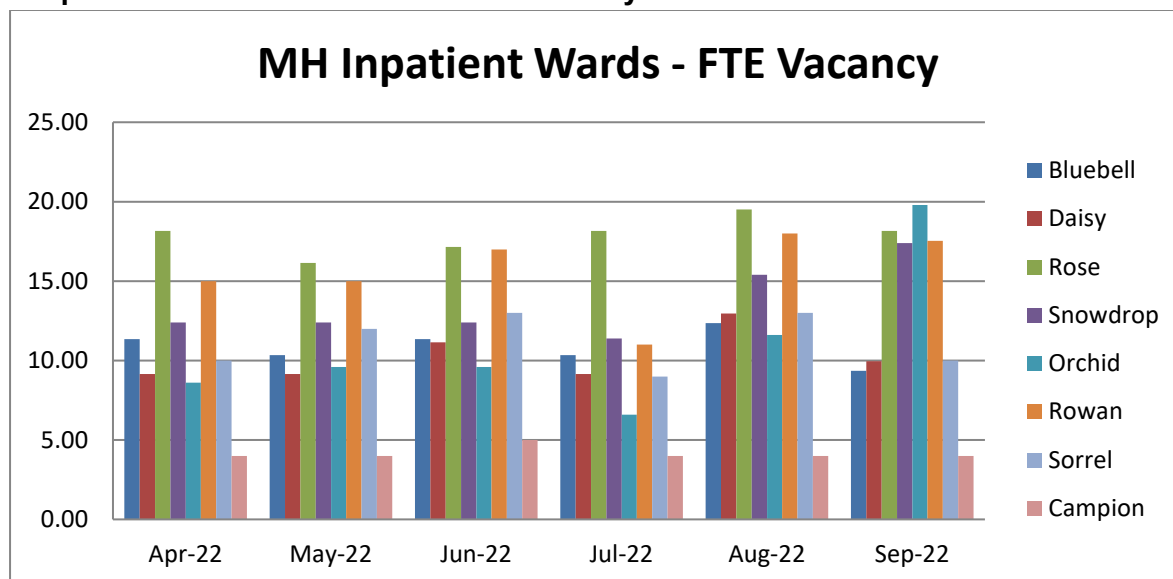
4.2 Sickness absence**.**

Graphs 3 and 4 detail the sickness absence as a percentage of the total registered nursing and care staff workforce for each ward. The sickness absence includes long and short-term sickness.

During this reporting period we have continued to see challenges because of the Covid pandemic; this has impacted staffing due to sickness absence amongst both our permanent and temporary workforce and at times ward capacity. Sickness absence in general is high across our inpatient wards, with most of the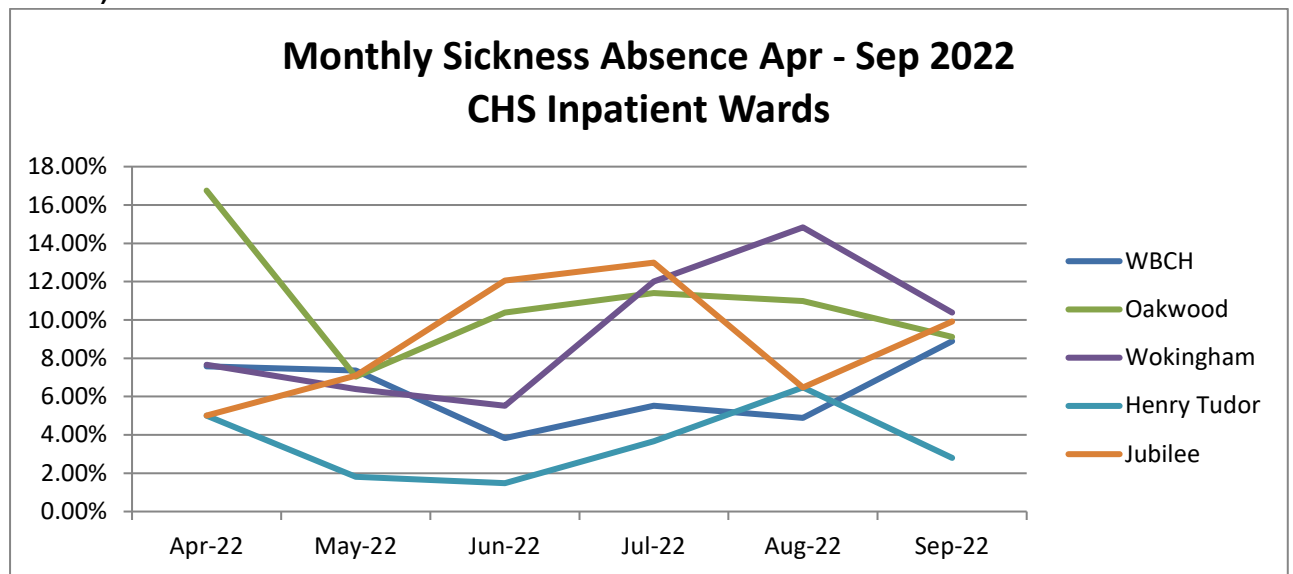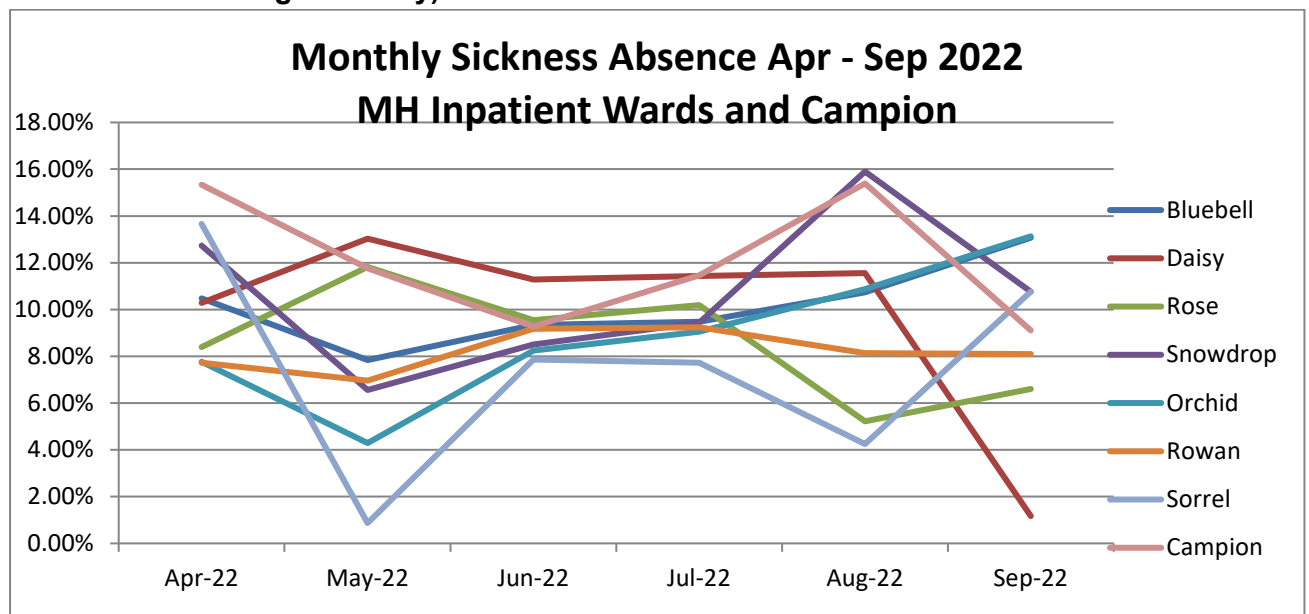 wards consistently exceeding the trust target of 3.5% and the organisational average of 4.7% (apart from Sorrel ward in May 2022, Daisy ward September 2022 and Henry Tudor ward May and June 2022), the top three sickness absence reasons in terms of number of working days lost due to illness are anxiety/ stress/ depression and other psychiatric illness, chest and respiratory problems and musculoskeletal problems; the most frequent reason in terms of number of staff affected are chest and respiratory problems, Gastrointestinal problems and cold, cough, flu

The Trust has a sickness absence policy which with support from the Human Resources department, ensures that appropriate action is taken to support staff and managers with sickness related absenteeism. There are several wards with a high sickness absence due to a combination of both long and short-term sickness factors. These wards are working closely with Human Resources and Occupational Health providers to ensure that appropriate support is offered, and action being taken. The Trust also has a Health, Wellbeing and Engagement Manager and team. In addition, there are several initiatives which are widely advertised to address both physical and mental health care needs of staff including a health and wellbeing hub for staff and the PNA programme. These can be accessed by all staff via Nexus the Trust internet site or via Occupational Health referral if appropriate. Currently Covid levels had decreased substantially for the early part of this report but are increasing again.

Graph 3: Sickness absence for wards as a percentage of total ward staffing (Community Wards):

Monthly Sickness Absence Apr - Sep 2022
CHS Inpatient Wards

Legend: WBCH, Oakwood, Wokingham, Henry Tudor, Jubilee

Graph 4: Sickness absence for wards as a percentage of total ward staffing (Mental Health, Wards and Learning Disability):

Monthly Sickness Absence Apr - Sep 2022
MH Inpatient Wards and Campion

Legend: Bluebell, Daisy, Rose, Snowdrop, Orchid, Rowan, Sorrel, Campion

4.3 Temporary staffing.

When the wards have vacancies and sickness within their nursing staff establishment, they use temporary staffing (agency / bank, or additional shifts by their own staff) to ensure that safe staffing levels are maintained. Temporary staffing is also used where patient need means that additional staff are required. It is recognised that increased numbers of agency and bank staff have the potential to impact on quality of care. Therefore, the wards continue to work hard with the support of the recruitment team to fill vacancies with the aim to reduce the reliance on temporary staffing.

The graphs below show the total number of shifts required to be filled for each area as well as number of these that were filled/ unfilled.

MH Older Adults
Total No. of Shifts

Legend: ■ Filled ■ Unfilled

MH Adults
Total No. of Shifts

Legend: ■ Filled ■ Unfilled

Campion
Total No. of Shifts

Legend: ■ Filled ■ Unfilled

PICU
Total No. of Shifts

Legend: ■ Filled ■ Unfilled

CHS Inpatients
Total No. of Shifts

Legend: ■ Filled ■ Unfilled
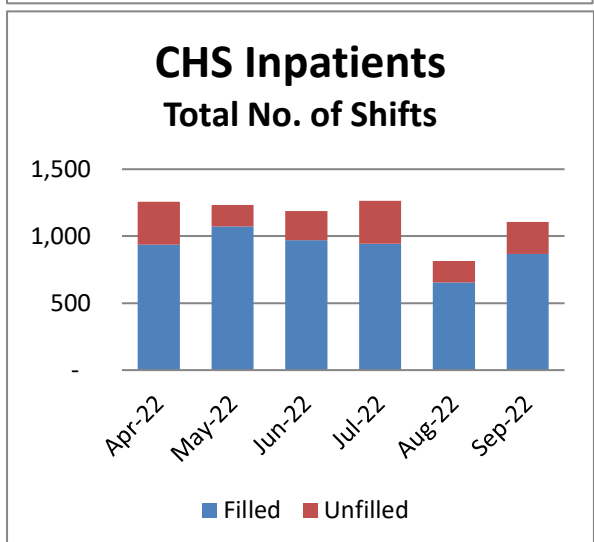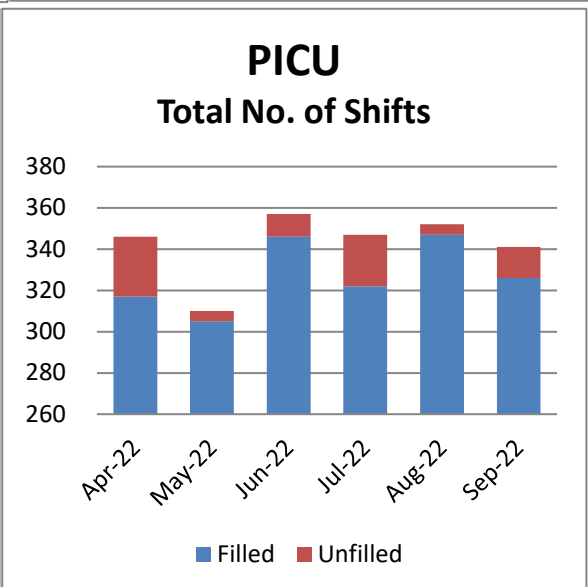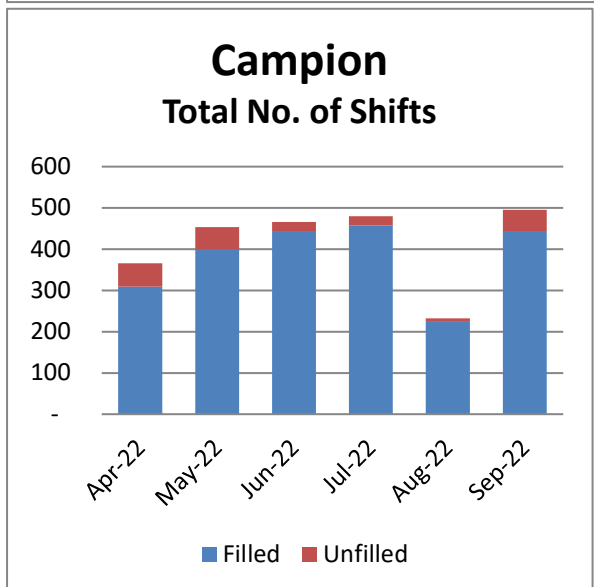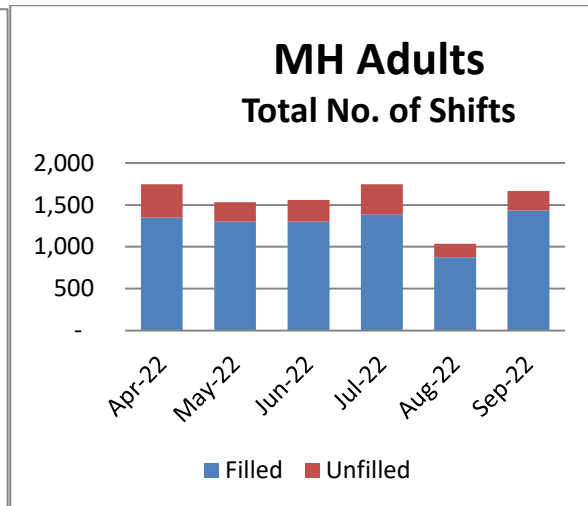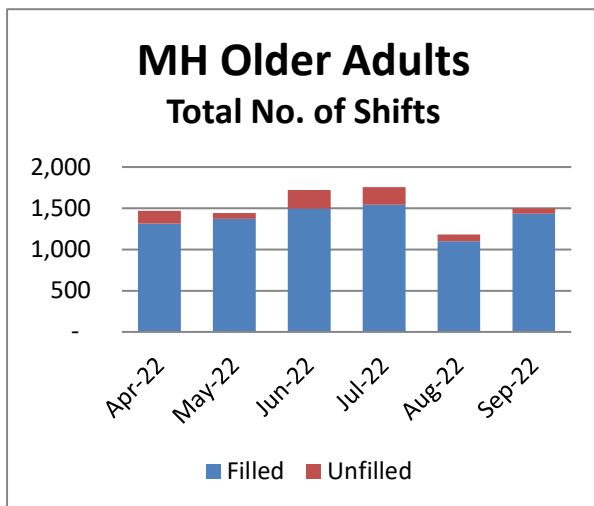
5.0 Displaying planned and actual registered and care staff on the wards.
All the wards within the trust have a display board which shows the number of staff that the ward had planned to have on shift and the number of staff on shift. This is clear to visitors to the ward as to the number of registered nurses and care staff on the ward at the time. The nurse in charge of the shift portrayed so that visitors can identify who to contact if they have a concern or want to

speak to them. These boards are monitored during quality visits to individual wards throughout the year by senior managers and 15 steps visits to ensure they are current.

6.0 Safety on our wards.

The NHSE/I in its workforce safeguarding recommendations recommends organisations need to demonstrate effective governance and commitment to safety so boards can be assured that their workforce decisions, promote patient safety and comply with the Care Quality Commission's (CQC) fundamental standards. Therefore, it is just as important to have the appropriate staff capability alongside the number of staff to ensure that they can deliver a safe and quality service to all patients.

6.1 Quality indicators.

To monitor safety of care delivered on the wards the Director of Nursing and Therapies and the board reviews a range of quality indicators on a monthly basis alongside the daily staffing levels.

These indicators are:
Community Wards:
- Falls where the patient is found on the floor (an unobserved fall).
- Developed pressure ulcers.
- Patient on staff assaults.
- Moderate and above medication related incidents.

Mental Health Wards:
- AWOL (Absent without leave) and absconsion.
- Self-harm.
- Falls where the patient is found on the floor (an unobserved fall).
- Patient on patient physical assaults.
- Seclusion of patients.
- Use of prone restraint on patients.
- Patient on staff assaults.

Monthly discussions are held with senior staff from each ward area to discuss staffing data along with the listed indicators. Any concerns are highlighted in the monthly safer staffing board report and inform the safe staffing declaration provided by the Director of Nursing and Therapies.

Table 5: Quality metric for mental health inpatient wards (April to September 2022):

Ward	AWOL	Falls	Patient on Patient Assault	Patient on Staff Assaults	Prone Restraint	Seclusion	Self-harm
Bluebell	47	3	17	32	3	9	130
Daisy	14	4	13	27	6	4	95
Rose	29	7	31	32	3	1	62
Snowdrop	14	2	9	16	4	9	155
Orchid	2	9	0	2	0	1	2
Rowan	1	24	8	15	0	1	2
Sorrel	2	1	15	32	3	29	5
Campion	1	0	6	45	0	6	11
Total	110	50	99	201	19	60	462

 * Correct at time of report

There has been an overall decrease in incidents reported during this period compared to the previous six months from 1307 to 982. The figures for self-harm have decreased (from 698 to 462) as have the patient on staff assaults from 285 to 201. Other priorities such as reducing falls have seen some reductions and continue to be key priorities for the trust. There are a number of Quality Improvement programmes of work and initiatives being undertaken across the Trust including reducing restrictive practice. Self harm, falls and assaults are also Breakthrough objectives for the trust receiving specific focus and also have staff training packages alongside quality improvement work to support staff competence in these areas.

Table 6: Quality metric for community physical health inpatient wards (April to September 2022):

Ward	Medication	Falls	Pressure Ulcers	Patient on Staff Assaults
Donnington	25	19	15	2
Highclere	8	14	8	1
Oakwood	29	13	10	0
Wokingham	36	13	14	1
Henry Tudor	14	4	3	0
Jubilee	11	2	1	0
Total	**123**	**65**	**51**	**4**

 * Correct at time of report

Incidents reported during this six-month period are similar to the previous 6 months (2480 to 243) although is decreasing. There was a decrease in falls (99 to 65) and patient on staff assaults (10 to 4) but an increase in drug errors (86 to 123). Pressure ulcer reviews and learning events are undertaken to ensure learning is shared within teams across the Trust and ensures information is disseminated to relevant staff. A Pressure Ulcer Improvement Oversight group led by the Deputy director of Nursing was set up in April 2022 to aim to improve the pressure ulcer figures for the trust and is focussed on the prevention of new pressure ulcers and a reduction in the number of developed inherited pressure ulcers. Further work is going on to improve staff training and awareness of pressure damage to reduce incident numbers led by the Lead Nurse for Professional Practice and the Tissue Viability Service Lead.
Reducing falls is a key focus for the Trust and is part of the harm free care driver metrics using a quality improvement approach to support reduction. This has had a positive effect on falls incidents within the trust as highlighted above and numbers have reduced by one third.
All medication incidents have been reported as being low or causing no harm.

6.2 Red flags.
The ability to achieve a position of at least two registered staff on duty is also perceived as a metric of quality (NICE; 2014 and 2018). It has been well documented that a shift with less than two registered staff on duty should be perceived as a red flag incident.

Table 7 demonstrates the number of occasions by ward and month where there were less than two registered nursing staff on a shift.
For all the wards where there are less than two registered nurses, senior staff and ward managers (who are supernumerary to the safe staffing numbers) as well as other clinical staff such as Physiotherapy and Occupational Therapy provide support when available. For the wards at Prospect Park Hospital, the Duty Senior Nurse is also available and able to take an overview of the wards and redeploy staff to areas of most need as necessary.

Table 7: wards and number of occasions where there were less than two registered nursing staff on duty*

	Apr-22		May-22		Jun-22		Jul-22		Aug-22		Sep-22		Total for ward
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	
Bluebell	9	9	8	7	22	7	13	5	27	0	24	11	**142**
Daisy	8	1	29	9	15	7	22	7	47	15	13	1	**174**
Rose	19	2	19	8	16	5	42	9	37	0	25	5	**187**
Snowdrop	24	5	18	7	16	5	25	0	50	1	18	2	**171**
Orchid	7	0	0	1	13	7	32	6	17	3	14	9	**109**
Rowan	7	19	4	11	15	13	22	10	18	2	1	7	**129**
Sorrel	3	3	2	0	2	2	3	1	7	0	0	1	**24**
Campion	0	0	0	0	4	0	1	0	0	0	0	0	**5**
Donnington	2	0	0	2	0	1	1	1	2	3	0	1	**13**
Highclere	11	3	16	9	11	8	20	5	23	5	14	12	**137**
Oakwood	0	0	2	0	2	0	0	2	0	0	0	2	**8**
Ascot	6	3	4	2	2	1	21	21	19	0	15	10	**104**
Windsor	0	0	0	2	1	1	2	1	0	2	0	1	**10**
Henry Tudor	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Jubilee	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Total	141		160		176		272		278		186		**1213**

*Supernumerary staff are not factored into our number of shifts with less than 2 registered staff therefore deployment of the supernumerary staff to the wards will have reduced these numbers

Registered Nursing temporary fill rate and shifts with less than 2 registered staff for Prospect Park Hospital:

Mental Health Wards- Shifts with less than 2 Registered staff/ Unfilled RN Shifts and sickness absense
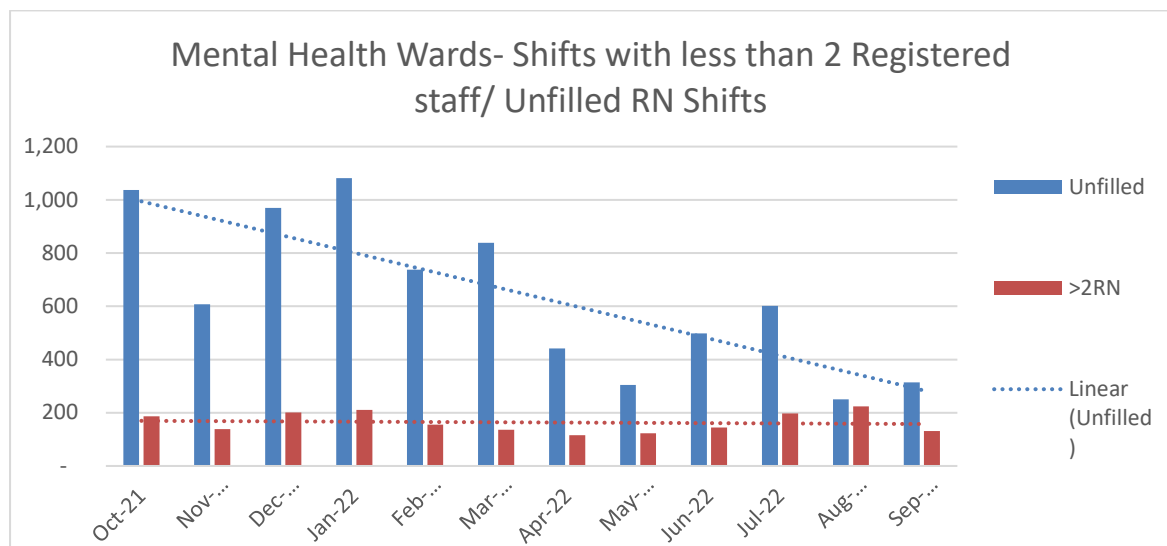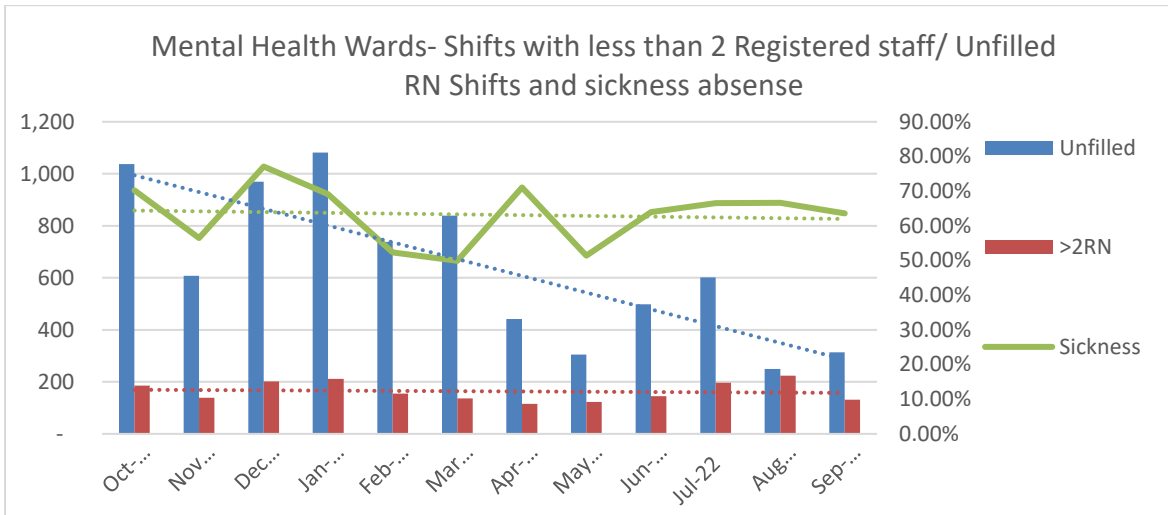
Registered Nursing temporary fill rate and shifts with less than 2 registered staff for the Community Health Wards.

