

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 12 July 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 10 May 2022	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Patient Story – OpCourage	Alex Gild, Deputy Chief Executive/ Brooks, Armed Forces Lead/Adele Stevens, Veterans Strategic Development Lead	Verbal
6.1	Freedom to Speak Up Guardian's Report	Mike Craissati, Freedom to Speak Up Guardian	Enc.
6.2	Annual Complaints Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.3	Medical Appraisal and Revalidation: Annual Board Report	Dr Minoos Irani, Medical Director	Enc.
6.4	Quality Assurance Committee a) Minutes of the meeting held on 07 June 2022 b) Learning from Deaths Quarterly Report c) Guardians of Safe Working Report	Sally Glen, Chair of the Quality Assurance Committee	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			
8.0	Month 02 2022/23 Finance Report	Paul Gray, Chief Financial Officer	Enc.

No	Item	Presenter	Enc.
8.1	Month 02 2022/23 Performance Report	Paul Gray, Chief Financial Officer	Enc.
STRATEGY			
9.0	Equalities, Diversity and Inclusion Strategy Update Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
CORPORATE GOVERNANCE			
10.0	Audit Committee Meeting held on 08 June 2022	Rajiv Gatha, Chair, Audit Committee	Enc.
10.1	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – (09 August 2022 if required) 13 September 2022	Martin Earwicker, Chair	Verbal
13.	CONFIDENTIAL ISSUES: To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	Verbal



Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday, 10 May 2022

(Conducted via Microsoft Teams)

Present:	Martin Earwicker	Chair
	David Buckle	Non-Executive Director
	Naomi Coxwell	Non-Executive Director
	Rajiv Gatha	Non-Executive Director
	Mark Day	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Mehmuda Mian	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Chief Financial Officer
	Dr Minoo Irani	Medical Director
	Debbie Fulton	Director of Nursing and Therapies
	David Townsend	Chief Operating Officer
Paul Gray	Chief Financial Officer	

In attendance:	Jenni Knowles	Executive Officer Manager & Asst CoSec
	Tehmeena Ajmal	Chief Operating Officer (Designate)
	Dr Sandeep Sandhu	WestCall (present for agenda item 6)
	Bernadine Blease	Head of Community Networks (present for agenda item 6)
	Helen Pailthorpe	Head of Service, Berkshire Community Dental Service

22/081	Welcome and Public Questions (agenda item 1)
	The Chair welcomed everyone to the meeting. The Chair introduced and welcomed Tehmeena Ajmal, Chief Operating Officer Designate. Ms Ajmal would be taking over from David Townsend as the Chief Operating Officer from 16 May 2022. There were no public questions.
22/082	Apologies (agenda item 2)
	Apologies were received from: Julie Hill, Company Secretary.

22/083	Declaration of Any Other Business (agenda item 3)
	There was no other business.
22/084	Declarations of Interest (agenda item 4)
	i. Amendments to Register – none
	ii. Agenda Items – none
22/085	Minutes of the previous meeting – 12 April 2022 (agenda item 5.1)
	<p>The Minutes of the Trust Board meeting held in public on Tuesday 12 April 2022 were approved as a correct record after a minor correction to minute number: 22/051 – Board Story as follows:</p> <p>The sentence: “David Buckle, Non-Executive Director asked whether the ketogenic diet was consistent with NICE guidelines” to be replaced with:</p> <p>“David Buckle, Non-Executive Director asked whether the service provided by the Trust was consistent with NICE guidelines.”</p> <p style="text-align: right;">Action: Company Secretary</p>
22/086	Action Log and Matters Arising (agenda item 5.2)
	<p>The schedule of actions had been circulated.</p> <p>The Trust Board: noted the action log.</p>
22/087	Board Story – A WestCall Story (agenda item 6.0)
	<p>The Chair welcomed Dr Sandeep Sandhu, Medical Lead for WestCall, Ben Blease, Head of Urgent Care and Helen Pailthorpe (member of staff attending to provide feedback on the service).</p> <p>Ben Blease gave a presentation and highlighted the following points:</p> <ul style="list-style-type: none"> • WestCall provided urgent and emergency primary care out of hours. • Approximately 75,000 people accessed WestCall every year. WestCall operated from 18:30 to 08:00 seven days per week. • WestCall had seen a 14% growth in patients accessing the service between April 2020 and March 2022 • WestCall had undertaken a lot of work in order to try and cope with the increased demand, including using software to help triage patients. The most experienced staff were then able to focus their efforts on treating the more complex cases. <p>Dr Sandhu reported that initially WestCall’s remit was to provide and emergency and urgent care primary care services out of hours. The service now also used point of care testing which helped to reduce the number of patients requiring secondary care services.</p>

Dr Sandhu said that the WestCall Mobile Visiting Doctors' service covered West Berkshire localities and included three vehicles equipped with point of care testing, medication and in-vehicle laptops and supported patients who were unable to visit pharmacies. Clinicians were able to prescribe and dispense medications from their vehicles and update patient records in real time on the in-vehicle laptops.

Dr Sandhu reported that WestCall provided out of hours medical cover on the Trust's Community wards when staff were off sick and when there was a need for additional support. The service also worked closely with the Acutes and with Community Care and provided assistance to District Nursing Services and Palliative care.

Helen Pailthorpe shared the patient experience of her two year old grandson who was visiting her and who experienced a severe occurrence of croup. Ms Pailthorpe said that one of the WestCall Out of Hours doctors visited her home and prescribed medication. Ms Pailthorpe said that the service was very similar to a GP making a home visit. Ms Pailthorpe reported that her grandson lived in Southampton and when he had a previous occurrence of croup his parents were told by the 111 service to take the child to the Accident and Emergency Department which was a very stressful experience for the young child and his parents.

David Buckle, Non-Executive Director said that as a former local GP he had known the WestCall service since it started and confirmed that WestCall delivered an excellent service. Dr Buckle offered his thanks to the WestCall service for all the times it had helped his patients and for the work it did for the Trust.

Mark Day, Non-Executive Director commented that he had not fully appreciated the broad range of services provided by WestCall. Mr Day commented that there was a real focus in the media on the pressure experienced by primary care services and the challenges around resourcing primary care practices and asked about the resilience of the service in terms of meeting the demands of staffing rosters.

Ms Blease reported that filling staffing rosters was extremely challenging but said that WestCall was able to offer more flexible rotas and that this had been helpful in recruiting staff. This included salaried staff on shifts, regular sessional staff and agency staff. The service was also able to offer staff two hour shifts but this presented particular challenges for staff responsible for filling the rotas especially at weekends when other non-NHS providers were able to offer higher rates of pay because they were not bound by national pay scales.

Dr Sandhu reported that the service also employed pharmacists, advanced prescribers and paramedics to support the GPs. It was noted that support staff were able to identify patients who required the more qualified GPs and those which could be dealt with by other clinicians.

The Chief Executive thanked the team for an excellent presentation. The Chief Executive said that he personally signed off all complaints in the Trust and pointed out that WestCall operated in a high risk area and covered a significant amount of complexity. The Chief Executive commented that he had great confidence in the service and said that when things did go wrong, WestCall's response was very comprehensive, thoughtful and included reflective learning.

Naomi Coxwell, Non-Executive Director asked how the 111 service operated across the whole of Berkshire and how the demand curve was dealt with across the county.

	<p>Ms Blease explained that there were separate 111 services for East and West Berkshire. Ms Blease said that there was now a 111 Alliance which enabled better communication between the different 111 services.</p> <p>It was note that there was competition across out of hours services across the country with the private sector also offering online triage services. Ms Blease said that pay escalation, especially at weekends would continue to happen because the private sector and non-NHS organisations were able to offer more flexible rates of pay.</p> <p>The Chair thanked Dr Sandeep Sandhu, Ben Blease and Helen Pailthorpe for their presentation.</p>
22/088	Patient Experience Report Quarter 4 (agenda item 6.1)
	<p>The Director of Nursing and Therapies presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • There were no new themes of trends identified from the patient experience data during quarter 4 • The total number of complaints was comparable with the previous quarter and there was also a similar number of closed complaints that were either partially or fully upheld with these generally being spread across services • The highest numbers of upheld/partially upheld complaints related to care and treatment with these being very specific to the individual with no obvious themes emerging. • Waiting times, especially for CAMHS services were featuring across both formal and informal complaints, local resolution and MP enquiries. This was not a new theme and there were a number of initiatives in place to support reduced waiting times particularly for neurodiversity pathways. • The new patient experience tool which had been developed in partnership with 'I WantGreatCare' was launched towards the end of quarter 3. The new tool and optimum use of the information received would take time to embed. During quarter 4 over 1,000 responses were received through the questionnaire with an overall satisfaction rate of 4.66 out of 5 stars and a 92.9% positive experience score. • The Parliamentary Health Service Ombudsman continued to catch up with complaints raised to them and as a result there were a large number that the Trust had provided information to assist their decision making and that the Trust was awaiting a decision around whether these would be progressed to an investigation. • There had been two 15 steps visits, less than planned due to CVOID-19 outbreaks and virtual working. <p>The Chair commented that it was helpful that the report contained demographic data and noted that previously there had been reporting difficulties in recording ethnicity etc.</p> <p>The Director of Nursing and Therapies said that the recording of demographic data was getting better and pointed out that the new patient experience tool also recorded demographic data and that this would make it easier to identify whether there was any differential between different demographics in terms of patient experience.</p> <p>Naomi Coxwell, Non-Executive Director asked whether there was any intention to stop the Friends and Family Test now that the I WantGreatCare was up and running.</p>

	<p>The Director of Nursing and Therapies explained that the two Friends and Family Test questions on patient experience had been incorporated into the I WantGreatCare tool.</p> <p>The Trust Board: noted the report.</p>
<p>22/089</p>	<p>Safe Staffing Six Monthly Report (agenda item 6.2)</p>
	<p>The Director of Nursing and Therapies presented the paper and reported that the ongoing COVID-19 pandemic and the impact that it had had on staffing had meant that the 6 months covered in the report (October 2021 to March 2022) had continued to be challenging across all wards. The Director of Nursing and Therapies confirmed that the Trust was now seeing a significant reduction in the prevalence of COVID-19 in terms of a reduction in the number of COVID-19 positive patients and staff.</p> <p>The Director of Nursing and Therapies referred to the Safe Staffing Declaration (page 80 of the agenda pack) and said that the current assessment of staffing across the wards demonstrated that the nursing establishment alongside temporary staffing which provided flexibility to meet additional observation requirements was appropriate. However, some wards continued to have significant vacancy rates and alongside this, during the reporting period, COVID-19 continued to have a significant impact on the ward in terms of COVID-19 positive cases and the need for cohorting positive COVID-19 and non-COVID-19 patients on the community wards coupled with some bed closures in order to maintain social distancing.</p> <p>The Director of Nursing and Therapies reported that COVID-19 also continued to impact the staffing of the wards due to sickness absence amongst permanent and temporary staffing. Across all wards, senior staff and managers had continued to be deployed wards where there staffing shortages In order to maintain safety, with all wards having mitigation and processes in place for when there were staff shortages.</p> <p>It was noted that there had been an increase in the number of shifts with less than 2 registered staff during this reporting period compared to previous one, and ward managers, clinical leads, matrons and therapists not included in safe staffing numbers had provided support and clinical care to maintain safety. Adequate medical cover was available during routine working hours for inpatient mental health and community health wards.</p> <p>The Director of Nursing and Therapies reported that the Safer Nursing Care Tool module was being rolled out across the wards. This enabled day to day assessment that staffing was right to meet patient acuity and would assist with the deployment of staff where there was most need in a more objective way.</p> <p>David Buckle, Non-Executive Director said that he acknowledged that the Trust did everything it could to mitigate the risks due to staff shortages but said that one senior nurse on a ward enabled patient safety to be maintained but was not sufficient to maintain positive patient experience.</p> <p>Dr Buckle recognised that staff shortages was a national issue and said that some trusts were agreeing local parameters around COVID-19 testing in order to determine when staff can work and when they had to self-isolate if they tested positive for COVID-19 because they had assessed that the risk of not treating patients was greater than adhering to the COVID-19 guidelines. Dr Buckle asked whether this was something which the Trust was considering.</p>

	<p>The Director of Nursing and Therapies said that the Trust was in a better position than many other trusts because the Trust had a number of qualified staff in supernumerary posts who could be deployed to the wards if and when required. The Director of Nursing and Therapies said that the Trust was continuing to follow national infection control and prevention guidelines around COVID-19 because of the risk of transmission to patients and staff.</p> <p>Dr Buckle said thanked the Director of Nursing and Therapies for her assurance that the Trust was continuing to follow national COVID-19 guidance.</p> <p>Naomi Coxwell, Non-Executive Director referred to page 62 of the meeting pack which mentioned that reporting of incidents where staffing was below the expected and/or required number remained limited in some areas which experienced the most challenges with staffing leading to under reporting and asked for more information.</p> <p>The Director of Nursing and Therapies explained that staff were sometimes reluctant to spend time completing a DATIX (online incident reporting system).</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> a) Noted the report b) Noted the safe staffing declaration by the Director of Nursing and Therapies and the Medical Director
22/090	Quality Accounts 2021-22 (agenda item 6.3)
	<p>The Quality Accounts 2021-22 had been circulated. It was noted that the Quality Assurance Committee had reviewed the draft Quality Accounts during quarters 1, 2 and 3 and that the quarter 4 version had been shared electronically with the Quality Assurance Committee at the end of April 2022 for comment.</p> <p>The Medical Director presented the Quality Accounts and reported that NHS England/Improvement did not require the Quality Accounts to be submitted as part of the Trust's Annual Report and Accounts and the Trust was not required to commission an external audit on the Quality Accounts 2021-22.</p> <p>The Chair said that the Quality Accounts Report provided a helpful holistic overview of the Trust's quality related activity and performance over the last twelve months.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> a) Considered the Statement of Directors' Responsibilities in Respect of the Quality Account 2021-22 and ensured that they were satisfied with the Quality Account in relation to the requirements detailed in the statement. b) Confirmed to the best of their knowledge and belief that they had complied with the requirements detailed in the statement in preparing the Quality Report. c) Authorised the Chair and Chief Executive to sign the Statement of Responsibilities
22/091	Review of Current Practices Against the Recommendations from the Final Ockenden Report (agenda item 6.4)
	<p>The Director of Nursing and Therapies presented the paper and highlighted the following points:</p>

- Whilst the Independent Review concerned Maternity Services and the report was therefore highlighting tragic failings in and recommendations for Maternity Services, it was important to recognise that the failings in overarching governance arrangements alongside many of the quality and safety thematic findings were equally applicable to any provider of healthcare.
- The report detailed four key pillars for particular attention:
 - Safe staffing levels
 - A well-trained workforce
 - Learning from incidents
 - Listening to families
- The Independent Review identified the following key themes which required improvement and which led to a lack of learning, missed opportunities to improve safety and did not provide families with honest and open responses:
 - The poor quality of incident investigations
 - Poor complaints handling
 - Local concerns with statutory supervision of midwifery investigations
 - Concerns with clinical guidelines and clinical audit
 - Poor clinical leadership

It was noted that the Director of Nursing and Therapies and the Medical Director had reviewed the recommendations against current practice within the Trust. Any gaps and/or areas of further improvement were set out in the table starting on page 191 of the agenda pack. It was noted that the Trust provided assurance about the quality and safety of patient care through its governance structures and processes at service, divisional and corporate level. The Director of Nursing and Therapies confirmed that there was high level of assurance of good practice in place.

The Chair referred to the potential gap in the Trust's processes in relation to auditing actions that arose as a result of a serious incident investigation to ensure that the change in practice had occurred and asked whether there was more work that could be done to tighten up the Trust's processes in this area.

The Director of Nursing and Therapies said that the Trust had identified that there was further work needed to ensure that learning across complaints, litigation and incidents etc. was triangulated and any learning embedded throughout the Trust.

The Medical Director confirmed that the Trust did follow up on changes to practice as a result of serious incident investigations, national audits and learning from death investigations. Any learning was disseminated through the clinical directors but pointed out that the issue was around how much learning was taken to the frontline and implemented in order to ensure that the same errors were not repeated.

Mehmuda Mian, Non-Executive Director referred to the reference in the report to the Trust receiving serious incident investigation accreditation from the Royal College of Psychiatrists and asked about the frequency of the accreditation process.

The Director of Nursing and Therapies confirmed that the accreditation lasted for three years with a halfway check point at 18 months.

The Chief Executive said that it was very helpful to view the Trust's quality governance processes in one place. The Chief Executive said that the Trust had robust and established governance processes in place but acknowledged that there was always more that could be done and said that the Ockenden Report had highlighted some areas for further improvement.

	<p>The Chair queried in the light of the Ockenden Report and other high profile service failure reports such as at Mid Staffordshire, Southern Health and Morecambe Bay whether NHS England/Improvement were doing enough to understand the governance issues which enabled these service failure to happen and to find out why the respective Boards of these organisations had failed to address these service failures.</p> <p>The Medical Director highlighted that a common theme across a number of independent reviews was around Trusts not listening to patients and that this led to weak governance processes and systemic errors continuing to occur. The Medical Director said that patient feedback and listening to patients and their families/carers was key to having effective quality governance processes.</p> <p>Mark Day, Non-Executive Director said that he was assured by the actions the Director of Nursing and Therapies and the Medical Director were taking to ensure that transferable learning was disseminated across the Trust. Mr Day also suggested that the Trust may wish to deliver a presentation to staff to highlight the importance of learning from when things went wrong and said that This would demonstrate that even as a CQC rated “outstanding” Trust, there was always areas for improvement and development. Mr Day added that this would show humility dispel any myths of complacency.</p> <p style="text-align: right;">Action: Director of Nursing and Therapies</p> <p>Mark Day, Non-Executive Director commented that the Ockenden Report had identified shortcomings in governance processes and the failure of the Board to address issues and that this ultimately came down to the culture and leadership of an organisation which was set by the Board.</p> <p>David Buckle, Non-Executive Director said that it was important that Boards did not live in their own bubble of self-congratulation and that they triangulated data from various sources and listened to patients and staff otherwise there could be a disconnect between what the Board thought was happening and what was happening in reality. Dr Buckle said that the Board’s role was to ensure that there was no disconnection.</p> <p>The Director of Nursing and Therapies also pointed out that another common theme across a number of recent independent reviews was around not listening to frontline staff.</p> <p>The Trust Board: noted the report.</p>
22/092	Executive Report (agenda item 7.0)
	<p>The Executive Report had been circulated.</p> <p>The Trust Board: noted the paper.</p>
22/093	Month 12 2121-22 Finance Report (agenda item 8.0)
	<p>The Chief Financial Officer presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust was reporting a £0.7m surplus against the requirement to breakeven in 2021/22 subject to the outcome of the external audit. • The significant variances on income and pay this month primarily related to the accounting treatment for the central employer pension contribution of 6.3% (9m).