Community Health Wards- Shifts with less than 2 registered Staff and Unfilled RN Shifts

Community Health Wards- Shifts with less than 2 registered Staff/ Unfilled RN Shifts and Sickness absense
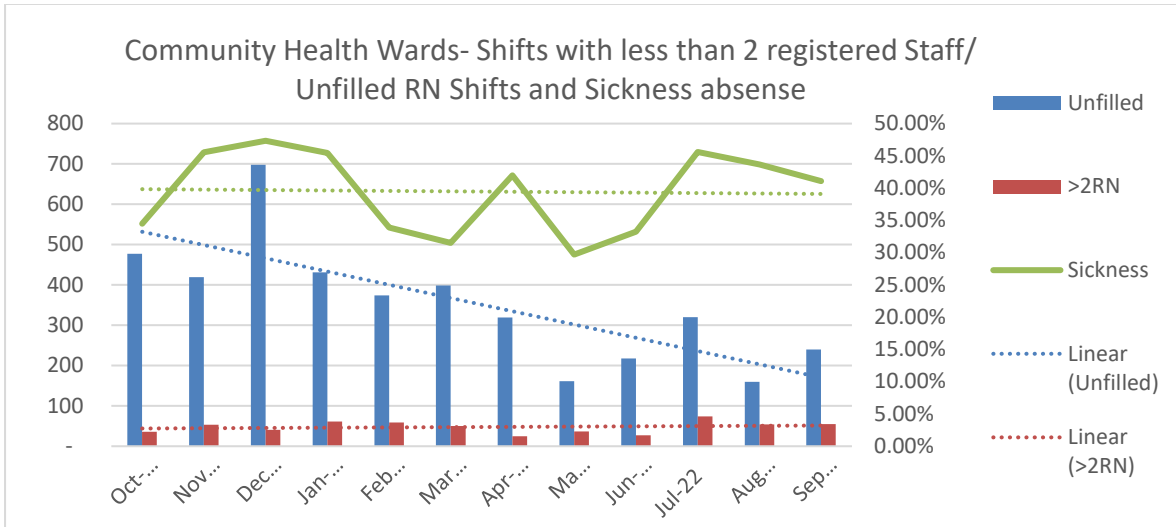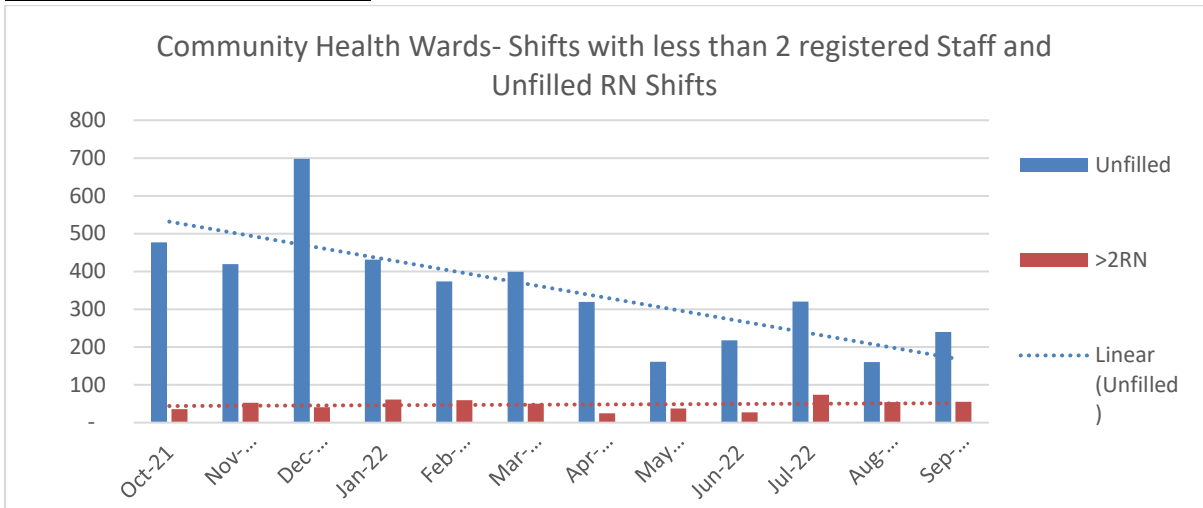
7.0 Safe Staffing Declaration.

Each month the Director of Nursing and Therapies is required to make a declaration regarding safe staffing based on the available information.

Following the publication of Developing Workforce Safeguards (NHSI, 2018) there is a requirement as part of the safe staffing review for the Director of Nursing and Therapies and the Medical Director to confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.

Declaration by Director of Nursing and Therapies and Medical Director.

Over the last 6 months the wards have been considered to have been safe with no significant patient safety incidents occurring because of staffing levels; supernumerary staff and managers , allied health professionals and temporary staffing have been used to achieve that. It is however recognised that during the period there were, due to inability to fill all rota gaps as a result of vacancy, absence and temporary staffing availability, shifts when staffing was sub-optimal and as a consequence there is limited assurance that care was always of a high quality, and it is possible that patient experience was compromised. Proactive work continues to support increased recruitment and improve retention and therefore sustainability of our permanent workforce. Alongside this a review of permanent ward establishments against actual staffing (including additional temporary staffing) being used to meet patient acuity is currently being undertaken for the mental health wards and a review of nurse staff establishments on our community wards will be undertaken to ensure that permanent staffing establishments are optimal to meet patient acuity prospectively.

Medical staffing numbers remain stable with adequate medical cover available during routine working hours for inpatient mental health and community health wards.

Out of hours medical cover is provided by GPs for all our community health wards and Campion Unit.

Out of hours medical cover is provided by junior doctors for the mental health wards with Consultant Psychiatrists providing on-call cover from home.

8.0 Nursing Associates.

The Nursing Associate (NA) role is a nursing role which has been created due to the inability to recruit enough registered nurses. In addition, it will bridge the skills gap between healthcare support workers and registered nursing professionals. It is seen as offering a range of benefits: working alongside more senior regulated professionals, helping to improve patient care and a career pathway development opportunity. This role is an important part of workforce development within the Trust. Qualified NAs are registered with the Nursing and Midwifery Council (NMC).

There are 20 qualified NAs working in a range of services (community nursing, community mental health teams, community health wards) across the trust. 3 trainee NAs are at different stages of their training across all services. Work is being undertaken within the trust to continue to encourage suitable applicants for future cohorts as numbers have decreased dramatically especially those in training (13; October 2021-March 2022 and 3 April-October 2022).

9.0 Conclusion and next steps.

- Work with the PPH Beyond Budgeting project to establish safe staffing requirements on the wards at PPH which incorporates staffing needed for observational levels.

- Continue to participate in the deep dive work with the mental health wards as required.

- Continue with focused recruitment plans which have achieved some positive results in securing new staff. Support the international recruitment programme. Support the preceptorship programme to ensure preceptee feel confident to fulfil their role on the wards.

- Continue to use the SafeCare tool to give a more accurate picture of staffing needs across the wards. Commence using the SafeCare tool for the mental health wards across the Trust for monthly reports.

- Support the Nurse Associate pathway and recruitment post qualifying. Support with any work streams associated with increasing the Nurse Associate programme take up.

- Implement the newly developed community nursing dependency tool.

- Continue with the review of safe staffing on west community wards with consistently lower care hours per patient day/ the safecare tool demonstrates suboptimal ward establishments.

Trust Board Paper

Board Meeting Date	8th November 2022
Title	Research and Development Annual Report 2021/22
	Item for Noting
Purpose	This report presents a summary of research and related activity for the year 2021/22
Business Area	Corporate (Medical Directorate)
Author	Kate Penhaligon, Head of Research and Development
Relevant Strategic Objectives	All: The priorities reported within the Research and Development strategy align to the Trust Annual Plan on a Page and True North Goals.
CQC Registration/Patient Care Impacts	Provides evidence for the CQCs five key questions by providing examples of where the public, staff and external partners have been engaged in the development of Research across the Trust and that good governance and management is in place to facilitate and support Research.
Resource Impacts	Increased Leadership Capacity Required (cost neutral)
Legal Implications	Operating according to the UK Policy Framework for Health and Social Care Research and applicable statutory obligations
Equalities and Diversity Implications	Staff and patient engagement is sought with the aim of ensuring our portfolio is equitable and accessible. This financial year, the teams across Berkshire Healthcare have been working with the Diversity in Research Patient Public Involvement advisory group to support researchers to involve people from diverse communities in their research.
SUMMARY	This paper presents Berkshire Healthcare NHS Foundation Trust research activity for 2021/22 and includes a summary of activity from the current financial year. Impacts, benefits, communications, and participant experience are noted. Details of finance, structure, operations, and performance are also provided. The Research portfolio at Berkshire Healthcare NHS Foundation Trust is a blend of hosted research projects and Trust sponsored research projects of both observational and interventional research. In the financial year 2021/22 we delivered 94 research projects compared to 96 research projects in 2020/21, recruited 1723 participants into 38 NIHR Portfolio studies (1608 recruited into non-commercial trials and 115 into commercial trials), ranked joint 7th out of 48 similar Trusts (Mental Health and Community Trusts) for the number of National portfolio studies and 8th out of 48 similar Trusts for the number of participants that we have recruited to national portfolio studies. In the financial year of 2022-23, we are working on an 'opt-out' approach to Research to make healthcare research more available to patients, inclusive and representative.
ACTION REQUIRED	The Board is asked to note the contents of the report, progress made during the year and projected recruitment to studies for 2022/2023.

Research and Development 2021/22

Annual Report

Contents

This report serves to provide assurance to the board of compliance to the UK Policy Framework for Health and Social Care Research and applicable statuary obligations. It also serves to evidence our delivery of the Research and Development strategy

caring for and about **you** is our top priority

committed to providing **good quality, safe services**

working **together** with **you** to develop **innovative solutions**

Executive Summary

Clinical Research activity is crucial to ensure the quality of care we provide and to discover new treatments and interventions. Our research activity and outcomes contribute to evidence-based practice by enabling skill development for staff.

Evidence demonstrates that hospitals that are active in clinical research have better patient care outcomes. Berkshire Healthcare is committed to clinical research and to providing research that is patient centred.

We are a research active organisation with an aim, for all patients to have access to research opportunities which are relevant to them.

The Covid-19 pandemic quickly brought into sharp focus the critical role of clinical research in helping to understand and combat disease. Throughout the pandemic, the Trust fully engaged in the national programme of Urgent Public Health (UPH) Covid-19 research. Trust staff, including executive board members, were inspired to lead and take part in National and urgent public health studies. As part of the national programme, this research provided hope and focus during the darker times and played a crucial role in furthering the understanding of Covid-19. This research led to the early identification and approval of treatments.

The Research portfolio at Berkshire Healthcare NHS Foundation Trust is a blend of hosted research projects and Trust sponsored research projects of both observational and interventional research.

In the financial year 2021/22 we delivered 94 research projects; this compares to 96 research projects in 2020/21. This includes 54 National Institute of Health Research (NIHR) Portfolio studies and 40 Non-NIHR Portfolio studies. The research projects also include a range of research from smaller scale student projects involving a subsection of our patients to national multi-centre clinical trials involving several NHS sites. In addition, we supported other NHS Acute, Mental Health and Community Trusts and Primary Care colleagues in the region to deliver COVID-19 vaccine studies and three other Urgent Public Health COVID-19 studies. Most participants recruited to the NIHR Portfolio projects were recruited into non-commercial observational studies. We sponsored 6 research projects led by Clinicians from Berkshire Healthcare

In 2021/22 we were ranked joint 7th out of 48 similar Trusts (Mental Health and Community Trusts) for the number of national studies and were 8th out of 48 similar Trusts for the number of participants that we have recruited. We recruited 1723 participants (1608 recruited into non-commercial trials and 115 into commercial trials).

The Research and Development strategy was approved by the board in October 2021. The strategy is aligned to the government's policy: The Future of UK Clinical Research Delivery which is a UK vision to unleash the full potential of clinical research delivery to tackle health inequalities, bolster economic recovery and to improve the lives of people across the UK.

In Quarter 3 2021/2022 the Head of Research and Development was released from Berkshire Healthcare on secondment to the Berkshire Oxfordshire Buckinghamshire (BOB) ICB to deliver on the ageing-well programme. A secondee was appointed and released from The Royal Surrey NHS Foundation Trust (0.6 wte). The secondment opportunity has provided fruitful collaborations across the two Trusts. The collaboration between the two organisations has enriched the knowledge of the core clinical research delivery and governance team and has provided mentorship across several disciplines.

Dr Minoo Irani – Medical Director is Executive Lead for Research

Future of UK Clinical Research Delivery – Setting the national scene

The National Institute for Health and Care Research NIHR leads the way in continued drive for improved clinical research delivery

The 3-year plan aligns with funding confirmed through the Government spending review for April 2022 to March 2025 and includes up to £150 million of additional funding from the NIHR and £25 million additional funding from RRG partners across the UK. This complements up to £200 million in England for the data for research and development programme, announced in March 2022.

The plan focuses on 5 themes shaped around the UK Government's bold vision for a more patient-centred, pro-innovation and digitally enabled clinical research environment, which builds on the successes and the lessons learnt in response to COVID-19. Our strategy is aligned to the Governments 7 actions, as shown below

2.1. **Fig.1 Show the 7 actions to deliver the UK vision for research**

Building on learnings from the research response to COVID-19 and supporting the recovery of the health and social care system

Building capacity and capability in preventative, public health and social care research

Improving the lives of people with multiple long-term conditions through research

Bringing clinical and applied research to under-served regions and communities with major health needs

Embedding equality, diversity and inclusion across NIHR's research, systems and culture

Strengthening careers for research delivery staff and under-represented disciplines and specialisms

Expanding our work with the life sciences industry to improve health and economic prosperity

NIHR | National Institute for Health and Care Research

Research Governance within Berkshire Healthcare

The Research and Development strategy is aligned to all the strategic priorities of the Trust relating to our patients, population, and people. The delivery on the True north goals; Patient experience, supporting our People, Harm Free Care and Money Matters are captured in the Research and Development 2021/2022 plan on a page.

Research and Development (R&D) is part of the Corporate Division of Berkshire Healthcare NHS Foundation Trust, reporting via the Medical Director, who is an Executive member of the Board.

In addition to this annual report to the Trust Board, Research and Development activity, performance and compliance is provided via formal reports to the Clinical Effectiveness Group via the Research and Development committee. It is also represented as an invited member of the Quality & Performance Executive Group.

We have a robust research governance system to ensure compliance to the UK Policy for Health and Social Care Research and that any Research projects that we sponsor is designed, conducted, and delivered to the applicable standards and statutory obligations:

- Medicines for Human Use (Clinical Trials) Regulations 2004
- Mental Capacity Act
- Human Tissue Act 2004
- Section 111(7) of the Care Act 2014
- General Data Protection Regulation and Data Protection Act 2018
- International Conference on Harmonisation for Good Clinical Practice

We continually improve and monitor this system to ensure it is fit for purpose. Assurances are provided to the Research & Development Committee and Clinical Effectiveness Group.

Research governance refers to the framework to manage the research process from end to end. The Health Research Authority provides assurance to the NHS that study complies with required standards and criteria to free up NHS sites to concentrate on putting arrangements in place to deliver the study.

They assess the governance, legal compliance and the ethics review and will issue approval once all other regulatory approvals, i.e. Research Ethics Committee, Medicine Health Regulatory Agency, Confidentiality Advisory Group, are in place.

We have robust processes which are in line with the Health Research Authority guidance of assessing, arranging, and confirming capacity to deliver research. Assessment is captured within our quality management system and workflows are used to capture processes and evidence/information for in-depth reporting.

We are responsible for assuring the framework is adhered to and the roles and responsibilities of individuals at the site, and any collaborating parties, are agreed and documented.

Within the core Research and Development team there are specialist roles who are responsible for Governance, Clinical Delivery, in-house/Sponsorship, review of contracts, Finance, and Management

In 2021/22 the R&D department undertook a review of all the existing Research policies, which were updated. An audit plan to review and update the Standard Operating Procedures (SOPS) to ensure compliance with the UK Policy Framework for Health and Social Care was put in place.

The following Standard Operating Procedures were reviewed in FY 2021/2022 and are in circulation
- Safeguard the participants of research projects
- Protect investigators/researchers by providing a robust and clear framework

- Monitor practice and performance
- Enhance the ethical and scientific quality of research
- Promote good practice and minimise risk

The R&D department began the development of a comprehensive audit programme at the end of 20/21, which continued in 2021/22 to ensure agreed procedures and policies are being followed as part of quality assurance.

The national HR Good Practice Resource Pack provides the expectations for the study and the pre-engagement checks that should and should not be undertaken. To ensure appropriate access for research purposes to our patients, staff and/or Trust premises, all researchers must have the relevant access, either a substantive/Honorary research contract (HRC) or be issued with a letter of access (LoA) accompanied by a complete Research Passport. The level of access is determined by the activity the Researcher is undertaking.

In 2021/22 the department issued 21 LoAs and 4 HRCs to non-BHFT researchers. Local services have oversight and operational management for the individuals requesting the access.

The Trust sponsors home-grown Research projects and host national projects and student research projects. In the financial year 2021/2022 the Trust sponsored 6 studies

The Sponsor is an organisation that has overall responsibility of the research and responsible for ensuring that the proposed research respects the dignity, rights, safety, and well-being of participants. The UK Policy Framework for Health and social Care Research requires that all research projects must have a Sponsor identified and declared prior to the commencement of the project.

The Sponsor takes on responsibility for initiation, management, and financing (or arranging the financing) of the research. We can delegate specific responsibilities to any other individual or organisation that is willing and able to accept them. All delegation of responsibilities to another party should be formally agreed and documented via a model Research Agreement. All research falling under the remit of the Secretary of State for Health must have a formal Sponsor. This includes all research in health and social care that involve NHS patients, their tissue or information.

Student research: This is any research undertaken by a student (enrolled at University or College) for the purpose of an educational attainment. In all circumstances the University or College that is awarding the educational attainment should be approached to act as Sponsor for the research study.

We have governance processes in place that evidences our compliance to sponsorship activity. The Research & Development committee have oversight of all sponsored studies and are involved in assessing the risk for interventional clinical research projects prior to Trust sponsorship approval.

2.2. Fig.2 Show the structure of the core Research & Delivery team at the end of 2021/22

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                    ┌─────────────────────────────┐
                    │ Executive Medical Director  │
                    └─────────────────────────────┘
                    ┌─────────────────────────────┐
                    │ Head of Research & Development │
                    │         (0.6wte)            │
                    └─────────────────────────────┘
                    ┌─────────────────────────────┐
                    │ Research and Development Manager │
                    │         (1wte)              │
                    └─────────────────────────────┘
```

Lead Clinical Research Practitioner (1wte)	Lead Research Nurse (1wte)	Research Governance Facilitator (1wte)
Adult Mental Health, CAMHS, Talking Therapies and Learning Disabilities	Older Adult and Community Health Services	Governance, data, reporting, administration

Senior Research Fellow Clinical Research Practitioners Assistant Research Practitioners	Senior Clinical Research Practitioners, Research Nurses, Student Nurse and Assistant Research Practitioners

Embedded Staff

Senior Research Fellow
Assistant Phycologists
Physiotherapists
Clinical Nurse Specialists
Occupational therapist

Corporate Services

Finance BP
HR BP

Collaboration

Aligning with the Trusts value of **working together to develop innovative solutions**, partnership working is of paramount importance to the research that we deliver in Berkshire Healthcare.

Ensuring that we **work in partnership with our health and social care partners**, the partnerships allowed us to work with 41 universities, 22 NHS organisations and several commercial and small technology companies. This brought research opportunities to patients, staff, and carers which aims to **address Health Inequalities to provide better and more efficient care.**

The relationship with these institutions was in their role as sponsor, employer of the Chief Investigator or base for the study team. Further strategic work to reinforce our existing collaborations and to collaborate with Research Design Support (RDS) South Central Charities, Local Council and Integrated Care Systems is underway. We are making good strides to ensure Research is integrated into the system.

The University of Reading remains a key partner with Berkshire Healthcare providing research projects aimed to improve the **health outcomes of our population.** We have collaborated with the University on the Oxford Health Biomedical Research Centre Dementia Theme to deliver Dementia Research

The University of Lancaster has collaborated with the Trust to deliver a National Institute for Health Research grant to deliver a project named "Realist evaluation of online mental health communities to improve policy and practice", a collaboration born from the knowledge of the SHARON platform. This collaboration serves to evidence how we are a **leader in designing, adapting and embedding technology to improve patient care.**

In the financial year 2022/2023 additional collaborations with Bath University, Wilshire Health and Care and small technology start-up companies are creating opportunities to increase the leadership capacity for Research and Development at Berkshire Healthcare. It is acknowledged that the ambitious Research Strategy requires leadership investment to grow and sustain Clinical Research within the Trust. The early collaborations are providing funding to develop the capacity and capability and to sustain the expected growth. The Research & Development team provide expert advice to external organisations which has allowed fruitful collaborations on several grant applications and has created partnerships across the system.

As a Research active organisation, Berkshire Healthcare are members of the UK Research and Development (UKRD) which is a community of R&D Leaders, colleagues with responsibilities to Board for the R&D function in their organisation. The group is fed their expertise into key government departments to inform ministerial discussions. Our involvement in this group is via the Head of Research & Development. In addition, several staff members in the R&D department link into the NHS R&D Forum (RDF) which is a UK–wide community of practice and professional network for the health and care research management, support, and leadership workforce and the Head of Research and Development sits on the national steering group for the Health Research Authority, Central Portfolio Management System group and the UKRD Peer Development Groups. Membership to the national groups ensures Berkshire Healthcare maintains an up-to-date national perspective of Clinical Research within the NHS and can feed into the decision making of the UK Government with regards to Clinical Research within the NHS.

Prioritised and Embedded

Prioritised

The 2021 Research strategy pledged all research projects are assessed in terms of which priority area they link to as part of wider capacity and capability assessment.
In the financial year 2022/2023 a code has been allocated to indicate the priority link for studies e.g. Integrated Care System, Trust, and local service. The reporting requirements will evidence the delivery of this strategic aim and will form part of the Trusts Key Performance Indicators for Research.

In the financial year 2021/2022 the Research portfolio was weighted heavily towards mental health research. Community health and Children and Young People recruited notably less participants than the mental health teams. The delivery of the Research strategy and newly formed, and existing, collaborations has created space for Research that is aimed at priority themes. As we move into quarter 3 of this financial year, our newly formed collaborations with public health colleagues, small technology companies and charities has allowed for the development of new Research ideas to address the needs of our patient and population. This system approach evidences our strategic aim **to collaborate, support and learn from one another**.

The Research portfolio in the latter quarter of 2021/2022 demonstrated a shift change in direction as services such as the tissue viability service which is a new area of Research is hosting a study which confirms the ongoing safety and performance of Silver II Non-woven dressing in chronic and acute wounds.

Services across Berkshire Healthcare are collaborating with Researchers and **our local communities** to strengthen our community offer of Research opportunities and deliver research projects **that respond to local community needs.**
We continue to work with colleagues across the region to increase capacity for Research within Integrated Care Boards (ICBs) and across the system.
Collaborations are being established with public health, local Clinical Research Networks, Universities, and partner organisations to build capacity for Clinical Research. The focus for the next 6 months is to ensure that we are aligned with our priorities and maximise grant funding opportunities

Embedded

It is a vision to ensure all our staff members in clinical services can articulate the role they play in research. Evidence demonstrates that hospitals that are active in clinical research have better patient care outcomes. Delivery on the **new ways of working and delivering care** initiative, research skills **support the learning of staff** across the organisation ensuring that **we can build and sustain teams fit for the future**.

Wherever possible external Research funds have enabled us to invest in a range of clinicians who are embedded within clinical services to support the development and delivery of research rather than within the core R&D team. This helps to provide local access to opportunities which are relevant to local populations.

In 21/22 clinicians were funded to undertake research in Older Adults, CAMHS, Talking Therapies, Sexual Health, Learning Disabilities, Perinatal, Cardiac, Tissue Viability Service, Urgent Care Services Respiratory and Diabetes Services. Some of these clinicians are located across the county of Berkshire from Thatcham in the West to Slough in the East, work in many settings-hospitals, Memory clinics, community bases, universities, and people's homes.

Equitable and Accessible

Equitable and Accessible

We continue to work hard to **establish strong links with our local communities** and gaining patient and carer feedback. We continued to engage with all physical health services who are not currently research active. **Patient and the public views are actively sought** throughout the research process and focus groups have been maintained, this financial year.

Whilst aiming to provide research opportunities to all as part of routine care we also maintain a Research Interest List (RIL) which clinicians can refer to/patients and carers can sign up to receive information about relevant research projects. The national 'Join Dementia Research (JDR)' database is also accessed to identify local research interested individuals.

As a research active Trust we are providing:

- **Patients** with the opportunity to receive assessments, treatments, therapies, and interventions that they would not otherwise have received as part of standard care.
- **Carers** with the opportunity to share their experiences and support their loved ones to participate in research.
- **Staff** with the opportunity to share their experiences, preferences, training needs and barriers re: the delivery of current services and interventions as research participants.
- **All research participants** (including the public for some studies) the chance to contribute to the evidence base to the NHS on topics that are important to them.

All this presents our organisation with the opportunity to receive funding to provide all the above opportunities and to support staff interested in research to lead or participate where relevant.

All NHS Research active organisations are required to take part in the national Participant Research Experience Survey (PRES). This is developed and led by the National Institute for Healthcare Research (NIHR) and supported locally by the NIHR Local Clinical Research Networks.

In 2021/2022, more than 9,000 participants volunteered for Research within Berkshire of which 1,723 participants (NIHR portfolio reported only) volunteered in 38 studies at Berkshire Healthcare.

The National patient Research survey found of 1,728 participants in Berkshire, Buckinghamshire, Milton Keynes and Oxfordshire, a total 93.2% of respondents said they would consider taking part in research again

The survey, conducted in the 12 months from April 2021, found:

- 71.1% said they had been kept updated about the research
- 78.6% said they knew how they would receive the results of the research
- 98.3% said they knew how to contact someone from the research team if they had any questions or concerns
- 92.5% said researchers valued their taking part in the research
- 93.6% said research staff always treated them with courtesy and respect

Patient and service user engagement is key to providing equitable research. Researchers are actively engaging service users on a range of topics. Towards the end of financial year 2021/22, our Research teams collaborated with Oxford Health and Oxford Biomedical Research Centre in

developing skills to encourage Researchers to actively involve communities in the development of their Research. Working with the team to facilitate Patient & Public Involvement Workshops. Updated resources have been utilised to review the Trusts Research Strategy for Patient Public Involvement and Engagement. Collaborations with the Applied Research Collaboration are offering opportunities in the financial year of 2022/23 as we join forces with Oxford Health in exploring the feasibility of creating Community Engagement Systems for People from Ethnic Minority Communities to Improve Access to Mental Health Care.

To provide an example, The SHARON team are working with users of their platform to understand what is important to an online peer forum. In additional to this, the group are also keen to understand the factors influencing use of online communities by ethnic minority groups and how they compare to the use of white British, and what factors influence this. The Garden Clinic is hosting a trial which engages the young men of Slough in the promotion of behaviour change in condom promotion, an intervention for young men which is aimed to improve attitudes towards condoms and promote use. The project also collects relevant health economic data which will provide additional data on how to engage a diverse population on sensitive topics or interventions.

Collaboration with Public Health Colleagues has presented the opportunity of exploring Research focusing on Berkshire Healthcare patients, specifically hoarders, and the impact on their health. Our teams are working to engage the community in the design on the study which is being led from the University of Reading.

Ensuring we reach as many patients and service users as possible we have explored how other sites are delivering their Research.

A review of community and mental health Trusts within the South-East Central Network showed that Berkshire Healthcare is the only Trust which does not have an 'opt-out' approach to research. Research evidence has shown that an 'opt-out' approach to research recruitment could benefit both clinical research and patient care. Currently we have an 'opt-in' approach, where clinicians communicate opportunities to patients. Having an 'opt-out' approach has significant advantages for both patients and researchers, patients consider research to be important and that they want to be made aware of opportunities to participate in research. An 'opt-out' approach is optimal for ensuring NHS patients are made aware of these opportunities and are empowered to decide to what extent they wish to participate, it also helps make healthcare research more inclusive and representative, enabling access to information about research to currently marginalised groups. We are working with Information Governance to populate a Data Protection Impact Assessment Form. As this is an organisational change, there will be an action plan to consider and stakeholders to engage.

Using real world data to improve patient outcomes, we will be working to join the 17 NHS Mental Health Trusts in England who use the CRIS (Clinical Records Interactive Search) solution which is a tool which allow us to see when there are patterns and trends emerging in mental health, service and treatments allowing us to carry out research, assess the effectiveness of our treatments and identify ways we can improve our services.

Refer to Appendix A which demonstrates the split of Research in the divisions and the total Recruitment for financial year 2021/2022.

Supported, Visible and Impactful

Our vision is to ensure staff members who want to develop or deliver research have the guidance, training, support, and time to do so and that funding opportunities are regularly communicated.

The collaboration with the Learning and Development team will **enhance the exposure of opportunities for staff to explore** their path in Research both as a development opportunity and as an understanding of their role in Research.
Ensuring we explore **new ways of working** and that we are **building teams fit for the future, t**he communication team is working with Research and Development colleagues to develop a communication plan that will **provides the reach to those staff members and services within Berkshire Healthcare** who cannot access Nexus and emails easily. The plan will ensure they are aware of how to find out about current research opportunities in their area **to provide greater deployment opportunities and support the learning of new skills across our organisation.**

Key members of the Berkshire Healthcare executive team participated in the EmHEP COVID-19 study in July 2021. The study was funded by the Health Foundation Programme looking into the quality and efficiency of mental healthcare provision in the time of COVID-19. The results were published this quarter and demonstrated that the pandemic emerged as a significant catalyst for major service innovations in mental health, opening new pathways of care in areas that over many years had made only incremental progress. Mental Health trusts demonstrated a high degree of flexibility and resilience by quickly adapting and transforming service delivery. In particular, the rapid deployment of digital technology and the shift to remote provision played a vital role in connecting providers with service users and allowed healthcare professionals and teams to remain connected within and across services, organisations and care systems.

Recruits, Values & Retains

Our aim is to attract and keep research interested, skilled and experienced staff because they feel that their skillsets are valued and that they are able to progress their research interests and careers at Berkshire Healthcare. **Recruiting and retaining a skilled workforce continues to be one of the biggest challenges we face at Berkshire Healthcare**. The Research culture at Berkshire Healthcare demonstrates **clear benefits for the development of staff skills**. Clinical Research increases staff engagement and retention by ensuring external clinical innovations and advancements of clinical practice can be implemented into departmental practices, whilst also contributing to evidence-based practice by enabling skill and knowledge development for staff.

Ensuring that **we support our people and provide a great place to work**, staff are encouraged to apply for Research opportunities and internships. In quarter 4 2021/2022 we successfully supported a MSK Clinical Physiotherapy Specialist in an application to the Applied Research Collaboration to create space and time for Research. The candidate was provided a joint offer from Oxford Brookes and the National Institute for Health and care Research. The internship has increased the capacity for Research within the physical health setting. This role carves out time for the team to focus on providing harm-free care by implementing Research studies such as the Darfibs study; Dance to reduce fall frequency and improve balance and strength. This is a preventative study which improves the physical health of our patients, reducing falls and related human costs (£2.3 billion a year).
The ambition is to support Research development opportunities akin to the internship/clinical academic role, across several disciplines.

Income Generating

The Research and Development department are predominantly funded by the National Institute for Healthcare Research (NIHR). The majority of this is Activity Based Funding (ABF) and is received via the Local Clinical Research Network (CRN) Thames Valley and South Midlands. This is then supplemented by NIHR Research Capability Funding (RCF), a small commercial income and some trust finance. Funding is allocated annually, and several team members hold short term contracts as funding is based on previous years' research activity.

Delivering on the true north objective of being a **financially sustainable organisation**, we aim to have a minimum of three National Institute for Health and Care Research grant funded projects hosted by Berkshire Healthcare at any one time. In 2021/2022 we were successful in securing the National Institute for Health and Care Research Grant with the University of Lancaster for the delivery of the iPOF study "Realist evaluation of online mental health communities to improve policy and practice". We continued to host the Research for Patients Benefit grant for the ASCEND trial "Evaluating an early social communication intervention for young children with Down syndrome: a feasibility study" and for the IBER study: A feasibility randomised controlled trial of Imagery Based Emotion Regulation for the treatment of anxiety in bipolar disorder. In the financial year 2022/2023 we have submitted 7 grant applications with colleagues in University of Reading, Oxford Health Partners, Queens University in Belfast and 3 small technology companies.

The NHS is required to recover, from industry, all costs over and above the standard NHS Treatment Cost and the funding arrangements for non-commercial NHS research must fund the attributed costs to; research costs, NHS treatment costs and NHS support costs. Berkshire Healthcare receive income for the commercial clinical research we deliver. This income compensates us for the costs associated with delivering the research, as well as an allowance which is intended to enable investment in research capacity and capability longer term, this enables us to undertake more clinical research. Work is on-going with the Finance team to establish processes and create a commercial research income distribution policy that is aligned to the UK Research Finance guidance to ensure income flows through to where the activity is taking place.
Our income has increased year-on-year as Research activity, capacity and capability increases. Refer to Appendix B for the Research Income brought in over the last 4 years.

Innovative

Collaboration with the Head of Innovations and the Bright Ideas steering group continued to consider the Research aspects of new innovative ideas and solutions. **Collaboration with digital technology companies** has resulted in 4 innovation grants being submitted to date. An application to Veterans' Health Innovation Fund (Defence and Security Accelerator) was a result from a collaboration with Dr Deborah Lee and Virtual Health Labs. This interdisciplinary project regarding the development of an immersive virtual reality solution seeking to augment treatment for veterans and other people experiencing PTSD. This is important work with potential to improve the outcomes for veterans with PTSD. The proposal was to develop, test and evaluate an immersive virtual reality application which can be used as a treatment to possibly help to make psychological treatment for PTSD both more effective and more accessible.

Evidence Based

In 2021/2022 processes were implemented to enhance the knowledge to our staff members that they can have access to the latest evidence for their clinical area/speciality in which they work.

The current and previous annual reports have evidenced the steadily increasing level of research activity which takes place at Berkshire Healthcare NHS Foundation Trust with staff, patients, carers, and the public acting as research participants. We are continuing to develop strong links with National Institute for Health and social care Research evidence, the library team and clinical effectiveness services to better support this agenda.

Evidence show **clinical research is beneficial to people and patients**, with breakthroughs enabling earlier diagnosis, more effective treatments, prevention of ill health, better outcomes, and faster returns to everyday life. This has been particularly visible during the COVID-19 pandemic with real time changes occurring as the result of research findings. This has been seen with vaccine studies and epidemiological studies that have informed government decisions regarding policy.

Some evidence has suggested that people who take part in research have better health outcomes no matter what treatment they receive. This is known as the 'trial effect'. Even if the research you take part in is unsuccessful, many people feel they receive better care while the trial is running. Further research evidence that Trusts who support NIHR portfolio research studies have improved mortality rates.