	<ul style="list-style-type: none"> • At month 12, the Trust had worked hard to maximise the non-recurrent funding that the Trust had received this year. The Commissioners had previously stated that the centre would require any unused primary care system development (SDF) and spending review (SR) funding to be returned. However, the Commissioners had reversed this requirement. • The Trust had entered into a number of agreements with third sector organisations at the end of March 2022 and had brought forward spending on IT hardware in order to utilise the available funding. • Financial performance has been adjusted for some impairments, for example the disposal of 3-5 Craven Road and the costs of some donated assets to provide the final position that would count towards the Integrated Care System control total. • Underlying pay costs excluding COVID-19 costs had risen since the start of the year with costs in March 2022 showing an increase against both core funding allocations and new investment funding. The spike on agency and bank staff was due to the high levels of COVID-19 related sickness absence and staff using up annual leave before 31 March 2022. • Expenditure of £9m to cover the centrally funded element of the employers' pension contribution had been excluded from the workforce chart to aid comparisons with prior months. • The main non-pay pressure continued to be the expenditure on Out of Area Placements. • The Trust's cash balance as at 31 March 2022 was £53.9m. • The Trust had achieved a £0.1m underspend against the capital limit (capital departmental expenditure limit (CDEL)). <p>The Chair said that the commentary in the report suggested that the increase in non-permanent staffing costs was temporary and reflected increased COVID-19 related sickness absence and staff using up annual leave at the end of the financial year. The Chair referred to the staffing chart on page 234 of the agenda pack which showed that non-permanent staffing had been increasing throughout the year as had the cost of agency staff and asked whether this was likely to fall back to the February 2021 level. The Chair said that the use of agency staff in particular posed a clinical risk because agency staff did not know the Trust.</p> <p>The Chief Financial Officer agreed that the use of temporary and agency staff was not ideal and said that he hoped that the position would improve. The Chief Financial Officer explained that there had been a long period of increased staff sickness due to the COVID-19 pandemic from October 2021 to March 2022. This was coupled with a significant increase in service demand.</p> <p>Naomi Coxwell, Non-Executive Director referred to cash flow table (page 238 of the agenda pack) which stated that the actual operating surplus was £5.4m but the reported operating surplus was £0.7m and asked about the reason for the difference. The Chief Financial Officer explained that was because of the way NHS England/Improvement calculated the operating surplus which removed elements such as Public Dividend Capital interest and income from disposals etc.</p> <p>The Trust Board: noted the report.</p>
22/094	Month 12 2121-22 "True North" Performance Scorecard Report (agenda item 8.2)
	The Chief Financial Officer presented the paper and reported that performance was broadly in line with previous months. It was noted that the incidence of falls on Community

	<p>and Older Adult Health Mental Health inpatient wards remained above target. The Chief Financial Officer said that the majority of falls were occurring on wards with high levels of occupancy. It was noted that none of the falls this month had resulted in moderate or severe harm.</p> <p>The Chief Financial Officer reported that the incidence of self-harm was above target again this month. It was noted that Snowdrop Ward and Bluebell wards were the highest contributors this month in respect to the number of self-harm incidents. It was also noted that the number of ligature self-harm incidents had reduced reflecting the focused work the Trust had undertaken to reduce ligature incidents. The incidence of head banging and cutting had increased. A number of counter measures had been put in place to reduce the incidence of self-harm.</p> <p>It was noted that fire evacuation training was now close to the 95% target following some dedicated training at Prospect Park Hospital.</p> <p>The Chief Financial Officer highlighted that staff turnover was at its highest level for a year at 16.8% this month.</p> <p>The Chief Operating Officer (Designate) asked how many staff moving to other jobs within the Trust were included within the overall staff turnover figure.</p> <p>The Chief Operating Officer (Designate) said that it would also be helpful to know the rate of staff leaving the Trust within the first year of joining the Trust.</p> <p>The Chief Financial Officer said that he did not have the figures to hand but pointed out that this was something which was being looked at within the context of setting the workforce plan for the year. The Chief Financial Officer agreed to ask Human Resources for the figures for internal promotion and the number of staff who left the Trust within the first year.</p> <p style="text-align: right;">Action: Chief Financial Officer</p> <p>The Trust Board: noted the report.</p>
22/095	<p>Finance, Investment and Performance Committee Meeting –28 April 2022 (agenda item 8.3)</p>
	<p>The minutes of the Finance, Investment and Performance Committee meeting held on 28 April 2022 had been circulated.</p> <p>The Trust Board: noted the minutes of the Finance, Investment and Performance Committee meeting held on 28 April 2022.</p>
22/096	<p>Combined Projects and Strategy Implementation Plan Update Report (agenda item 9.0)</p>
	<p>The Deputy Chief Executive presented the paper and reported that the Trust continued to achieve good progress in pursuit of its project goals. It was noted that the Trust had successfully concluded a further two projects since the last report in February 2022 and five initiatives were currently transitioning to business as usual.</p> <p>The Deputy Chief Executive pointed out that the paper also provided a RAG rating in respect of the implementation of each of the project together with a commentary on each</p>

	<p>of the Amber and Red RAG rated projects setting out the reasons for the delays and any associated risks.</p> <p>The Chair commented that the workforce project was particularly important given the significant workforce challenges and said that the Trust Board would need to keep this project under review in order to determine whether the scale of the project was sufficient to mitigate the workforce risk.</p> <p>The Trust Board: noted the report.</p>
22/097	Audit Committee Meeting – 28 April 2022 (agenda item 10.0)
	<p>Rajiv Gatha, Chair of the Audit Committee reported that in addition to the standard items on the agenda, the Audit Committee had received the Cyber security Annual Report and the Information Governance Annual Report.</p> <p>Mr Gatha reported that he had asked the Chief Information Officer hypothetically if he had additional budget to reduce the Trust’s Cyber Security risks where he would invest that money. It was noted that the Chief Information Officer had said that he would continue to invest in areas of productivity so staff could take the time needed to undertake cyber security training rather than spending it on any IT related activity.</p> <p>The Chair thanked Mr Gatha for his update.</p> <p>The Trust Board: noted the minutes of the Audit Committee meeting held on 28 April 2022.</p>
22/098	Annual Report 2021-22 (agenda item 10.1)
	<p>It was noted that the Draft Annual Report 2021-22 was not included with the published meeting paper pack and was circulated to members of the Board only because legislation required that the Annual Report could not be published until the final version was laid before Parliament.</p> <p>It was also noted that the Trust’s External Auditors had still to undertake their audit of the draft Annual Report. The Company Secretary would inform members of the Trust the Board of any changes between the draft circulated and the final document.</p> <p style="text-align: right;">Action: Company Secretary</p> <p>An extraordinary meeting of the Audit Committee had been convened on 8 June 2022 to approve the Annual Accounts 2021-22 on behalf of the Trust Board. When approved, the Annual Accounts would be added to the Annual Report.</p> <p>The Trust Board:</p> <ol style="list-style-type: none"> a) Approved the Annual Report 2021-22 for submission to NHS England/Improvement subject to any final necessary additions and amendments b) Delegated authority to the Chair and Chief Executive to give Board approval to the final document in light of the timetable for submission to NHS Improvement. c) Delegated authority to approve the Annual Accounts 2021-22 on behalf of the Trust Board to the Audit Committee at its extraordinary meeting on 8 June 2022.

22/099	Council of Governors Update (agenda item 10.2)
	The Chair reported that the Council of Governors had appointed Professor Sally Glen as the Trust's new Clinical Non-Executive Director. Professor Glen would take over from David Buckle, Non-Executive Director on 1 June 2022.
22/100	Any Other Business (agenda item 11)
	<p>Farewell to David Buckle, Non-Executive Director</p> <p>The Chair reported that David Buckle would be stepping down after serving seven years as a Non-Executive Director on the Trust Board. The Chair paid tribute to Dr Buckle for his contribution to the work of the Trust and for being such an excellent chair of the Quality Assurance Committee. On behalf of the Trust Board, the Chair wished Dr Buckle well for the future.</p> <p>Farewell to David Townsend, Chief Operating Officer</p> <p>On behalf of the Trust Board, the Chair also formally thanked David Townsend for his contribution the work of the Trust. Mr Townsend would be retiring on 13 May 2022. The Chair said that the role of the Chief Operating Officer was very challenging and commented that Mr Townsend would be missed and would be a hard act for his successor, Tehmeena Ajmal to follow.</p> <p>The Chair wished Mr Townsend a long and happy retirement.</p>
22/101	Date of Next Public Meeting (agenda item 12)
	The next Public Trust Board meeting would take place on 12 July 2022
22/102	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 10 May 2022.

Signed..... Date 12 July 2022

(Martin Earwicker, Chair)

Urgent Care

WestCall OOH Services

Board Presentation



Helen Pailthorpe
Service user

Sandy Sandhu
Medical Lead

Ben Blease
Head of Urgent Care

WestCall: Berkshire West OOH Primary Care Service

Approx. 75,000 people access WestCall per year:
Via 111

Hours of operation

Weekdays

18:30 to 08:00

Weekends

18:30 Friday to
08:00 Monday



Cohort

All age- Registered
with a BW GP, Short
stay in BW or urgent
need travelling
through BW. Physical
and mental health

Triage Hubs:

The Old Forge, Wokingham
Individual GP and Clinician homes

Telephone
triage and
Treat

Home visit
by
Clinician

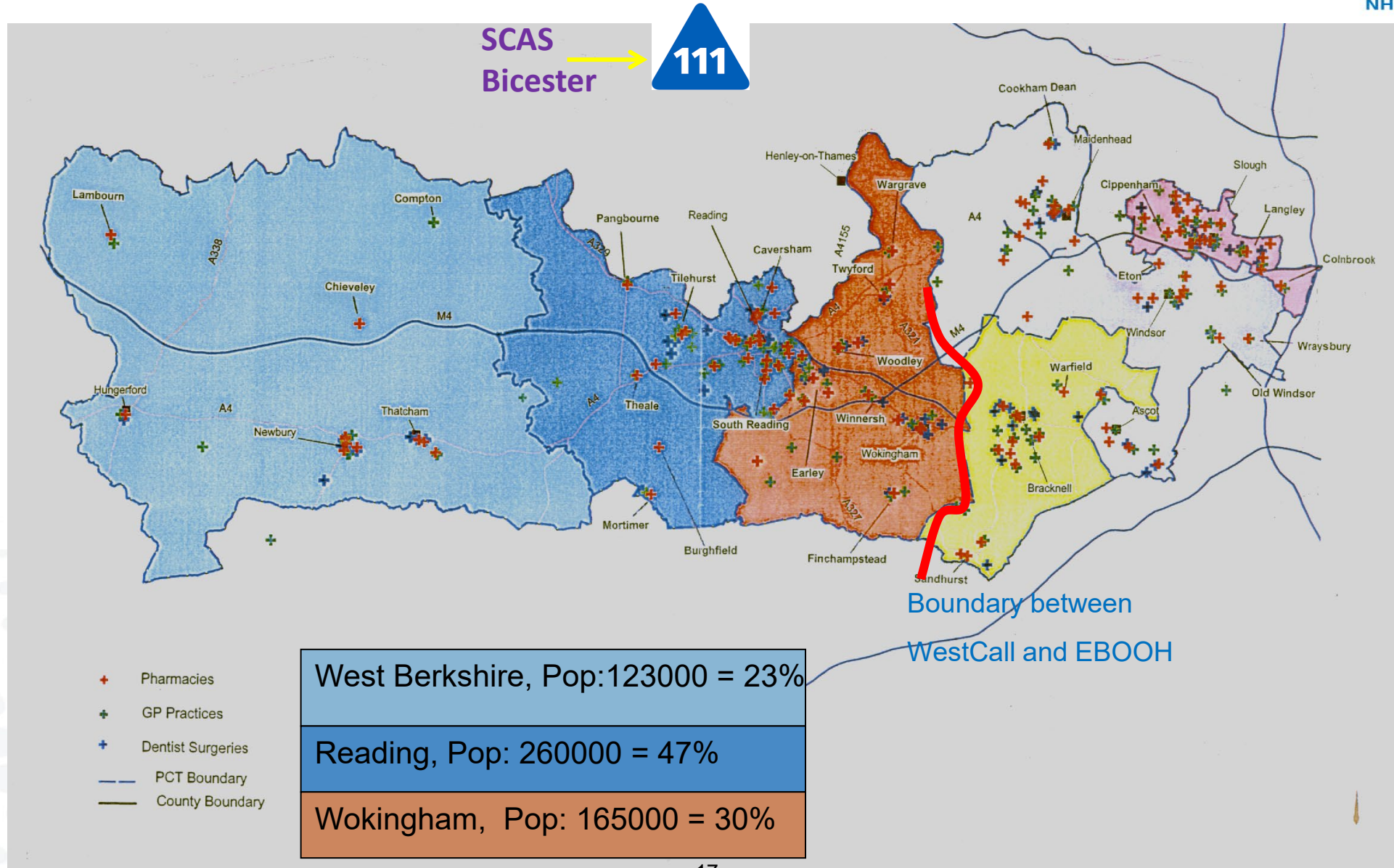
Primary
Care Centre

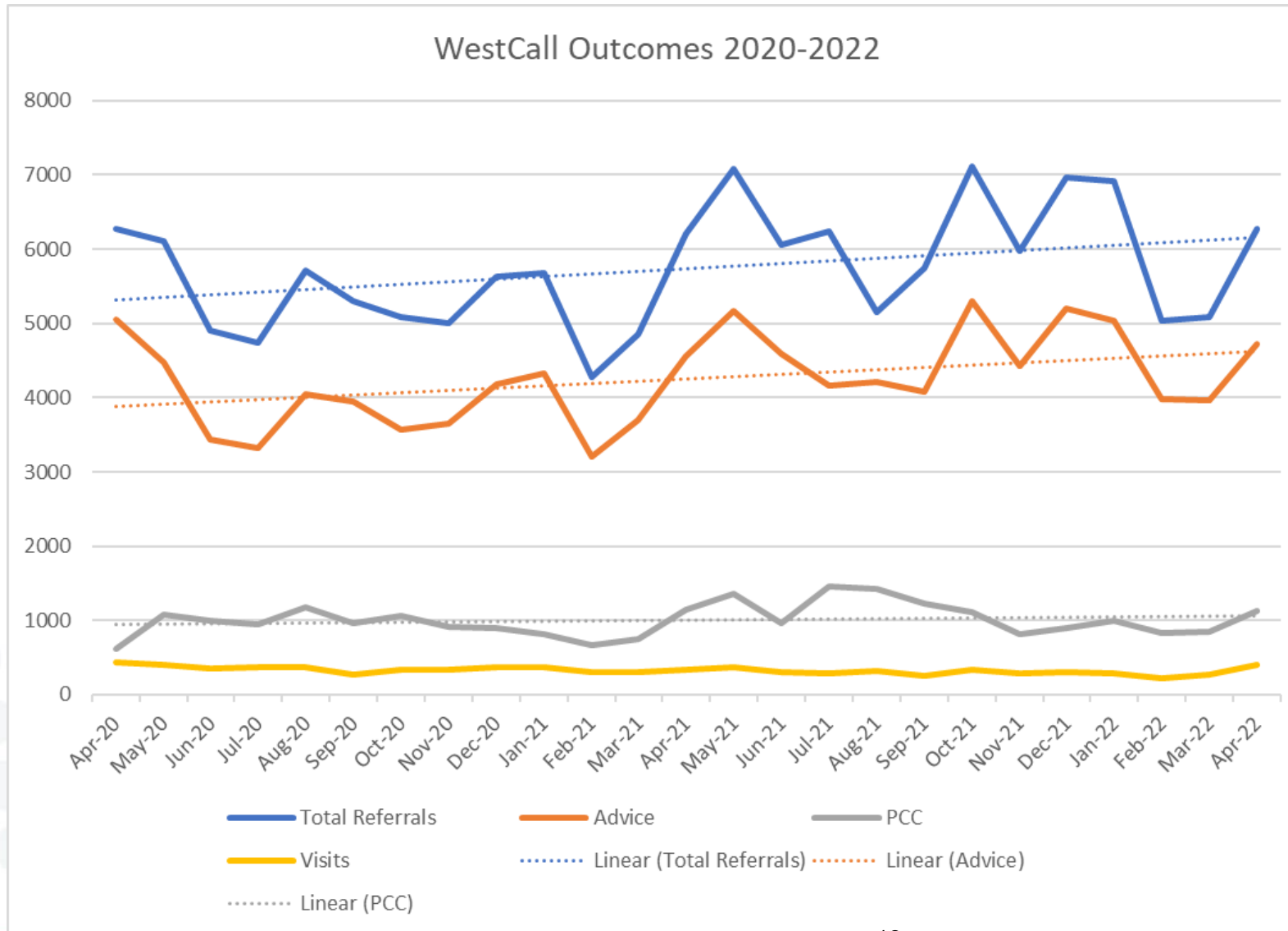
PCC locations:

Royal Berkshire Hospital, Reading
West Berks Community Hospital, Newbury

NHS Berkshire West OOH areas covered

Population 550,000 registered patients





Team

- 47 GPs
- 27 ANPs/APPs
- 38 HCAs
- 29 Drivers
- 36 Ops and support

Growth

- 14% increase in patients receiving an outcome between April 2020 and March 2022

WestCall Bases

The Old Forge - Wokingham

- Telephone triage and treatment
 - GPs, ANPs, Pharmacists
 - Operations team dispatch 111 calls to bases, refer to district nurses and deal with urgent referrals for the Berkshire Integrated hub



Reading PCC

- Face to face triage and treatment
 - GPs, ANPs, HCAs and reception staff

Newbury PCC & MIU

- Face to face PC triage and treatment
 - GPs, ANPs, HCAs and reception staff
- Minor injuries unit
 - ANPs, APPs & HCAs and reception staff



How WestCall delivers a high quality primary care service

Access:
Via 111

Point of Care Testing

- CRP
- D-Dimer
- Strep Throat
- Lactate Sepsis Test
- Sepsis kit- Abx
- Ketone meters



Results

- Blood test reviews
 - Body fluid samples
- These are triaged and reported back into primary care practices for on-going treatment

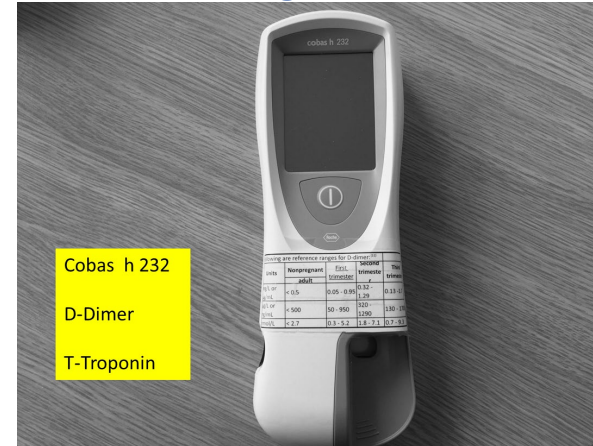
WestCall is unique in that our PoC testing helps reduce patients needing secondary care input e.g. we manage initial DVT treatment in the community, including D-Dimer testing and Tinzaparin administration, only requiring an ultrasound for final Dx at DVT clinic

WestCall Mobile Visiting Doctors – x 3 vehicles

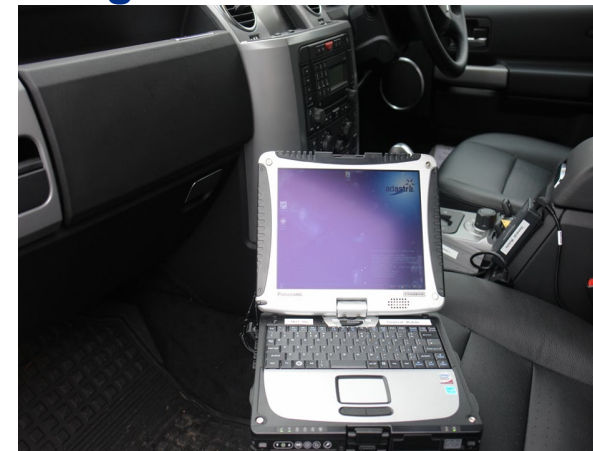
The Mobile Kit:



PoC Testing:



Toughbook:





Governance and Quality

- Bi-monthly clinician meetings and lectures
- Clinical Guardian software for joint case assessment
- Medical and Governance Leads to supervise, teach, manage Datix and share learning



Before calling our healthcare professional line 0300 123 9826 please use this you have the information we may ask for.

Information	✓	No
The level of response required: Level 1, Level 2, Level 3 or Level 4. <i>See reverse for more information</i>		
NEWS2 *		
Summary of patient's condition		
Name of authorising healthcare professional (HCP)		
Contact details of authorising HCP		
Location the patient needs collecting from		
Destination (inc. ward/clinic)		
Patient's full name		
Patient's NHS number		
Patient's mobility (walking /wheelchair/ stretcher / incubator – including type)		
Provide details of any patient infections		
Advise if there are any family or clinical escorts		
If the patient requires medication en route, is it ready to transport?		
Probability of clinical deterioration		
Special requirements / instructions		
Anything else you think we need to know		

*The National Early Warning Score (NEWS2) can be used to guide decision making but should not be used to replace clinical judgement when requesting an emergency ambulance response. A copy of NEWS2 can be on the reverse of this checklist



Reading and Newbury VTS OOH Record Sheet

NB You are required to make a learning log entry if you saw and/or professional conversations you had in and add as an appendix to that entry

Trainee Name: _____ Sessio
 Supervisor Name: _____ Colou
 Date of Session: _____ No of
 Session site: OOH provider/walk in centre/ambulan

	Appropriate for red
Ability to manage common medical, surgical and psychiatric emergencies in the OOH setting	
Understanding of the organisational aspects of NHS out of hours care	
Ability to make appropriate referrals to hospitals and other professionals in the OOH setting	
Demonstration of communication skills required for OOH	
Personal time and stress management	
Maintenance of personal security and awareness and management of the security risks to others	

Supervisor's comments/suggested focus for future!

Suggested colour of next session: red/amber/green

Supervisor signature _____

A light blue speech bubble with a red outline, containing text. The bubble is positioned in the center of the page and has a tail pointing towards the bottom left.

**And now our
service user:
Helen Pailthorpe**

Thank you



questions...