To this end, we have provided further analysis to help us to better understand the benefits and impacts of the research that BHFT patients, carers and staff have participated in and supported in recent years. A summary can be found below and further details and links to findings from studies that we have participated in will be available on our website.

2.3. Highlights from studies we hosted 2021/2022:

- 215 participants took part in the Virus Watch Study, which aimed to identify how Covid spreads, and how to stop it. The results guided government policy during the pandemic.
- UK–REACH study looked at the disparity in Covid risk among ethnic minority workers to inform the development of risk reduction and to try to improve the long-term health outcomes of healthcare workers.
- 1,360 participants took part in psychological impact of Covid a large-scale online questionnaire investigating the psychological impact of Covid, the resultant restrictions, and the impact on behaviours and changes in mental wellbeing.
- The Behavioural Activation in Social Isolation (BASIL+) study investigated if it's possible to prevent depression and loneliness in older adults with two or more long-term physical conditions, who are social isolated due to the pandemic.
- By undertaking a comprehensive analysis of the needs of agile workers in the NHS, and the leadership behaviours required to meet these, researchers will be able understand how to support leaders as they adjust to the demands being placed on them to respond to and direct an agile workforce, whilst also attending to broader organisational goals and missives.
- Children and young people were able to access the 'Getting Help' services as part of the research study to examine their current sleep, diet, and physical activity behaviours, as well as their associations with mood.

Conclusion

Clinical research has become a subject of significant public interest especially during the Covid pandemic. The profile of Research and Development at Berkshire Healthcare Foundation Trust is now highly visible, especially in terms of embedding a culture of research, making collaborative working stronger across the region and contributing to important high quality global clinical trials.
The R&D Department aims to ensure that these achievements are sustained, improved further and research is embedded as part of everyday clinical practice across the Trust. Building on the research successes and lessons learned during the Covid pandemic, we can create an environment conducive to high quality research and develop even closer links with new and existing commercial and academic partners.
The UK clinical research delivery system is facing unprecedented challenges to support the delivery of research, following the COVID-19 pandemic. The ongoing impact of the pandemic on elective backlog, workforce pressures, as well as the need to complete existing COVID-19 research, has led to delays in the completion of studies. This has resulted in a substantial reduction in the number of studies able to recruit effectively and close on time.

The capacity of the NHS to support research delivery remains under continued pressure from workload and workforce issues, as well as the need to reduce the elective backlog. Limited capacity and resource mean that some studies have struggled in the current environment and have little chance of meeting their research endpoints and objectives. For others, the reduced resource and capacity means that study delivery within acceptable timescales is threatened. It is essential that the research system focuses on the studies that can be delivered with the capacity and resource available, whilst recognising there are some studies (e.g., in rare diseases) for which recruitment is expected to be less regular. The Department of Health and Social Care and colleagues in the devolved administrations, are working with partners across the UK's research system to identify measures to strengthen the UK's research base and life sciences sector, in a programme on clinical research Recovery, Resilience and Growth (RRG).

We expect the participant recruitment for the financial year 2022/2023 to be reduced, compared to previous years, given the change in our research portfolio. This reflects the national recruitment uptake. We expect that collaboration with our partners and Thames Valley and South Midlands Clinical Research Network will identify Research projects with a high recruitment number. It should be noted that the complexity of the interventional research we host has increased in the 2022/2023 financial year. Although it is anticipated that the recruitment for 2022/2023 may be lesser than previous financial years, our current approach of aiming to have a balanced research portfolio is in line with our research strategy

This report serves to evidence the Trust's commitment to Research. Research is included in the CQC well led inspection framework with a focus on how well an NHS Trust supports research activity at three levels, Research equity, facilitation and awareness. We will continue to build on the priorities within our Research strategy, focusing on access to Research and enhancing our collaborations. The Research culture at Berkshire healthcare demonstrates clear benefits for the development of staff skills, we have been successful in creating pockets of capacity within our clinical services with increasing internships, Research time within job plans and collaboration with the University of Reading will enhance MSc Opportunities and further embed Research into Clinical Practice. Clinical Research increases staff engagement and retention by ensuring external clinical innovations and advancements of clinical practice can be implemented into departmental practices.

At the Thames Valley and South Midlands Clinical Research Awards this September, Berkshire healthcare Research Delivery team won the All-round High performing team award, we were joint winners with the Primary care Research Nurse team from Oxford University Hospital Trust.
Our Allied Health Professionals in Physio won the Research rising star award and Deputy Chief Pharmacist was highly commended in the Outstanding Allied Health Professional category.

As we move into a system-wide approach to delivering health and care Research, we are excited to partner with Oxford Health NHS Foundation Trust, the University of Oxford and other NHS and higher education partners on a National Institute for Health and Care Research (NIHR) Biomedical Research Centre for research into mental and brain health which is hosted by Oxford Health. Our contribution to the project will involve working in partnership with the Universities of Reading, Birmingham, Liverpool and Oxford Brookes on the research theme of 'Mental Health in Development'. The research aims to develop targeted, effective, and accessible mental health interventions that meet the needs of diverse children and young people.

Appendix A- Summary of all studies in Berkshire Healthcare NHS Foundation Trust FY2021/2022 by Condition/Topic area

Study	Status	Recruitment (as per central portfolio management system)
COVID		
PRINCIPLE	Now closed	0
BASIL+	Now closed	58
EMHeP COVID	Now closed	14
Psychological Impact of COVID	Now closed	349
	Total	**421**
Older Adult Mental Health		
BDR3 Version 1.0	In follow up	N/A
NIDUS Family	Open	18
PRIDE APP	Now in follow up	5
PALLUP	Now closed	1
	Total	**24**
Adult Mental Health		
BEAMS-ID	N/A	1
EMER	Now closed	105
EMHeP 3	Now closed	2
GameChange	Now closed	2
Genetic Links to Anxiety and Depression	Open	22
Getting Physically Active	Open	7
Hearing Nasty Voices	Now closed	7
MBCT	PIC	N/A
MolGen	Paused	1
NCISH	Open	46
Parents with Psychosis	Now closed	8
Partners 3	Open	5

PIPS	Open	714
PPiP2	Open	13
PREFER	Now closed	9
Safer Online Lives	PIC	N/A
Silvercloud Activation Study	Open	39
Silvercloud DLM	Open	55
Sleepwell	Now in follow up	7
SPRINT	Now closed	0
THRIVE	Now closed	2
Understanding Experiences of Feeling Exceptional	Open	23
Using Digital Tech	Open	14
Watch Study	Now closed	45
Total		**1,127**
Children and Young People		
ASCEND	Now closed	4
CO ASSIST	Now closed	1
CO-CAT	Open	19
MAPS	Now closed	0
OPTYC	Now closed	0
PANDA	Now closed	13
STADIA	Now in follow up	57
PTSD in Young People staff survey	Now closed	9
Total		**103**
Community Health		
Startright	In follow up	N/A
ADDRESS 2	Open	4
NEFERTITI	Now closed	21
AHP Perceptions of Research	Now closed	19
Use of locum doctors	Open	2
The Multicath Trial	PIC	0
Usability and efficacy of rainbow trays	N/A	2
Total		**48**
Overall total		**1,723**

Appendix B – Research and Development Finance 2018-2022

FY 2018-2022

R&D External Income Sources				
Source	2018/19	2019/20	2020/21	2021/22
CRN Core Funding	400,000	420,000	445,000	463,000
CRN Contingency Funding	39,413	5,000	0	35,424
Greenshoots Funding		13,358		0
ETC Payments	0	3,106	352	9,293
RCF Funding	20,000	20,000	52,960	48,054
Commercial Income	10,453	2,414	3,457	35,123
Other Funding				
IBER	5,258	150,353	63,279	26,555
STADIA		7,003	11,554	6,420
ASCEND		2,755	151,125	117,133
O Hewitt Doctoral Research Fellowship			3,171	109,273
Totals	**475,124**	**623,989**	**730,898**	**850,276**

The R&D Department has delivered improved Research productivity over the last 4 years resulting in a steady increase of Research income from several sources.

Meeting Date	8th November 2022
Title	Quality and Safety of Inpatient Services
	Item for Noting
Purpose	The purpose of this report is to provide the Board with an assessment of key processesxxx in place to provide assurance around mitigation against closed clultres developing and further improvements
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
SUMMARY	**Context** On 28th September 2022, the BBC aired a Panorama programme which showed patients being abused while in the care of an NHS Trust, the appalling behaviour uncovered included humiliation, abuse and inappropriate use of force which was heart-breaking and shameful to watch. Following the programme Claire Murdock, the National Director for Mental Health wrote to all Mental Health, Learning Disability and Autism provider organisations to explain that urgent consideration was being given to what more could be done nationally, with regulators, through the inpatient quality improvement programme and with issues such as workforce. She also recognised that poor cultures develop and are prevented locally and that therefore it is local, culture, systems and processes that are most likely to mitigate against these tragic occurrences. Workplace culture has a significant impact on the way people behave and treat each other and our patients; everyone has the right and expectation of being treated with civility and respect. Cultures that have the patient at the heart and an open mindset that a closed culture could develop here, where all staff take accountability for their actions, senior leaders and board members are visible in clinical areas, challenge, role model and create safe environments for people to speak up about poor care are much less likely to develop a poor culture. Poor cultures increase the risk of harm of abuse and human rights breaches. They are more likely to develop where there is a lack of positive and open engagement between staff and their families, where people are highly dependent on staff and much less able to speak up for themselves or have others to speak up for them ; this includes people living with a learning disability, autism, older people, children, people using services where restrictive practices are used, and people who stay in hospital for months or years. Poor cultures are also more likely to develop where there is weak or poor leadership and significant changes in management over a short period; high staff turnover and high use of temporary staffing with staff working long hours **Overview** Over the last few years, we have put in many initiatives and programmes of work to support reducing the potential for closed cultures to develop including initiatives to support just and safe cultures; emphasis on learning through speaking up and as importantly listening and following up; safety culture charter development, training and learning opportunities to support kindness and compassion alongside wellbeing and staff support packages. We also

	have regular visits to our wards from Board, senior leadership, governors alongside 15 steps initiative. Alongside this we have a maturing quality improvement ethos across the organisation with use of quality improvement tools at service, divisional and Trust level to support understanding of the problem through data and development of countermeasures for issue such as workforce, sexual safety, and Restrictive practice. Most recently we have introduced a new patient experience feedback tool which enables all patients to tell us about their experience, give a review and make improvement suggestions through a variety of platforms. Across the organisation we have investigation processes in place that support an open learning culture following incidents and work is underway to develop the organisational plan for implementation of the new patient safety incident response framework (PSIRF) which is a key element of the national patient safety strategy. The staff survey also provides a rich amount of data around the culture of the organisation and staffs perception of working for us. Whilst we can take assurance that we have many programmes and initiatives in place to support and encourage an open and transparent culture we should never be complacent that 'this could never happen here' and must recognise that continued efforts are required support ongoing development of a culture that is truly open and transparent across the whole organisation. Regulation has its part to play in detecting closed cultures and the CQC has guidance around how it identifies and responds to closed culture it is what we are doing locally to detect and prevent poor cultures that should always be at the forefront of our efforts and is therefore what the attached document focuses on. The attached table provides an initial assessment of current position, what our data is telling us and what more we will do to mitigate the risk of closed and poor cultures developing. Whilst many of the initiatives and programmes of work to support quality improvement, compassion, and kindness, a safe, just and learning culture are relevant to/ implemented across the whole organisation, given where and how closed cultures are most likely to develop the attached table focuses on our mental health and learning disability wards. **Next Steps** The assessment and ideas for further improvement has been completed with support from senior leadership and ward managers across Prospect Park Hospital and Campion ward as well as relevant clinical corporate services. The senior leadership team with support from Board and corporate services will continue to progress the areas of further improvement suggested. This plan overlaps with assessments/ plans already in place following the 'out of sight who cares' and Ockendon reports and therefore assessment against current recommendations from each of these and ongoing work for continued improvement will be put into one plan.
ACTION REQUIRED	The Board is asked to: Note the report.

	Area of focus to reduce closed cultures developing	How we do this	What our data is telling us	What further improvements can we make
Safeguarding of Care	Freedom to Speak Up arrangements (hearing the voice of our staff and acting on this information)	**Raising awareness amongst staff** • FTSU and raising concerns part of Trust induction • FTSUG makes proactive site visits to services including Prospect Park and trust wide events; various routes staff can take to speak out about any patient issues they may see are explained and includes assurances around confidentiality and lack of detriment. • Posters and leaflets distributed that signpost how contact the Guardian and meetings always take place at a time convenient to the staff member concerned and in a safe space. • Trust intranet has information on how to raise concerns • Space groups across Mental health and Learning Disability services / at PPH for staff to share concerns in safe space • Process and policy in place • Staff team access support from the OD Staff Experience, Support and Improvement Lead for PPH following incidents • FTSU slides included in clinical risk training ; The personal safety team include FTSU awareness for all their training sessions that involve a presentation. PSTS, PMVA etc.	2021 NHS staff survey responses - 76.5% of PPH staff would feel secure raising concerns about unsafe clinical practice 3 FTSU concerns raised in relation to wards at PPH since 1st April 2022 (1 around patient safety, 1 around bullying/ harassment and 1 with element of both all were investigated). There have been no FTSU concerns raised in relation to Campion ward. There has been an anonymous letter sent to the Trust CEO – an independent investigation has been commissioned and is underway to explore these concerns.	Ongoing actions to ensure that all staff feel safe to raise concerns and are confident that they will be acted upon FTSUG to continue to visit wards to raise profile and provide face to face training and updates Increased wellbeing trolley rounds focusing on out of hours and use of this to speak to staff about their confidence in speaking up / what else we can do Cross service visits to wards to speak to staff and patients.ie Learning disability CD to visit mental health wards and vice versa Suggestion boxes for each ward that can then be raised as ticket on QMIS boards Continue Senior Team attendance on ward – with added purpose/focus

	Area of focus to reduce closed cultures developing	How we do this	What our data is telling us	What further improvements can we make
		• Datix training at PPH mentions FTSU & the Guardian **Board assurance** • FTSU Board self-assessment review undertaken during 2021 which did not identify major gaps • Monthly meeting with CEO, FTSUG, Director Nursing and Deputy Director People to triangulate any intelligence around concerns / HR activity • Gemba visits undertaken to wards by Exec/ Non-Exec and Senior Leadership -this includes night time visits • 6 monthly FTSUG report to Board		Continued work related to microaggressions and healthy cultures (with support from EDI and FTSU) Continued follow up of any concerns raised
	Advocacy Provision / hearing patient voice through advocats and carers	• Independent Mental Health Advocate (IMHA) available and visits • Carers champions • CRHTT and other carers groups provide feedback • Healthwatch • Concerns raised through CQC and advocacy services • Lived experience worker	recent MHA CQC inspection report noted availability of IMHA recent feedback positive feedback through carers group following inpatient stay Feedback is included within the quarterly patient experience report	Contract currently being finalised with Advocacy service, anticipated start Dec 22; this will enable a more proactive approach to using advocacy, this will include Campion and will enable a post incident review to be undertaken by advocacy following restraint and seclusion Dedicate one/or part of the carers group to a discussion re any concerns

	Area of focus to reduce closed cultures developing	How we do this	What our data is telling us	What further improvements can we make
				Suggestion boxes for each ward that can then be raised as ticket on QMIS boards
	Complaints and patient feedback (hearing the voice of our patients and acting on the information)	**Raising awareness amongst patients and carers** • Posters on wards at PPH detailing how patients can contact CQC directly and evidence that this happens when patients have concern. • Leaflets for patients and carers in relation to raising concerns and complaints • IWGC tool **Raising awareness amongst staff** • Complaint training • DSN available 24/7 for support and oversight • Senior leadership presence on ward includes patient and staff walks to hear staff and patient views of services • Process and policy in place **Review of data** • PPH Serious Incident / complaints group where themes from both are discussed with ward managers and matrons for learning and actions to be identified across the hospital • Patient feedback is reviewed through the divisional Patient Safety and Quality meetings • Feedback from Students following placement	Across the wards at PPH there were 10 formal Complaints received during quarter 2 - 4 of these were received via CQC, one from an advocate and remainder from patients, this demonstrates that a variety of channels for raising concerns and complaints are known to patients. All are investigated in line with complaints process, concerns relate to perceived staff attitude, individual concerns around clinical treatment/ diagnosis. Of the 15 complaints closed in the quarter 10 were partially upheld relating to individual treatment, 4 had an element of concern re staff attitude and 5 were not upheld Since April 2022 there have been 4 complaints regarding Campion (from 2 patients or their family all investigated	Promotion of IWGC tool across all wards using opportunities during therapeutic observations and 1-1 meetings to get this feedback. Further use of community meetings to speak with patients re concerns and how to raise them. Use of IWGC feedback when received Work with ward managers to use You said. we did posters Post Incident Review of use of force by advocacy will provide monthly and quarterly feedback on themes from service users. Ensure that leaflets for staff re managing concerns of patients and poster for patients re how to complain within the hospital are readily available for all staff on all wards

	Area of focus to reduce closed cultures developing	How we do this	What our data is telling us	What further improvements can we make
		• Trust PSLEG (Patient safety , experience, and Learning Group) meeting weekly enables triangulation of incidents, safeguarding, complaints and other intelligence **Board Assurance** • Complaints process in place, this includes Investigating Officer speaking with complainant all formal complaints overseen by clinical Directors and signed off by CEO • Quarterly report to Board on patient feedback includes detail of all formal complaints • Gemba by Board members to hear directly from patients	under complaints process (including review of CCTV), not all allegations found, but where applicable actions taken Limited use of IWGC tool across wards at PPH as a mechanism for gaining feedback - during Quarter 2, 33 feedback forms were received form PPH with 25 of these from patients on Sorrel (PICU) ; 19 of these patients provided a positive score or 4 or 5 (76%) with comments received including 'that I had the opportunity to express my beliefs and ideas, doubts that I had have been dealt with professionally and concisely', ' personally the idea of medication is not a route I believe is best but the therapy has been beneficial and positive', I have received the care I need and the staff are lovely', ' staff listen and act on what you tell them' and ' I feel safe here is clean and staff are available to help'	

	Area of focus to reduce closed cultures developing	How we do this	What our data is telling us	What further improvements can we make
	Safeguarding Processes (protecting patients from unsafe and abusive care)	CCTV on wards (corridors/ communal areas) -this is reviewed following concerns, complaints , incidents where it is thought to be of assistance to the investigation and used as learning tool with staff **Raising awareness amongst staff** • Safeguarding training - the importance of reporting incidents and seeking senior advice is included within training • Presence of safeguarding named professionals at Prospect Park including visits to all the wards and all staff have access to safeguarding advice line • Process and Policy in place **Review of data** • Review of all Datix reported incidents by the safeguarding team ensuring appropriate actions taken to safeguard individuals including referral to Local Authority safeguarding when required • Process in place for responding to allegations of abuse by staff to patients including CCTV review and attended by operational managers, safeguarding and HR • Prospect Park hospital has a named professional dedicated to the site to support consistency and identification of themes • Themes identified and shared via Trust PSELG and communication of messages to staff via Circulation and PSQ's for example ensuring any	Training compliance as of September: 94.4% DoLS, 86.7% MCA, 94.9% level 1, Level 2 89% and Level 3 86% for adult safeguarding Training	Review of CCTV not just as a mechanism for known concerns/ complaints and HR related issued but also following incidents of restraint. To review random incidents on CCTV each month. Post Incident Review from advocacy being set up

	Area of focus to reduce closed cultures developing	How we do this	What our data is telling us	What further improvements can we make
		concerns raised against members of staff are escalated and reported through Datix system • Process in place for managing any safeguarding section 42 (Care Act) enquiries which are co-ordinated by the safeguarding team and investigated by the operational managers. Learning is shared locally and via PSQ's when appropriate. • Sexual safety incidents are monitored and QI work in place using countermeasures and PDSA • Feedback form students following placement **Board Assurance** • Information on all safeguarding concerns received into in committee part of Board at each Board. This includes s42 enquires not only self-reported safeguarding • Update in relation to sexual safety quality improvement received into QAC 6 monthly • Review of our practices against NHSE 'Safeguarding Children, Young People and Adults at risk in the NHS: Safeguarding accountability and assurance framework' Updated July 2022**.**		
	CETRs and ICETRs	• Coordinated by ICB prior to (or within 7days of admission) for patients with learning disability and/or autism. • Robust arrangements in place for admissions to Campion	2 x Safe & Wellbeing reviews conducted by CCG earlier in 2022 themes include difficulties in discharge due to complexity and availability of suitable care provision in community &	Process for alerting system to patients on our acute wards with autism/ LD to ensure CETRs are undertaken being established With ICB

	Area of focus to reduce closed cultures developing	How we do this	What our data is telling us	What further improvements can we make
		• Learning from Safe & Wellbeing reviews resulted in arrangements being agreed to ensure identified key contacts for family to link with on the ward and planned/regular discussions scheduled.	developing robust communication with family members	
Tackle and Reduce use of Restrictive Interventions	Use of Force Act Review of restrictive interventions Review of seclusion and long- term segregation	**Raising awareness amongst staff** • Training (accredited, PMVA plus Use of Force Act embedded in other elements of training) this has strong focus on de-escalation • Status exchanges include discussion of those in LTS and seclusion • Process and Policy in place **Raising awareness amongst patients** • Use of Force Act posters and leaflets showing who to contact if concerns • Post incident review involving advocacy • Patient safety Partner is member of restrictive interventions group **Review of data** • Use of Force act dashboard giving overview of for example- outliers wards with high use of seclusion, restraint etc • Restrictive interventions group and Quality improvement initiative • Reporting of restrictive interventions within LD inpatients to ICBs • Incident review group	Staff PMVA training compliance is between 82 and 92% on the acute working age adult wards and compliance on our PICU is 92%. The older adult wards compliance is above 70% and there is ongoing work to ensure that compliance above 85% is achieved. Use of prone restraint has been at 4 occasions for 11 of the last 12 months Use of seclusion has been below the Trust metric of 13 instances a month for 11 of the last 12 months There have been 3 episodes of long-term segregation (April-September)	Ongoing improvement work is monitored through restrictive interventions group and includes QI work to reduce use of seclusion Post incident reviews undertaken by advocacy service - contract being finalised All complaints around restrictive practice are monitored through the group

	Area of focus to reduce closed cultures developing	How we do this	What our data is telling us	What further improvements can we make
		• Assaults, self-harm , seclusion and prone restraint all on True North performance scorecard **Board Assurance** • Restrictive interventions group includes data on restrictive practice this is presented to MHA group • Reducing restrictive interventions update to QAC 6 monthly • Gemba visits by Board members and regular visits to wards by Medical Director with focus on use of Force/ restrictive practice • Performance scorecard		
Staff Training and Organisational Culture	Leadership/ Kind and compassionate cultures/ training and skill of staff	• Safety culture Group • Compassionate leadership • FTSU training • Kind lives training -commencing October - 700 spaces for BHFT • Meeting with ward managers/ matrons / medical staff and Psychology on 12th October included watching part of panorama programme to aid discussions around any further actions. Further conversation at PPSQ on 13th October • Risk and suicide training includes autism • PNA as a way of supporting reflective practice and providing support	Q2 National Quarterly Pulse Survey shows 72% staff at PPH would recommend the organisation as a place to work and 76% would be happy with the standard of care provided if a friend or relative needed treatment Trust scores were: engagement 7.34 (6.62) Advocacy 7.56 (6.65) Involvement 7.18 (6.46) Motivation 7.29	Ensure all staff who lead teams attend the kind lives training organised thought BOB ICB Further bad apples/bad barrels training to include themes of: • Transference/ countertransference • Othering • Burnout • Moral Injury • Not on my shift • Good practice in terms of managing 1-5

	Area of focus to reduce closed cultures developing	How we do this	What our data is telling us	What further improvements can we make
		• Wellbeing and post incident support for staff • No excuse for abuse initiative. • QI programme of work around racial abuse at PPH • ALL HR policies and processes aligned with just culture to promote reporting and learning • Stable senior leadership • Staff supervision / debriefs / learning events • Induction – preceptee programme **Review of data** • Staff survey results • HR case work • Review of CCTV following incidents of concern/ complaints • Dashboard for safety culture Group **Board assurance** out of sight who cares review Ockenden review FTSUG report	(6.74) *scores in ( ) are the England average score over 300 staff attended to date-very positive feedback form attendees 11 PNA registered staff at PPH with further 2 undertaking the programme currently and 1 Campion	• What do we recognise, how do we look after ourselves • How do we keep the empathy and patient at centre • How do we call it out Promotion of Oliver McGowan training once available 'It's ok to ask' or something similar to be considered. This is focused encourage staff to ask questions about why decision are made (i.e. why is this patient still in seclusion and what is the clinical rationale?). Similarly need to focus on ensure clinical staff are comfortable being asked. Session with senior leadership team and ward managers to think about unacceptable language to share with all staff and to have transparent communication across the hospital re expectation to highlight language that is unacceptable. Continued use of PNA trained staff to provide restorative supervision.

	Area of focus to reduce closed cultures developing	How we do this	What our data is telling us	What further improvements can we make
				Re-launch the offer of compassionate peer support to staff team at Campion (previously offered but not used)
Workforce	Right staff, right skills , right time and place	• Workforce is a strategic initiative for the Trust • Retention has dedicated QI focus with countermeasures developed • 6 monthly assessment of ward staffing using safe staffing tools submitted to Board • Monthly safe staffing report submitted to FIP • Use of NHSP where we have unfilled shifts • Use of e-roster across wards • Temporary staffing support • Preceptorship programme for newly registered staff • Training compliance • Review of staff hours worked **Board assurance** 6 monthly staffing report / monthly staffing report Updates around workforce strategic initiative Case work report	Vacancy at PPH currently 22% - NHSP used to fill gaps in rota and provide additional support as needed dependent on acuity. Around 16% shifts not able to be filled -ward managers, matrons , clinical development leads are all supernumerary and able to provide support.	Continued focus on retention and PPH registered nursing workforce. This includes a competency-based approach to progression/ promotion where we assess staff have right skills and behaviours to progress to both permanent and higher banded roles Review of senior leadership structure at PPH Relaunch of excellent manager programme

![NHS Berkshire Healthcare NHS Foundation Trust]

Trust Board Paper

Board Meeting Date	08 November 2022
Title	**Executive Report**
	For Noting
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.

Trust Board Meeting 08 November 2022

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. UK COVID-19 Statutory Inquiry - Update

On 12 May 2021 the former Prime Minister announced that there would be a Covid-19 Statutory Inquiry. Baroness Heather Hallett was appointed as the chair of the Inquiry on 15 December 2021.

Baroness Hallett has now confirmed that the Public Inquiry will be taking a modular approach where the different aspects of the terms of reference will be grouped.

Three modules have been announced so far although not all have dates for commencement of hearing related to them.

Module	Module Opened	Preliminary Hearing Date	Public Hearing Open	Reports Published
1-Preparedness and Resilience	21 July 2022	04 October 2022 **28** Core participants were announced including NHSE and DHSC.	Spring 2023	TBC
2-UK's core political and administrative decision-making	August 2022	31 October 2022	Summer 2023	TBC
2A-Decision Making in Scotland	August 2022	01 November 2022	Autumn 2023	TBC

Module	Module Opened	Preliminary Hearing Date	Public Hearing Open	Reports Published
2B-Decision making in Wales	August 2022	01 November 2022	Autumn 2023	TBC
2C-Decision making in Northern Ireland	August 2022	02 November 2022	Autumn 2023	TBC
3-Healthcare Sector-Impact and its effects	TBC	TBC	TBC	TBC
Later Modules may include System and Impact-care sector, vaccination programme, education, health inequalities, PPE, test & trace etc.	TBC	TBC	TBC	TBC

To support organisational preparedness, we have appointed a dedicated resource to assist with collation and ordering of information, records and key decisions made during the pandemic. The Trust has also established a steering group that will be able to support the process and any requests received in relation to the public inquiry. The Trust has also circulated STOP Notices to support ensuring document preservation of potential relevance to the Inquiry and will continue to send out STOP Notice reminders.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3.   Winter Resilience Plans

On the 18 October 2022, NHS England wrote to System and Trust leaders setting out further preparations needed ahead of winter.

NHS England explain that new measures are needed given the service remains in a level 3 incident response, with significant pressures across physical and mental health services. The letter sets out the following plans for this winter:

Better support people in the community – reducing pressures on general practice and social care, and reducing admissions to hospital:

- Putting in place a community-based falls response service in all systems for people who have fallen at home including care homes
- Maximising the use of virtual wards, and actively considering establishing an acute respiratory infection (ARI) hub to support same day assessment

- Providing additional support for care homes through reducing unwarranted variation in ambulance conveyance rates

Deliver on ambitions to maximise bed capacity and support ambulance services:

- Supporting delivery of additional beds including reopening any mothballed units
- All systems setting up a 24/7 system control centre to support system oversight and decision making based on demand and capacity across sites and settings
- Ensuring all ambulance services deploy 24/7 mental health professionals in emergency operation centres and on-scene

Ensure timely discharge and support people to leave hospital when clinically appropriate:

- Maintain focus on the high impact actions from the recent 100 day challenge
- The government recently announced £500m to support social care to speed up discharge across mental and physical health pathways. More information about how funds will be distributed is expected in the near future

Winter improvement collaborative:

- NHS England will establish a new national clinically led winter improvement collaborative by the end of October which will initially run for 10 weeks. It will focus on the root causes of delay in each area
- It will help identify, evaluate, quantify, and scale innovation and best practice in improving handover delays and response times, aiming to reduce unwarranted variation at pace.

In addition to the winter resilience plans, the letter sets out other instructions:

Elective care: Sustaining elective activity remains a priority throughout winter to help the service eliminate waits over 78 weeks by the end of March 2023.

Cancer: To best manage the increase in demand for suspected cancer referrals the letter sets out specific recommendations for lower GI, skin and urology pathways.

Infection prevention and control measures, testing and staff vaccination:

Existing UKHSA guidance on the management of Covid-19 patients remains in place. Local discretion can be used to test specific individuals or cohorts and symptomatic testing should continue for patients and staff. Symptomatic staff should test themselves using LFDs and those testing positive should follow UKHSA's return to work guidance. Trusts should continue to encourage staff to receive both their flu and Covid-19 vaccines.

Oversight and incident management arrangements:

NHS England will work with ICBs to provide oversight and support. NHS England will update the NHS Oversight Framework to reflect changes in the Board Assurance Framework to provide a more robust escalation process on winter resilience, cancer and elective recovery.

Lead Executive: Tehmeena Ajmal, Chief Operating Officer

4. Care Quality Commission Annual State of Care Report

In its assessment of health and adult social care in England in 2021/22, the Care Quality Commission (CQC) refers to a system in "gridlock", which is unable to operate effectively.

Whilst recognising that health and care staff are doing their best to provide safe and effective care, and that most people are still receiving good care, the report highlights the chronic challenges faced by the health and care system. It points to long-term underinvestment and the absence of sustainable workforce planning as key challenges for the sector, and highlights decreasing levels of satisfaction with the NHS and social care among patients and staff.

The report explores issues around access to care, health inequalities, workforce shortages, and the opportunities for systems to tackle these pressing challenges. It also highlights areas of specific concern, including maternity care, mental health services and care for people with learning disabilities.

The CQC's report acknowledges the hard work of health and care staff and the good care that people receive most of the time. Speaking at the launch of the report the CQC Chief Executive, Ian Trenholm called for a "long-term, sustainable funding solution" from the government to aid a service that was "genuinely struggling to cope". Mr Trenholm said that "about a quarter of the services" the Care Quality Commission has inspected in 2022 had resulted in it having to take "enforcement action". The CQC Chief Executive said that this level of intervention was a clear sign that "services are genuinely struggling to cope at the moment".

Executive Lead: Julian Emms, Chief Executive

5. Trust Stakeholder Survey 2022

The Survey was developed to identify the views of our stakeholders about the organisation and its leadership. Questions based on Ipsos MORI survey previously undertaken by Clinical Commissioning Groups, shortened, and applied for a provider organisation. The report compares 2022/23 results with those obtained in 2019/20.

Survey recipients were picked as senior leaders of system partner organisations who have been working with us for some time and therefore in a position to form a view based on evidence over the medium to longer term.

Senior, mostly Chief Executives, representatives of Acute Trusts, Integrated Care Boards, Primary Care Networks and Local Authorities were included. Noting recent or upcoming turnover in most Berkshire local authority Chief Executives, a reduced response rate from that sector this time.

19 people were surveyed during July and August 2022, with 12 responses, a 63% response rate. This compares with a 58% response rate for the 2019/20 survey.

Summary of results

A positive overall survey outcome and comparator to 2019/20, with more attributed comments perhaps indicating further maturing of relationships. Note higher % of middle scores for questions 6 leadership skills, and 10 confidences in acting on quality concerns, although %'s will relate to a few responders.

1. How satisfied are you with the way in which we have engaged with you over the last year?

Very satisfied		Fairly satisfied		Neither satisfied nor dissatisfied		Fairly dissatisfied		Very dissatisfied	
2022/23	2019/20	2022/3	2019/10	2022/23	2019/20	2022/23	2019/20	2022/23	2019/20
58.3%	21.4%	41.7%	64.3%	0	14.3%	0	0	0	0

2. How would you rate your working relationship with us?

Very good		Fairly good		Neither good nor poor		Fairly poor		Very poor	
2022/23	2019/10	2022/23	2019/20	2022/23	2019/20	2022/23	2019/20	2022/23	2019/20
50%	57.1%	50%	35.7%	0	7.1%	0	0	0	0

3. Are there any comments you would like to make about overall engagement between us and local stakeholders?

- *Not that local - only got ICB view. Active and engaged member*
- *It has been much more effective in 2022 than it has been previously. We need to consider how we integrate primary care much more closely as time goes on*
- *We are having good engagement*
- *Both responsive but also proactive in shaping proposals (rather than moaning!) which helps get to better answers*
- *I think we have recognised the key working relationship we have between BHFT and RBFT. As CEOs I think we have an excellent working relationship and I value Julian's support and wise counsel as an experienced CEO. We have worked hard over the past 12 months to also recognise that this needs to be reflected through the working relationships of our senior teams and into our organisations. We have committed over the past 12 months to more open dialogue between the senior teams, and this has paid dividends in the working relationships we see between colleagues*
- *It works well with the contacts I have; I haven't tested contacts out of my field*

- *Working in two system complicates matters significantly as did the uncertainty last year re the configuration of Frimley*
- *My sense is that cooperation between both organisations on service issues is good, but perhaps liaison on employment related issues and the impact of decisions on each organisation could improve*

4. How well, if at all, would you say we are working together with your organisation to develop long term strategies and plans?

Extremely well		Fairly well		Not very well	
2022/23	2019/20	2022/23	2019/20	2022/23	2019/20
16.7%	28.6%	75%	71.4%	8.3%	0

5. How effective do you feel we are as a local system leader?

Very effective		Fairly effective		Neither effective nor ineffective		Fairly ineffective		Very ineffective	
2022/23	2019/20	2022/23	2019/20	2022/23	2019/20	2022/23	2019/20	2022/23	2019/20
33.3%	28.6%	50%	57.1%	16.7%	14.3%	0	0	0	0

6. Do you agree that our leadership has the necessary blend of skills and experience?

Strongly agree		Tend to agree		Neither agree nor disagree		Tend to disagree		Strongly disagree	
2022/23	2019/20	2022/23	2019/20	2022/23	2019/20	2022/3	2019/20	2022/23	2019/20
25%	21.4%	41.7%	71.4%	33.3%	7.1%	0	0	0	0

7. Are there any comments you would like to make about our leadership?

- *Don't know many of the team beyond the CEO really –*
- *I think the leadership could do with more clinical input and more visible about the direction being set by clinicians. I also wonder if there is a younger dynamic required to help modernise some of the governance and process*
- *I don't know the full team well so harder to comment*
- *I think there are further opportunities over this next 12 months to more actively share and align our organisational strategies in the context of our place-based partnership and also in the context of how we relate to our LA colleagues in BW and as a BW system to the BOB ICS. Within that there is the opportunity to extended further the leadership relationships we have across the director team and possibly further with locality teams I am not sure that all of the BHFT exec team have met all of the ICB exec*

- *Julian in particular is a very strong player at the system level, but other senior staff also play important roles in keeping the local system coherent and cohesive - What is your level of confidence in our arrangements for monitoring quality and safety of services?*
-

High		Moderate		Neither high nor low		Moderately low		Low	
2022/23	2019/20	2022/23	2019/20	2022/23	2019/20	2022/23	2019/20	2022/23	2019/20
58.3%	50%	33.3%	28.6%	8.3%	21.4%	0	0	0	0

8. If you had concerns about the quality of local services provided by Berkshire Healthcare, would you feel able to raise them with us?

Yes		No	
2022/23	2019/20	2022/23	2019/20
100%	100%	0	0

9. What is your level of confidence that we will act on your feedback about the quality of our services?

High		Moderate		Neither high nor low		Moderately low		Low	
2022/23	2019/20	2022/23	2019/20	2022/23	2019/20	2022/23	2019/20	2022/23	2019/20
58.3%	71.4%	16.7%	21.4%	25%	7.1%	0	0	0	0

10. Are there any comments you would like to make about our service provision and planning?

- *Can't comment, don't have sight of local service provision –*
- *More flexibility to connect and adapt with local partners. Reputation is a preference for a one size fits all and Pan-Berks approaches*