BOARD OF DIRECTORS MEETING 14/07/2022

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
14.12.21	21/234	Freedom to Speak Up Guardian Report	Future reports to provide more targeted examples of where the learning from concerns raised had not been fully implemented.	July 2022	MC	To be included as part of the next Freedom to Speak Up Report.	
12.04.22	22/058	Board Vision Metrics Report	The Trust Board to review the Board Vision Metrics	June 2022	PG	The Vision Metrics were discussed at the June 2022 Trust Board Discursive meeting.	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
10.05.22	22/085	Minutes of the previous meeting	Min no 22/051 to be amended to make it clear that Dr Buckle asked whether the service provided by the Trust was consistent with NICE guidelines rather than whether the ketogenic diet was consistent with NICE guidelines	July 2022	JH	The minutes have been amended accordingly.	
10.05.22	22/091	Ockenden Report	The Director of Nursing and Therapies to consider delivering a presentation to staff to highlight the importance of learning from when things go wrong	July 2022	DF	There are a number of ways that the message around the importance of learning is communicated to staff including explicitly linking learning into training, through the divisional Patient Safety and Quality meetings and via learning events as well as through Quality Improvement. We have a Learning Newsletter too. We are also planning to have another speaker around Safety Culture this year during	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						October so I can include reinforcement of message around importance of learning during that.	
10.05.22	22/094	Performance Scorecard	Chief Financial Officer to find out that the figures for internal promotion and the number of staff who left the Trust within the first year.	July 2022	PG	In 2022 up to 20 th May, 38% of roles filled were by internal candidates.	
10.05.22	22/098	Annual Report	The Company Secretary to circulate any changes to the draft Annual Report to the members of the Trust Board.	June 2022	JH	Completed	

Trust Board Paper

Board Meeting Date	Tuesday 12 th July 2022
Title	Freedom to Speak Up Report
	ITEM FOR NOTING
Purpose	To update the Trust Board on the work of the Freedom to Speak Up Guardian over the last 6 months.
Business Area	Corporate
Author	Freedom to Speak Up Guardian – Mike Craissati
Relevant Strategic Objectives	To strengthen our highly skilled and engaged workforce and provide a safe working environment
CQC Registration/Patient Care Impacts	The Care Quality Commission assesses Trust’s Speaking Up Culture as part of its Well-Led Inspection
Resource Impacts	None
Legal Implications	All UK NHS Provider organisations are required to appoint a Freedom to Speak Up Guardian
Equality and Diversity Implications	<p>Good links have been maintained during the period with the 3 Staff Networks, the Freedom to Speak Up Guardian has promoted the concept of Freedom to Speak Up and has supported network members for any concerns they may have had around EDI issues. The Guardian has forged close ties with EDI Leads and is a member of various EDI Groups or Committees.</p> <p>Guardian involvement in specific EDI related workstreams:</p> <ul style="list-style-type: none"> • Joint Lead, BAME Transformation Taskforce – Bullying & Harassment, Microaggressions. • Tackling racial abuse towards staff at Prospect Park Hospital, QI workstream and Rapid Improvement Event. • Racial abuse and Microaggressions survey for CRHTT (East).
SUMMARY	<p>The post of Freedom to Speak up Guardian was a recommendation of the Freedom to Speak up Review by Sir Robert Francis published in 2015.</p> <p>The Freedom to Speak up Guardian (FTSUG) came into post in this Trust in March 2017. This is a report directly to the Trust Board for July 2021 – December 2021 and contains data for Q’s 1-4 FY 2021-22 & Q1 FY 2022/23</p> <p>The paper includes:</p> <ul style="list-style-type: none"> • a summary of communication activity being undertaken by the FTSUG • data from the most recent reports to the National Guardians Office

	<ul style="list-style-type: none"> • Feedback received from those who have raised concerns during the period • key points about improving FTSU culture • recommendations from the Freedom to Speak Up Guardian who will be attending the Trust Board meeting to present the report.
Impact of Covid-19	<p>Throughout the period, December 2021 to July 2022, all FTSU activity has continued as much as possible including</p> <ul style="list-style-type: none"> • Promotion of Freedom to Speak Up and a “Speak Up” culture • Responding to concerns raised • Feeding back to the Organisation on lessons learnt/trends etc.
ACTION REQUIRED	<p>The Trust Board is asked:</p> <ol style="list-style-type: none"> a) to note the contents of this report by the Freedom to Speak Up Guardian; and b) to provide support for the Guardian’s recommendations detailed in this report

Report to the Meeting of the Berkshire Healthcare NHS Foundation Trust Board of Directors

Freedom to Speak up Guardian - Report for December 2021 – July 2022

Contents

- 1. Report**
- 2. Appendix A – Freedom to Speak Up, A guide for leaders.**
- 3. Appendix B – Freedom to Speak Up Guardian Survey 2021**

Background

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

A standard integrated FTSU policy for the NHS issued in April 2016 is the basis of the Trust's Raising Concerns policy. This national policy is being reviewed with an update due for March/April 2022.

As part of our regular policy review process, the FTSU policy has been reviewed by the FTSUG pending consideration by Human Resources colleagues and out Joint Staff Consultative Committee.

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

The Role of the Freedom to Speak Up Guardian

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

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

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

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

Communication

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

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

- Raising Concerns presence on Nexus
- Presentations and attendance at management/team meetings (ongoing)
- Production and dissemination of posters, leaflets and cards etc (ongoing)
- Virtual F2F presence at Corporate Induction, Junior Doctor’s Induction & Student’s Induction via MS Teams
- Supporting all EDI/Staff Networks as an Ally.
- Membership of the Safety Culture Steering Group, OD Steering Group, Diversity Steering Group amongst others
- Co-Lead for Microaggressions and Bullying & Harassment workstreams for the BAME Transformation Group

Contribution to the Regional and National Agenda

The Guardian is Chair of the Southeast Regional FTSU Guardian Network consisting of all NHS Trusts and private providers (including Primary Care) this numbers some 135 Guardians representing 92 Organisations and provides input to quarterly meetings between the NGO & regional Chairs.

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

The NGO requests and publishes quarterly speaking up data.

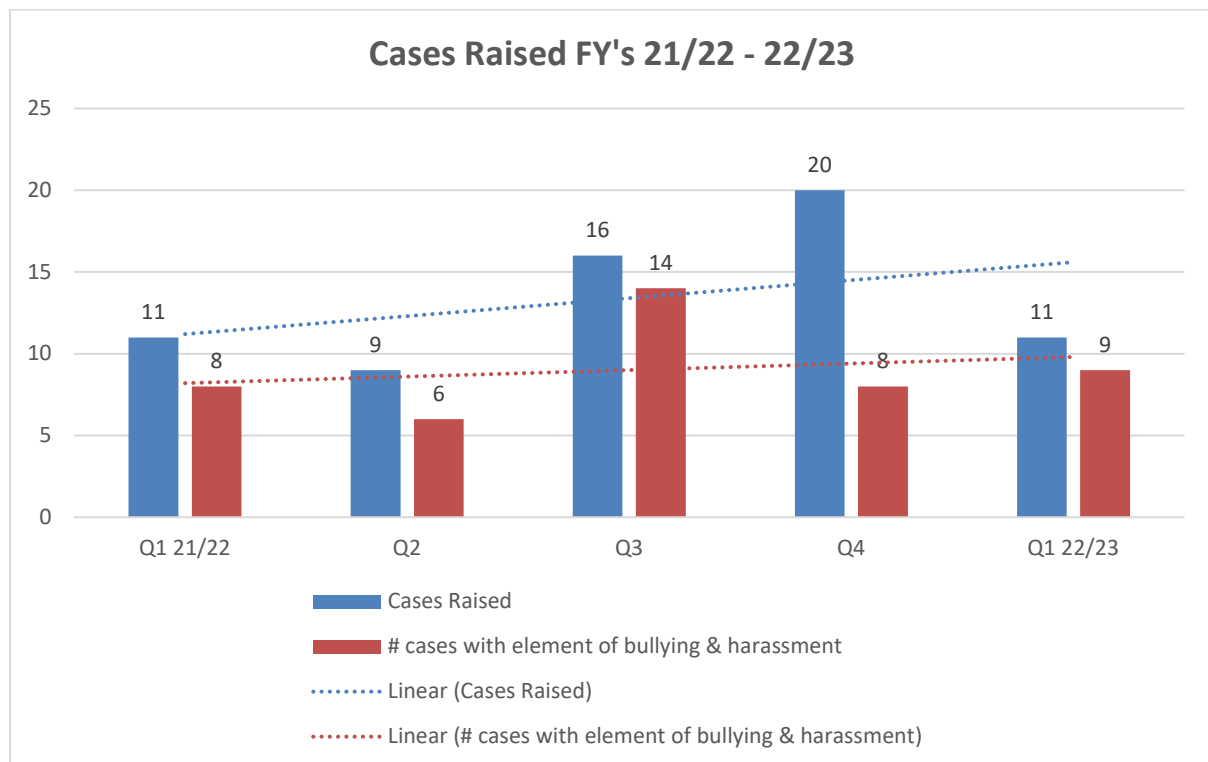
Contacts are described as “enquiries from colleagues that do not require any further support from the FTSUG”.

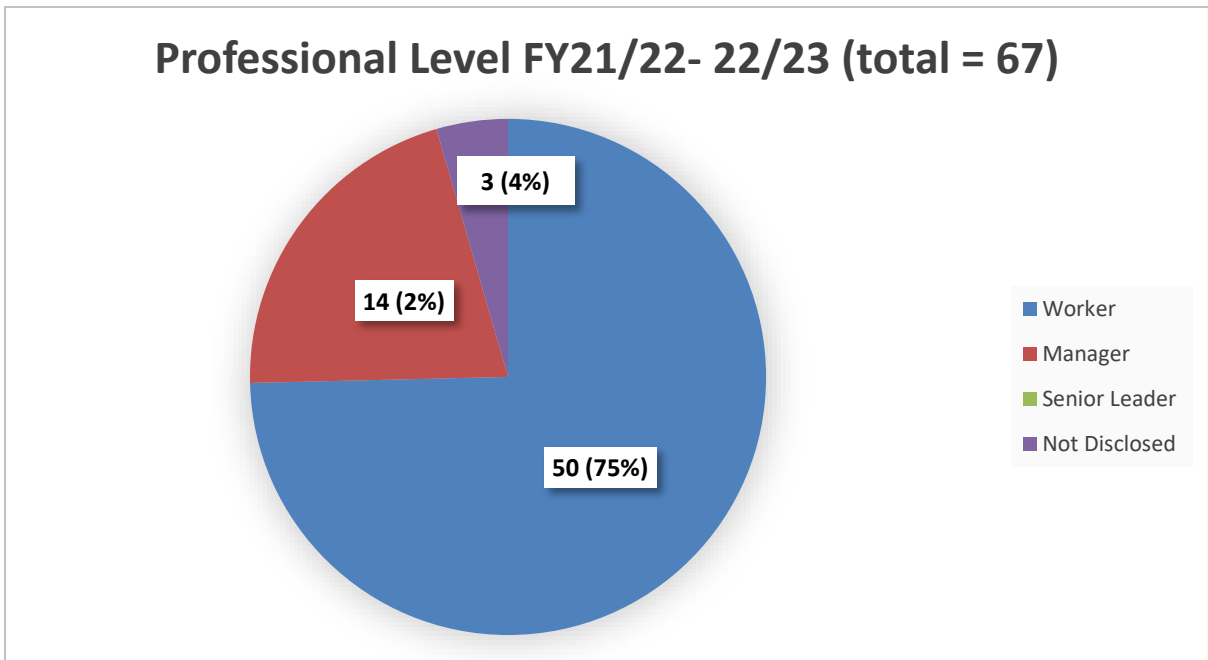
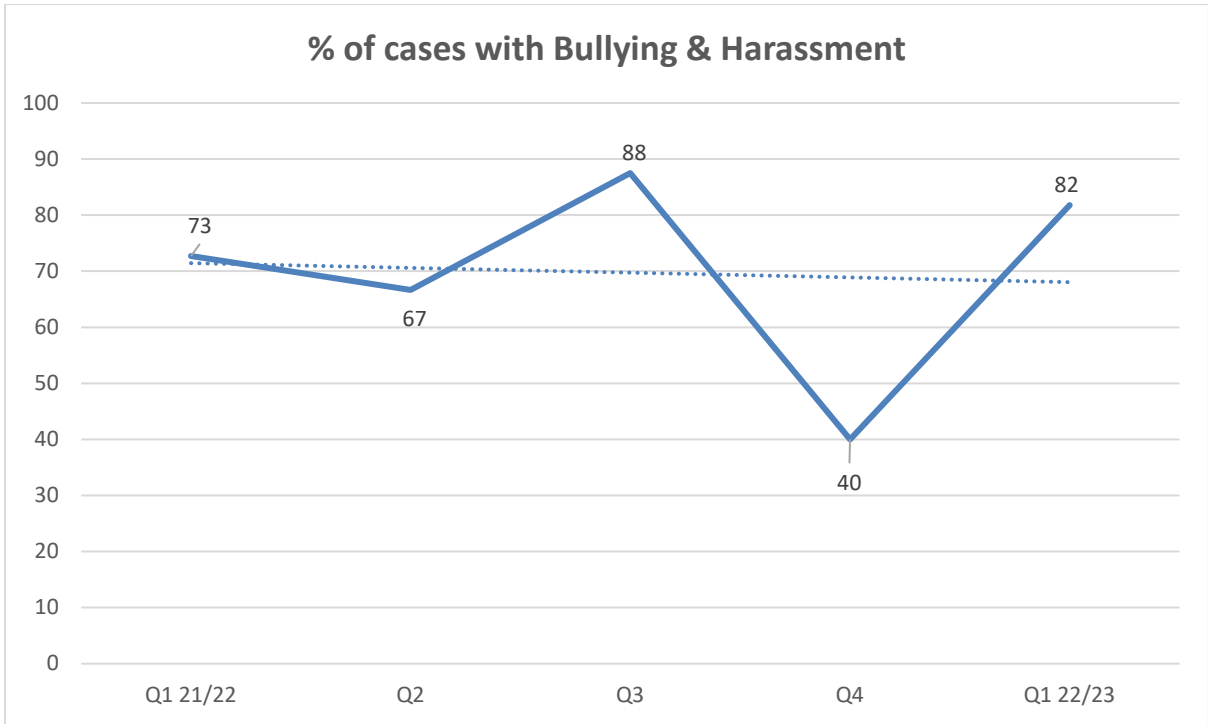
Cases are described as “those concerns raised which require action from the FTSUG”.

Outlined below are Berkshire Healthcare’s submissions to the NGO for FY 2021/22 plus Q1 FY 2022/23.

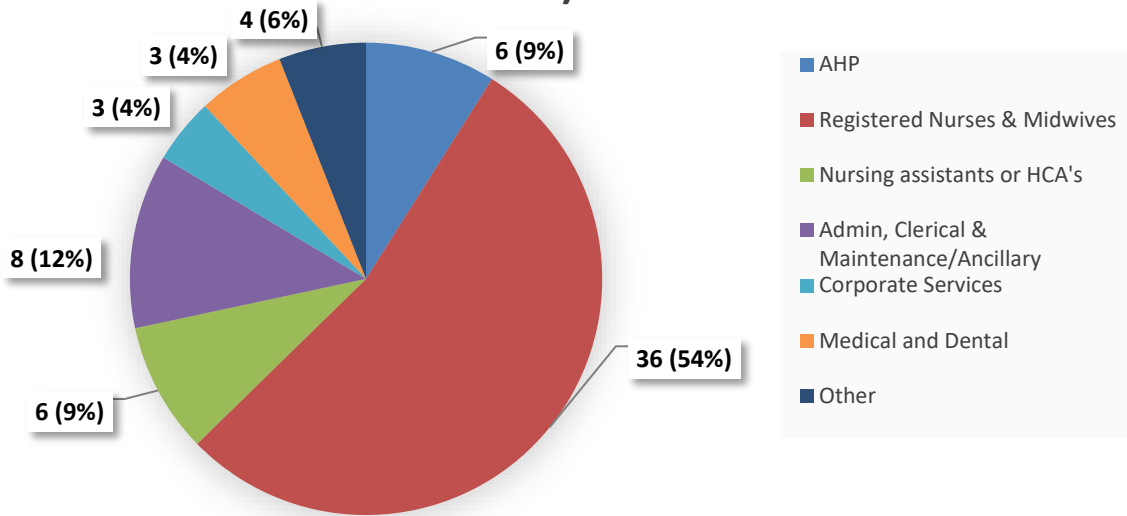
It’s difficult to make comparisons with other similar organisations as the data does not provide a narrative regarding how many guardians or champions there are, how many days a week they work and if they have recorded both cases and contacts. All cases and contacts at Berkshire Healthcare are reported.

The total number of cases raised for FY 2021/22 plus Q1 2022/23 = 67

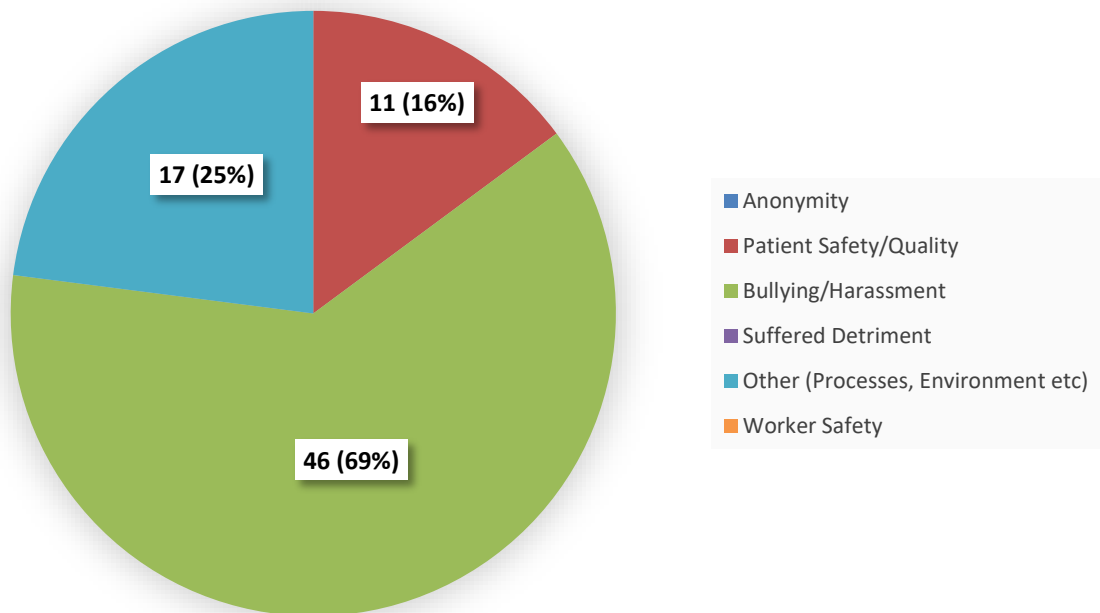




Professional Group FY 21/22 - 22/23 (total = 67)



Of which there is an element of...



Assessment of Issues

- The number and type of cases raised fit into the general pattern of cases from previous periods and could be considered the norm.
- Returns show 11 cases were raised via FTSU which contain an element of patient safety, the Board can be assured that any other patient safety issues are raised via other routes, handovers etc.
- A high proportion of cases raised are done so where the person raising the concern wishes some form of anonymity or confidentiality having spoken to the Guardian.
- During the period the Guardian received no anonymous concerns.
- A significantly high proportion of cases are around the “staff experience” and specifically from staff who are stating the cause is bullying & harassment (B&H) from fellow staff members (no cases have been received where B&H has been reported as coming from patients of the public at large – this would normally be highlighted via Datix).
- Of the total number of “staff experience” concerns raised, it’s estimated that, during the period, 5% come from staff of a BAME background and none of those concerns relate to BAME issues such as exclusion or perceived racial prejudice or bullying.

Impact of Covid-19

From December 2021 – July 2022, FTSU activities have continued as before (wherever possible) to ensure “business as usual”.

- **Promotional work** – Awareness has continued via Social Media, Corporate Induction, Intranet, Covid-19 weekly emails, direct meetings with services, use of MS Teams etc
- **Response to concerns** – As per usual, it has been easier for staff to communicate with the Guardian in confidence as many staff are working from home and there is no requirement to meet off site.
- During this time the Guardian supported the wellbeing hub and HR function to ensure staff were aware of FTSU support available.
- Feedback to the Organisation on cases, lessons learnt, and any trends continued as normal.

Improving FTSU Culture

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

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

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

Learning and Improvement

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

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

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

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

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

The National Guardian's Office are planning to release a series of E-Learning packages, there will be 3 packages aimed at various levels within the Organisation.

All three modules have now been released and are available for staff on the Trust Nexus e-learning platform, Totara.

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

National Guardian's Office

- National Guardian, Henrietta Hughes stepped down from the post in September 2021 and following a national recruitment campaign, her replacement, Dr Jayne Chidgey-Clark was appointed in November and is now in post. Dr Chidgey-Clark is a clinical leader and registered nurse, with more than 30 years' experience in the NHS, higher education, voluntary and private sectors. Her most recent roles include as non-executive director at NHS Somerset Clinical Commissioning Group (CCG) where she was a Freedom to Speak Up Guardian.
- The National FTSU Policy has been under review and the revised policy has just been published. The Berkshire Healthcare Raising Concerns policy will be reviewed and updated in Q2 FY 2022/23 to reflect changes in the national policy.
- Alongside this the NGO have published a reflection and planning tool to assist Organisations in their regular review of Speak Up arrangements.
- Following an invitation for the National Guardian to speak to the Board at an in-committee Board meeting on 12th April 2022, Dr Chidgey-Clark posed a set of questions for the Board to reflect on:
 - How does the Organisation triangulate it's data relating to raising a concern?
 - Is the Board happy with the Organisation's FTSU training and awareness data?