- *The biggest challenge in operations is around district nursing which is multifactorial and is being addressed Good opportunity for us to share and learn around our work on CQI and look forward to developing some common quality improvement opportunities over the next 12 months as our CQI programme begins to take hold -*
- *I recognise that the challenges you face as an organisation, staffing etc are not yours alone and are a shared issue and therefore greater transparency around hotspots would be welcomed*

Executive Lead: Alex Gild, Deputy Chief Executive

6. Staff Flu and COVID Booster Vaccination Campaign – October 2022

Introduction

Seasonal influenza and COVID-19 have the potential to add substantially to the winter pressures the NHS usually faces, particularly if infection waves from both viruses coincide. Mathematical modelling indicates the 2022/23 influenza season in the UK could be up higher than typically seen. The vaccine uptake ambitions for this coming season set out in the letter from the Department of Health and Social Care reflect the importance of protecting people against flu and Covid-19 this winter and should be regarded as the minimum level to achieve.

The Department of Health and Social Care launched the Flu and Covid Booster campaign nationally on 12th September 2022, the campaign asked for all frontline workers to take up the offer of a free vaccination. This year our campaign has been revamped to include a greater focus on staff in all areas being offered both influenza and Covid-19 vaccination.

Our delivery model.

This year's campaign is being managed by the Lead Nurse for Immunisations and is being delivered via a number of methods:

- Booked Clinics and drop-in clinics at Trust locations.
- Peer vaccination on inpatient wards.
- The new Health Bus which will travel to various sites offering vaccines and health promotion.
- Flu vouchers.
- GP's/Local Pharmacists – where this occurs independently, staff will be asked to report back to the trust.

Requirements for Trust Boards

1. Record their commitment to achieving the ambition of 100% of frontline healthcare workers being vaccinated. Monthly uptake report taken to Executive board.
2. All Board members and senior managers receive their vaccinations and publicise it, members of the Exec having their vaccines was captured and publicised on Nexus.

Uptake of vaccine as of 27th October.

Uptake of the flu vaccine by staff has seen a slower start this year but this is in line with the national picture.

- Flu vaccine uptake 24.3%

- Covid vaccine uptake 22.3%

These figures include those staff we have given the vaccines to and those who have let us know that they have had elsewhere.

Flu uptake breakdown

Trust	Staff Due	Vaccinated	Not Vaccinated	% Compliance
371 Berkshire Healthcare Foundation NHS Trust	4958	1205	3753	24.30

Directorate	Staff Due	Vaccinated	Not Vaccinated	% Compliance
371 Children, Young People, Families & Learning Disabilities Services	888	261	627	29.39
371 Other Health Services Service	187	54	133	28.88
371 Mental Health West Services	852	175	677	20.54
371 Community Health West Services	1122	294	828	26.20
371 Head of Inpatient (MH) Services	302	62	240	20.53
371 Mental Health East Services	365	48	317	13.15
371 Corporate Services	612	207	405	33.82
371 Community Health East Services	629	104	525	16.53

Covid uptake breakdown:

Trust	Staff Due	Vaccinated	Not Vaccinated	% Compliance
371 Berkshire Healthcare Foundation NHS Trust	4958	1107	3851	22.33

Directorate	Staff Due	Vaccinated	Not Vaccinated	% Compliance
371 Children, Young People, Families & Learning Disabilities Services	888	244	644	27.48
371 Other Health Services Service	187	51	136	27.27
371 Mental Health West Services	852	167	685	19.60
371 Community Health West Services	1122	260	862	23.17
371 Head of Inpatient (MH) Services	302	45	257	14.90
371 Mental Health East Services	365	47	318	12.88
371 Corporate Services	612	194	418	31.70
371 Community Health East Services	629	99	530	15.74

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

Presented by Julian Emms
Chief Executive
08 November 2022

Trust Board Paper

Meeting Date	8 November 2022
Title	**September 2022 Finance Report**
	ITEM FOR NOTING
Purpose	To provide an update to the Board on the Trust's Financial Performance to 30 September 2022.
Business Area	Finance
Author	Rebecca Clegg, Director of Finance
Relevant Strategic Objectives	Strategic Objective 2: Work with partners to deliver integrated and sustainable services to improve health outcomes for our populations. True North Goal 4: Money Matters – to deliver services that are efficient and financially sustainable.
CQC Registration/Patient Care Impacts	Achievement of CQC Well Led standard.
Resource Impacts	n/a
Legal Implications	Compliance with statutory Financial Duties.
Equality and Diversity Implications	n/a
SUMMARY	The Trust is continuing to report better than planned financial performance with a £0.1m surplus against a YTD deficit plan of £0.7m. This includes the impact of the 22/23 pay award in respect of back-payment and associated funding as agreed with ICSs. The Trust has completed a mid-year forecast and is holding to a forecast YE deficit of £0.9m in line with plan. The Trust's cash position remains strong with a closing balance as at 30 September 2022 of £59.4m. The Trust has spent £0.8m of capital against a YTD plan of £3.3m. We fully expect to recover this slippage in year and expect to spend to plan by YE.

ACTION	The Board is asked to note the Trust's financial performance.

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2022/23

September 2022

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 30 September 2022.

Document Control

Version	Date	Author	Comments
1.0	05/10/22	Rebecca Clegg	Draft
2.0	06/10/22	Paul Gray	Final

Distribution

All Directors.

All staff as appropriate.

Contents

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Dashboard & Summary Narrative

Target	Year to Date			Forecast Outturn		
	Actual £m	Plan £m	Achieved	Forecast £m	Plan £m	Achieved
1a Income and Expenditure Plan	0.1	-0.7	Yes	-0.9	-0.9	Yes
2a CIP - Identification of Schemes	7.5	10.1	No	7.5	10.1	No
2b CIP - Delivery of Identified Schemes	2.5	3.6	No	n/a	10.1	n/a
3a Cash Balance	59.4	50.9	Yes	46.7	46.7	Yes
3c Aged Receivables > 90 days	0.1	n/a	n/a	n/a	n/a	n/a
3d Aged Payables > 90 days	0.3	n/a	n/a	n/a	n/a	n/a
3e Better Payment Practice Code Value NHS	61%	95%	No	95%	95%	Yes
3f Better Payment Practice Code Volume NHS	87%	95%	No	95%	95%	Yes
3g Better Payment Practice Code Value non-NHS	93%	95%	No	95%	95%	Yes
3h Better Payment Practice Code Volume non-NHS	93%	95%	No	95%	95%	Yes
4a Capital Expenditure not exceeding CDEL	0.8	3.0	Yes	8.7	8.7	Yes

Key Messages

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

- We are performing better than planned on Income and Expenditure.

- We have undertaken a mid year forecast and our assessment is a YE forecast range between a £1.5m deficit and a £2.0m surplus, with number of OAPs and workforces recruitment being the key variables. As a result we are continuing to forecast that we will be on plan for a £0.9m deficit at the end of the year.

- The national pay award has been now been paid for the most staff groups and funded with an uplift from NHS commissioners.

- The Trust planned to deliver £10.1m of cost improvements in order to achieve the planned deficit. Our CIP delivery is £1.1m less than planned and there remains £2.5m of unidentified schemes, plus some identified schemes at risk and which will not deliver as planned, furthering the requirement for new initiatives.

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

System View

Given the delays to this year's planning round and the establishment of the ICBs in year, we have yet to sign contracts. We are not flagging any major risks in relation to core funding allocations.

Although both ICSs are behind plan YTD, both are continuing to forecast breakeven.

2.0 Income & Expenditure

Sep-22	In Month			YTD			22/23
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Income	28.8	26.6	2.2	159.1	158.2	0.9	318.8
Elective Recovery Fund	0.2	0.2	0.0	0.7	0.7	0.0	2.0
Donated Income	0.0	0.0	0.0	(0.0)	0.0	(0.0)	0.0
Total Income	**29.1**	**26.9**	**2.2**	**159.7**	**158.9**	**0.9**	**320.8**
Staff In Post	19.1	18.5	0.5	104.3	108.5	(4.2)	221.2
Bank Spend	2.4	1.3	1.1	11.3	8.0	3.3	16.2
Agency Spend	0.6	0.4	0.2	3.6	2.5	1.2	4.5
Total Pay	**22.1**	**20.2**	**1.8**	**119.2**	**119.0**	**0.2**	**241.9**
Purchase of Healthcare	1.6	1.4	0.3	10.3	9.1	1.2	16.7
Drugs	0.4	0.4	0.0	2.7	2.6	0.1	5.3
Premises	1.2	1.2	(0.1)	7.2	7.3	(0.1)	14.7
Other Non Pay	1.7	1.7	(0.0)	8.7	9.8	(1.1)	20.1
PFI Lease	0.6	0.6	0.0	3.7	3.5	0.1	7.0
Total Non Pay	**5.5**	**5.3**	**0.2**	**32.5**	**32.3**	**0.2**	**63.7**
Total Operating Costs	**27.6**	**25.5**	**2.1**	**151.8**	**151.3**	**0.4**	**305.6**
EBITDA	**1.5**	**1.3**	**0.1**	**8.0**	**7.6**	**0.4**	**15.1**
Interest (Net)	0.3	0.3	(0.1)	1.7	2.0	(0.3)	4.0
Depreciation	0.9	0.9	(0.0)	5.3	5.6	(0.3)	10.8
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PDC	0.2	0.1	0.1	1.0	0.7	0.3	1.3
Total Financing	**1.3**	**1.4**	**(0.1)**	**7.9**	**8.2**	**(0.3)**	**16.2**
Reported Surplus/ (Deficit)	**0.2**	**(0.0)**	**0.2**	**0.0**	**(0.7)**	**0.7**	**(1.0)**
Adjusted Surplus/ (Deficit)	**0.2**	**(0.1)**	**0.2**	**0.1**	**(0.7)**	**0.7**	**(0.9)**

Key Messages

The table above gives the financial performance against the Trust's income and expenditure plan as at 30 September 2022.

In September the Trust is reporting a £0.2m surplus, which means that we now have a small surplus YTD against a £0.7m deficit plan.

Pay costs reflect the full impact of the pay award and back pay for all but a very few staff. Funding from BOB ICB took account of the issues created by the tariff inflator for Mental Health and Community Trusts. We continue to have an issue for other NHS commissioners.

The recently announced changes to the Employer NIC rates to be effective from 1 November 2022 will result in a 0.5% reduction in the tariff inflation and this will be applied to our funding in November and will be offset by a corresponding reduction in costs.

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Workforce

Pay Costs April 2021 to Current

Legend: Plan, Actuals

Staff Costs	
YTD	**£'m**
2022/23	119.1
2021/22	108.2
▲	**10%**
Prior Yr	**£'m**
Sep-22	22.1
Sep-21	21.0
▲	**5%**

Trust Total FTEs April 2021 to Current

Legend: Plan, Worked, Contracted
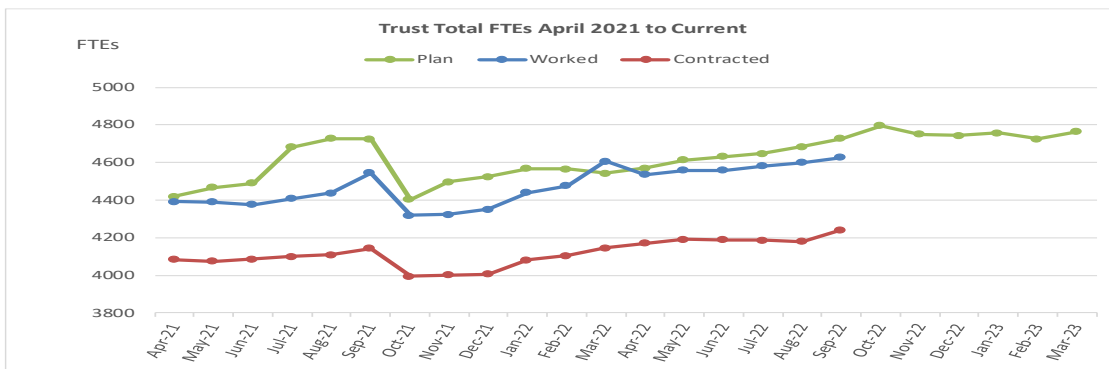
	FTEs	
Prior Mth	**CFTE**	**WFTE**
Sep-22	4,242	4,627
Aug-22	4,179	4,599
	1% ▲	**1%** ▲
Prior Yr	**CFTE**	**WFTE**
Sep-22	4,242	4,627
Sep-21	4,144	4,546
	2% ▲	**3%** ▲

Non Permanent Staffing April 21 to Current

Legend: Agency/Non Substantive, Bank, Total Non Permanent Staff Plan, Agency Target
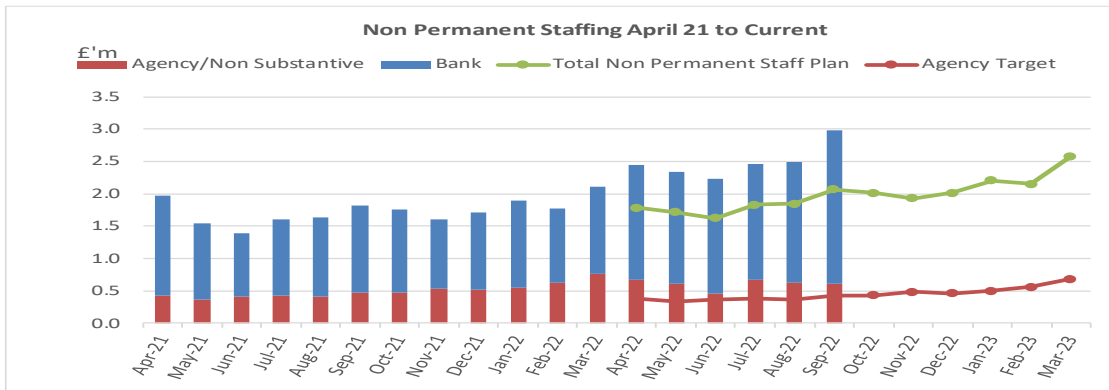
	Staff Costs	
YTD	**Bank £'m**	**Agency £'m**
2022/23	11.3	3.6
2021/22	7.5	2.5
	52% ▲	**44%** ▲
Prior Yr	**£'m**	**£'m**
Sep-22	2.4	0.6
Sep-21	1.8	0.5
	31% ▲	**28%** ▲

Key Messages

Pay costs in month were £22.1m reflecting the pay award, which was back date to the start of April.

In month, we have seen an increase in both contracted WTEs (63) and worked WTEs (28) which is normal for September and in line with the plan profile.

We are continuing to offset substantive vacancies with higher levels of temporary staffing. Bank and agency usage was similar to the previous month, with the increase in bank costs related to the pay award (£0.5m). Temporary staffing spend is £4.5m higher than planned offsetting in part the underspend on substantive staff.

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

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Staffing Detail

Medical Staffing FTEs April 2021 to Current

Nursing Staffing FTEs April 2021 to Current

Management & Admin FTEs April 2021 to Current

Other Clinical Staff FTEs April 2021 to Current

Support to Clinical Staff FTEs April 2021 to Current

Estates and Facilities Staff FTEs April 2021 to Current
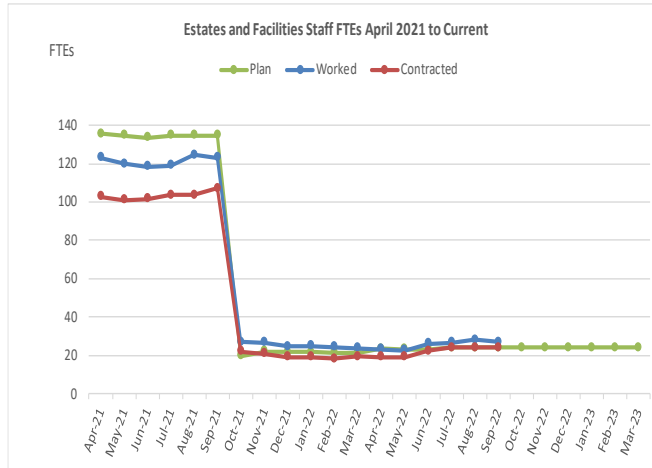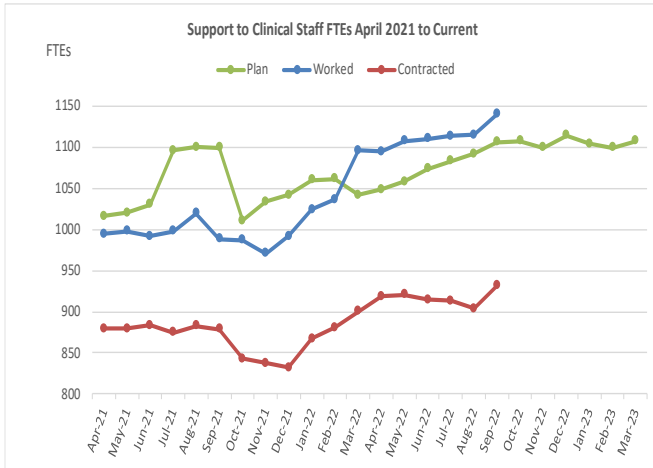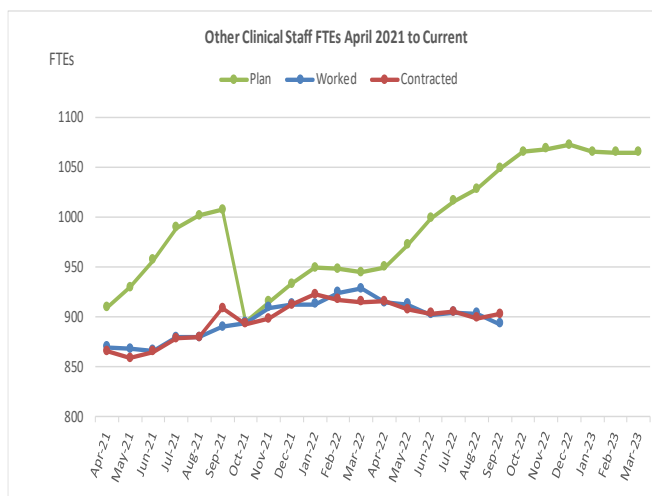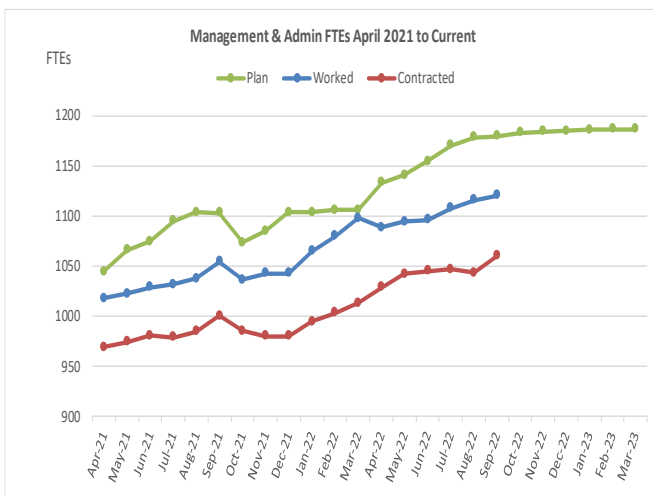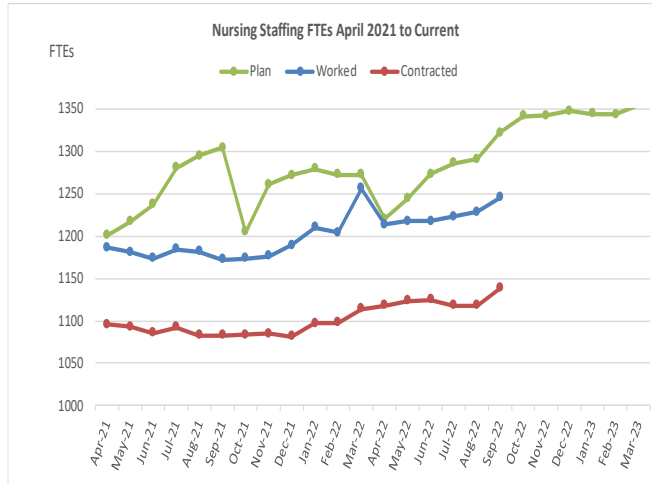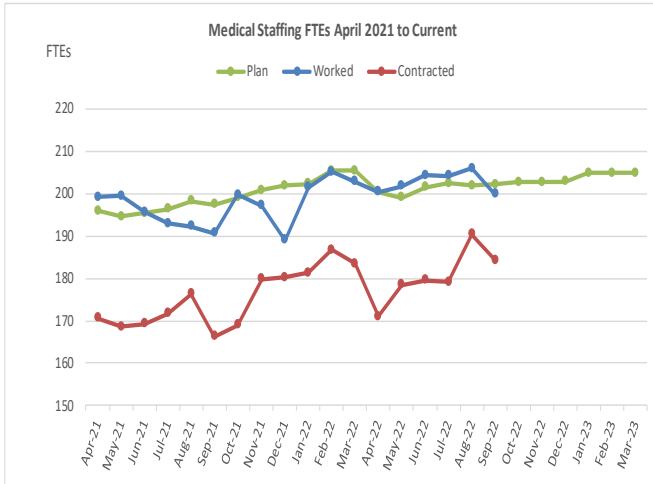
Key Messages

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

In month, we have seen an increase in both contracted WTEs (63) and worked WTEs (28) which is normal for September and in line with the plan profile.

The increased contracted WTEs were in Community Health East – 7 District Nursing, 3 Inpatients. Community Health West — 6 inpatients, 4 intermediate care and 2 in podiatry. Corporate – 9 in the People Directorate. We also had an increase of 14 WTEs in IAPT and 4 in LD. Small increases in WTEs in Mental Health East and West were offset by a reduction in WTEs in Mental Health Inpatients.

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Income & Non Pay

Income April 2021 to Current

£'m
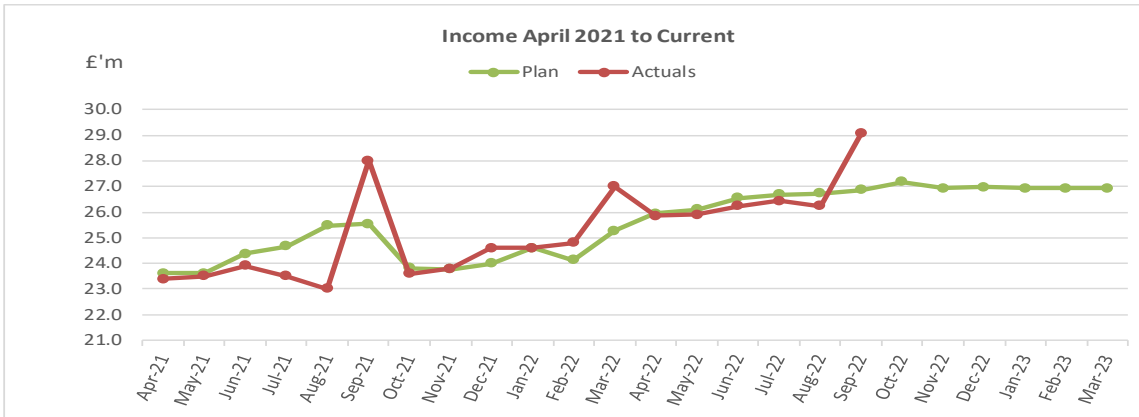
Income	
YTD	**£'m**
2022/23	159.7
2021/22	145.3
▲	**10%**
Prior Yr	**£'m**
Sep-22	29.1
Sep-21	28.0
▲	**4%**

Key Messages

The graph above reflects the Trust's planned and actual income. Income is above plan due to the additional allocation for the back dated pay award (£2.2m). This masks the deferred income/slippage on investments £1.3m linked to lower than expected recruitment. This income is being deferred and is being monitored closely by both ICBs, who will be looking to close residual system gaps with unspent funding. Conversations have started with commissioners about how funding can be used for the purpose for which it was intended.

The YTD position includes ERF income in line with plan. We have recently had confirmation that ERF income will not be clawed back so the amount of income earned will increase in the second half of the year.

Non Pay April 2021 to Current

£'m

Non Pay	
YTD	**£'m**
2022/23	40.5
2021/22	42.0
▼	**-4%**
Prior Yr	**£'m**
Sep-22	6.8
Sep-21	8.6
▼	**-20%**

Key Messages

Non Pay spend was £6.8m in month, which was slightly above plan linked to higher than planned expenditure on Out of Area Placements.

The average number of OAPS has decreased from 27 in August to 25 in September, with the monthly cost increasing from £0.74m to £0.77m.

We are continuing to see suppliers push for significant price increases given the current rates of inflation and supply chain issues.

The contractual arrangement with NHSPS mitigates our risk on utility price increases which are picked up by the ICBs under the historical arrangement. We are expecting to see an increase in gas and electric costs of £653k compared with the previous year, most of which will be in the second half of the year.

The Trust is benefiting from an increase in bank interest rates and has generated around £0.4m YTD in interest. Depreciation has been lower than planned due to slippage on the capital programme.

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Placement Costs

Acute & PICU Out of Area Placements (Appropriate & Inappropriate)

Legend: Ave Beds | Actuals £k | Plan £k

OAPs

	YTD	£'m
	2022/23	4.1
	2021/22	2.9
▲		43%

	Prior Yr	£'m
	Sep-22	0.8
	Sep-21	0.7
▲		14%

Specialist Placements

Legend: Beds | Actuals £k | Plan £k
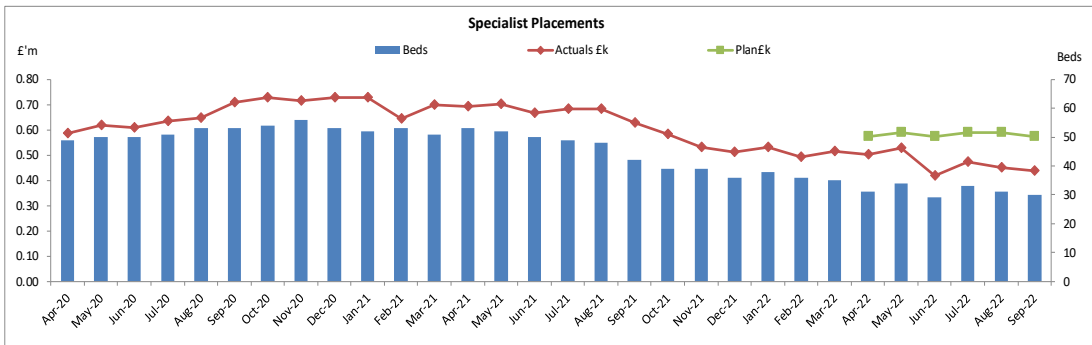
Specialist Placements

	YTD	£'m
	2022/23	2.8
	2021/22	4.1
▼		-31%

	Prior Yr	£'m
	Sep-22	0.4
	Sep-21	0.6
▼		-30%

Key Messages

Specialist Placements. The number of placements has decreased from 31 in August to 30 in September with costs decreasing from £0.45m in August to £0.44m in September The average price has increased in year as we have unoccupied beds for some of our block contracts as part of the process of withdrawing.

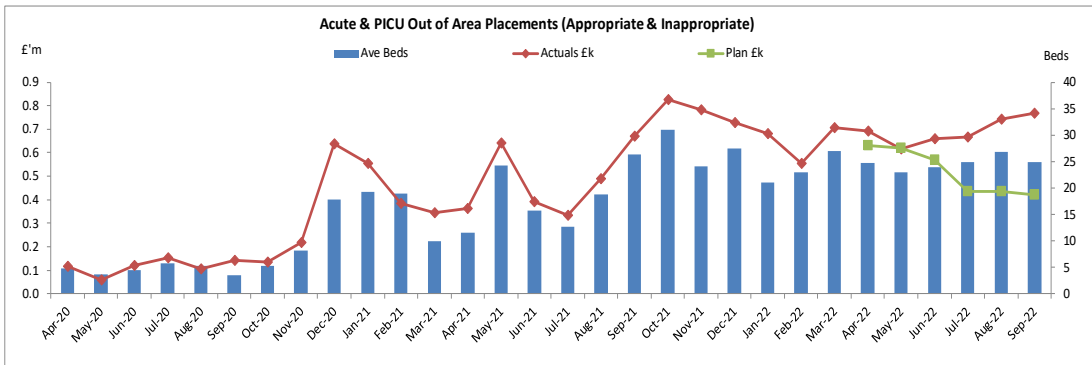**Out of Area Placements**. The average number of placements has decreased from 27 in August to 25 in September, with the monthly cost increasing from £0.74m to £0.77m.

The Bed Optimisation Programme has now been reset and the project group meets monthly with a status exchange every month, this therefore equates to a fortnightly discussion on the prevailing issues. Each of the workstreams has project support and clinical leadership and a QI approach is being applied to the work. The number of extra-contractual beds has been amended based on what has worked over the prior 6 months. We now contract for 11 Acute beds only and had a plan to taper the usage of these as the financial year progresses, to effectively achieve the zero OAPs trajectory. However, this is now under review given the level of activity we are seeing. Dr Sodhi is leading a review of all patients with a psychotic illness who have a LOS of 65+ days.

The Community Enhance Rehabilitation Service business case has now been approved and this will support the work on the psychosis pathway, providing an alternative to bed based provision and both a step up/step down offer.

PICU work is concentrating on flow through the service to ensure that we can effectively step people down in a more timely manner. Since May 2022 we have discharge 13 patients from Sorrell ward, however due to the continued high levels of demand and acuity we have not been able to return patients of OAP PICU beds. We have ceased the purchase of ECA PICU beds because they were not a cost effective use of resource as they could not always be accessed when required. We will continue to spot purchase PICU beds where they are clinically required. We continue to have significant demand for PICU beds including prison transfers, which whilst do not count as an inappropriate out of area bed against the OAPs trajectory we are seeing the financial impact.

The bed flow fortnight did not achieve the level of reduced occupancy as anticipated which was due to the level of demand coming in during that period. We have maintained daily bed flow meetings between PHH, CRHTT and the locality teams which is helping with whole system overview of the pressures and has enable clearer plans for patients who have long LOS

Healthcare from the heart of your community

2. Cost Improvement Programme

Cost Improvement (Cash releasing) Scheme	In Month			YTD			
	Act £'k	Plan £'k	Var £'k	Act £'k	Plan £'k	Var £'k	Plan £'k
Trust Wide Schemes							
Out of Area Placements - Volume	0.0	142.6	(142.6)	0.0	268.1	(268.1)	1,821.4
Out of Area Placements - Price	0.0	29.0	(29.0)	0.0	74.9	(74.9)	354.0
Opt to Tax (Historic)	125.0	125.0	0.0	750.0	750.0	0.0	1,500.0
Opt to Tax (Recurrent)	37.0	37.0	0.0	222.0	222.0	0.0	444.0
Contribution from New Investments	12.0	8.0	4.0	38.1	48.0	(9.9)	96.0
EFM Recharge to NHSPS	0.0	41.0	(41.0)	0.0	246.0	(246.0)	732.0
Procurement / ICS Procurement	1.0	24.0	(23.0)	2.2	144.0	(141.8)	300.0
Medicines Optimisation	0.0	4.0	(4.0)	0.0	24.0	(24.0)	50.0
Interest Receivable	95.0	0.0	95.0	381.5	0.0	381.5	0.0
Long Term Placements	74.0	0.0	74.0	460.0	0.0	460.0	0.0
Recruitment Slippage	0.0	0.0	0.0	400.0	400.0	0.0	400.0
Division/Corp Schemes Local Delivery							
Total smaller value schemes	27.3	73.3	(46.0)	205.0	298.0	(93.0)	845.0
Corporate Schemes Trust Decision							
Corporate Schemes - FWH Vacating Early	0.0	0.0	0.0	0.0	0.0	0.0	105.0
Review of Management Structures	0.0	0.0	0.0	0.0	0.0	0.0	550.0
System Supported Schemes							
Agency - Price Cap Compliance (ICS Temporary Staffing Project)	0.0	0.0	0.0	0.0	0.0	0.0	150.0
Agency - Improved Procurement (ICS Temporary Staffing Project)	0.0	0.0	0.0	0.0	0.0	0.0	150.0
Unidentified	**0.0**	**364.3**	**(364.3)**	**0.0**	**1,124.5**	**(1,124.5)**	**2,597**
Total Cost Improvement	371.3	848.3	(476.9)	2,458.7	3,599.4	(1,140.7)	10,094.0

Key Messages

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

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

The EFM "recharge" to NHSPS saving remains at risk, in part due to the construct of the agreement with NHSPS governing the transfer of services under the original business transfer agreement. The Trust is engaged in Exec level conversations with NHSPS over this in respect of retained costs from the transfer of services in October 21 and is also engaged with ICBs regarding changes to the annual charging schedules for the properties concerned.

The additional £0.4m CIP required for BOB ICS has been delivered through recruitment slippage from Q1. Discussions are ongoing about any further allocation of the system gap to providers by BOB ICB.

The number of long term placement placements continues at a lower than planned level offsetting the underperformance on the OAPs CIP.

The review of management structures is underway, although given its complexities, the majority of savings are likely to impact later in the year and into the following year.
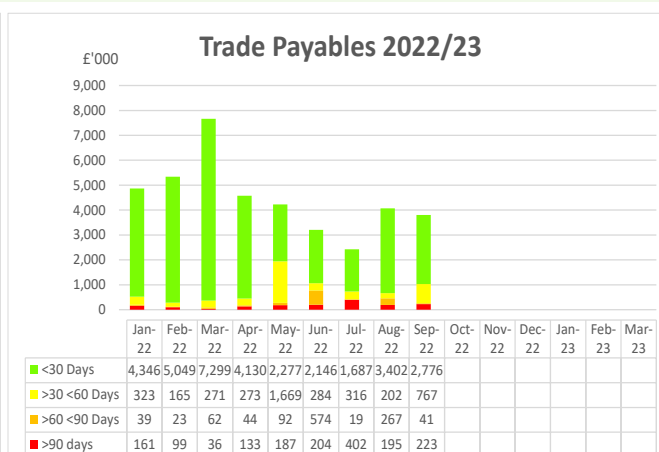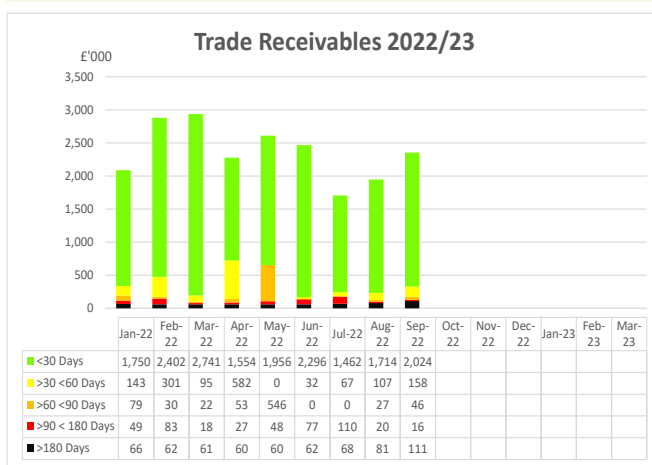
Given the historically low levels of usage and rates paid, there has been little identified through the ICS Temporary Staffing Programme in respect of in year benefit. However NHSE/I's recently issued system agency ceiling will require us to look again at agency costs with a view to reducing costs in year.

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4.0 Balance Sheet

Balance Sheet	21/22 Actual £'m	Current Month			YTD		
		Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Intangibles	4.2	3.2	3.4	(0.2)	3.2	3.4	(0.2)
Property, Plant & Equipment (non PFI)	35.2	33.6	35.6	(2.0)	33.6	35.6	(2.0)
Property, Plant & Equipment (PFI)	58.0	57.2	57.5	(0.3)	57.2	57.5	(0.3)
Property, Plant & Equipment (RoU Asset)	0.0	13.1	12.8	0.3	13.1	12.8	0.3
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
Total Non Current Assets	**97.6**	**107.3**	**109.5**	**(2.2)**	**107.3**	**109.5**	**(2.2)**
Trade Receivables & Accruals	8.9	10.9	8.8	2.1	10.9	8.8	2.1
Other Receivables	0.2	0.2	0.2	(0.0)	0.2	0.2	0.1
Cash	53.9	59.4	50.9	8.6	59.4	50.9	8.6
Trade Payables & Accruals	(35.3)	(36.1)	(32.4)	(3.6)	(36.1)	(32.4)	(3.6)
Current PFI Finance Lease	(1.7)	(1.7)	(1.7)	0.0	(1.7)	(1.7)	0.0
Current RoU Asset Finance Lease	0.0	(2.4)	(2.3)	(0.1)	(2.4)	(2.3)	(0.1)
Other Current Payables	(12.8)	(16.7)	(12.8)	(3.9)	(16.7)	(12.8)	(3.9)
Total Net Current Assets / (Liabilities)	**13.2**	**13.7**	**10.6**	**3.1**	**13.7**	**10.6**	**3.1**
Non Current PFI Finance Lease	(23.8)	(22.9)	(22.9)	0.0	(22.9)	(22.9)	0.0
Non Current RoU Finance Lease	0.0	(11.1)	(10.9)	(0.2)	(11.1)	(10.9)	(0.2)
Other Non Current Payables	(1.6)	(1.6)	(1.6)	0.0	(1.6)	(1.6)	0.0
Total Net Assets	***85.4***	***85.5***	***84.8***	***0.7***	***85.5***	***84.8***	***0.7***
Income & Expenditure Reserve	32.5	32.5	31.8	0.7	32.5	31.8	0.7
Public Dividend Capital Reserve	20.7	20.7	20.7	0.0	20.7	20.7	0.0
Revaluation Reserve	32.2	32.2	32.2	0.0	32.2	32.2	0.0
Total Taxpayers Equity	***85.4***	***85.5***	***84.8***	***0.7***	***85.5***	***84.8***	***0.7***

Key Messages

From 1 April 2022, the NHS has adopted International Financial Reporting Standard 16: Leases, which removes the distinction between operating leases and finance leases. Most operating lease arrangements now result in an asset going on balance sheet offset by a lease liability. The asset and liability will be respectively depreciated and repaid over the term of the lease.

Trade Receivables 2022/23

£'000

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<30 Days	1,750	2,402	2,741	1,554	1,956	2,296	1,462	1,714	2,024						
>30 <60 Days	143	301	95	582	0	32	67	107	158						
>60 <90 Days	79	30	22	53	546	0	0	27	46						
>90 < 180 Days	49	83	18	27	48	77	110	20	16						
>180 Days	66	62	61	60	60	62	68	81	111						

Trade Payables 2022/23

£'000

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<30 Days	4,346	5,049	7,299	4,130	2,277	2,146	1,687	3,402	2,776						
>30 <60 Days	323	165	271	273	1,669	284	316	202	767						
>60 <90 Days	39	23	62	44	92	574	19	267	41						
>90 days	161	99	36	133	187	204	402	195	223						

Key Messages