- Is the Board happy with the Organisation's FTSU Strategy?
 - What is the Organisation doing to minimise incidents of bullying & harassment?
 - Is the Board happy with arrangements to listen to those who find speaking up harder?
 - Can the Board be assured that all Leaders within the Organisation can and do support a change in culture to make speaking up business as normal?
 - Is the Board curious enough?
 - What more can the Board do?
 - At the meeting, the Board were also asked for an expression of interest to be part of a case review around excellent leadership relating to the speaking up process and promotion of a positive speaking up culture within the Organisation. The Board are asked to reflect and respond to the proposal.
- To assist the Board and senior leaders, the NGO have published a guide for leaders to help promote a positive speaking up culture. **See Appendix A**
- In March 2022 the NGO published their annual survey of FTSU Guardians which aims to gain insight into the implementation of the FTSU Guardian role and how this could be improved. The key findings were:
 - 72.8% of respondents say that speaking up culture has improved in the healthcare sector in the last 12 months.
 - 74.3% of respondents say that speaking up culture in the organisation they support has improved in the last 12 months.
 - The proportion of respondents saying their organisations has a positive culture of speaking up dropped by five percentage points to 62.8%.
 - The proportion of respondents saying that senior leaders support workers to speak up fell by 9 percentage points to 71%.
 - 1-in-10 respondents say that senior leaders do not understand the Freedom to Speak Up Guardian role. 4
 - 13.4% of respondents did not agree that senior leaders were effective role models for speaking up.
 - 72% of respondents agree that detriment is being taken seriously but nearly one in ten (9.5%) believe that the response to detriment is ineffective.
 - Most respondents (72.1%) to the survey were confident that they were meeting the needs of workers in the organisation(s) they support as Freedom to Speak Up Guardian.
 - Two-thirds (67.0%) of respondents that spent an equal amount of their time on the proactive and reactive aspects of the role thought that the allocation felt right to them.

- Less than half of respondents (48.7%) said that they had sufficient time to carry out their Freedom to Speak Up responsibilities. Almost a third of respondents (32.6%) said it was insufficient
- Two-thirds (65.6) of respondents had ring-fenced time to carry out their role, a 4.7 percentage point decrease compared to the previous year (70.3%, 2020).
- A greater proportion of respondents with ring-fenced time said that they had sufficient time to carry out their Freedom to Speak Up responsibilities. Twenty-seven per cent (27.2%) of respondents with ring-fenced time strongly agree that they had sufficient time compared to 5.5% of respondents with no ring-fenced time.

For the full report see **Appendix B**

Feedback

All of those who contact the Guardian are asked to complete a feedback form outlining their experience of the FTSU process and how they felt they were supported (or otherwise), a selection of responses is shown below:

A selection of free text comments:

"Speaking to the Guardian was very reassuring that It wasn't me who was wrong. The guidance given was great and I think the final outcome will be very positive. Thank you."

"I believe the involvement of the Guardian may have caused the SLT to take my concerns more seriously than they might have done; a document I produced was certainly used as the basis for what might prove to be helpful liaison"

"I feel that it was only after approaching the guardian and then the issue being taken to a much higher level that things were finally sorted. I think that up until this point the issue was being kept quiet and was being dealt with by a select few that were keeping it from being exposed in the correct way."

"The freedom to speak up process is a very good process and tool, as long as it is always followed."

"Very grateful for the input and support"

"The process from FTSU is perfect and I am highly happy with the way it was dealt with/processed. Improvement suggestion: For managers to complete training/awareness of how to support colleagues through complaints, having a process to follow and taking physical threats more seriously."

Learning – Some follow up actions from cases raised

- All cases are audited on a quarterly basis to ensure any learning is actioned.
- During the period 2 Services now have the support of an MDT/Organisational Development team. This includes representatives from HR, OD, Psychological Services, FTSU, Patient Safety, EDI leads. Concerns raised from staff within these services have helped to highlight some dysfunctionality or friction within the service. The aim of the MDT is to assist Heads of Service with improving morale, behaviours and efficiency of the service.
- In several cases where the standard of management may be in question, support will be given on a more individual basis to improve management techniques.
- It has been highlighted that with larger more complex cases where there may have been a collective concern or group of concerns that, due to the time taken to investigate these concerns, that staff concerned should get better and more frequent feedback. This is being addressed with HR colleagues to align the FTSU process with HR processes.

Examples of non-implementation of learning from concerns raised:

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

Recommendations from the FTSU Guardian

The Trust Board is asked to support the following:

- Support and encourage initiatives to address “Staff Experience” concerns, specifically those that include an element of bullying & harassment and those concerns that may affect Network members.
- Support and encourage initiatives to improve a Listening Up culture, so that all staff will feel more able to challenge in a positive way, to encourage positive suggestions that may improve ways of working, the patient experience or efficiencies. In turn this will make raising more traditional FTSU concerns easier and more a part of the culture.
- Assist in minimising those barriers to communication that may prevent those wishing to speak up (in any way) from doing so.
- Approve a proposal for a case review on leadership and culture change
- Address the challenges from the National Guardian
- Implement and promote the guide for leaders produced by the NGO.
- Note, learn, and consider appropriate changes from feedback given.

Author and Title:

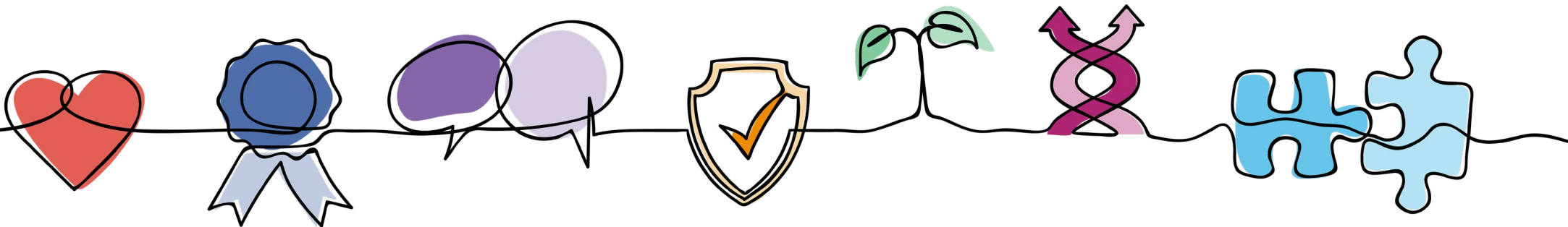
Mike Craissati - Freedom to Speak Up Guardian

July 2022



Freedom to Speak Up:

A guide for leaders in the NHS and
organisations delivering NHS services



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Why speaking up matters	3	National Guardian's Office training	16	Writing your improvement strategy	30
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Principles for leaders and managers	6	Learning from speaking up	18	Continuous improvement	31
Guidance for leaders	7	Triangulate data to identify wider issues	18	Indicators of concern	32
Valuing speaking up	8	Learn for improvement	20	Assurance	33
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The person responsible for people and organisational development	9	Recruiting guardians	23	Carry out wider cultural improvement	37
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This guide is a collaboration between NHS England/National Guardians Office 2022.

An online version is available at:

www.england.nhs.uk/ourwork/freedom-to-speak-up/developing-freedom-to-speak-up-arrangements-in-the-nhs

Introduction

We want to make the NHS the best place to work.

We want our workers to feel valued and respected at work and to know that their views are welcomed. By meeting their needs, we also enable them to deliver the best possible care.

To do that, we need to provide the best possible working environment – one where speaking up is not only welcomed, but valued as an opportunity to learn and improve.

We each have a voice that counts

Ensuring that all our workers – permanent employees, agency staff, students, volunteers – have a voice that counts is a key part of the NHS People Promise:

We all feel safe and confident to speak up.

And we take the time to really listen to understand the hopes and fears that lie behind the words.

NHS People Promise

Why speaking up matters

When people speak up, everyone benefits. Building a more open culture, in which leadership encourages learning and improvement, leads to safer care and treatment and improved patient experience.

People are the eyes and ears of an organisation. Their views, improvement ideas and concerns can act as a valuable early warning system that a policy, process or decision is not playing out as anticipated or could be improved.

A speaking-up culture benefits staff satisfaction and performance, too. When people feel that their opinions matter and are valued and acted on, they become more committed – and performance and retention improve.

When people feel that speaking up about poor behaviour is welcomed and encouraged, and that it will be addressed at an early stage, organisations become less entrenched in formal employee relations processes. These can be costly and damage relationships.

So, people's voices play a vital role in informing and driving improvement. However, speaking up is not always easy – especially in organisations where leaders do not welcome challenge or change. That is why putting in place effective, person-centred speaking-up processes will support people to speak up and protect them in doing so. That way, more people should feel able to do so – to the benefit of your organisation and workers.

Who this guide is for

This guide is designed to be used by any senior team, owner or board in any organisation that delivers NHS commissioned services. This includes all aspects of primary care; secondary care; and independent providers. This audience has been chosen because it is the behaviour of senior leaders that has the biggest impact on organisational culture and behaviours.

Using this guide, and the accompanying self-reflection tool, will help you:

- build a culture and behaviours that is responsive to feedback from workers
- ensure that your organisation focuses on learning, to continuously improve quality of care and the experience of staff, patients and service users alike
- improve staff survey scores and other worker experience metrics
- demonstrate to regulators or inspectors the work you are doing to develop your speaking-up arrangements.

How to use this guide

This guide provides ideas for how your organisation might adhere with the Principles for leaders and managers ([see page 6](#)), with detailed information on key topics and recommendations for further reading. The accompanying reflection and planning tool, available at www.england.nhs.uk/ourwork/freedom-to-speak-up/developing-freedom-to-speak-up-arrangements-in-the-nhs, is designed to help you identify strengths in yourself, your team and your organisation – and any gaps needing work.

This resource is made up of:

Part 1 is the main guidance, with each section covering the Principles for leaders and managers ([see page 7](#) - the transactional information you need to develop your speaking-up process).

Part 2 shows how speaking up sits within the wider context of a compassionate and inclusive culture, how all elements of such a culture are closely linked to Freedom To Speak Up (FTSU), and must be implemented alongside it ([see page 36](#) - the transformational information you need for culture and behavioural change).

Use this guide alongside the reflection and planning tool as follows:

Step 1: Read the guide.

Step 2: Use the first stage of the reflection and planning tool to evaluate your existing arrangements or to reflect on which principles you want to focus on embedding.

Step 3: Use the second stage of the reflection and planning tool to plan your next steps.

Step 4: Share your plan with your workers, senior team or board, for their feedback or oversight.

Every organisation has its own set of strengths and challenges, and some will be at a more advanced stage in developing speaking-up arrangements than others. This is particularly the case for primary care and integrated care systems. Through 2022/23 NHS England and the National Guardian's Office are working to understand more about how speaking up can be embedded in these organisations and systems.

For this reason, this guide does not give instructions that must be followed from start to end. Instead, it offers guidance within different themes, leaving you free to work on the priorities most relevant to your organisation. The accompanying self-reflection tool will help you ascertain what those are.

A mechanical, tick-box approach to the self-reflection tool is unlikely to lead to a better culture and behaviours. Fundamentally, speaking up involves having a conversation. To be effective, this conversation requires trust and respect. So, improving speaking-up arrangements should begin with honest reflection on how you and your colleagues respond when people do speak up to you.

Terms used in this guide

Organisations	Integrated care boards, NHS trusts, NHS foundation trusts, primary care networks, GP confederations, GP practices, community pharmacies, dentists, optical businesses, independent providers, community interest companies
The leadership	In a trust or integrated care board, the board; in smaller or less complex organisations, a senior leadership group or contract holder
Senior leader	In a trust or integrated care board, executive directors; in primary care, GP partners, principal dentists, superintendent pharmacists, or directors or responsible officers for an optical business
Senior leader for Freedom to Speak Up	In a trust or integrated care board, the executive director responsible for Freedom to Speak Up; in primary care, a member of the senior leadership team
Speaking up	Encompasses matters often referred to as raising concerns, making suggestions for improvement, whistleblowing and protected or qualifying disclosures
Worker	An employee, secondee, contractor, student, volunteer, agency or temporary staff member, locum or governor delivering NHS care

The fundamentals of a healthy speaking-up culture

The principles below are the fundamental requirements for an environment where people feel safe to speak up with confidence.

Principles for leaders and managers

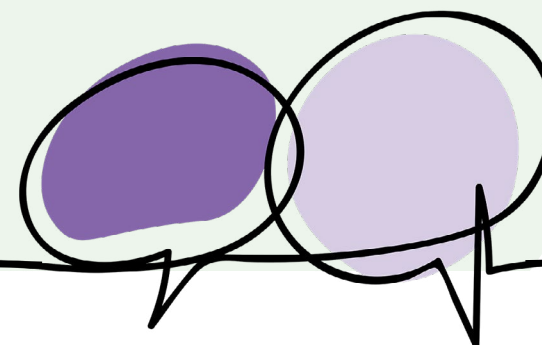
- ① Value speaking up.
- ② Role-model speaking up and set a healthy Freedom to Speak Up culture.
- ③ Make sure workers know how to speak up and feel safe and encouraged to do so.
- ④ When someone speaks up, thank them, listen up and follow up.
- ⑤ Use speaking up as an opportunity to learn and improve.
- ⑥ Support Freedom to Speak Up guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements alike.
- ⑦ Identify and tackle barriers to speaking up.
- ⑧ Know the strengths and weaknesses of the organisation's speaking-up culture and take action to continually improve.

Part 1

Guidance for leaders

Part 1 sets out the transactional information that you need to carry out the Freedom to Speak Up process.

You can work through the sections from start to finish or focus on areas of highest need for your organisation.



Valuing speaking up

Principle 1: Value speaking up.

For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top. This section sets out the ways you can demonstrate that commitment.

Understanding the value of speaking up

Before an organisation's leaders can begin to effectively implement their speaking-up arrangements, they need to understand what speaking up is and the value it brings to the organisation.

A culture in which workers feel safe and can confidently share their voice and speak up plays a critical role in organisational effectiveness. Organisations where workers can highlight issues, challenge the status quo or question the norm are better able to innovate, perform well and provide ever safer, more effective care.

Your organisation will not successfully embed this cultural change without the absolute commitment of the people at the top. If you sense any hesitancy or resistance at this level to embedding speaking-up culture across your organisation, you need to invest the necessary time and resource to explore any fears. This may include providing development and coaching to ensure that the value of speaking up is embraced wholeheartedly.

Find out more

A good starting point to understand the importance of speaking up is Sir Robert Francis' [Freedom to Speak Up Review report](#) and the National Guardian's [website](#).



The senior lead responsible for Freedom to Speak Up

Having a senior person to champion Freedom To Speak Up (FTSU) and support your Freedom to Speak Up guardian helps demonstrate to your organisation your commitment to speaking up. Importantly, this person should be widely considered a credible role-model of the behaviours that encourage speaking up. They should be able to show that they are clear about their role and responsibility, and to evidence how they have helped improve the organisation's speaking-up culture.

The senior lead should be accountable for these aspects of the FTSU guardian role:

- fair, inclusive recruitment ([see page 23](#))
- capacity ([see page 24](#))
- evaluating speaking-up arrangements ([see page 30 - 33](#)).

They should also be able to explain to oversight bodies the rationale for decisions around:

- ringfenced time, as well as the checks and balances put in place to show this time is sufficient and effective
- how the guardian was appointed
- how the organisation reviews its speaking-up arrangements.

The non-executive director responsible for Freedom to Speak Up

This non-executive director (NED) role is a senior, independent lead role specific to organisations with boards. In this context, the NED is predominantly a support for the guardian: a fresh pair of eyes to ensure that investigations are conducted with rigor and to help escalate issues, where needed.

They should have an in-depth knowledge of FTSU and be able to readily articulate:

- why a healthy speaking-up culture is vital ([see page 8](#))
- the indicators of a healthy speaking-up culture ([see page 4](#) and [page 11](#))
- the indicators that there is sufficient support for speaking up and wider culture transformation ([see page 24](#))
- the red flags that should trigger concern ([see page 11](#) and [page 32](#)).

The NED is also there to challenge the most senior people in the organisation to reflect on whether they could do more to create a healthy, effective speaking-up culture. This might involve constructively raising awareness about poor behaviours.

Organisations without boards – especially those sharing a guardian across a partnership or network – are likely to benefit from having an equivalent role.

The person responsible for people and organisational development

If your organisation has a dedicated person responsible for organisational development, they have a crucial role in promoting a speaking-up culture and behaviours – especially in ensuring that this permeates throughout the organisation. This requires work in a range of interconnected areas, set out in detail in Part 3: Communicating about speaking up ([page 36](#)).

Investing in a Freedom to Speak Up guardian

The Freedom to Speak Up guardian role is a complex and challenging one. Those in the role need both practical and emotional support.

All guardians should have ringfenced time to fulfil workers' needs. When you are calculating the amount of ringfenced time required for the role, consider the activities set out in the universal job description and the guidance from the National Guardian's Office. Also, factor in time for them to attend network events, supporting other guardians and for training and development in the role.

Contingency planning

It is important that you have contingency plans in place in case a FTSU guardian is unable to work. The plan should ensure:

- timely and helpful communications are sent explaining interim arrangements
- continuity of support for workers
- both the confidentiality agreed and the security of information shared with the Freedom to Speak Up guardian are maintained

Role-modelling speaking up

Principle 2: Role-model speaking up and set a healthy Freedom to Speak Up culture.

Role-modelling by leaders is essential to set the cultural tone of the organisation. This section sets out the ways you can role-model behaviour that leads to a healthy speaking-up culture.

Setting the tone for culture

The cultural tone of the organisation is set at the top. Leadership has the biggest impact on how workers behave – and actions speak louder than words. Workers take their cues on how to behave from the behaviour, decisions and communication style of their leadership. So, as a leader, it is essential that you embody the culture and behaviours you want to see.

To meet the challenges that face health and care, workers need to be curious, innovative, and challenge when they think something is not right. For this to happen, you need to demonstrate that you welcome people speaking up about ideas, issues, problems, challenges, opportunities and innovations.

You also need to show that everyone's voice matters. This involves identifying the barriers to speaking up that your people encounter and working with them to overcome them. Finally, you need to show that you value what you are told, by thanking people and sharing updates on the actions you have taken.



Speaking-up behaviours for leaders: do's and don'ts

DO...

- ✓ Ask workers for their opinions.
- ✓ Speak up yourself.
- ✓ Measure the impact of change.
- ✓ Show how you value speaking up as an opportunity to improve.
- ✓ Tell stories about the change that has occurred from speaking up stories.
- ✓ Encourage others to speak up and constructively challenge one another.
- ✓ Acknowledge that people face barriers to speaking up, understand where they exist, who they affect and develop actions to reduce them.
- ✓ Be visible and approachable and welcome approaches from workers.
- ✓ Listen with gratitude and respond with curiosity rather than defensiveness.
- ✓ When someone speaks up, listen, thank them, act, provide feedback and ask for feedback yourself.
- ✓ Take a 'learn, not blame' approach to dealing with issues and be willing to embrace new ways of working.
- ✓ Publicly acknowledge any mistakes.
- ✓ Accept your guardian's constructive challenge – they are there to help your organisation be the best it can be.

DON'T...

- ✗ Seek out those who have spoken up.
- ✗ Blame people for things that have gone wrong; instead, learn how to improve processes or behaviours.
- ✗ Focus on the person who has spoken up; focus on the issue.
- ✗ Warn people against speaking up 'outside' the organisation.
- ✗ Take a narrow approach to looking into speaking-up matters. Instead, try to get as much learning as possible.
- ✗ Be defensive and immediately start explaining away rather than listening and acknowledging a person's experience.
- ✗ Be too busy to listen.
- ✗ Talk about how to 'limit the damage' of speaking up. Instead, acknowledge mistakes and embrace the opportunity to learn and improve.

Reflecting on leadership behaviour

Given the significant impact of leaders' behaviour, it is vital that you and each of your senior colleagues reflect on your ability to shape culture and, specifically, whether your behaviour encourages or inhibits speaking up.

Ask colleagues to critique your behaviour. Receiving this feedback can be difficult – especially if it is critical – but it offers invaluable opportunities to reflect, learn and develop, so must always be welcomed.

Questions to reflect on

- ① Why and how are outcomes different when you are listening in order to learn, rather than to instruct, correct or win?
- ② How have you widened or changed who you listen to in the last year?
- ③ Who are you instinctively biased towards and against (even if you wish you weren't)?
- ④ Where is the best place to meet people so that they'll feel comfortable speaking up to you?
- ⑤ Do people have a choice about where they can talk to you?
- ⑥ Where do you feel most ready and able to hear what people say?
- ⑦ Where in your diary is there space for spontaneous conversation?
- ⑧ Do normal meetings incorporate enough slack for others to reflect, inquire, challenge and offer new ideas?
- ⑨ What's your reaction to being challenged?
- ⑩ What do you do to make others feel important, comfortable and significant?
- ⑪ How do you phrase your questions in ways that help other people to open up?



Further reading

Edmonson AC (2018). *The Fearless Organization: Creating psychological safety in the workplace for learning, innovation, and growth*. Wiley

Kline N (2002). *Time to Think*. Cassell.

Reitz M, Higgins J (2019). *Speak Up: Say what needs to be said and hear what needs to be heard*. FT Publishing International

Sinek S (2018). [How to change your company's culture with just a pen and paper](#) (video)

West M (2016). If it's about culture, it's about leadership (blog). London: The King's Fund. Available at: <https://www.kingsfund.org.uk/blog/2016/01/if-it%E2%80%99s-about-culture-it%E2%80%99s-about-leadership>

West MA (2021). *Compassionate Leadership: Sustaining wisdom, humanity and presence in health and social care*. The Swirling Leaf Press

West R, Eckert R, Stewart K, Pasmore B (2014). [Developing collective leadership for healthcare](#) (blog). London: The King's Fund.

Horizons [A-practical-guide-to-the-art-of-psychological-safety-in-the-real-world-of-health-and-care-.pdf](#) (horizonsnhs.com)

Cole M, Higgins, J (2021) [Stuck in the middle – and feeling the pinch](#) (blog)

Cole M (2021) [Questioning power](#) (blog)

Communicating about speaking up

Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so.

Regular, clear and inspiring communication is an essential part of making a speaking-up culture a reality. This section sets out how to develop a communication strategy and the key messages you can use.

Write your speaking-up policy

The first step is to write your speaking-up policy, drawing on the National [Speaking Up policy template](#). Its aim is to encourage speaking up by providing people with information about how to do this and what will happen when they do. Make sure it is well publicised and easily accessible to everyone and that the information it contains is accurate. Update changes, especially to named contacts, as soon as required.

The policy should include options for workers to speak up internally but also externally, if they feel this is preferable.

Top tip: Reaching diverse communities

The best way to reach someone will depend on a range of factors, including their role, their hours, whether they are desk based and any individual access issues, such as language, literacy, disability or health needs. The people who face the greatest barriers to speaking up may be the very people with the greatest need to do so.



Develop strong communication

To create a speaking-up culture, workers need to know that it is right to speak up. They also need to know how to do so and who they can speak to. To embed this understanding, they need to receive regular messages and clear information. This is best managed through a communications strategy.

Your communications strategy should include the following key messages, which you should regularly and consistently share:

- Speaking up is the right thing to do.
- Senior leaders welcome speaking up.
- Leaders want to hear from anyone who has a matter to raise, including ancillary staff, clerical staff, volunteers and temporary staff.
- Speaking up helps keep patients and service users safe and creates a more positive working environment.
- The leadership will take seriously any instances of staff being bullied, discriminated against, harassed or victimised for speaking up.

It should also include:

- clear information about how to speak up – with clear explanations of procedures and examples of different approaches, emphasising that people can speak up informally through day-to-day conversations
- examples, stories and data showing the impact of speaking up, the improvements made and learning generated as a result
- ways to communicate with different groups of workers about speaking up.

Alongside the communications strategy, build in measures to assess the impact of your communications. This enables you to:

- know if you are reaching the whole workforce. This is important, as by identifying who you are not reaching you can determine what other communication channels you should be using
- know which channel, messages or presenter has the biggest impact so that you can exploit that approach when needed
- provide assurance that all workers know how to speak up and have heard that speaking up is welcomed.

Tips:

Things to consider when planning a communication

- Who is the audience (or audiences)?
- What do you want the audience to think, do, say and feel as a result of the communication?
- What are the needs or preferences of each stakeholder group?
- What angle and approach will work best? For example, you might focus on injustice, a 'feel-good' story or someone's personal experience.
- Be persuasive by focusing on the 'why' before the 'how' and the 'what'.



Further reading

[Communications Planning: Getting the right message across in the right way](#). MindTools

Firstup (2019). [How to Improve Internal Communications: Goals & KPIs](#)

Sas C, Schmidt N, Patel A (2001). [A Systems Approach to Communication Process: Case study within an online community](#). Department of Computer Science, University College Dublin.

Sinek S (2011). Start with why: How great leaders inspire everyone to take action. London: Penguin

Timms H, Heimans J (2019). New power: how anyone can persuade, mobilize, and succeed in our chaotic, connected age. New York: Knopf Doubleday Publishing Group

Wheatley M, Frieze D (2006). [Using emergence to take social innovation to scale](#).



Find out more

The National Guardian's Office has produced a [policy review framework](#) that you can use as a tool to assess your policy.



Responding to speaking up

Principle 4: When someone speaks up, thank them, listen up and follow up.

Speaking up is not easy, so when someone does speak up, they must feel appreciated, heard and involved. This may require managers to embed new behaviours and to have the training needed to enable this.

National Guardian's Office training

The National Guardian's Office has published guidance for delivering speaking-up training for health and care workers: [National Guidelines on Freedom to Speak Up Training](#).

The office has also worked with Health Education England to produce online learning for anyone working in health and care. [The Freedom to Speak Up in Healthcare in England programme](#) is designed to help workers understand their vital role in building a healthy speaking-up culture that protects patients and service users and enhances worker experience.

Module 1: Speak up is for all workers, including volunteers, students and trainees. Its aim is to help everyone to understand what speaking up is, how to speak up and what to expect when they do.

Module 2: Listen up is for managers at all levels and focuses on listening and understanding the barriers to speaking up.

Module 3: Follow up is aimed at all senior leaders, to help clarify their role in setting the tone around speaking-up culture and behaviours and how speaking up can promote organisational learning and improvement.

Support managers

Managers play a vital role in supporting senior leaders to set the right cultural tone for speaking up and for handling speaking-up matters effectively. Like you, and your senior colleagues, your managers will have influence over how their teams and colleagues behave. Leaders at every level need to role-model the speaking-up principles. It helps workers feel safe, valued and confident to speak up and workers are likely to emulate the values and behaviours they see in their more senior colleagues.

Make sure managers receive the support they need to handle speaking-up concerns. This could include training on listening and providing emotional and psychological support.

For some, it may also require training on how to carry out investigations where appropriate. It can be helpful to produce support material for managers, to help them create healthy, business as usual, speaking-up cultures.

The tips below are for you, as a leader, to share with your managers.

Tips: Guidance for managers

- Encourage workers to speak up in daily working life, including team meetings, supervisions and informal chats. Remind them that speaking up does not have to involve a formal process.
 - Thank workers who speak up and give them feedback if necessary.
 - If you have concerns of your own, be a positive role-model by speaking up yourself.
 - Familiarise yourself with your organisation's speaking-up arrangements.
 - Encourage curiosity about – and, where you think appropriate – challenge the status quo.
 - Work hard to shift the focus from who has spoken up to what is being said, and from blaming to asking what can be learnt.
- Be aware of the barriers that may prevent workers from speaking up. These include perceptions that speaking up is not acted on, barriers that differing levels of seniority may introduce, or negative responses that make workers feel speaking up is unwelcome.
 - Work hard to understand the barriers that colleagues from minority ethnic communities or people who have been recruited from abroad might face. Other groups of workers may face particular barriers to speaking up, as well – gain an understanding of these too.
 - Accept that not everyone will feel comfortable speaking up to their line manager. This is not necessarily a reflection on the manager's abilities – it could be for many reasons. Make sure your workers know who they can speak to other than you and share contact details for the organisation's guardian in case they need them.



Learning from speaking up

Principle 5: Use speaking up as an opportunity to learn and improve.

The ultimate aim of speaking up is to improve patient safety and the working environment for all NHS workers. The information gleaned through speaking up is a precious resource that can help boost understanding and performance.

Triangulate data to identify wider issues

To help the board or leadership team identify patterns, trends and potential areas of concern, it is helpful to compare the themes in speaking-up cases with other data and information. You can use this intelligence to identify 'hotspots' where speaking up may be happening more or less often than expected, and to identify what aspects of patient safety and quality, worker well-being and culture need attention.

Below is a list of the types of data that could be used. The size of your organisation will determine how much of this you have available. At a minimum, a smaller organisation could triangulate speaking-up matters with indicators of the quality and safety of patient care (such as patient complaints) and indicators of work well-being (such as sickness rates).

Questions to ask of your data

- Why do some departments and staff groups have no issues?
- Who are the outliers, and why?
- Which departments and staff groups have consistently occurring issues?
- How have some departments been able to reduce their number of issues or increase the levels of speaking-up matters raised?
- What is the cause of unexpected spikes?
- Are any issues concentrated in one department or directorate, or do all types appear across different teams or parts of the organisation?

Data you could compare

Patient safety	Worker experience
Patient complaints	Grievance numbers and themes
Patient claims	Employment tribunal numbers and claims
Safeguarding issues	Exit interview themes
Patient safety incidents	Sickness rates
Near misses	Retention figures
Never events	National Staff Survey results, including response rates
Patient experience dashboard data	The National Quarterly Pulse Survey
Friends and Family Test data	Polls or pulse surveys
	Workforce Race Equality Standard, Workforce Disability Equality Standard, Stonewall Equality Index data
	Levels of suspension
	Use of settlement agreements
	Leadership behaviours survey
	Thematic reviews
	Use of suggestion and similar schemes
	Engagement in worker reward and recognition schemes

Tip: Working with data

Make sure your guardian has support from experts to interpret statistical information and that they are able to present all data and other intelligence in a way that maintains confidentiality.



Learn for improvement

The process of building a speaking-up culture requires an organisation to learn over time. As well as putting training in place ([see page 16](#)), it is helpful to learn from other organisations going through similar changes or facing similar issues to your own, and sharing good practice. The steps below show how to apply this learning to your organisation.

Step 1: Identify good practice This may be in a number of places including (but not limited to):

- National Guardian's Office case or speaking-up reviews
- NHS England bulletins
- National Guardian's Office monthly newsletters, blogs and case studies published on its website
- FTSU guardian regional and national networks
- FTSU support groups operating in integrated care systems or primary care networks
- your organisation's public information on speaking up – for example, on your website or in board papers or improvement plans.

Step 2: Carry out a gap analysis Complete a simple self-assessment or gap analysis against the good practice. Consider which aspects of the good practice are relevant to your organisation. If, at first, some appear irrelevant, could you adjust them to your organisational circumstances?

Step 3: Update your plan If you identify any improvement actions, add them to your annual improvement plan, to give your senior team or board an overview of the continuous improvement work you are doing.

Step 4: Share the good practice you have seen or generated, following the communications advice in Section 3.



Supporting Freedom to Speak Up guardians

Principle 6: Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements.

The guardian role is a wide-ranging and complex one. Not only does it involve responding to workers who speak up and supporting them – it also involves:

- gaining a deep understanding of the organisation's speaking-up culture
- working extensively across the organisation to enable all speaking-up process to work well
- working in partnership and challenging senior leadership
- acting as a point of triangulation where quality of services and worker experience meet.

The role is expected to operate with a high degree of independence. However, this must be achieved without creating a sense of isolation or at the expense of co-operation. Guardians deal with complex, often distressing situations, supporting workers who may be in crisis. So, in addition to practical support, they need time and access to support mechanisms for themselves.

Find out more

The guardian job description must follow the [universal job description](#) drawn up by the National Guardian.

The guardian must follow the guidance produced by the [National Guardian's Office](#).

Guardian development must follow the [National Guardian's education and training pack](#).

The National Guardian's Office provides [guardian training](#) and maintains a [guardian database](#).



The guardian role

The guardian role is designed to meet several important outcomes. To achieve them, the role involves:

- **Reactive elements** Responding to workers who want to speak up and managing each case, including the initial conversation, by accurately recording, following up and feeding back
- **Proactive elements** Specifically:
 - looking at barriers to speaking up and working in partnership to help reduce them
 - communicating the role and making sure there is appropriate training on speaking up
 - supporting and challenging senior leaders, including through producing regular reports for the senior team or board
- **National requirements** Fulfilling the expectations of the National Guardian's Office, including:
 - providing information and regular data returns such as details of the cases they handle
 - reading and carrying out gap analyses based on case review or [speaking-up review reports](#)
 - playing an active part in guardian networks, including attending regional and national meetings, training and other events
 - making sure their knowledge and skills are current, including taking part in National Guardian Office training, keeping abreast of and implementing national guidance, and taking part in other activities such as webinars and conferences
- **Other elements** Including self-development, taking part in supervision or mentoring where needed, and supporting their own emotional and psychological well-being.

Guardian models

If the workers in your organisation do not already have access to a guardian, decide whether you want to appoint one to support your own organisation or to share guardian support with a partner organisation.

For smaller organisations, there are pros and cons for each option:

- **Guardians who work within the organisation they support** are close to where care is delivered and the people who deliver it. They understand local culture and can build trust. However, managing confidentiality and real or perceived conflicts of interest can be challenging. Guardians may be too close to the issues that workers wish to speak up about and risk losing essential impartiality.
- **Guardians who work outside the organisations they support** may be seen as more independent, but their distance from the organisation could affect their visibility, relationship building and capacity for proactive culture-building activities.

Further reading

National Guardian's Office (2021). [Exploring Freedom to Speak Up](#). [For primary care and integrated settings.] London: NGO

Sharif N (2020). [Inclusive Recruitment Toolkit](#). London: NHS England

Zapantis E (2021). [Recruiting for Inclusion](#). Blog. NHS Confederation



Recruiting guardians

Appointments to guardian roles – whether paid or voluntary – must be based on fair, open and inclusive competition. This is important for three reasons:

- It reassures workers that their guardian will operate independently, impartially and objectively (as they are required to).
- It gives workers more assurance they will be supported and listened to when they speak up.
- It provides opportunities for a diverse pool of candidates who can bring a wide range of skills, experience and values to the role.

Despite this, in 2020 62% of respondents to the National Guardian's 2020 Survey report revealed they had been recruited without open competition. This presents a risk for their organisations: if workers do not trust that their guardian is independent and impartial, they may not speak up.

Tips: Appointing a guardian



- Given the importance of being able to encourage minority ethnic workers and other groups of people to speak up, make sure the selection process includes an assessment of the candidates' ability to:
 - understand unconscious bias
 - sensitively ask probing questions to draw out discrimination
 - appreciate the factors that may prevent minority ethnic people from speaking up
 - understand people's different cultures and behaviours.
- Once the guardian is recruited, they need to undertake training from the National Guardian's Office and register on the Guardian Directory. Your guardian cannot begin to publicise their role or handle cases until they have been trained and registered.

Evaluating ringfenced time

However much ringfenced time is currently allocated to the guardian, you must have measures in place to evaluate whether they, and those who support them, have enough time.

Tips:

Questions to help evaluate the adequacy of ringfenced time

- Does the guardian have time to carry out both the reactive and the proactive parts of the role as well as satisfying development needs?
- How long do workers wait between approaching the guardian and the initial conversation, to better understand the matter they are speaking up about?
- How far are champions satisfied with the amount and quality of leadership and training they receive to support them in their role?
- What does feedback highlight about workers' experience of the speaking-up guardian when they have spoken up?
- Has the guardian completed all their actions on the speaking-up improvement action plans - on time and to a high standard?



Factors to include in your calculations

- **The number of workers in your organisation** - The larger your workforce the more time your guardian will need to help them speak up.
- **The number of organisations your guardian supports** - Irrespective of the number of staff, the more organisations your guardian supports, the more time they will need to engage with different senior leadership teams, work in partnership with others and properly understand and address barriers to speaking up.
- **Geographical spread and the number of sites** - In spread-out organisations, guardians may need to spend more time to connect with people, developing digital communications and engagement, or providing leadership to champions.
- **Progress against indicators** - The greater the need for improvement highlighted by tools like the [NHS Workplace Race Equality Standard \(WRES\)](#) and [Workplace Disability Equality Standard \(WDES\)](#), the more likely it is your workers need to speak out. It is also more likely that the issues they do speak out about will be complex and will take more time to talk through, understand and resolve.
- **Improvement initiatives** - Any widescale work that seeks to address cultural issues may increase people's awareness of, and willingness to speak up about, related matters.
- **The wider context** - The general environment in which your organisation is operating has an impact on workers. So, at times of change – such as mergers, organisational or operational restructuring, changes in Care Quality Commission (CQC) rating or entering special measures – guardians may see increased workloads.

Line managing the guardian

Unless the guardian has the skills, resources and support to provide a positive speaking-up experience, workers may lack the confidence to speak up – or, if they do, may not want to repeat the experience. So, as with any other role, the guardian will benefit from the support of a line manager as well as senior people to escalate matters to.

They also need to meet their organisations' wider expectations around line management – for example, supporting guardians to evaluate and address any development needs and to assess their performance appropriately.

Line managing a guardian is similar to line managing any other role. The main differences relate to the risks of breaching confidentiality or impinging on the guardian's independence. The guardian and their line manager need to address and clarify those issues early in their relationship, to make sure expectations are clear.

Find out more

Line managers will find the National Guardian Office's [universal job description](#) and guardian's [education and training guide](#) useful, as well as other [guidance](#).



Troubleshooting

The level of speaking up in an organisation, and the support that a guardian will need to provide, will fluctuate over time. Periods of significant change, incidents that identify poor quality, and external factors that might affect the workforce may all indicate that the available level of guardian support should be reassessed.

Case-handling procedures

It is important to have clear procedures in place around how cases are managed and handled. This helps with transparency and enabling everyone to understand the role they play. Having clarity on roles will help you swiftly escalate serious safety issues. Ideally, develop these procedures in partnership with managers, as they play a key part in looking into the concerns brought to the guardian.

Speaking-up data

The guardian is required to provide data to the National Guardian's Office each quarter. This enables learning and gives confidence to workers about the commitment of the organisation to building an open culture. Please support your guardian in this regard.

Tackling barriers to speaking up

Principle 7: Identify and tackle barriers to speaking up.

However strong an organisation's speaking-up culture, there will always be some barriers to speaking up, whether across the entire organisation or in small pockets. Finding and addressing them is an ongoing process.

Identify barriers to speaking up

Barriers are likely to shift over time, depending on how safe and confident workers feel at work (their internal, psychological wellbeing) and on external factors, such as changes in others' behaviour, financial security, difficulties at home or colleagues gossiping.

It is vital that the leadership team has a deep understanding of their workforce and empathy for those who are least heard. Freedom To Speak Up (FTSU) guardians play an important role in helping leaders identify the groups of people facing barriers and in helping deliver actions to bring about change.



Examples of barriers to speaking up

- Perceptions that nothing will happen as a result
- Fear of being viewed as a troublemaker
- Fear of judgement about raising a matter
- Fear of reprisals from colleagues, peers, managers
- Fear of impact on career
- Fear of jeopardising employment or residency status
- Language and cultural barriers
- Lack of confidence in the process
- Lack of trust in the FTSU guardian
- Lack of confidence the senior team will take the concern seriously
- Lack of positive experience about the benefits of speaking up
- Lack of time or not knowing how to speak up
- No response from the senior team after speaking up before
- Dissatisfaction with the investigation into, or response to, a previous speaking-up matter
- Communications about speaking up being delivered in a narrow or formulaic way

Groups that may face barriers

Anyone may feel vulnerable or encounter barriers to speaking up at any time. However, the [2020 Guardian Survey](#) highlighted the following people as facing particular barriers to speaking up:

- members of minority ethnic groups
- people identifying as LGBTQ+
- people living with disabilities or long-term health conditions
- people who have spoken up previously
- people without regular access to IT
- people on the lower pay bands
- students
- junior doctors on rotation, part-time workers, night-shift workers and community-based workers
- very senior workers who are concerned about career progression
- people who have been recruited from abroad and are working in England on a visa
- people who trained abroad
- people who had previously lived or worked in a culture in which concerns were not raised.

Tackling barriers

The best way to identify the barriers and assess how prevalent they are is to talk to people: through one-to-ones, focus groups, discussions with networks, forums, polls, surveys, digital message boards and social media.

Staff networks provide a place for people to come together and share their experiences. They may be somewhere those who are least often heard feel safe and included. So, it is crucial that Guardians build strong connections with all staff networks as part of their work to understand the barriers some people face to speaking up. The very purpose of staff networks is to make a difference, so working with them to co-create solutions would be sensible, and may give proposed changes more traction.

Barriers break down gradually as trust grows – and this happens when people's actions match their words. Most of the work to break down barriers involves ensuring clear and consistent messaging, role-modelling the behaviour you ask of others and following through on your commitments.

Appoint speaking-up champions

Only FTSU guardians can handle cases, but to promote speaking up and build trust with people who experience barriers to speaking up, many organisations also use a network of champions. This approach has been particularly effective in organisations with a large geographical spread and multiple sites, or where a guardian works across a partnership or networks of organisations.

It is important that the champion role is well understood – by the champions themselves and by the workers they are supporting.