Overall receivables balances increased by £0.4m due primarily to an increase in current aged debt (<30 days). All aged debt over 30 days increased by £0.07m. Increase of >30<60 days of £0.05m arising from NHS England and Local Authority. Overall payables decreased by £0.3m, mainly due to a decrease in current balances (£0.6m) and >60<90 aged creditors (£0.2m). This is offset by increase in >30<60 day aged creditors which increased by £0.6m. There are a small number of high value invoices for placements that are not paid as we are awaiting credit notes.

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3.0 Cash

Cashflow	21/22 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m
Reported Surplus / (Deficit)	1.7	0.1	0.0	0.1	0.0	(0.7)	0.7
Remove Finance Charges through SoCI	3.9	0.3	0.3	0.0	1.7	2.0	(0.3)
Remove PDC Dividend accrual through SoCI	0.9	0.2	0.1	0.1	1.0	0.7	0.3
Remove Profit on Disposal of Assets	(1.4)	0.2	0.1	0.1	1.0	0.7	0.3
Operating Surplus/(Deficit)	**5.1**	**0.6**	**0.4**	**0.2**	**2.7**	**2.0**	**0.7**
Depreciation and Impairments	9.4	0.9	0.9	(0.0)	5.3	5.6	(0.3)
Operating Cashflow	*14.5*	*1.5*	*1.3*	*0.2*	*8.0*	*7.6*	*0.4*
Net Working Capital Movements	*11.6*	*(0.4)*	*(0.1)*	*(0.3)*	*3.2*	*(4.1)*	*7.3*
Proceeds from Disposals	2.2	0.0	0.0	0.0	0.0	0.0	0.0
Donations to fund Capital Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donated Capital Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Expenditure (Net of Accruals)	(8.1)	(0.2)	(0.9)	0.7	(1.7)	(3.7)	2.0
Investments	*(5.8)*	*(0.2)*	*(0.9)*	*0.7*	*(1.7)*	*(3.7)*	*2.0*
PFI Finance Lease Repayment	(1.6)	(0.1)	(0.1)	0.0	(0.8)	(0.8)	0.0
RoU Asset Finance Lease Repayment	0.0	(0.2)	(0.2)	0.0	(1.2)	(1.3)	0.1
Net Interest	(3.9)	(0.3)	(0.3)	0.0	(1.7)	(2.0)	0.3
PDC Received	0.7	0.0	0.0	0.0	0.0	0.0	0.0
PDC Dividends Paid	(0.8)	(0.3)	0.0	(0.3)	(0.3)	0.0	(0.3)
Financing Costs	*(5.5)*	*(0.9)*	*(0.7)*	*(0.2)*	*(4.0)*	*(4.1)*	*0.1*
Other Movements	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash In/(Out)Flow	*14.8*	*(0.0)*	*(0.3)*	*0.3*	*5.5*	*(4.3)*	*9.8*
Opening Cash	39.1	59.4	51.2	8.2	53.9	55.4	(1.5)
Closing Cash	*53.9*	*59.4*	*50.9*	*8.6*	*59.4*	*50.9*	*8.6*

Cash Actuals vs Plan 2022/23
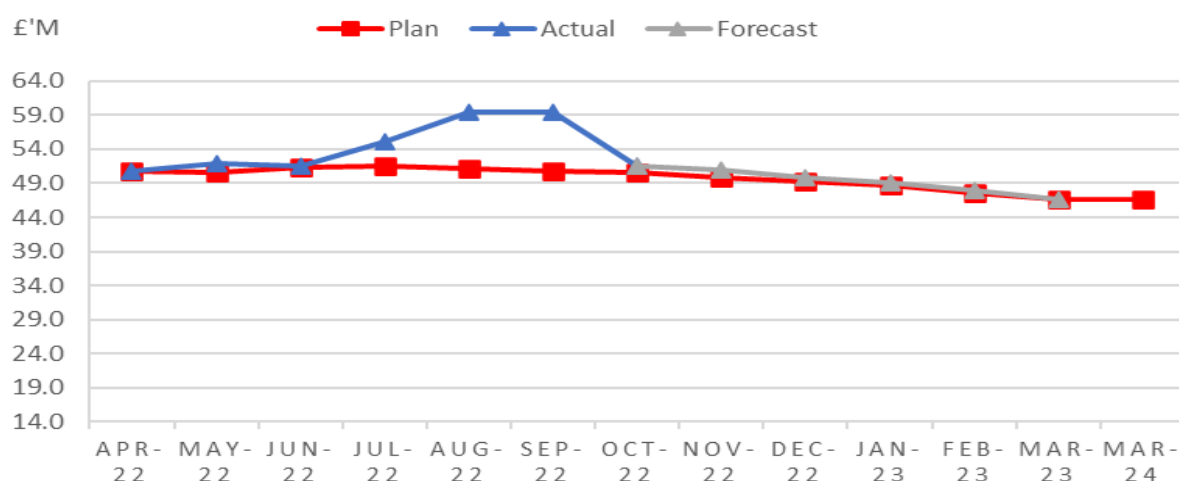
Key Messages

The closing cash balance for September was £59.4m, which is £8.6m above the revised plan . The year to date operating surplus is £0.7m above plan contributing to increase in cash. The Trust continues to carry large deferred income balance linked to SDF which has not been spent in line with the plan.   It is also linked to the timing of payment runs which have been realigned to facilitate working day one reporting. This means that payment runs in the final week of the month are paid in the next financial reporting period resulting in gain in cash over the period. Average daily cash balances have increased by £1.1m as a result, which will reduce PDC Dividend risk. The variance to plan is also the result of capital slippage on the capital programme (£2.5m). The Trust is benefiting from increase in bank interest rates and has generated around £0.4m YTD in interest since April 2022.

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5.0 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							
Erleigh road Change of Service - Phase 2	34	0	34	80	0	80	150
Extension for Clinical Space - CHH	0	2	(2)	0	5	(5)	450
Other Trust Owned Properties	5	0	5	0	0	0	70
Leased Non Commercial (NHSPS)	0	40	(40)	0	130	(130)	240
Head Office Relocation	0	217	(217)	40	650	(610)	1,300
MSK Relocation	0	67	(67)	0	200	(200)	335
Leased Commercial Other	0	17	(17)	(0)	50	(50)	140
Leased Non Commercial (NHSPS)	7	0	7	7	0	7	20
Environment & Sustainability	11	5	6	10	16	(6)	50
Windsor Consolidation (Dedworth)	6	117	(111)	8	400	(392)	500
Various All Sites	0	39	(39)	0	121	(121)	616
Statutory Compliance	0	12	(12)	4	37	(32)	150
Subtotal Estates Maintenance & Replacement	**63**	**515**	**(452)**	**149**	**1,609**	**(1,459)**	**4,021**
IM&T Expenditure							
IM&T Business Intelligence and Reporting	0	0	0	0	0	0	120
IM&T Refresh & Replacement	0	171	(171)	25	512	(487)	2,782
IM&T System & Network Developments	48	19	30	413	112	301	260
IM&T GDE & Community Projects	19	21	(2)	106	160	(54)	242
IM&T Digitial Strategy	63	106	(43)	63	638	(575)	1,275
Subtotal IM&T Expenditure	**130**	**317**	**(187)**	**607**	**1,421**	**(814)**	**4,679**
Subtotal CapEx Within Control Total	**193**	**831**	**(638)**	**756**	**3,030**	**(2,274)**	**8,700**
CapEx Expenditure Outside of Control Total							
PPH 'Place of Safety	0	0	0	1	0	1	1,600
PPH Zonal Heating Controls	0	42	(42)	0	125	(125)	250
Statuory Compliance	0	8	(8)	0	25	(25)	100
Environment & Sustainability / Zero Carbon	0	0	0	0	0	0	200
Other PFI projects	0	45	(45)	31	134	(103)	185
Health Bus	0	0	0	0	0	0	0
Subtotal Capex Outside of Control Totals	**0**	**95**	**(95)**	**32**	**284**	**(252)**	**2,335**
Total Capital Expenditure	**193**	**926**	**(733)**	**789**	**3,314**	**(2,526)**	**11,035**

Key Messages

The Capital Plan for 22/23 is £11m, £8.7m within the BOB ICB capital control total (CDEL) and £2.3m outside of the control total for PFI Projects.

Schemes within the control total are underspent year to date by £2.3m due mainly to delays in Estates projects (Head Office Relocation, Dedworth/Fairacres and MSK Adam Villas - £1.2m) which are expected to complete later in the year. There are also underspends on the IM&T Digital Strategy (£0.6m) and IM&T Refresh & Replacement (£0.5m), offset by an over spend on IM&T system and network developments (£0.3m).

It total, our key estates projects are forecast to cost £1.3m in excess of our original estimates linked to increases in material costs. In order to mitigate these increases we have reviewed the original capital programme and have rephased and prioritised plans in order that we can still deliver the programme within the capital control total. The timeline on works to Church Hill House, Reading Estates Consolidation and bariatric facilities at Wokingham Hospital have been reviewed and will now run into 23/24. We will continue to keep the situation under review and will pull forward schemes from 23/24 if the opportunity arises.

IM&T Digital Strategy and IM&T Refresh & Replacement spend is delayed to Q3. A further update to be provided next month on review with the IM&T team.

Trust Board Paper - Public

Board Meeting Date	8th November 2022
Title	**True North Performance Scorecard** **Month 6 (September 2022) 2022/23**
	ITEM FOR NOTING
Purpose	To provide the Board with the True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and Quality Improvement (QI) break through objectives for 2022/23.
Business Area	Trust-wide Performance
Author	Chief Financial Officer
Relevant Strategic Objectives	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care, and consistently meet or exceed the standards of Care Quality Commission (CQC) and other stakeholders.
CQC Registration/Patient Care Impacts	All relevant essential standards of care.
Resource Impacts	None.
Legal Implications	None.
Equality and Diversity Implications	None.
Summary	The True North Performance Scorecard for Month 6 2022/23 (September 2022) is included. Individual metric review is subject to a set of clearly defined "business rules" covering how metrics should be considered dependent on their classification for driver

improvement focus, and how performance will therefore be managed.

The business rules apply to three categories of metric:

- **Driver metric**: the few key improvement drivers with target performance and will be the focus of meeting attention.
- **Tracker Level 1 metric**: no attention required if within set threshold for the period. Threshold performance usually defined by regulator / external body and relates to "must do" national standards or areas of focus. Update required if threshold performance is missed in one month.
- **Tracker metric**: no attention required unless performance is deteriorating from threshold for a defined period (over four months). Threshold set internally, where sustained underperformance will trigger a review of threshold level or need to switch to a driver metric dependent on capacity.

Month 6

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

Breakthrough and Driver Metrics

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

- Falls Incidents in Community & Older Adult Mental Health Inpatient Wards **(Harm Free Care) –** 29 against a revised target of 26. Rowan (10), Donnington (5), Highclere (5) and Windsor (5) wards were the highest contributors this month.
    - o 14 patients had falls in wards this month.
    - o There were 0 falls that resulted in moderate or severe harm.
    - o Jubilee and Henry Tudor had no falls, and a contributory factor was the newly implemented falls technology.
    - o West Berkshire wards have been under target for 4 months.
    - o 62% of falls were unwitnessed.
- Self-harm incidents on Mental Health Inpatient Wards (excluding LD) **(Harm Free Care)** – 69 incidents against a revised target of 67. Bluebell (22), Daisy (21) and Snowdrop (19) wards were the highest contributors this month.
    - o 13 patients self-harmed this month.

-           o   The team are working with patients about managing self-harm and minimization techniques and collaborative care planning.

- Physical Health Checks – 7 Parameters for People with Severe Mental Illness (SMI) **(Harm Free Care)** - at 80% against a revised stretch target of 90% by the end of September 2022.

- I Want Great Care Compliance Rate **(Patient Experience)** - (replacing the Patient Friends and Family Test (FFT) response rate) at 3.4% against a 10% target. An improvement this month but is taking time to see improvements due to new system and processes.

- Staff turnover (including fixed-term posts) **(Supporting Our Staff)** – 16.98% against a 16% target. A challenging area which remains a focus for the organisation.

- Variance from year-to-date NHSE Efficiency Plan **(Money Matters)** – At -1141 against a target of 0.

- Inappropriate Out of Area Placements **(Money Matters)** – 524 against a quarter 2 target of 276. There remain significant pressures on beds despite a number of pre-commissioned beds available.

Tracker 1 Metrics (where red for 1 month or more)

- Meticillin-resistant Staphylococcus Aureus (MSSA) Bacteraemias (Cumulative year to date) **(Regulatory Compliance)** – there was 1 incident in September making the year to date total 2.

- People with Common Mental Health Conditions Referred to IAPT Completing a Course of Treatment Moving to Recovery - **(Regulatory Compliance)** – at 49%, below the 50% target, with two months red. 2 months red, being reviewed with the team.

- Proportion of Patients Referred for Diagnostic Tests who have been Waiting for Less than 6 weeks (DM01 – Audiology) **(Regulatory Compliance)** – at 40.9% against a target of 95% Significant staffing issues are contributing to this breach position. Processes reviewed and recovery underway. An audit is scheduled to support a recovery position.

- Sickness rate **(Regulatory Compliance)** – red at 4.37% against a target of 3.5%. This is not a "hard" compliance focus with NHSI but is tracked. Twelve months red.

- Children and Young People (CYP) referred for an assessment or treatment of an Eating Disorder (ED) will access NICE treatment <1 week (Urgent) **(Regulatory Compliance)** – red at 66.7% against a 95% target. This is a newly introduced national target

	that is challenging to achieve for trusts as evidenced by regional and national benchmarking. **Tracker Metrics (where red for 4 months or more)** • Health Visiting: New Birth Visits within 14 days **(Patient Experience)** – at 82.5% against a 90% target. The team are reviewing root cause, as 4 months below target. • Mental Health Delayed Transfers of Care **(Money Matters)** - at 8.78% against a target of 7.5%. A positive reporting shift is placing a focus on mental health delays in the systems. • Increase in Elective Care Activity from 2019/20 baseline (physical health only) – first appointment **(Money Matters)** - at -6.3% against a target of 4%. Red for 4 months for challenging recovery target, with limited-service inclusion for the Trust. • Increase in Elective Care Activity from 2019/20 baseline (physical health only) – follow up appointment **(Money Matters)** - at -13% against a target of 4%. Red for 4 months for challenging recovery target, with limited-service inclusion for the Trust. • Mental Health Non-Acute Occupancy rate **(Money Matters)** - at 87.9% against an 85% target. Red for 5 months. • Community Health Delayed Transfers of Care **(Money Matters)** - at 18.5% against a target of 7.5%. A positive reporting shift is placing a focus on mental health delays in the systems. • Mental Health Acute Occupancy rate **(Money Matters)** - at 97.2% against an 85% target. Red for 12 months. • Mental Health: Acute Average Length of Stay (bed days) **(Money Matters)** – reduced to 35 days against a target of 30 days. Pressures continue, and length of stay remains a focus for teams. An improvement project is underway.
Action	The Board is asked to note the True North Scorecard.

True North Performance Scorecard – Business Rules & Definitions

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

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

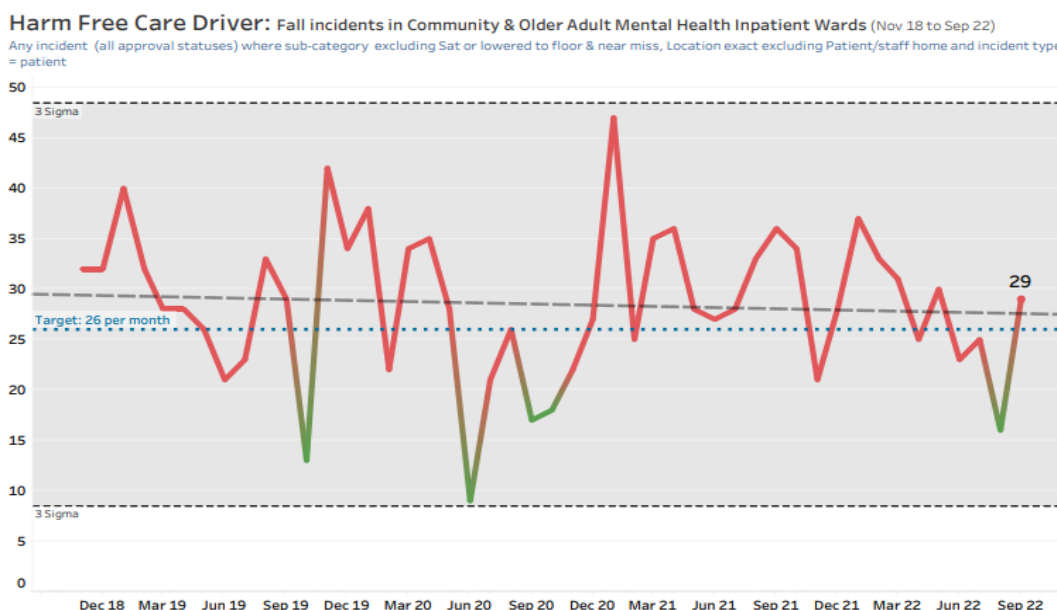| Rule #	Metric	Business Rule	Meeting Action
1	**Driver** is **Green** in current reporting period	Share success and move on	**No action** required
2	**Driver** is **Red** in current reporting period	Share top **contributing reason**, the amount this contributor impacts the metric, and **summary of initial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

Business Rules for Statistical Process Control (SPC) Charts

Why Use SPC Charts

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

Components of an SPC Chart

The charts have the following components with an example below:

Harm Free Care Driver: Fall incidents in Community & Older Adult Mental Health Inpatient Wards (Nov 18 to Sep 22)
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

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

Variation

There are 2 types of variation:

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

Rules

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

Harm Free Care

Metric	Target	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month increased from 20 in Feb 22	34	21	28	37	33	31	25	30	23	25	16	29
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	67 per month	145	141	86	170	88	112	92	95	102	89	89	69
Number of suicides (per month)	SI =<3	0	4	1	1	2	2	1	3	2	3	3	0

Metric	Target	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	90% until Sept 22, then 95%	67%	71%	74%	78%	81%	80%	78%	78%	79%	80%	79%	80%

Patient Experience

Metric	Target	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
IWGC Positive Score %	95% compliance from April 22	92%	90%	92%	92%	79%	93.2%	94%	92.7%	95.2%	95.2%	94.1%	95.5%
IWGC Compliance %	10% compliance	5%	7.0%	1.7%	0.3%	0.4%	0.8%	0.6%	1.0%	1.3%	2.3%	2.2%	3.4%

Performance Scorecard - True North Drivers (September 2022)

Supporting our Staff

Metric	Target	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Physical Assaults on Staff	44 per month	116	65	55	57	115	92	117	68	59	43	49	43
Staff turnover (excluding fixed term posts)	<=16% per month	15.46%	15.44%	15.31%	15.32%	15.37%	15.93%	16.19%	16.71%	16.76%	16.89%	17.02%	16.98%

Money Matters

| Metric	Target	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Variance from YTD NHSE financial control total (£'k)	<£0k								-3	32	-149	-400	-506	-714
Variance from YTD NHSE efficiency plan (£'k)	>£0k								112	134	490	183	-571	-1141
Inappropriate Out of Area Placements	276 Cumulative Total Q2 2022/23	218	195	266	405	92	191	363	69	114	226	144	329	524

Harm Free Care Driver: Fall incidents in Community & Older Adult Mental Health Inpatient Wards (Nov 18 to Sep 22)

Any incident (all approval statuses) where sub-category excluding Sat or lowered to floor & near miss, Location exact excluding Patient/staff home and incident type = patient
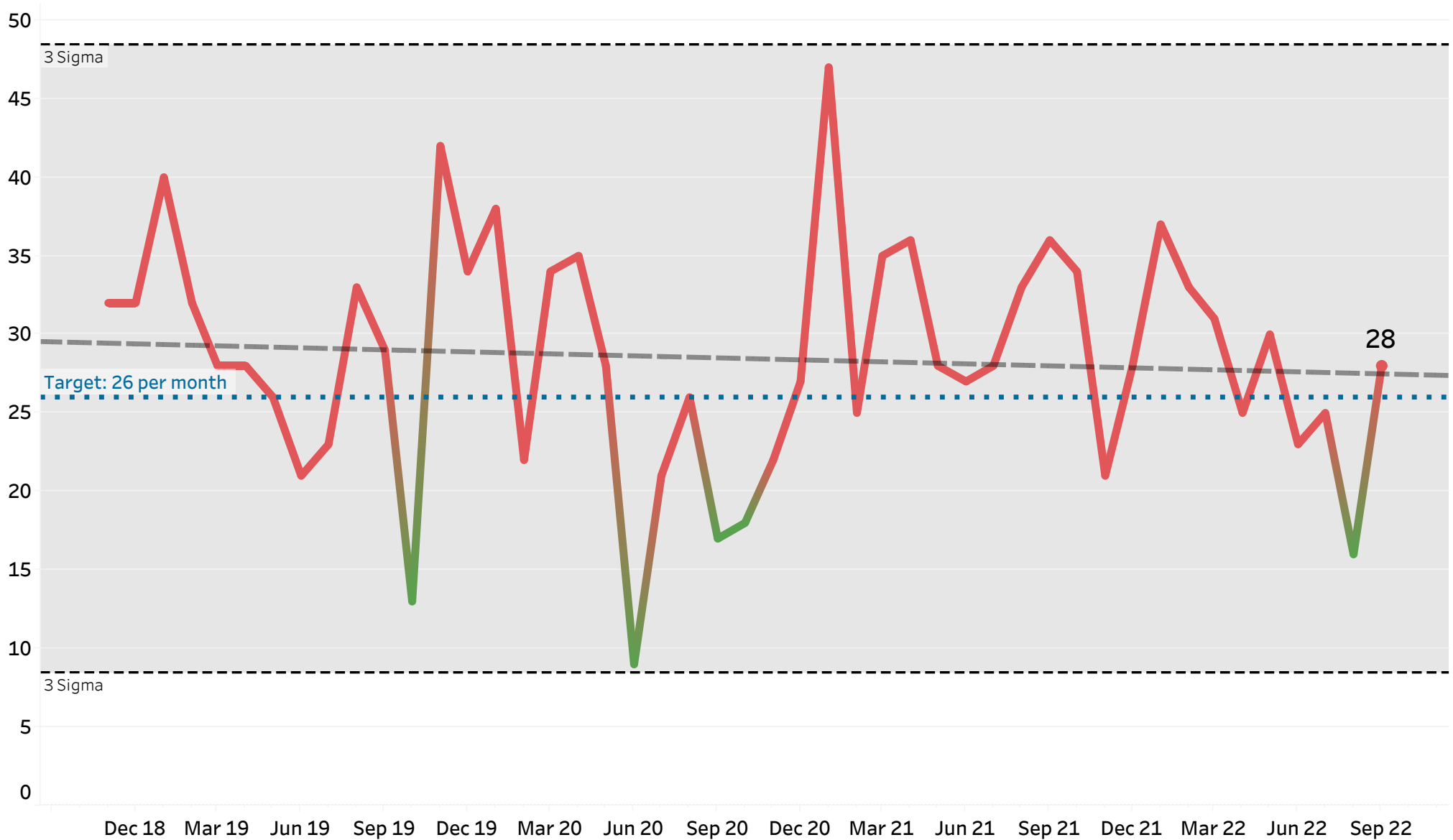
Harm Free Care Driver: Fall incidents in Community and Older Adult Mental Health Inpatient Wards (Sept 2022)
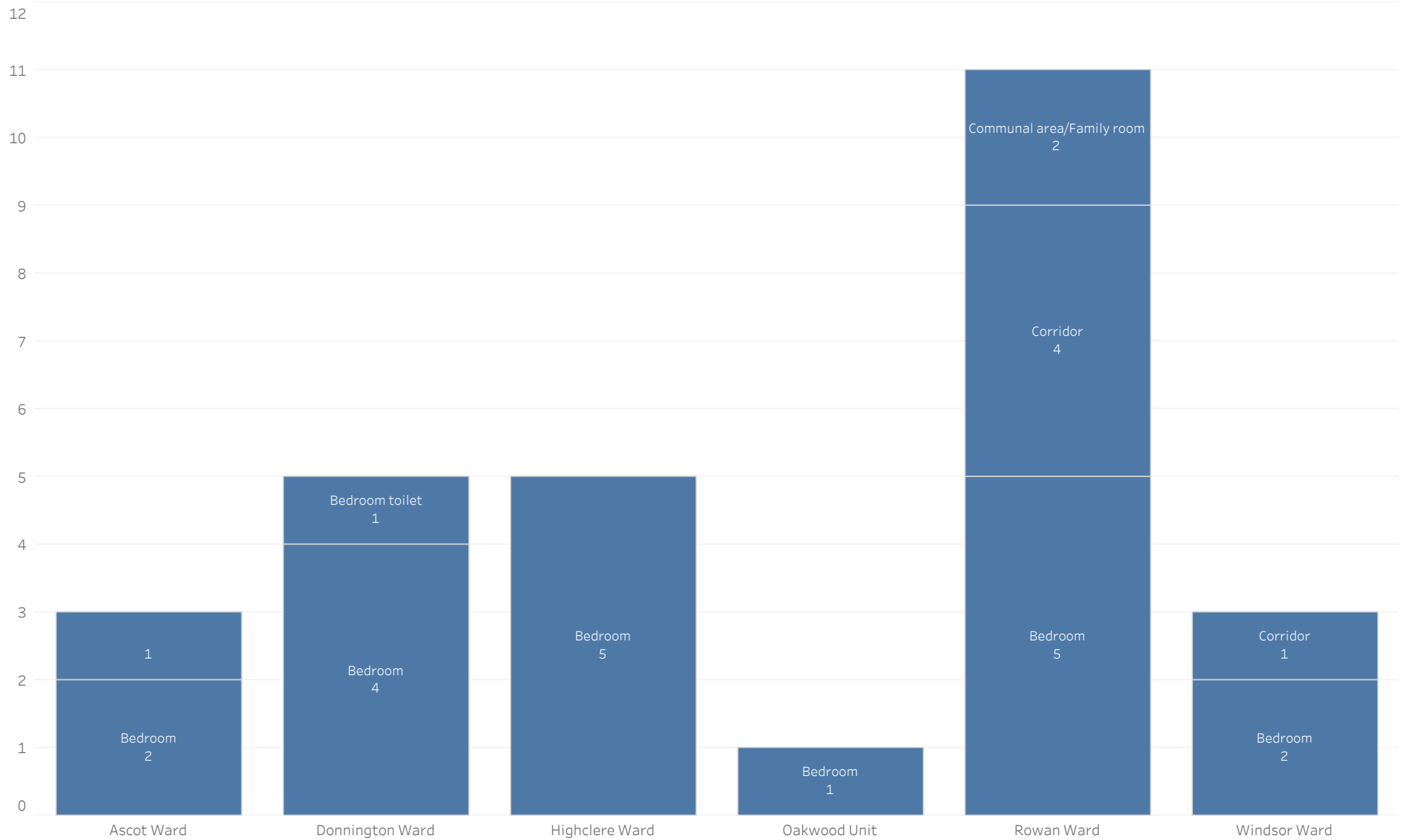
Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) (Nov 18 to Sep 22)

Any incident (all approval statuses) where category = self harm
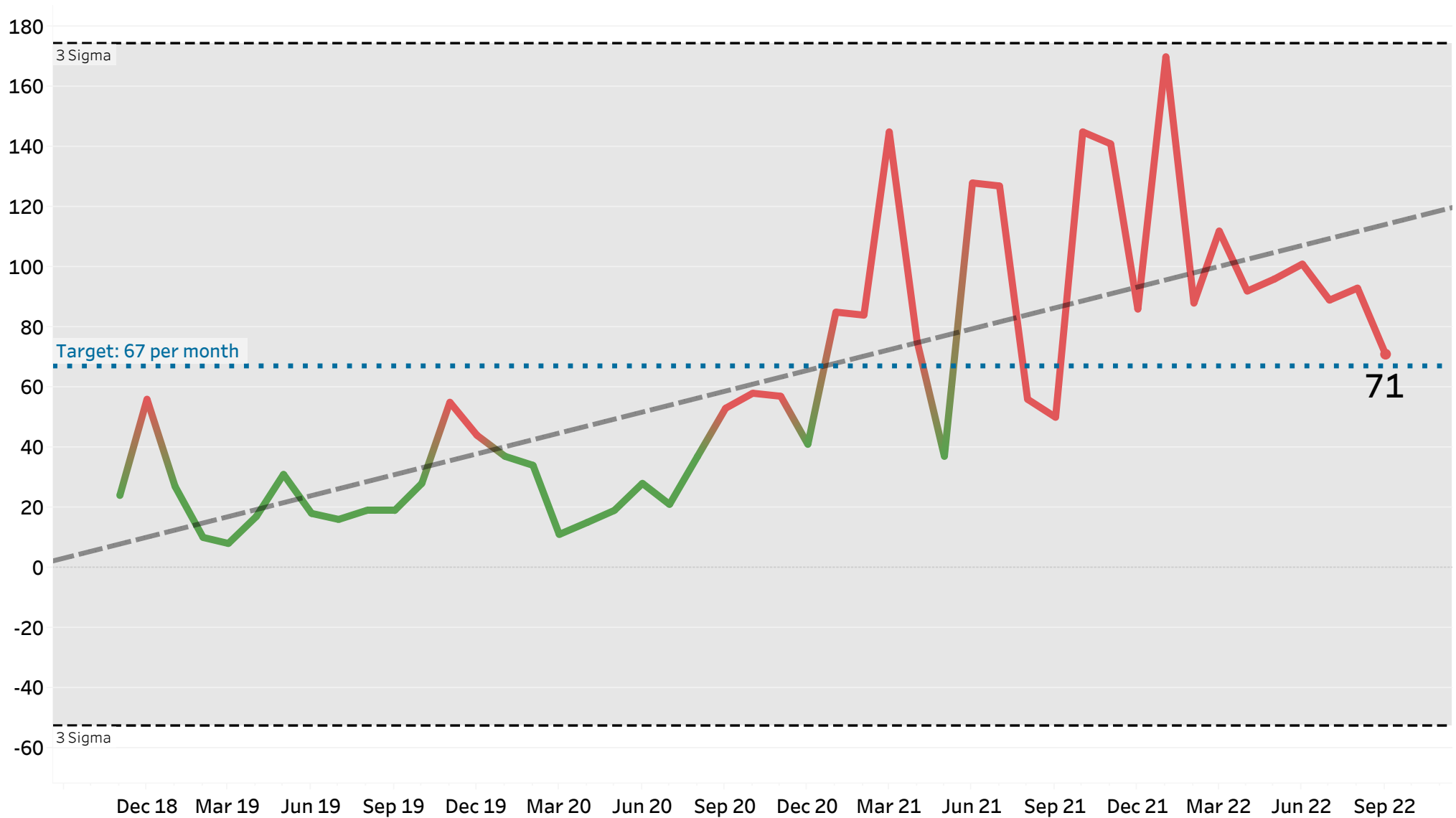
Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (Sept 2022)

Ward	Value
Bluebell Ward	23
Daisy Ward	23
Rose Ward	5
Snowdrop Ward	18
Sorrel Ward	2
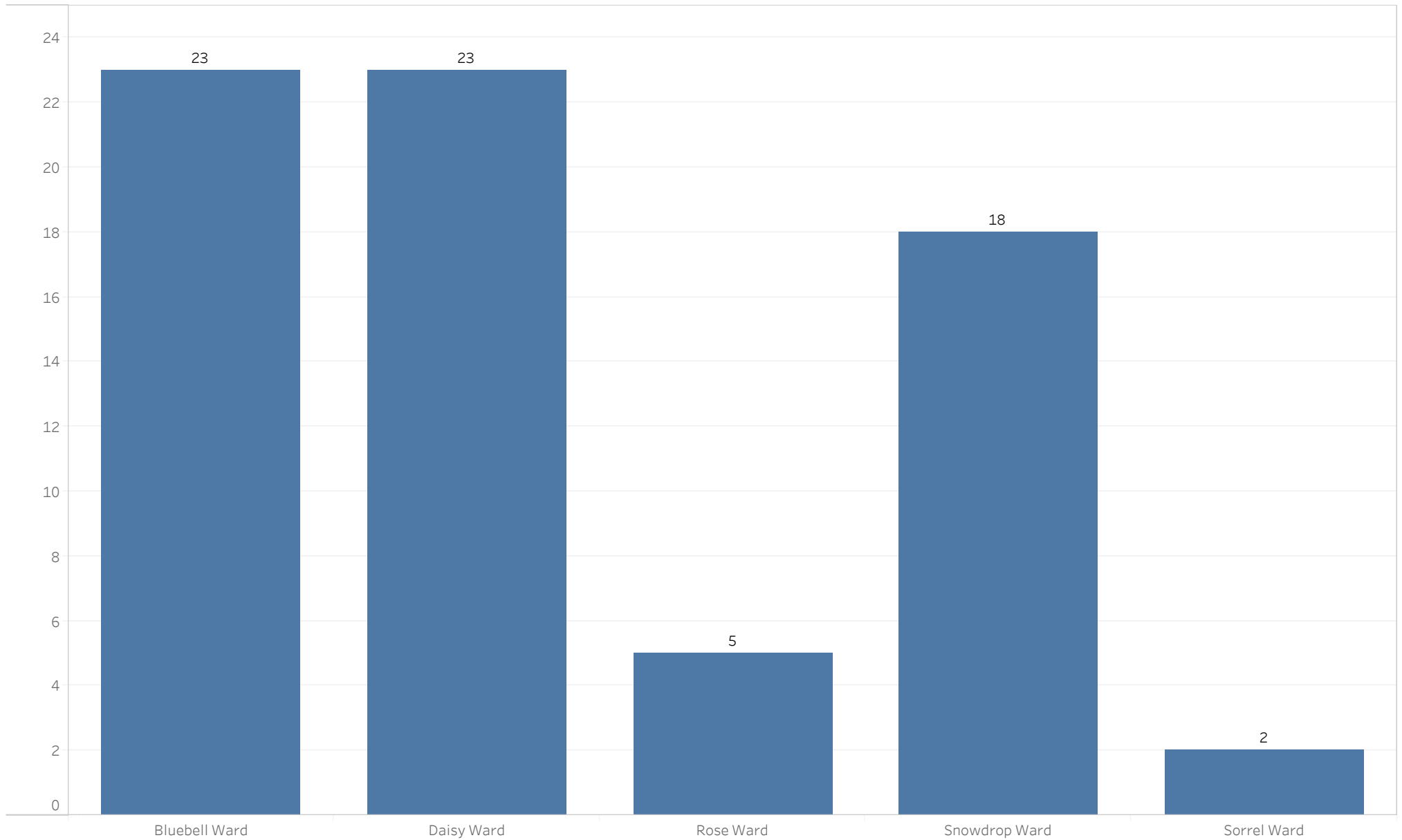
Supporting Our Staff Driver: Physical Assaults on Staff (Nov 18 to Sep 22)

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

3 Sigma

Target: 44 per month

3 Sigma

54

Dec 18   Mar 19   Jun 19   Sep 19   Dec 19   Mar 20   Jun 20   Sep 20   Dec 20   Mar 21   Jun 21   Sep 21   Dec 21   Mar 22   Jun 22   Sep 22
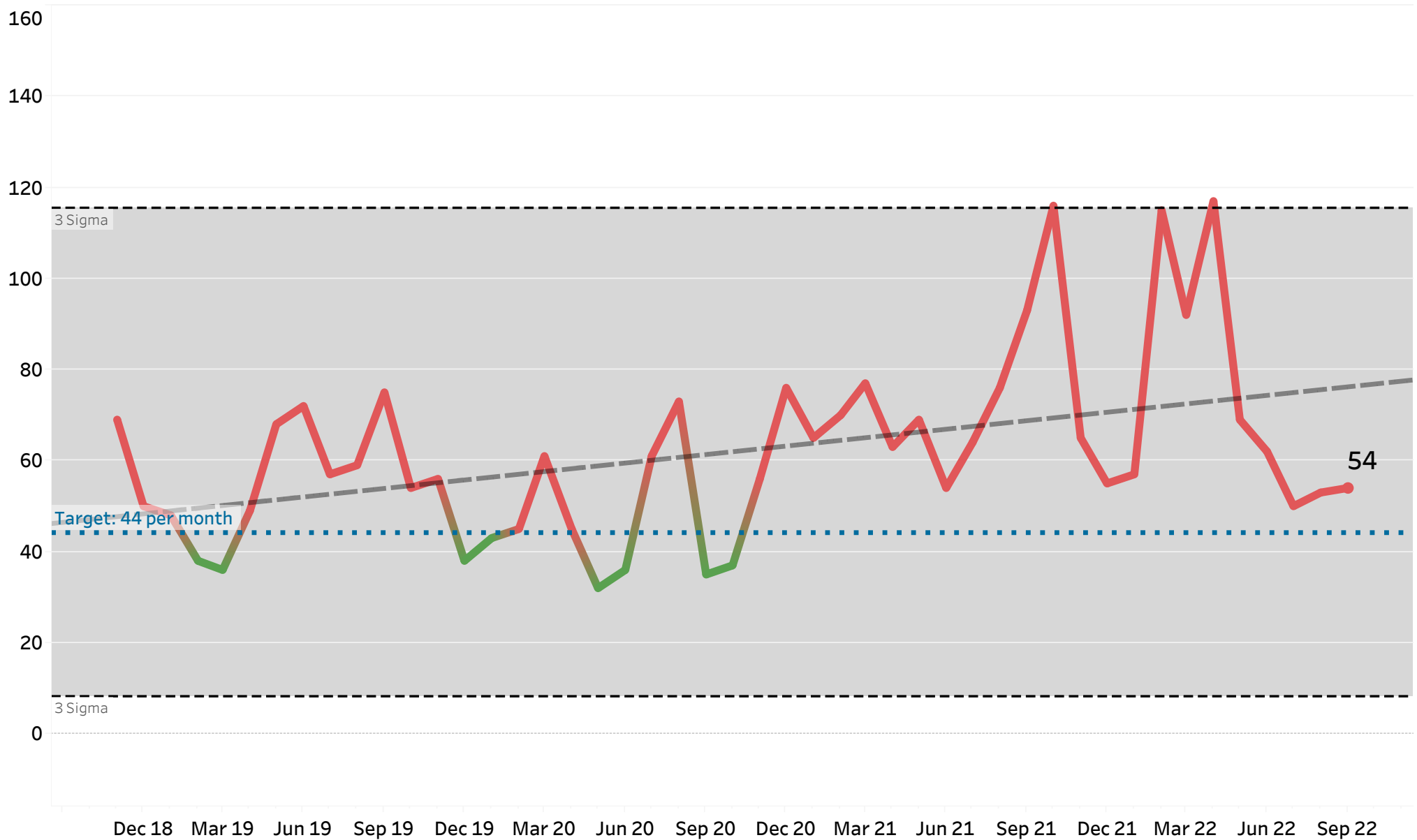
Supporting Our Staff Driver: Physical Assaults on Staff by Location (Sep 2022)

Bar chart showing physical assaults on staff by location:

Location	Value
APOS (A Place of Safety)	3
Bluebell Ward	6
Campion Unit	11
Daisy Ward	3
Nicholson House	1
Orchid Ward	2
Reception - MH facility	1
Rose Ward	5
Rowan Ward	3
Snowdrop Ward	12
Sorrel Ward	6
Winton House, 51 Dedworth ..	1
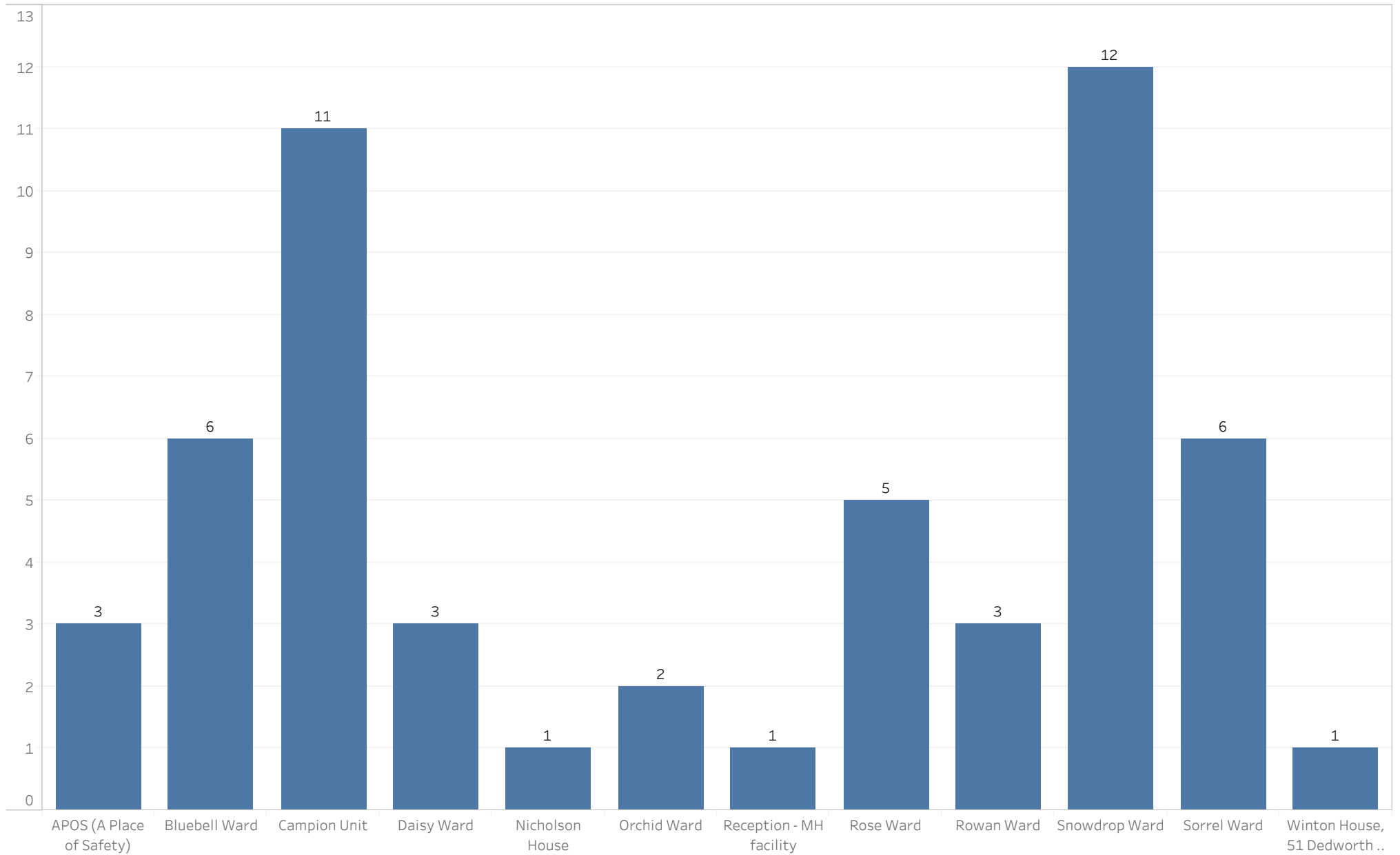
Money Matters Driver: Inappropriate Out of Area Placements
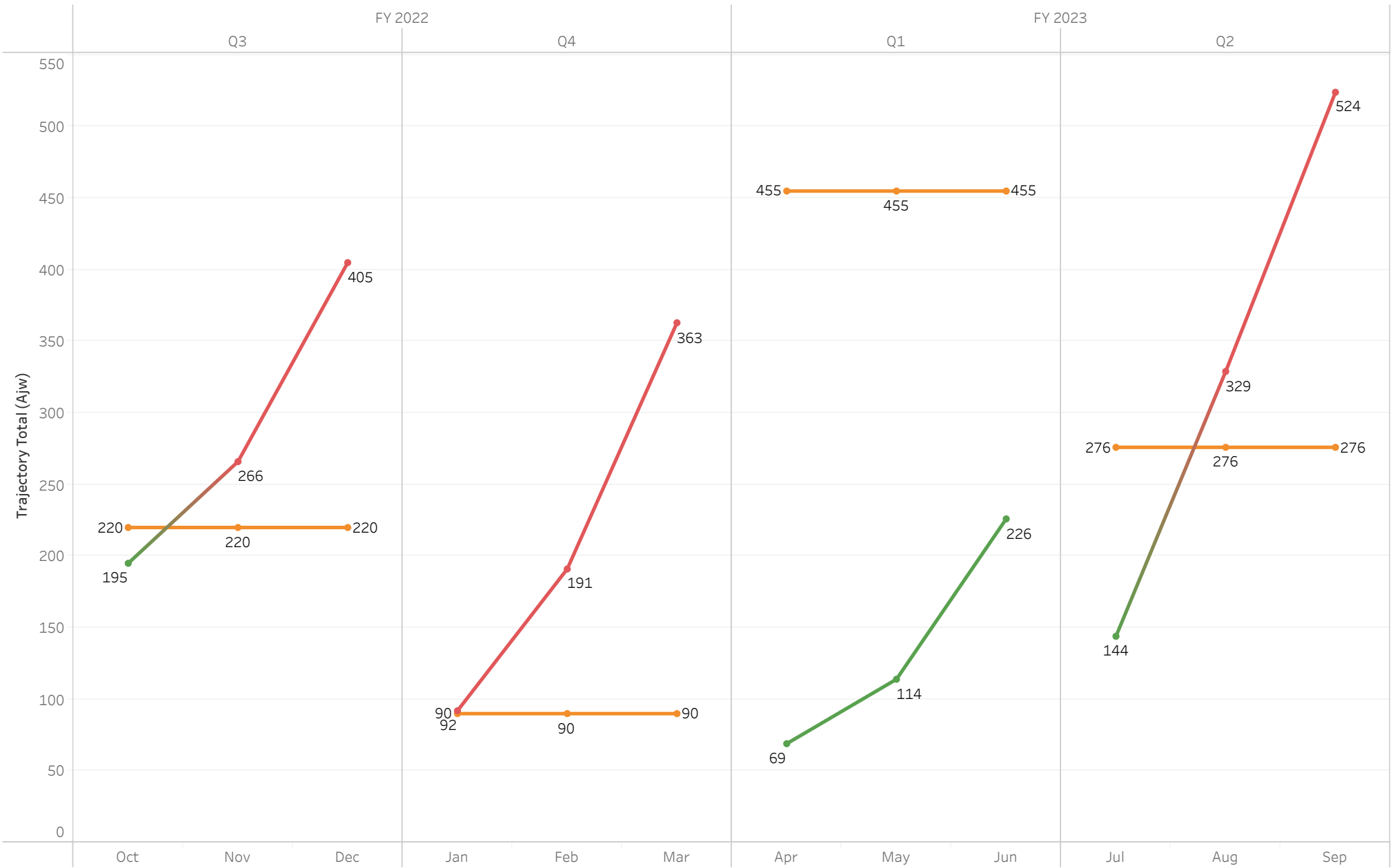
True North Supporting Our Staff Summary

Tracker Metrics

		Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Statutory Training: Fire: %	90% compliance	91.2%	91.8%	92.3%	91.2%	92.5%	92.3%	92.0%	91.7%	91.8%	91.8%	91.1%	90.7%
Statutory Training: Health & Safety: %	90% compliance	95.5%	95.8%	95.6%	92.6%	95.3%	95.4%	95.5%	95.3%	95.5%	95.9%	95.9%	96.0%
Statutory Training: Manual Handling: %	90% compliance	91.2%	91.3%	91.4%	95.5%	91.0%	89.0%	88.9%	88.3%	90.2%	89.2%	90.8%	90.0%
Mandatory Training: Information Governance: %	95% compliance from April 22	91.6%	95.2%	94.8%	96.4%	95.0%	96.1%	95.9%	96.2%	95.8%	96.0%	95.9%	96.9%
PDP (% of staff compliant) Appraisal: %	95% compliance by 31 May 2022	90.7%	91.4%	91.4%	87.5%	86.1%	79.2%	12.7%	86.2%	98.2%	92.3%	91.4%	89.9%

True North Patient Experience Summary

Tracker Metrics

		Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Mental Health: Prone (Face Down) Restraint	4 per month	4	3	2	3	2	0	7	4	2	0	1	3
Patient on Patient Assaults (MH)	25 per month	15	17	14	10	25	7	15	20	12	17	14	21
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	91.3%	96.7%	89.1%	77.4%	87.4%	93.0%	95.0%	100%	85.1%	86.5%	87.2%	82.5%
Mental Health: Uses of Seclusion	13 in month	10	2	0	19	10	11	6	6	5	9	6	7

		Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Mental Health Clustering within target: %	80% compliance	79.4%	79.5%	78.7%	77.2%	77%	78%	79%	80%	81%	87%	86%	92%

True North Harm Free Care Summary

Tracker Metrics

Metric	Threshold / Target	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Pressure ulcers acquired due to lapse in (Inpatient Wards)	<10 incidents	0	0	0	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community East)	< 6 incidents	0	0	0	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community West)	< 6 incidents	0	0	0	0	0	1	0	0	0	0	0	0
Mental Health: AWOLs on MHA Section	10 per month from April 2022	7	8	2	4	3	12	13	13	11	15	8	7
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	7	3	5	7	1	7	14	7	3	1	8	0
Mental Health: Readmission Rate within 28 days: %	<8% per month	4.29	5.20	5.5	5.55	4.90	6.32	9.83	4	5.79	7.92	2.85	5.87
Patient on Patient Assaults (LD)	4 per month	0	1	2	1	18	1	9	1	1	0	2	2
Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019	20% from June 2021	13.7%	14.0%	13.5%	14.0%	14.3%	15.1%	14.6%	15%	14.6%	14.1%	13%	13.5%
Suicides per 10,000 population in Mental Health Care (annual)	7.4 per 10,000	4.9	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7
Self-Harm Incidents within the Community	31 per month	12	0	0	15	19	3	2	12	25	32	36	8
Gram Negative Bacteraemia	1 per ward per year	0	0	0	0	0	0	0	0	0	0	0	0

True North Money Matters Summary

Tracker Metrics

		Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Mental Health: Delayed Transfers of Care (NHSI target) Monthly and Quarterly)	7.50%	1.40%	2.60%	1.60%	3.40%	4.01%	8.95%	10.8%	10.2%	9.49%	8.73%	10.1%	8.78%
Increase in Elective Care Activity from 19/20 Baseline (Physical Health only) - First Appointment	4.00%							1.26%	5.75%	0.27%	-4.2%	-6.8%	-6.3%
Increase in Elective Care Activity from 19/20 Baseline (Physical Health only) - Follow Up Appointment	4.00%							-6.9%	-4.9%	-4.0%	-7.5%	-15.%	-13.%
Community Inpatient Occupancy	80-85% Occupancy	85.5%	81.5%	83.5%	83.4%	74.7%	85%	86.5%	86.0%	82.5%	80.7%	83.6%	87.4%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %	80% Occupancy	92.09%	86.72%	73.56%	80.90%	73.04%	81.02%	73.04%	88%	90.51%	80.82%	87.72%	87.90%
DNA Rate: %	5% DNAs	4.59%	2.90%	4.79%	4.73%	4.56%	4.71%	4.90%	5%	4.92%	1.02%	5.19%	5.24%
Community: Delayed transfers of care Monthly and Quarterly: %	7.5% Delays	5%	4.39%	6.20%	8.64%	11.7%	18.4%	12.6%	11.3%	2.91%	11.9%	10.3%	18.5%
Mental Health: Acute Occupancy rate (excluding Home Leave):%	85% Occupancy	93.1%	91.2%	92.2%	87.2%	91.1%	86%	93.3%	86%	94.4%	95.9%	94.2%	97.2%
Mental Health: Acute Average Length of Stay (bed days)	30 days	52	53	58	58	37	45	49	50	38	47	43	35

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
C.Diff due to lapse in care (Cumulative YTD)	6	0	2	2	3	3	3	0	0	2	2	2	2
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) infection rate	tbc	0	1	0	0	0	0	0	0	0	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	1	1	1	1	1	1	0	1	1	1	1	2
Count of Never Events in rolling six- month period (Safe Domain)	0	0	0	0	0	0	0	0	0	0	0	0	0
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	60% treated	60	100	71.3	85.7	66.7	100	100	80	100	86	100	100
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.8	99.5	99.1	99.5	98.8	99.1	98	98.9	99.0			99.5
People with common mental health conditions referred to IAPT will be treated within 18 weeks from referral: %	95% treated	100	100	100	100	100	100	100	100	100	100	100	100
People with common mental health conditions referred to IAPT will be treated within 6 weeks from referral: %	75% treated	98	97	97	97	98	97	97	96	96	95	96	94
People with common mental health conditions referred to IAPT completing a course of treatment moving to recovery: %	50% treated	55.0	54	53	52	52	52.5	52	52	56.0	51.8	49	49
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% to March 2025	98.2	99.7	99.7	99.7	100	98.8	99.2	98.2	71.7	47.1	55.6	40.9
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	98.9	98	100	100	98.3	98	99.5	99.5	100	100	99.2	97.8
Sickness Rate: %	<3.5%	4.75	4.92	5.46	5.33	4.59	4.30	4.53	3.95	4.41	5.29	4.37	
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	50%	46.4%	75%	50%	50%	75%	83.3%	78%	50%	85.7%	50%	66.7%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	53.3%	68%	87.5%	46%	50%	87.5%	80%	100%	100%	87.5%	100%	100%
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	0

Regulatory Compliance - System Oversight Framework

Metric	Threshold / T..	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Community Health Services: 2 Hour Urgent Community Response %.	80%	89.4%	88.5%	84%	80.4%	83.2%	81.3%	88.4%	88.2%	89.2%	90.2%	90.4%	88.2%
E-Coli Number of Cases identified	Tbc	0	1	1	1	1	0	0	0	1	0	1	0
Mental Health 72 Hour Follow Up	80%	98.1%	90.5%	92%	90.1%	87.5%	86.4%	96.4%	95.5%	98.4%	94.7%	98.5%	98.5%

Trust Board Paper

Board Meeting Date	08 November 2022
Title	**Audit Committee – 26 October 2022**
	Item For Noting
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 26 October 2022