Find out more

National Guardian's Office (2021). [Guidance on Champion and Ambassador Networks: Guidance for Freedom to Speak Up guardians](#). London: NGO



Tips: Building trust



- Demonstrate that when people speak up, leaders and managers listen and follow up.
- Communicate through a variety of traditional, digital and social-media channels and enlist the help of community influencers.
- Include speaking up in all local induction programmes – not just the corporate one.
- Repeatedly emphasise to groups most likely to face barriers that you value the voice and experience of all your workers.
- Repeatedly send messages to the whole organisation that you, and other senior leaders, will not tolerate people victimising those who speak up.
- Raise awareness of the importance of civility, respect, diversity and inclusion.
- Talk to people about their fears and ask what would help them speak up, making sure you respond compassionately and empathetically and thank them for sharing their experiences.
- Implement a 'just culture' approach across the whole organisation to ensure that the emphasis is on improvement, not blame.
- Understand your own biases.
- Understand the pressures workers face, and their fears – particularly in those from under-represented groups or those that have faced exclusion or discrimination.
- Show you will take time to listen well and take issues around bias and discrimination seriously.

Tackle detriment

Speaking up is often associated with retaliation or detriment.

- **Retaliation** is intended harm to the person who has spoken up.
- **Detriment** is the harm experienced by the person who has spoken up, even if this harm was not intended.

Retaliation and detriment can impact on the person's health and well-being and may lead them to leave the team or organisation. Some people who have spoken up say that even though they felt that speaking up led to a positive outcome, they found the process stressful and believe that this stress had a negative impact on their performance.

Examples of detriment

- Being dismissed, a contract not being renewed or being made redundant
- Receiving a negative performance appraisal or disciplinary action
- Being moved to less-desirable duties or locations, or being demoted or suspended
- Being denied the information or resources to do the job properly
- Being overlooked or denied access to promotion or training
- Being criticised for speaking up
- Being refused support to manage the stress associated with speaking up
- Being bullied, excluded or treated negatively
- Being perceived as a troublemaker

If a worker feels they have experienced detriment as a result of speaking up, the matter should be looked into by their manager or someone more independent, or through your formal grievance procedure. You may also consider signposting the worker to NHS England's [Speaking Up Support Scheme](#). Your organisation's process should be set out in your speaking-up policy.

Ideally, a senior speaking-up lead, such as the non-executive director (NED), should have sight of any grievances that involve allegations of detriment.

You and your senior colleagues need to communicate that detriment will not be tolerated. When it does occur, it is important that you act – and are seen to act.

It is one thing to respond to detriment when it happens. It is another to proactively try and prevent it occurring. So, it is important that guardians share themes and learning from the work they do around allegations of detriment to enable individuals and teams responsible for organisational development to think through how to prevent it.

Continually improving speaking-up culture

Principle 8: Know the strengths and weaknesses of the organisation's speaking-up culture and take action to continually improve.

Building a speaking-up culture requires continuous improvement. Two key documents will help you plan and assess your progress: the improvement strategy and the improvement and delivery plan.

Writing your improvement strategy

You will want to develop a Freedom To Speak Up (FTSU) improvement strategy, but it does not matter what you call it as long as it incorporates goals that are well thought out, measurable and have been signed off by the senior team or board.

The strategy should set out clearly how speaking up fits in with the organisation's overall strategy and how it supports the delivery of related strategies. So, it should highlight the benefits of developing your speaking-up culture alongside other work to develop a healthy culture and behaviours, compassionate leadership and an inclusive workplace, and to increase civility and respect. Part 3 of this guide ([page 36](#)) shows how working on Freedom to Speak Up has a positive knock-on effect on many other important aspects of your culture and improvement work.

The strategy needs full buy-in from managers because its success depends on their willingness and ability to look into whatever matters are raised through the guardian.



Tips: Writing the improvement strategy

- Articulate a clear and ambitious vision about what you want speaking up to look like in your organisation.
- Set out ambitions and aims, based on a diagnosis of any speaking-up issues or areas for improvement that the organisation is currently facing. This should draw on learning from the National Guardian's case-review recommendations and best practice from others (for example, peer networks).
- Highlight any groups of people, geographical locations or service areas needing focus.
- Include clear objectives, measures and targets to monitor improvement.
- At the planning stage, think about what the values, behaviours, skills or knowledge you need to underpin your strategy.
- Co-producing the strategy with a diverse range of relevant stakeholders, including managers, will ensure there is a shared vision for speaking up.
- It should be signed off by the senior team or board, with planned periodic updates.
- Make sure the objectives include a focus on developing leadership values, behaviours, skills and knowledge that will help deliver the speaking-up vision.

The improvement and delivery plan

An improvement and delivery plan will help you deliver the strategy and attain the goals it sets out.

At first, the plan may focus on delivering your strategy, but over time it may evolve to include further actions in response to ad hoc gap analysis from best practice or recommendations from the National Guardian's [guidance or case reviews](#).

A good plan will contain success measures and information about how you will measure whether you have achieved your improvement goals.

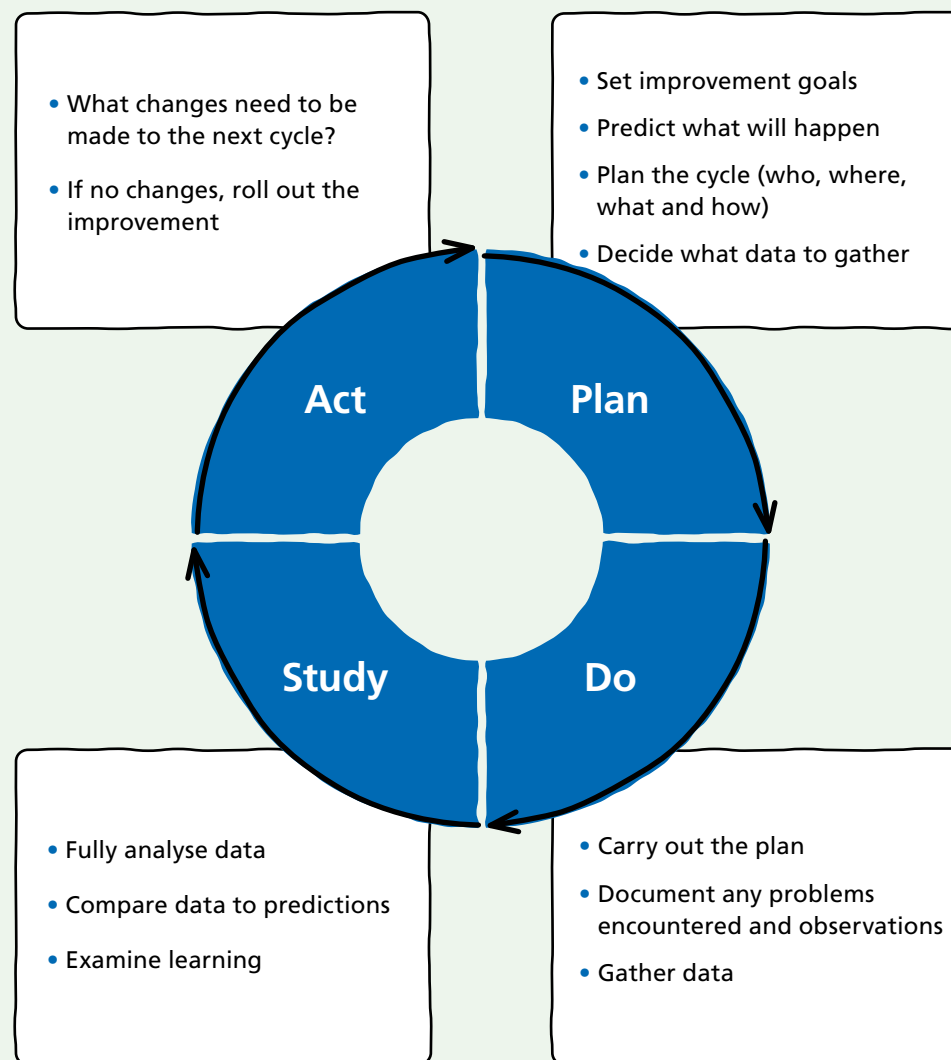
Sharing the updated plan and a progress report with your workers, senior team and board, if you have one, will demonstrate that you value speaking up.

Continuous improvement

Implementing a speaking-up culture is not a linear process. It takes time, and discovering which activities make the most difference to your organisation involves trial and error. Once you have implemented your improvement action plan (see above), you need to measure its impact to assess whether it is genuinely leading to positive change. The best way to do this is through a quality improvement approach to measuring and assessing for improvement.

A common model used in quality improvement is plan, do, study, act (PDSA) – also known as small cycles of change. This model (shown in Figure 2) shows an ongoing process of implementing, testing and changing, to create incremental improvements rather than a single, radical transformation, with each cycle of change building on previous learning.

Figure 2: The plan, do, study, act model





Find out more

Plenty of resources are available to help you develop your understanding of quality improvement and build skills. NHS England provide several useful resources:

- [Improvement Fundamentals](#) is a free course providing an introduction to improvement.
- [The Sustainable Impact Framework](#) is a tool that systematically captures the impact of widescale change programmes, tailored to support improvement work in complex systems.
- [Making Data Count](#) is a suite of practical guides and tools to help in using data to measure progress over time in system and service improvement. The resource includes simple tools and guidance on run charts and statistical process control charts.
- [The Statistical Process Control Tool](#) is free and easy to use. Paste in your data and it will generate a chart and flag anything needing investigation.

Indicators of concern

- Low numbers of cases (or none at all) are being raised with guardians.
- A high proportion of the cases raised are anonymous.
- A high proportion of the cases raised include an element of detriment for speaking up.
- The guardian does not have enough time to complete the activities set out in the universal job description, follow the guidance from the National Guardian's Office, attend network events and develop in the role.
- Guardians express frustration at the lack of support or action from their board or senior leaders.
- A guardian has been recruited through a process that was not fair and open.
- The annual staff survey (if your organisation has one) has a low participation rate.
- Your organisation scores poorly in response to Question 18f in the NHS Staff Survey or has a high overall score but certain groups score negatively.
- There is a low reporting rate for serious incidents and never events.
- There are lengthy delays in looking into speaking-up cases.
- Little change or learning is identified from speaking-up cases.
- There is high staff turnover overall, or in specific areas.
- Levels of worker satisfaction indicated by the staff survey, or within specific groups of people, are low overall.

Assurance

An important part of a speaking-up culture is having assurance that certain factors are working well. You and your senior colleagues or board need to seek ongoing assurance that the following are taking place:

- workers speak up with confidence and are treated well
- if there is evidence that a worker has been victimised as a result of speaking up, action is taken to address this
- workers who have suffered victimisation as a result of speaking up receive appropriate support and redress
- barriers to speaking up are identified and tackled
- all leaders and managers role-model speaking up and set a positive tone for speaking up
- learning is identified and shared across the organisation
- improvement actions are monitored and evaluated to ensure they lead to improvements.

Ways to gather assurance

Seeking assurance requires a proactive approach as the factors above may not be immediately apparent without some investigation, using a number of different approaches to gather information. For example:

- **Listen to workers** - Gather people's experience through walkabouts, conversations with governors, speaking-up cases, guardian user feedback, grievance themes, exit interviews, worker experience stories, polls and surveys, social-media comments, culture and behaviour reviews, staff networks and trade union representatives. What are workers telling you about the speaking-up culture and what needs improving?
- **Request a report from your guardian** - You should receive this at least twice a year.
- **Identify and audit the 'problem areas'** - Go out and actively seek problems, hold listening interventions and identify issues and themes, compare data from different sources to get a bigger picture, and do deep dives to identify what aspects of your speaking-up culture need to improve.
- **Assess governance** - If you have a NED, ask them to assess the effectiveness of your organisation's processes to ensure that the board, senior team and managers get to hear about risks and issues.
- **Learn from others** - Complete a gap analysis against what other organisations are doing, new national guidance, Model Hospital data, National Guardian Office case reviews ([summary doc](#)) or CQC thematic reports, to identify what about your speaking-up culture needs improving. Most of the analysis will be completed by your guardian. However, this does not preclude the senior lead for FTSU or the senior team or board forming their own views on areas for improvement.

The guardian report

The guardian writes and presents this report. The senior lead may support the guardian in this to ensure their report reflects internal house style, but the ideas, themes or issues they present must not be distorted. The report should not simply consist of a list of data, themes or activities carried out. It has to contain a detailed assessment – the ‘so what?’.

Further reading

National Guardian’s Office (year). [Recording Cases and Reporting Data: Guidance for Freedom To Speak Up guardians](#). London: NGO



The guardian report should have three parts.

Part 1 (assessment of cases) should provide assurance that matters being spoken up about are quickly evaluated, escalated and responded to. It should also observe whether change has occurred as a result and what assurance the Guardian has received from the relevant manager that any change will address the issues highlighted and prevent them from arising again.

Part 2 (action taken) focuses on:

- providing assurance that FTSU arrangements are continually evaluated and improvements identified
- illustrating the barriers that exist in your organisation and what the plan is to remove them
- providing information on the level of detriment for speaking up and any issues underlying this
- offering assurance that there are good processes for dealing with this, that the processes are used and there is an action plan for improvement (no matter how good or bad things are)
- assurance that the speaking-up arrangements are continually improving as a result of user feedback, audit and gap analysis against good practice.

In Part 3, the report makes recommendations.

Full detail of the contents is shown on the next page.

What the guardian report should include

Part 1. Assessment of cases

- The number and types of cases being handled by the guardian(s)
- Analysis of trends, including whether the number of cases is increasing or decreasing, any themes in the matters being raised (such as types of issue, particular groups of workers who speak up or areas of the organisation in which matters are being raised more or less frequently than might be expected), and information on which groups of workers are, or are not, speaking up
- What has been learnt and what improvements have been made as a result of workers speaking up
- Potential patient-safety or worker-experience issues
- How speaking-up matters fit into a wider patient safety or worker experience context, to help build a broader picture of the speaking-up culture, barriers to speaking up, potential patient safety risks, and opportunities to learn and improve.

Part 2. Action taken to improve speaking-up culture

- Actions taken to increase the guardian's visibility and promote all speaking-up channels
- Actions taken to support any workers who are unaware of the speaking-up process or who find it difficult to speak up
- Assessments of the effectiveness of the speaking-up process and individual case handling, including user feedback, pulse surveys and learning from case reviews
- Potential improvements following reports of workers feeling they have suffered detriment for speaking up
- Actions taken to improve the skills, knowledge and capability of workers to speak up, to support others to do so, and to respond to the issues they raise effectively.

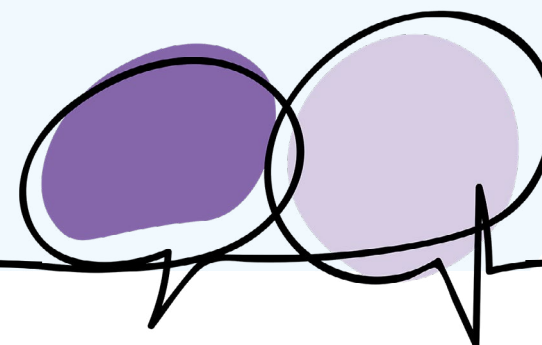
Part 3. Recommendations

Recommendations for any required action, with data and other intelligence presented in a way that maintains confidentiality.

Part 2

Building widespread cultural change

Part 2 sets out other transformational work that you could carry out alongside work on Freedom to Speak Up.



Carry out wider cultural improvement

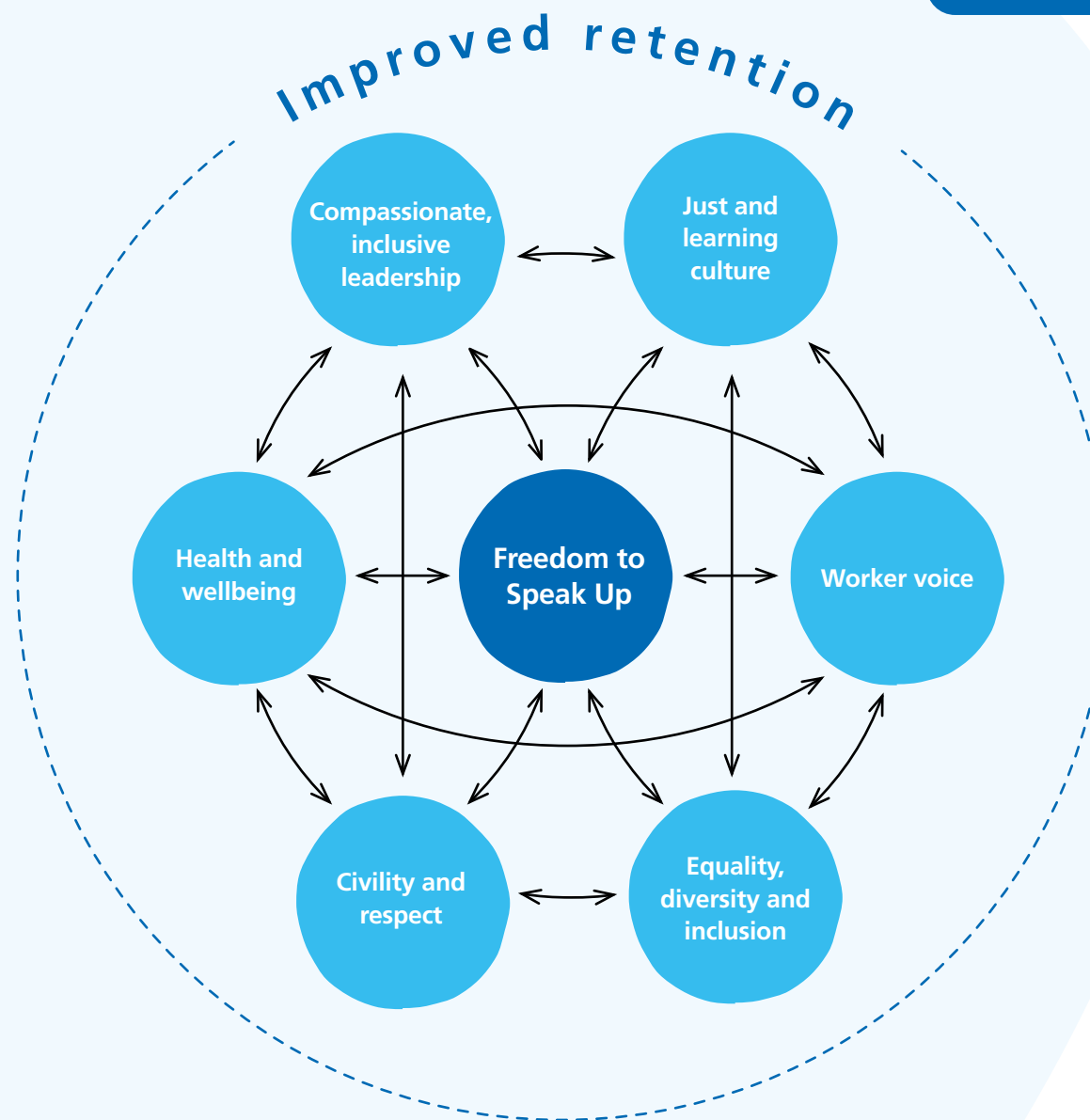
Ideally, improving your speaking-up culture should form part of wider culture improvement work because a healthy speaking-up culture is also one where people feel safe and confident to:

- share their thoughts, experiences and improvement ideas
- participate in health and wellbeing conversations
- call out incivility, discrimination or bullying.

Compassionate and inclusive working environments have a positive impact on staff engagement, too. If people feel comfortable doing all these things, this increases the likelihood they will stay working within the NHS.

For detailed information on how to retain staff read the [Improving staff retention: a guide for line managers and employers](#).

This part of the guide highlights the powerful links between Freedom to Speak Up (FTSU) and other elements of a compassionate and inclusive culture. The individual sections provide an overview of the relevant elements. They are not presented in priority order.



Compassionate, inclusive leadership

Compassionate and inclusive leadership has a profound impact on health and care at every level, from the experience of patients, service users and workers to the effectiveness of teams, organisations and systems. This approach to leadership is a key component of positive worker experience and wellbeing. Research has shown that the experience of staff supported by compassionate leaders is strongly associated with good quality of care for patients and service users.

It is also a powerful facilitator for innovation. Compassionate leaders support the creative and problem-solving process by giving time to every individual, understanding their challenges, empathising with them, and having the motivation to help each person to whom they offer leadership.

It involves being present for all and helping all those they lead. To nurture a culture of compassion, organisations require their leaders to be the 'carriers of culture' – to embody compassion in their leadership.

How it links with speaking up

When leaders set a tone of psychological safety in an organisation, people feel more able to speak up about the things that concern them. Creating a compassionate, inclusive culture ensures that every voice really matters and that every concern or issue raised will be treated respectfully. This supports staff wellbeing as well as retention.

Leaders are key to creating an environment that enables psychological safety, through:

- paying attention to those around them and seeing for themselves the challenges that colleagues face
- listening carefully and getting alongside colleagues who feel there are concerns within the organisation
- seeking to truly understand and empathise with those who want to improve care by raising issues
- taking action to determine how, together, colleagues can make the changes they wish to see.

Find out more



NHS England's [Culture and Leadership programme](#) is a modular which provides organisations the opportunity to understand more about their own culture using evidence based tools to help them develop compassionate, inclusive and collective leadership that will bring about culture change.

Further reading



Catlin K (2021). *Better Allies – Everyday actions to create inclusive, engaging workplaces*, 2nd edn. Better Allies Press.

NHS England. [The Culture and Leadership programme](#) links to a host of resources including guidance, case studies and wider reading, in particular:

- Changing healthcare cultures – through collective leadership
- What does compassionate and inclusive leadership mean to us?
- Trauma Informed Compassionate Leadership – Helping NHS leaders, teams and individuals to recover from the trauma of COVID-19, a compassionate approach

West MA (2021). *Compassionate Leadership: Sustaining wisdom, humanity and presence in health and social care*. The Swirling Leaf Press.

Wise T (2020). *Fieldnotes on Allyship: Achieving equality together*. Our Human Family Inc.

Just and learning culture

'Just culture' is a concept adopted from systems thinking. It holds that mistakes usually result from organisational issues rather than individual fault. 'Learning culture' is a related approach in which the senior teams or board commit to ongoing learning. In health and care, a just and learning culture helps workers feel confident to speak up when things go wrong, rather than fearing blame if they do so. Supporting workers to be open about their mistakes allows valuable lessons to be learnt so that organisations can prevent the same errors from being repeated.

How it links with speaking up

A just and learning culture creates an environment where Freedom To Speak Up can thrive – because speaking up when things go wrong becomes normal, everyday practice. Both approaches focus on learning when things go wrong and improving as a result, rather than finger-pointing or seeking blame (sometimes expressed as 'what was responsible, not who is responsible').

This does not equate to an uncritical, overly tolerant culture where 'anything goes': it means everyone being accountable but also feeling supported by their organisation.



Further reading

NHS England. [A Just Culture Guide](#).

Horizons [A-practical-guide-to-the-art-of-psychological-safety-in-the-real-world-of-health-and-care-pdf \(horizonsnhs.com\)](#).



Find out more

[Principles and Practice of Restorative Just Culture](#). Four-day course. Mersey Care NHS Foundation Trust in partnership with Northumbria University.

Worker voice

Worker voice (also known as staff voice or employee voice) is the means by which people communicate their views at work and influence matters that affect them. A person's level of psychological safety strongly affects how they feel about sharing thoughts with others in the workplace, so this provides a bedrock for voice.

Effective voice contributes to multiple positive outcomes, not only for individuals but also for organisations and systems, as it supports innovation, productivity, increased job satisfaction, employee engagement and wellbeing and, ultimately, staff retention. When workers can speak out about their experience, this enables organisations to create a great work environment. This, in turn, helps organisations provide the best possible care, attract and retain staff, and improve staff health and wellbeing.

Like other areas of cultural improvement, building effective voice within an organisation has to be done through multiple initiatives – designing and developing approaches to communications and line management that nurture trust, which, in turn, enables workers to use their voice. It also involves looking at other factors that impact on worker experience, such as wellbeing, employer brand and communication. To be effective, this work must be championed by leaders.

How it links with speaking up

This guide focuses on speaking up as a means of reporting an area of concern. However, speaking up also encompasses completing the national NHS Staff Survey, the new quarterly pulse survey, sharing thoughts with a senior leader on a board walkabout or using social media to share an opinion. All of these are ways for workers to share their voice.



Find out more

NHS England. [We each have a voice that counts](#). Includes links to multiple resources including webinars, books, case studies, articles and training.

In April 22 the Staff Engagement Team in NHS England published a Listening Strategy. The document is designed to consolidate existing information about the national tools available to listen to staff and how each provides a complementary view of worker behaviour and sentiment to support improving employee experience and in tandem – patient experience. It also proposes several ways that NHS Trusts could expand on their approach to listening. The document will be available via [Employee Experience and Engagement - FutureNHS Collaboration Platform](#).

For NHS organisations three listening tools are available: the [NHS Staff Survey](#), the [National Quarterly Pulse Survey](#) and [the monthly Pulse Survey](#), as well as the accompanying free [People Pulse Diagnostic Tool](#).

A short animation describing how the Staff Survey links to the People Promise <https://youtu.be/UT2Qwj8nqvc>

Equality, diversity and inclusion

Equality, diversity and inclusion (EDI) has been described as the golden thread that runs through everything that happens in health and care. It informs behaviour, planning, policy, practice, process, operations and strategy and – above all – care. Applying the EDI lens to our work means consciously and actively advancing equality and producing evidence for continuous improvement, to keep workers, patients and service users physically and psychologically safe. This is not just our duty as care providers: it is a moral imperative.

Inclusion through speaking up can further be reinforced by enabling an 'effective ally' workforce. This involves workers effectively intervening, reporting incidents and speaking up on behalf of others. An effective ally can help de-escalate or even stop wrongdoing and put a halt to bad behaviours.

This is in contrast to a bystander culture within workplaces where, despite witnessing wrongdoing to others, people do not speak up. This can have detrimental effects on workplace experience and, ultimately, patient care.

How it links with speaking up

The most vulnerable workers need to feel that it is safe to speak up. By collecting and analysing data to identify any differences in the workplace experiences of different groups, colleagues with a focus on EDI and speaking up can work together to make sure everyone has equal access to speaking up and no one feels that speaking up is not for 'someone like them'.

As a relational exercise, speaking up is effective only if 'listening up' occurs too. This can happen only in psychologically safe spaces where equality and inclusion are the norm and where people across organisations (including line managers and guardians) are familiar with EDI principles. So, it is important that organisations support the growth of staff networks and encourage people's engagement with them. Guardians should reach out to the workforce via the staff networks.



Further reading

British Medical Association (2018). [Bullying and harassment: how to address it and create a supportive and inclusive culture](#)

Kline R (2019). [Leadership in the NHS](#). BMJ Leader 3(4).

Kline K, Somra G (2021). [Difference matters: the impact of ethnicity on speaking up](#). National Guardian's Office.

NHS England. [NHS Workforce Race Equality Standard](#).

West E, Nayar S, Taskila T (2017). The progress and outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process. London: University of Greenwich/NMC.

NHS England - [Equality, Diversity and Inclusion resources on FutureNHS](#)

Civility and respect

Civility and respect sit behind a positive workplace culture – they are the way people should treat each other. ‘Civility’ describes a behaviour: treating someone politely or with courtesy. ‘Respect’ involves valuing other people’s experience and feelings. The two are closely linked, as people show their respect for someone by acting with civility.

In health and care, civility and respect involve supporting, valuing and respecting workers for what they do and showing kindness, compassion and professionalism towards workers, patients and service users.

This means addressing behaviours such as unconscious bias, micro-aggressions and micro-behaviours, gossiping, undermining or excluding individuals, along with more obviously visible examples of bullying or harassment, such as rude or unkind behaviour, using a harsh tone of voice, raising one’s voice, rolling one’s eyes, making sharp comments or being overtly critical.

It also means ensuring that people are civil in their digital communication, avoiding making sharp, harsh or insulting comments on email or social media.

Further reading

NHS Employers (2019). [Professionalism and Cultural Transformation Toolkit](#). NHS Employers.

Porath C (2016). [Mastering Civility: A manifesto for the workplace](#). New York: Grand Central Publishing

Turner C. [When rudeness turns deadly](#). TED talk about incivility by UK emergency medicine consultant.



Working in an environment where these behaviours take place can have a debilitating impact on people’s health and wellbeing, as well as their performance. Supporting our workers to demonstrate civility and respect, and resolving conflict effectively and informally, is likely to help reduce sickness absence, turnover, presenteeism and low morale, as well as addressing poor communication skills that may lead to allegations of bullying and harassment.

How it links with speaking up

People need to feel confident that if they call out poor behaviour, they will not experience detriment or retaliation ([see page 30](#)). Creating and promoting psychologically safe spaces by promoting positive working relationships helps make staff feel secure, supported and confident to speak up, providing a healthier outlook for all. A speaking-up culture – whether speaking to line managers or guardians – plays a crucial role in developing a culture of civility and respect.

Find out more

[The Civility and Respect Toolkit and Framework](#) offers a practical, evidence-based overview on thinking and action, to understand what employees are experiencing and how this is contributing to workplace stressors and, ultimately, the cultural feel of the organisation. (Section 6 of the toolkit provides links to further resources.)

[civilitysaveslives.com](#) is the website of a group of UK health professionals who aim to raise awareness of the power of civility in medicine.



Health and wellbeing

For health and care organisations to provide high quality patient care, and to retain a happy and healthy workforce, colleagues need to feel supported at work and able to talk about wellbeing when they need to. Leaders, teams and employers should be offering their workforce access to support that helps them stay well at work. Support should always be available, and at a range of levels – including across teams, organisations, and sectors.

Before COVID-19, the NHS had started to put increasing emphasis on the health and wellbeing of its workers. The NHS People Plan and People Promise make key commitments to create and sustain cultures of wellbeing across the NHS and build on learning gained during the pandemic. This includes leaders thinking about wellbeing in a holistic manner and the many ways someone's wellbeing can be affected, as well as considering the impact of every experience, from a workplace induction to having access to breaks and safe spaces or to the relationship with their line manager.

Organisations are encouraged to promote and support the health and wellbeing of their workforce, not take the traditional approach of acting only when someone is unwell. This includes actively supporting colleagues to access occupational health and wellbeing when needed, and proactively checking in with colleagues to ask how they are. Creating an environment where people are happy and healthy, and supported to achieve their individual ambitions while delivering the highest levels of care, will help retain them in the NHS.

How it links with speaking up

For workers to speak up, they need to feel safe, respected and included, and assured that they will not be discriminated against. But they also need to feel they will be supported, looked after and cared for.

At the same time, developing a culture where workers feel safe to speak up and that, if they do, action will be taken, will help them feel more able to be open and honest during conversations about their health and wellbeing.



Find out more

The [NHS health and wellbeing framework and diagnostic tool](#) sets out the standards organisations need to meet for their workers to feel well, healthy and happy at work.

Three initiatives are being rolled out in the NHS:

- **Wellbeing guardians** are new roles, designed to provide oversight on speaking up at board level.
- **Health and wellbeing champions** are being appointed at all levels, to promote, identify and signpost ways to support wellbeing to colleagues.
- **Health and wellbeing conversations** are one-to-one meetings focus on the health and wellbeing every worker, revised at least annually. These conversations are designed to support the above two roles. Organisations can use this guidance on how to approach a conversation about wellbeing.

Find out more about [health and wellbeing champions](#).

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FREEDOM TO SPEAK UP GUARDIAN SURVEY 2021

Senior leaders' essential role
in Freedom to Speak Up

March 2022



**National
Guardian**

Freedom to Speak Up

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Foreword



As the new National Guardian for the NHS, I appreciate how this survey of Freedom to Speak Up Guardians provides valuable insight into how the Guardian role is implemented. It helps me understand what further support and learning is needed to create a culture where speaking up is business as usual.

The experience of Freedom to Speak Up Guardians reflects the continued pressures of the pandemic and its effects on the healthcare sector. I am especially grateful to Freedom to Speak Up Guardians for taking part in the survey, mindful of their significant workloads as they seek to support their colleagues whilst the sector remains under strain.

The picture guardians paint of speaking up in a sector still experiencing the effects of the pandemic is a complex one. Positively, many guardians who responded thought that speaking up culture had improved in the healthcare sector (72.8%) and in the organisations they support (74.3%) in the last 12 months. Yet there has been a fall in the proportion of respondents who said their organisation had a positive culture of speaking up, a drop of five percentage points from 2020 (to 62.8%).

Senior leaders

Freedom to Speak Up Guardians do not work in isolation. Leaders set the tone for fostering a healthy speak up, listen up, follow up culture. In 2020, 80% of Freedom to Speak Up Guardians who responded to this survey said senior leaders supported workers to speak up. But in 2021, this fell to 71%. This nine-percentage point difference is a notable drop, which is cause for concern. Also of concern is the indication from 11.5% of respondents who felt that their senior leaders did not understand the Freedom to Speak Up Guardian role and 13.4% did not agree that senior leaders were effective role models for speaking up.

Senior leaders must understand how important fostering a positive speaking up culture is for the success of their organisation, how it protects their workers, their patients and service users. I urge all leaders to use the results of this survey to prompt a conversation with their Freedom to Speak Up Guardian. The benefits speaking up brings can only be realised if leaders listen up and follow up. Guardians can be a significant source of support for leaders, as an important additional route for speaking up, but they cannot do their job for them; however, they can support them

with the themes of what workers are speaking up about - whether those are patient safety concerns, ideas for improvement, or issues affecting their work or wellbeing.

The NGO, in collaboration with HEE, is launching the third and final module in the [Freedom to Speak Up e-learning](#) training package. This will provide an opportunity for leaders to pause and reflect on their influence in shaping the speaking up culture in their organisation; I urge you to undertake this training. The revised universal freedom to speak up policy and implementation tools that NHSEI will shortly be publishing will provide an additional opportunity to reset and refresh efforts to improve speaking up culture.

Working proactively

It is only with the full support of their leaders that Freedom to Speak Up Guardians can fully deliver the two key elements of their role. One part is reactive – listening to workers, thanking them and supporting them so that their voices can be heard, and actions are taken. The other part is the proactive element – supporting their organisation to learn from the opportunities that speaking up brings and tackling barriers to speaking up wherever they are.

For the first time in this survey, we asked guardians about the proportion of time they spent on these two aspects of their role. The highest proportion of respondents were those who spent three-quarters of their time on the reactive elements of the role and one quarter on the proactive aspects. A third of respondents said they had a 50:50 split but 10.3% of respondents indicated that they only work reactively.

This is just one example of the inconsistencies across the system in how the Freedom to Speak Up Guardian role is implemented and this matters: speaking up will not become business as usual if guardians are spending all their time acting as an additional channel rather than working in their organisations to overcome the barriers that result in workers feeling that they must come to a guardian in the first place.

Barriers to speaking up

According to the perception of guardians responding to the survey, the fear of retaliation for speaking up was the greatest barrier to speaking up. In addition, nearly a quarter of respondents said the concern that nothing will be done about the matter raised had a very strong impact as a barrier to workers speaking up. These findings are not new but continue to illustrate the importance of creating an environment where workers do not feel fearful of speaking up and where everyone can see how speaking up is used to make a difference. I ask all leaders to consider what actions their organisations are taking to reduce the fear of futility of speaking up.

Detriment

Guardians tell us that workers continue to say that they feel they experience detriment for speaking up. This is reflected in the information they provide the National Guardian Office in their quarterly data returns. Whilst this survey tells us

that 72% of respondents agreed that detriment was taken seriously, it also shows that nearly one in ten (9.5%) believed that the response to detriment were ineffective.

It is not enough for there to be a statement of zero tolerance on detriment in a speaking up policy. I want to see senior leaders take note of these findings and take more actions to reduce the level of detriment that is being experienced.

Assurance and oversight

Boards, trustees, governors and those with an oversight role have a duty to assure themselves that the behaviours and the culture in the organisation are operating as they should. So, it is disappointing that there was an 11-percentage point decrease in respondents who said they had sufficient access to the board or equivalent, down from 94.0% in 2020 to 83.1% in 2021.

The insights that Freedom to Speak Up Guardians bring us are so important in helping understand the behaviours and culture that workers experience in practice. These insights can highlight challenges and act as an early warning system of where failings might occur. Recent, high-profile, cases have highlighted the consequences of not embracing speaking up in this spirit; this influences the whole sector and, as a result, the truth can be silenced. I ask all senior leaders to prevent this. The starting point is to listen with compassion and embrace speaking up as a means of learning and improving. It is an opportunity when workers speak up to us and something that must be encouraged, supported and acted upon as it is vital for patient safety and worker wellbeing.



Dr Jayne Chidgey-Clark

National Guardian for the NHS

March 2022

Acknowledgements

We want to thank Freedom to Speak Up Guardians for participating in the survey, particularly given the additional pressures on the healthcare system. We also want to thank Picker Institute Europe for their expertise and support in running the survey.

National Guardian's Office

The [National Guardian's Office](#) works to make speaking up business as usual in England's healthcare sector.

The office leads, trains and supports Freedom to Speak Up Guardians and provides learning and challenge on speaking up matters to the healthcare system.

Since the establishment of the NHS National Guardian's Office in 2016 following the recommendation of Sir Robert Francis' [Freedom to Speak Up Review](#), the network of Freedom to Speak Up Guardians has grown to over 800. Freedom to Speak Up Guardians support workers in a range of organisations in primary and secondary care, the independent sector and national bodies.

Freedom to Speak Up Guardians

Freedom to Speak Up (FTSU) Guardians support workers to speak up and work within their organisation to tackle barriers to speaking up.

NHS trusts and providers of NHS care subject to the [NHS standard contract](#) must appoint a Freedom to Speak Up Guardian and follow the National Guardian's Office's (NGO) guidance on speaking up.¹ Increasingly, other organisations are also introducing the Freedom to Speak Up Guardian role.

Freedom to Speak Up Guardian Survey: 2021/22

We undertook this survey to gain insight into the implementation of the Freedom to Speak Up Guardian role and how this could be improved. Feedback from respondents helps us assess developments since the launch of the Freedom to Speak Up Guardian role and identify and prioritise improvements that we may need to make to support the Freedom to Speak Up network.

This is the fifth survey of its kind. Please see [here](#) for reports from our previous surveys.

We invited 745 Freedom to Speak Up Guardians to participate in the survey, which was open from 13 September to 31 October 2021. In total, there were 333 responses - a response rate of 44.7%.

Table 1 (below) shows the number of those invited to participate in the survey by organisation type and the percentage of those groups that completed the survey.²

¹ Though some primary care and independent healthcare providers subject to the NHS standard contract have appointed Freedom to Speak Up Guardians, many have not. This needs to continue to change so that all workers have access to this essential, additional route to speak up.

² The breakdown by organisation type excludes respondents from organisations with fewer than five respondents in order to protect anonymity

Organisation Type	Invites sent	Surveys completed
NHS Trust/Foundation Trust	374	212
Independent Provider of Healthcare Services	150	41
National Bodies	64	21
Hospice	51	24
Clinical Commissioning Groups	37	10
Other (inc. primary care)	61	-
Total	737	325

Table 1: Respondents by organisation type

There were some changes to the questions in the 2021/22 compared to previous years. Please see [here](#) for the Freedom to Speak Up Guardian Survey 2021 Question List.

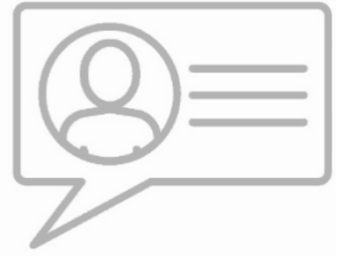
All questions in the survey were voluntary, and so the number of responses to each question varies. Results are shown as a percentage of the total number of responses to each question.

The survey included questions regarding the following areas:

- Health and wellbeing
- Freedom to Speak Up Guardian networks
- National Guardian's Office

We will be publishing the results in bespoke reports in the first half of 2022/23.

Key Findings



Speaking up culture

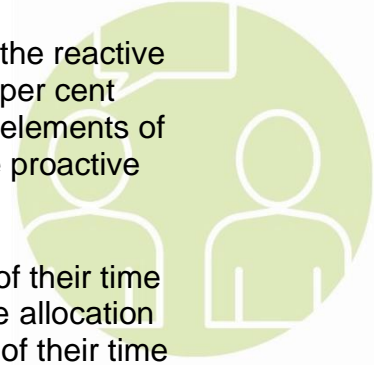
- Almost three quarters of respondents (74.3%) thought that the speaking up culture in the organisation(s) they support had improved over the last year. A similar portion (72.8%) thought the same about the healthcare sector.
- Sixty-three per cent (62.8%) of respondents said their organisation had a positive culture of speaking up, down five percentage points compared to 2020.
- Seven out of ten (70.8%) respondents said that senior leaders supported workers to speak up. This is a 10-percentage point decrease compared to last year (80.2%, 2020).
- Respondents perceived that fear of retaliation/suffering as a result of speaking up and concerns that nothing will be done were key barriers to speaking up in the organisation(s) they supported, with 69.0% of respondents saying that fear of retaliation/suffering due to speaking up had an impact on speaking up and 58.4% saying the same for the concern that nothing will be done in response to speaking up.
- Three quarters (75.3%) of respondents said action was being taken to tackle barriers to speak up. However, one in ten (11.3%) respondents said action had not been taken.
- Nearly 80% (28.4%) of respondents thought that action taken to tackle barriers to speaking up was somewhat or very effective.
- Seventy-two per cent (72.1%) of respondents agreed or strongly agreed that detriment was taken seriously in the organisation(s) they support but nearly one in ten (9.5%) thought that action taken was ineffective.



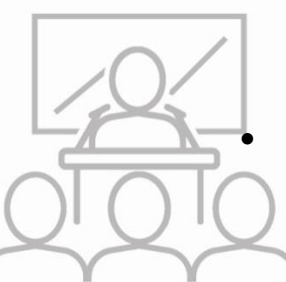
Appointment and carrying out the role

- Most respondents (77.7%) said they were appointed to the Freedom to Speak Up Guardian role through fair and open competition. A greater portion of respondents supporting NHS Trusts or National Bodies said that they were appointed through fair and open competition compared to other organisations.
- Three-fifths of respondents (60.4%) had been in the role for 18 months or longer
- Respondents represented a wide range of occupational groups. Twenty-seven per cent (27.3%) of respondents were registered nurses and midwives.