Business Area	Corporate
Author	Company Secretary for Rajiv Gatha, 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

NHS
Berkshire Healthcare
NHS Foundation Trust

Unconfirmed Draft Minutes

Minutes of the Audit Committee Meeting held on

Wednesday, 26 October 2022

(Conducted via Microsoft Teams)

Present:	Rajiv Gatha, Non-Executive Director, Committee Chair Mehmuda Mian, Non-Executive Director Naomi Coxwell, Non-Executive Director
In attendance:	Paul Gray, Chief Financial Officer Rebecca Clegg, Director of Finance Graham Harrison, Head of Financial Services Debbie Fulton, Director of Nursing and Therapies Minoo Irani, Medical Director Clive Makombera), RSM, Internal Auditors Melanie Alflatt, TIAA Maria Grindley, Ernst and Young, External Auditors Alison Kennett, Ernst and Young, External Auditors Julie Hill, Company Secretary

Item		Action
1.A	**Chair's Welcome and Opening Remarks**	
	Rajiv Gatha, Chair welcomed everyone the meeting.	
1.B	**Apologies for Absence**	
	Apologies for absence were received from: Amanda Mollett, Head of Clinical Effectiveness and Audit	
2.	**Declaration of Interests,**	
	There were no declarations of interest.	
3.	**Minutes of the Previous Meeting held on 20 July 2022**	
	The Minutes of the meeting held on 20 July 2022 were confirmed as a true record of the proceedings.	
4.	**Action Log and Matters Arising**	
	The Action Log had been circulated.	

	The Committee noted the Action Log.	
5.A	**Board Assurance Framework**	
	The latest Board Assurance Framework had been circulated.

The Chief Financial Officer presented the report and highlighted the following points:

- **Risk 1 (Workforce)** – a rapid improvement event had been held at Prospect Park Hospital in order to gain a better understanding of the factors which led staff to leave the Trust. The event had identified a number of countermeasures which the People Directorate were currently discussing and progressing
- **Risk 3 (System Risk)** – the risk description had been amended to read: "There is a risk that the ICBs fail to develop into fully integrated care systems resulting in an uncoordinated approach to service delivery leading to inefficient and fragmented services for patients"
- **Risk 3 (System Risk)** – the Trust had good representation on both Integrated Care Systems with the Chief Executive leading the Berkshire West Place Board and the Deputy Chief Executive appointed to the Frimley Health and Care Integrated Care Board
- The Trust Board's Annual Strategic Planning Away Day on 11 October 2022 had discussed whether there needed to be a new risk (Risk 8) added to the Board Assurance Framework in relation to the failure to maintain safe services because of significant and widespread staff absence due to unforeseen events. Unforeseen events could include a combination of more than one factors, for example, sickness absence due to COVID-19/flu, industrial action, power blackouts, adverse weather etc.
- The Business and Finance Executive had discussed the potential new risk and had suggested that an assurance paper setting out the Trust's business continuity and emergency preparedness, resilience and response processes be submitted to the Trust Board. If the paper did not provide sufficient assurance and further work was required, the risk would then be added to the Board Assurance Framework.

The Chair reminded the meeting that the Board Assurance Framework used to include Risks 8A (COVID-19) and 8B (COVID-19 recovery) but these risks had been closed as COVID-19 was now regarded in the same way as any other infectious respiratory illness.

The Chief Financial Officer clarified that the proposed new risk was much wider than COVID-19 and was around the cumulative effects of having more than one factor impacting on staff absence.

The Chair agreed that it would be helpful to understand whether the new risk was required after a review of the relevant Trust systems and processes. | **PG** |
| **5.B** | **Corporate Risk Register** | |
| | The Corporate Risk Register had been circulated.

The Committee: | |

	a) Noted the report b) Approved the new risk description in respect of Risk 3 (System Risk) c) Noted that an assurance paper would be presented to the Trust Board on the Trust's Emergency Preparedness, Resilience and Response and Business Continuity Systems and Processes to ascertain whether a new risk was required around responding to multiple factors causing significant and widespread staff shortages.	
6.	**Single Waiver Tenders Report**	
	A paper setting out the Trust's single waivers approved from July 2022 to the end of September 2022 had been circulated. The Chief Financial Officer presented the paper and highlighted that a number of the waivers were contract extensions to provide time for the Trust to complete its procurement processes for new contracts. It was noted that there were two non-compliant waivers. These related to a waiver not being raised until the expiry of the initial contract and in the second case, no waiver was submitted. The Chair asked for more information about the non-compliant waivers. The Chief Financial Officer reported that both non-compliant waivers related to contracts required to support the Trust's efforts to reduce its waiting list backlog. It was noted that in these instances, the relevant staff were reminded about the Trust's procurement systems and processes. The Committee noted the report.	
7.	**Information Assurance Framework Update Report**	

	The Chief Financial Officer presented the paper and highlighted the following points:
	
	• A total of 5 indicators were audited during Quarter 2:
	    o Falls Incidents in Community and Older Adult Mental Health Inpatient Wards (High Assurance – Green)
	    o Mental Health Readmission Rate within 28 Days (High Assurance – Green)
	    o Mental Heath Acute Bed Occupancy (Medium Assurance – Amber)
	    o Mental Heath Prone (Face Down) Restraint (Medium Assurance – Amber)
	    o Mental Health 72 Hour Follow-Up (audited monthly) (Low Assurance– Red)
	• Action plans had been put in place to address the issues highlighted in the course of the audits
	• A refresh of the annual indicators and a revised Oversight Framework had led to the retiring of a number of metrics. Of the indicators audited, there remained recording issues around completeness, timeliness, and accuracy, which can affect compliance.
	• In the main these issues did not present material impacts on the indicators. The exception being the 72 hour follow up, which had	

	persistent accuracy and timeliness issues on this key safety indicator. Corrective actions and improvements were in progress for the relevant areas. The Committee noted the report.	
8.	**Losses and Special Payments Report**	
	The Chief Financial Officer presented the paper which provided a list of the Trust's losses and special payments made during the period April 2022 to September 2022. Naomi Coxwell, Non-Executive Director referred to the loss of three ambulatory syringe driver pumps and asked for more information. The Chief Financial Officer said that the Trust's Medical Device Team tried to keep tabs on equipment but it was more challenging when equipment and devices were used in people's own homes. The Director of Nursing and Therapies added that the ambulatory syringe drivers were used primarily for pain relief in palliative care for end of life patients. It was noted that in some cases, the undertaker removed the syringe driver but did not know where to return it. The Committee approved the losses and special payments made during April-September 2022	
9.	**Clinical Claims and Litigation End of Year Report**	
	The Director of Nursing presented the paper and reported that during quarter two there were four new claims opened (two of which related to clinical negligence and two related to employer liability claims). It was noted that there were no claims closed during quarter two. The Committee noted the report.	
10.	**Emotionally Unstable Personality Disorder (EUPD) Pathway Update – Presentation**	
	The Chair welcomed Bridget Gemal, Head of Psychological Therapies and Sorana Berry, Head of Service, IMPACTT. The Medical Director reported that the Emotionally Unstable Personality Disorder Pathway Project had started five years ago because of concerns that the Trust was an outlier in several aspects of managing patients with an EUPD diagnosis. The new EUPD Pathway had been developed using the Trust's Quality Improvement Programme methodology. The Medical Director explained that Chris Fisher, the previous Audit Committee Chair had requested that the Audit Committee receive regular updates on the development of the EUPD pathway. The Medical Director reported that the EUPD pathway had now been developed and had transitioned to "business as usual" and proposed that this was the last regular	

update to the Audit Committee.

Sorana Berry and Bridget Gemal gave a presentation and highlighted the following points:

- Five years ago, the Trust had benchmarked high for the number of inpatient bed days for EUPD patients compared to the region and nationally. Care for EUPD patients were inconsistent and medically led with limited psychological understanding.
- With the support of Quality Improvement colleagues, the new EUPD pathway was developed.
- The over-arching principle was to design a pathway which would provide service users with evidence-based treatment, aimed at increasing self-awareness and providing them with tools and skills needed to lessen the impact of EUPD. The key to the pathway was identified as the provision of effective assessment to establish a psychological formulation, shared with the service user, which would drive access to effective and most appropriate treatment.
- Since the implementation of the pathway, the Trust had seen a reducing trend in the number of bed days for EUPD patients towards the national average. There was more work to be done to further decrease the number of bed days, but the direction of travel was positive.
- For the patient cohort that had a Personality Disorder diagnosis, those who had accessed the structured therapies that the Trust offered, there had been a significant reduction in their bed usage.
- The Crisis Team activity had seen the greatest impact from the pathway for those accessing the Trust's Service User Network (SUN) service. The Crisis Team activity for that client group was reduced by 57% and by 67% for those accessing the Trust's structured therapies service.
- The Trust was continuing to co-produce and co-deliver services for EUPD patients with the help of people who had lived experience.

The Chair thanked Bridget Gemal and Sorana Berry for their presentation. The Chair commented that the new EUPD pathway was both a benefit to patients and a positive return on the Trust's investment.

The Committee noted the presentation.

11.	**Clinical Audit Report**	

	The Medical Director presented the paper and highlighted the following points:
	
	- The Clinical Audit Annual Plan 2022-23 included 23 national Quality Account reportable projects and one Board requested audit for the 2022-23 Quality Accounts.
	- In addition, there were five national audits that had previously been reported but had open action plans.
	- The following national reports published between July 2022 and August 2022 would be presented to the November 2022 Quality Assurance Committee:
	   o National Audit of Care at End-of-Life
	   o National Audit of Care at End-of-Life Mental Health spotlight audit
	   o National Clinical Audit of Psychosis – Early Intervention in	

	Psychosis ○ National Asthma and COPD audit programme – Pulmonary Rehabilitation Organisational report ○ National Diabetes Core audit – Care Process and Treatment Targets annual report The Medical Director confirmed that the Trust's Clinical Audit Programme remained on track for completion and in terms of the implementation of improvement actions arising from the findings of national audits. The Committee noted the report.	
12.	**Policy ORG001c Reservation Delegation Powers**	
	The Chief Financial Officer reported that the Reservation Delegation Powers policy had been reviewed that there were no changes required other than the review date and version number. The Committee approved the changes to the policy review date and version number.	
13.	**Policy ORG109: RG001b: Standing Financial Instructions**	
	The Chief Financial Officer reported that the proposed changes to the Standing Financial Instructions Policy related to changes in the names of organisations and the deletion of section 5 – Lists of Approved Firms set out in appendix 1 which was no longer relevant because the Trust either went out to advert or used a framework . Naomi Coxwell, Non-Executive Director asked about the frequency of reviewing the policy. The Director of Finance said that the current frequency was every two years but proposed that this be changed to every three years. The Committee approved the proposed changes to the Standing Financial Instructions policy as set out in tracked changes and agreed that the policy would be reviewed again in three years' time.	**BC**
14.	**Anti-Crime Service Progress Report**	
	Melanie Alflatt presented the report and highlighted the following points: • The Fraud Risk Assessment for the Trust was almost complete. Any additional work that was required would be added to the annual work plan and shared with the Trust and the Audit Committee for comment. • Preparatory work was underway for the National Fraud Initiative 2022-23 with the upload of the Trust's creditors data on 12 October 2022. Privacy notices had been shared with staff via internal communication and staff payslips in August 2022. The privacy notices informed staff that their data would be shared as part of the Trust's participation in the National Fraud Initiative. The outcome of the National Fraud Initiative would be shared with the Audit Committee.	

The Chair asked Melanie Alflatt whether she was getting the support she required from the Trust. Ms Alflatt confirmed that this was the case and said that she had regular meetings with the Chief Financial Officer.

Naomi Coxwell, Non-Executive Director reported that the Finance, Investment and Performance Committee meeting on 27 October 2022 would be discussing the Trust's work around reducing the number of formal staff disciplinaries by developing a more empathetic approach to workforce related issues and asked whether there was any interface and/or collaboration with the Anti-Crime Service.

The Director of Nursing and Therapies confirmed that the Trust's Human Resources team and the Anti-Crime Service worked closely together in any cases which resulted in staff disciplinaries due to fraud related issues. The Director of Nursing and Therapies explained that the new approach was focussed around workforce related issues which could be addressed by more informal routes and around supporting individuals to improve rather than going down the formal disciplinary route.

The Committee noted the report.

15.	**Internal Audit Progress Report**	

a) Internal Audit Progress Report

Clive Makombera presented the paper and highlighted the following points:

- Since the last meeting, the Data Security and Protection Toolkit had been finalised (moderate assurance). The key recommendations were around ensuring that policies were updated in a timely manner
- The draft Risk Management Report had been issued
- The following reviews were in progress:
  - New Models of Care
  - Health and Safety and Staff Wellbeing
  - Application Review
- The Internal Audit Plan 2022-23 had been amended at the request of the Trust's management to include an Application review instead of the Cyber-Security review. The Environmental, Social and Governance Sustainability review had been postponed to quarter 4 at the request of the Trust's management
- Since the last meeting, 14 actions had been implemented and there were no overdue actions

b) Healthcare Benchmarking Report – circulated for information

Clive Makombera reported that the benchmarking report set out the Trust's performance within the context of RSM's wider healthcare client base. Mr Makombera reported that overall, the Trust's performance was positive when compared with other healthcare organisations within the client group.

The Chair referred to the Internal Audit Assurance Levels section of the report (page 206 of the agenda pack) and commented that the Trust had a higher percentage of substantial ratings in 2020-21 and 2021-22 than in 2019-20 and a fewer number of reasonable assurance ratings in 2020-21 compared with 2019-20 but the Trust's overall audit opinion was level one for 2021-22 compared with a level one opinion for 2019-20.

Clive Makombera said that RSM had not issued very many level one opinions during 2020-21 and 2021-22 and that the majority of audit opinions were levels 3 or 4 and that this was a reflection of the pressures faced by healthcare organisations.

c) NHS Payroll Overpayments Benchmarking Report – circulated for information
d) Financial Sustainability Report – circulated for information

Naomi Coxwell, Non-Executive Director referred to the nationally mandated Financial Sustainability review and commented that it was likely that the Internal Auditors would identify actions for continuous improvement and asked how the Internal Auditors were planning to monitor the follow up of these actions.

Mr Makombera said that some Trusts would inevitably regard the financial sustainability review as a tick box exercise but for other Trusts there was an opportunity to use the outcome of the review to help improve financial controls and financial sustainability.

The Director of Finance reported that the framework for the Financial Sustainability Review comprised of eight domains. The Director of Finance said that the Trust had completed a self-assessment against each of the eight domains and had identified that further work was required to improve performance in the cost improvement/efficiency plans and Culture, Training and Development domains.

The Chief Financial Officer said that the Trust did not regard the review as a tick box exercise and expected to get some genuine learning from the process.

e) NHS New Briefing – circulated for information

The Chair asked Clive Makombera whether the Internal Auditors were getting the support they needed from the Trust.

Mr Makombera confirmed that this was the case and thanked the Trust for their help and support.

The Committee noted the reports.

16.	**External Audit Report**	
	The External Audit Results Report and the External Auditors' Annual Report had been circulated. Maria Grindley, E&Y, External Auditors reported that the Trust's Annual Accounts 2021-22 had been approved on 5 October 2022. Ms Grindley said that in response to feedback from the Committee, the report executive summaries highlighted the key messages for the Trust with the detail set out in the main body of the report. Ms Grindley thanked the Finance Team for their help and support. Ms Grindley acknowledged that the external audit process had been particularly challenging this year because of the different valuations of three of the Trust's properties by the District Valuer who had valued the Trust's buildings and E&Y's own property experts. The Trust had commissioned a second independent valuation and this valuation had been accepted by the External Auditors.	

	It was noted that the External Auditors and the Trust had a meeting to discuss how the audit had gone and to identify any learning for next year's audit. The Chief Financial Officer reported that the Trust had contracted with the Property Valuers who had conducted the second valuation to value the Trust's other properties and to undertake its annual property valuations for the remainder of the contract with E&Y. The Chair referred to the summary of unadjusted differences in the financial statements (page 251 of the agenda pack) and asked whether the External Auditors were surprised by the scale of the adjustments and whether this was in line with other trusts. Ms Grindley said that the scale of unadjusted differences varied from one trust to another but confirmed that she has happy with the Trust's explanations and conclusions and commented that it was not unusual for new auditors coming in to look at things differently and to employ different sampling methodology. Ms Grindley also confirmed that she had not requested that the Trust's financial statements 2021-22 be amended at this late stage to take account of the unadjusted differences. The Chair asked if the External Auditors had thought that any of the unadjusted differences were the result of control weaknesses whether this would have been raised in their report. Ms Grindley said that she would have absolutely raised this but confirmed that this was not the case. The Director of Finance explained that some of the misstatements issues around presentation, for example, the accounting for deferred income from the previous financial year. The Committee noted the reports.	
17.	**Minutes of the Finance, Investment and Performance Committee meeting held on 19 July 2022**	
	The minutes of the Finance, Investment and Performance Committee meeting held on 19 July 2022 were received and noted.	
18.	**Minutes of the Quality Assurance Committee held on 30 August 2022**	
	The minutes of the Quality Assurance Committee meetings held on 30 August 2022 were received and noted.	
19.	**Minutes of the Quality Executive Committee Minutes – 18 July 2022, 15 August 2022 and 20 September 2022**	
	The minutes of the Quality Executive Committee meetings held on 18 July 2022, 15 August 2022 and 20 September 2022 and were received and noted.	
20.	**Draft Annual Audit Committee Report to the Council of Governors**	
	The draft Annal Audit Committee Report to the Council of Governors had been circulated. The Company Secretary reported that she would update the report to include the salient points from today's meeting.	**JH**

	The Chair thanked the Company Secretary for the drafting the Audit Committee's Annual Report and confirmed that he would present the final report to the Council of Governors at their December 2022 meeting.	**RG**
	The Committee noted the report.	
21.	**Board Sub-Committees Annual Reviews of Effectiveness**	
	The results of the Finance, Investment and Performance Committee and Quality Assurance Committee's annual reviews of effectiveness had been circulated for assurance.	
	The Company Secretary confirmed that the outcome of both Committee's annual reviews of effectiveness was very positive and there were no issues to highlight.	
	The Committee noted the report.	
22.	**Annual Work Plan**	
	The Audit Committee's work programme had been circulated.	
	The Committee's Annual Work Plan was noted.	
23.	**Any Other Business**	
	There was no other business.	
24.	**Date of Next Meeting**	
	26 January 2023	

The minutes are an accurate record of the Audit Committee meeting held on 26 October 2022.

Signed: - _____

Date: - **26 January 2023** _____

Trust Board Paper

Board Meeting Date	08 November 2022
Title	**Use of Trust Seal**
	ITEM FOR NOTING
Purpose	This paper notifies the Board of use of the Trust Seal
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Compliance with Standing Orders
Equalities and Diversity Implications	N/A
SUMMARY	The Trust's Seal was affixed to: • A Lease at Units B1/B2 Fairacres Industrial Estate, Dedworth Road, SL4 4LE in order to relocate the MSK Physiotherapy team from Dedworth Clinic. • A Lease for London House, Bracknell – The Trust's new Head Quarters • A Licence to Carry Out Works at London House, Bracknell
ACTION	To note the update.