- The most represented pay bands among respondents were Agenda for Change (AfC) band 7 (22.1%) and AfC band 8a (20.6%).
- Most respondents (72.1%) to the survey were confident that they were meeting the needs of workers in the organisation(s) they support as Freedom to Speak Up Guardian.
- Overall, respondents spent a greater proportion of their time on the reactive aspects of their Freedom to Speak Up Guardian role. Forty-five per cent (45.2%) of respondents spent most of their time on the reactive elements of the role, compared to 24.7% that spent most of their time on the proactive aspects of the role.
- Two-thirds (67.0%) of respondents that spent an equal amount of their time on the proactive and reactive aspects of the role thought that the allocation felt right to them. Most respondents that spent a greater portion of their time on the reactive aspects of the role thought that the allocation was not right.
- A greater proportion of respondents were reporting to their boards (or equivalent) in person, up 3.8 percentage points from last year to 81.3%.
- Seventy-two per cent (71.7%) of respondents felt valued by managers in the organisation(s) they support, up 3.3 percentage points (68.4%, 2020).
- Most respondents felt supported by their chief executive (85.7%) and senior leaders (77.9%).



- Ninety-three per cent (93.2%) of respondents said they felt safe speaking up to senior leaders. Four per cent (3.9%) did not feel safe speaking up to senior leaders.
- Almost three-quarters (74.1%) of respondents agreed with the statement: 'I feel confident that my suggestions and challenges to senior leaders will be acted upon.' However, one in ten (10.2%) disagreed or strongly disagreed.
- There was a 5.8 percentage point decrease in respondents who said they had direct access to the non-executive director (or equivalent) with speaking up as part of their portfolio, down from 87.7% in 2020 to 81.9% in 2021.
- There was an 11-percentage point drop in respondents who said they had sufficient access to the board (or equivalent), from 94.0% in 2020 to 83.1% in 2021.
- Less than half of the respondents (48.7%) said that they had sufficient time to carry out their Freedom to Speak Up responsibilities. Almost a third of respondents (32.6%) said it was insufficient.
- Twenty-nine per cent (28.6%) of respondents said they had insufficient budget for expenses associated with the role.



Ring-fenced time

- Two-thirds (65.6) of respondents had ring-fenced time to carry out their role, a 4.7 percentage point decrease compared to the previous year (70.3%, 2020).
- A greater proportion of respondents with ring-fenced time said that they had sufficient time to carry out their Freedom to Speak Up responsibilities. Twenty-seven per cent (27.2%) of respondents with ring-fenced time strongly agree that they had sufficient time compared to 5.5% of respondents with no ring-fenced time.

Training for workers

- Four out of five (79.5%) respondents said speaking up training was available for workers at the organisation(s) they supported; 67.1% said training was available on listening up.
- Most respondents said that this training was not mandatory.
- Around two-thirds (64.4% - 67.8%) thought speaking up and listening up training was effective.

Demographics

- Four out of five (79.7%) respondents were female.
- Fifteen per cent of respondents (15.2%) were from an ethnic minority background, up from 9.1% in 2020.
- Most respondents (52.9%) were in the 51-65 age band.
- Eighty-seven per cent (86.6%) of respondents identified as heterosexual. Four per cent (3.8%) were gay or lesbian and 2.1% were bi-sexual.
- Over a quarter (25.9%) of respondents said they had a long-term health condition (physical or mental) lasting or expected to last for 12 months or more. This was an 8.6 percentage point increase compared to 2020.

Recommendations

- Senior leaders should deepen their support for speaking up by taking action to demonstrate learning from speaking up, tackling detriment, and supporting further cooperation within organisations on all matters related to speaking up.
- To improve their ability to act as effective role-models for speaking up we encourage all senior leaders to complete the NGO / HEE 'speak up, listen up, follow up' training.
- Senior leaders should discuss the findings of this survey with their Freedom to Speak Up Guardian and assess with them the amount of ring-fenced time and the balance of time available for reactive and proactive support for speaking up
- There should be visible action on detriment for speaking up wherever this is reported.
- The frequency and status of training on speaking up matters should be reviewed so that guardians and leaders can satisfy themselves that workers and those who support them have the knowledge and skills they need to speak up, listen up, and follow up, well.
- Senior leaders should take the necessary steps to tackle the perception that speaking up is futile, including ensuring appropriate action is taken when individuals speak up and that they are offered timely and meaningful feedback.

Changes in speaking up culture

We asked guardians about their perceptions of how the speaking up culture in the healthcare sector had changed over the past year. Seventy-three per cent (72.9%) of respondents said it had improved considerably or slightly.

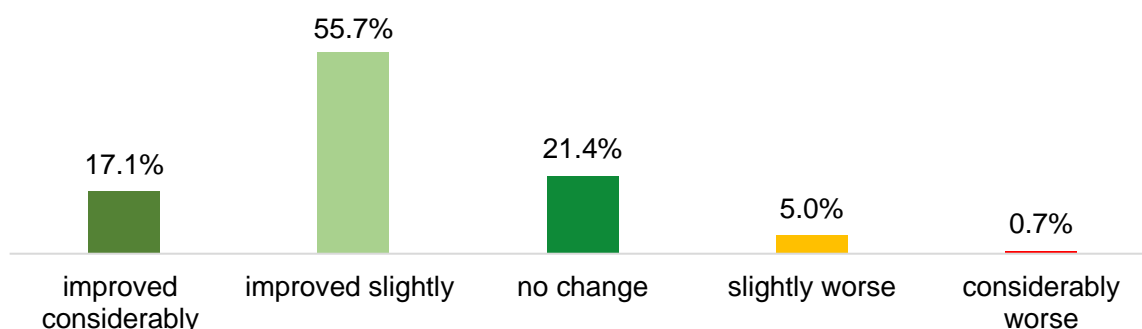


Figure 1. Which of these statements best describes how Freedom to Speak Up culture has changed in the last 12 months in: The healthcare sector

In previous surveys, we sought perceptions of the speaking up culture specifically in the NHS rather than the healthcare sector. In 2020, 80% of respondents said the speak-up culture in the NHS had improved considerably or slightly.

Three quarters (75.0%) of respondents supporting NHS trusts thought the speak-up culture in the healthcare sector had improved (considerably or slightly) in the last 12 months. This compares with 80.6% of respondents supporting independent supporting independent healthcare providers and 50.0% of respondents supporting hospices.

Organisations supported by Freedom to Speak Up Guardians

We asked respondents to share their views on how the speaking up culture in the organisation(s) they support had changed over the preceding 12 months.

Almost three-quarters of respondents (74.3%) said the speaking up culture in the organisation(s) they support had improved: 23.6% said it had considerably improved and 50.7% that it had slightly improved.

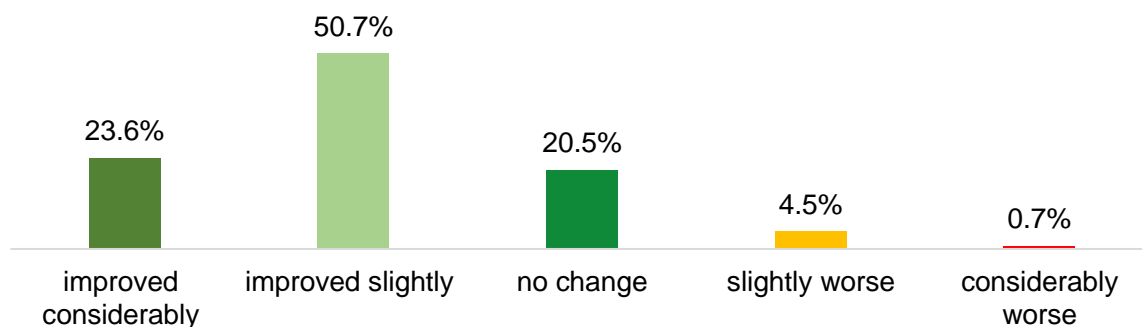


Figure 2. Which of these statements best describes how Freedom to Speak Up culture has changed in the last 12 months in: The organisation(s) you support

A minority of respondents (5.2%) said that the speaking up culture in the organisation(s) they support had deteriorated.

In previous surveys, we asked guardians about how Freedom to Speak Up culture in their organisation had changed in the last 12 months. In 2020, eighty-four per cent (84%) of respondents said that it had improved slightly or considerably.³

In 2021, we found that the responses varied depending on the type of organisation(s) supported by the respondents: seventy-eight per cent (78.1%) of respondents from independent healthcare providers said the culture had improved, 73.8% for respondents supporting NHS trusts said the same, as did 65.2% for those supporting hospices.

³ National Guardian's Office, [Freedom to Speak Up Guardian Survey 2020: Guardian insights on support for and barriers to speaking up](#), page 41.

As in previous surveys, we sought guardians' views on statements about the speaking up culture in their organisation(s) (figure 3, below).

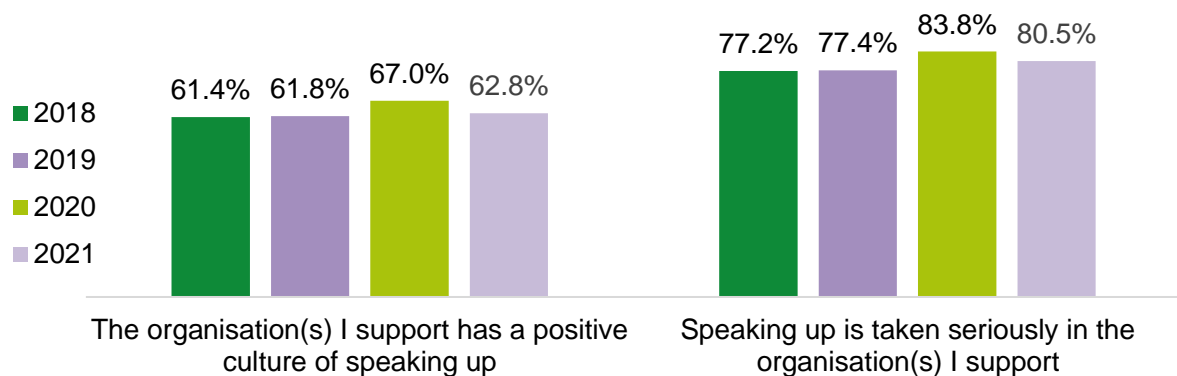


Figure 3. Agree or strongly agree

Sixty-three per cent (62.8%) of respondents agreed or strongly agreed with the statement that the organisation(s) they support has a positive speaking up culture. In 2020, 67.0% of respondents agreed or strongly agreed with this statement.

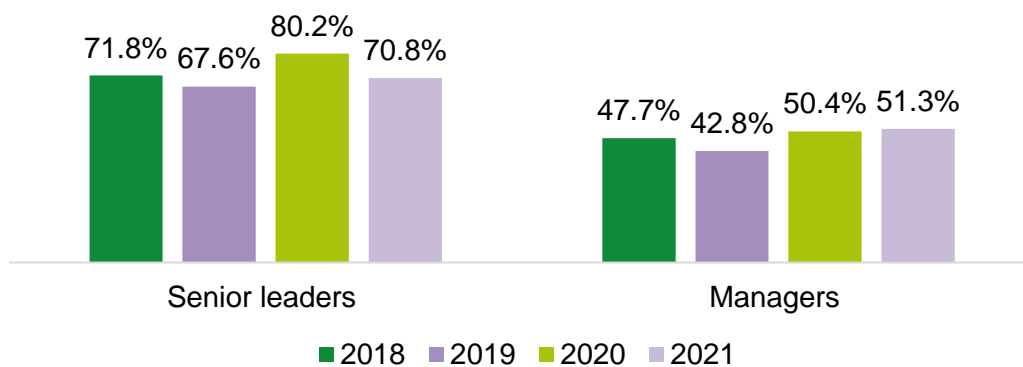


Figure 4 ‘... support workers to speak up’ (agree or strongly agree)

Seven out of ten respondents (70.8%) said that senior leaders support workers to speak up. This was a 9.4 percentage point decrease compared the previous survey results.

The proportion of respondents agreeing or strongly agreeing with the statement that managers support workers to speak up continued to increase, up from 42.8% in 2019 to 51.3% in 2021.

For the first time, we asked respondents to rate - on a scale from 'excellent' to 'very poor' - their perceptions of eight aspects of freedom to speak up in the organisation(s) they support. The aspects included confidence in the Freedom to Speak Up Guardian role among certain staff groups (please see figure 5, below).

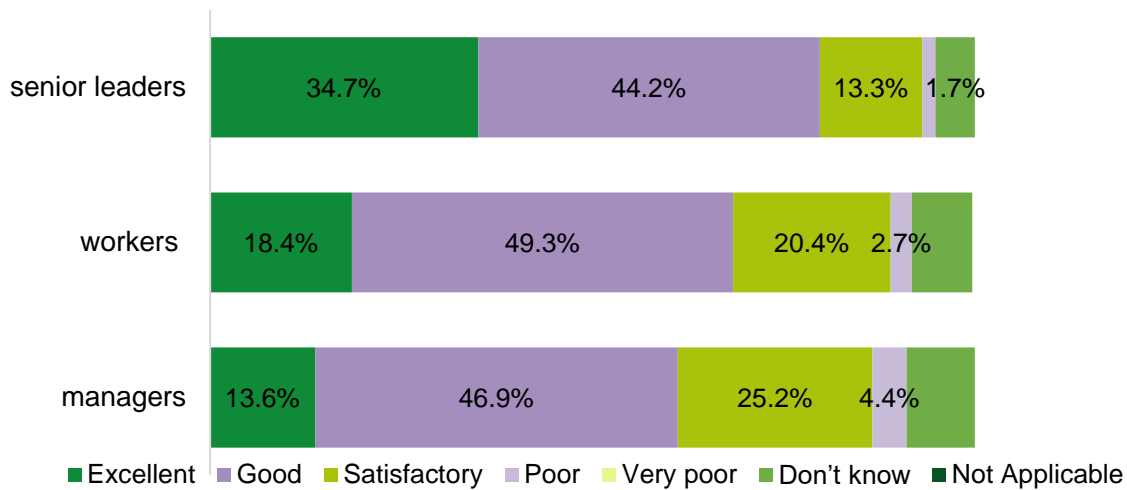


Figure 5. How would you rate each aspect at the organisation(s) you support? 'Confidence in the FTSU Guardian role among...'

In every case, most respondents gave a 'good' or 'excellent' rating regarding these staff groups' confidence in the Freedom to Speak Up Guardian role.

Almost eight out of 10 (78.9%) respondents rated senior leaders' confidence in the role as 'good' or 'excellent', meaning that it was the aspect of freedom to speak up that attracted the greatest portion of 'good' or 'excellent' ratings.

The engagement of board members (or equivalent) in FTSU matters was also rated relatively highly, with over two-thirds of respondents (68.4%) rating it 'good' or 'excellent'

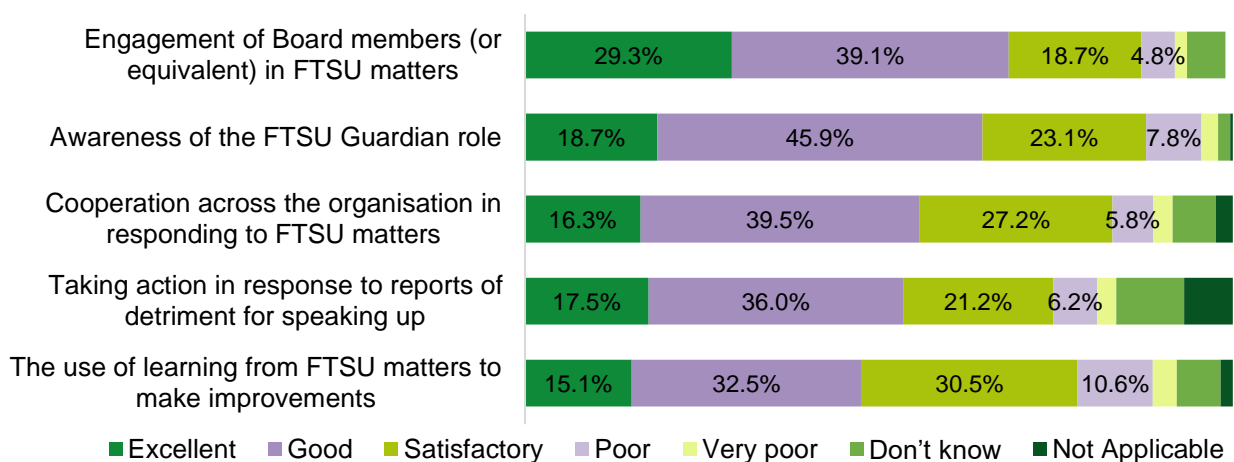


Figure 6. How would you rate each aspect at the organisation(s) you support?

In contrast to the above findings, forty-eight per cent (47.6%) of respondents rated the use of learning from FTSU matters in the organisation(s) they support as 'good' or 'excellent'. This aspect also attracted the highest portion of 'poor' and 'very poor' ratings (14.0%) (see figure 7, below).

Awareness of the FTSU Guardian role was among the aspects of freedom to speak up that attracted the highest proportion of 'good' and 'excellent' ratings, but one in ten (10.2%) of respondents gave it a 'poor' or 'very poor' rating.



Figure 7. How would you rate each aspect at the organisation(s) you support? 'Poor' or 'very poor' ratings

Barriers to speaking up

On a scale from 'no impact' to 'very strong impact', we asked guardians to share their perceptions of the degree to which certain factors act as barriers to speaking up.

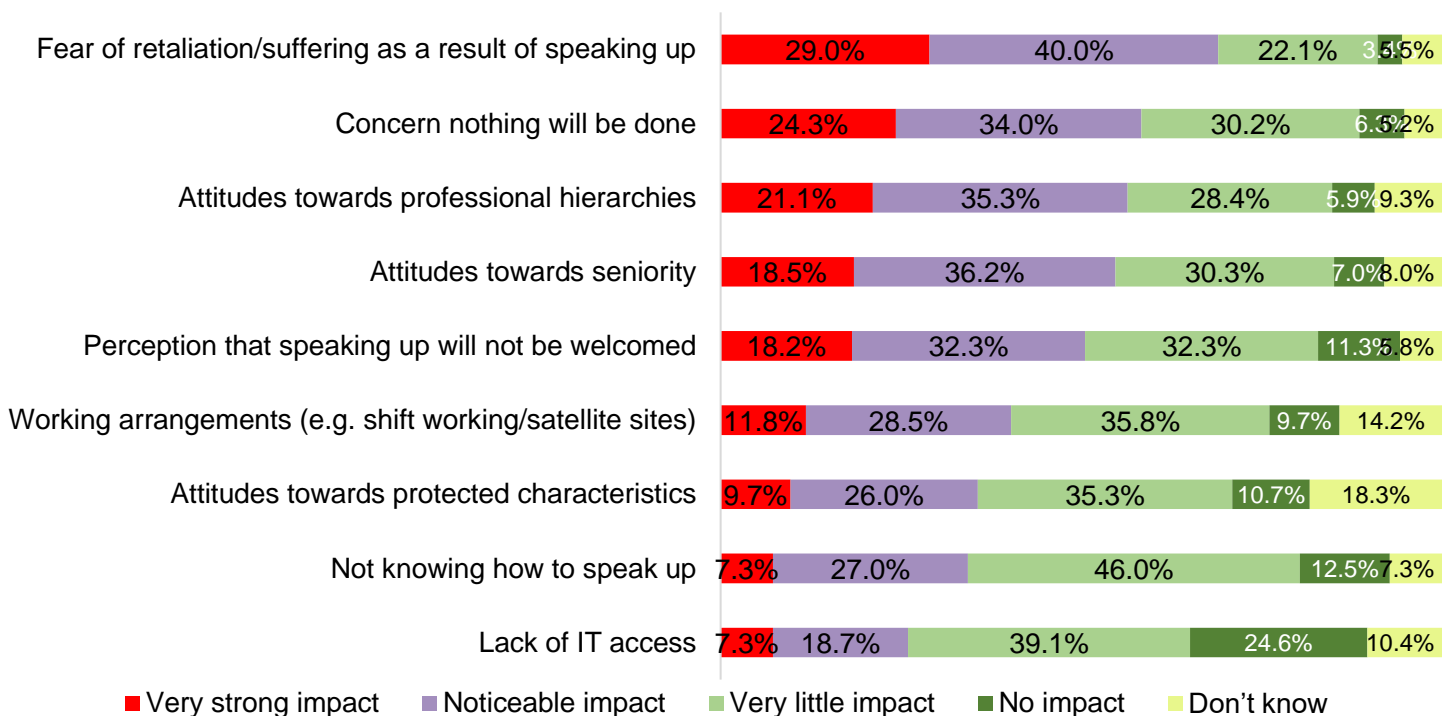


Figure 8 To what degree do the following act as barriers to speaking up for workers in your organisation

Thirty per cent (29.0%) of respondents said that fear of retaliation/suffering due to speaking up had a very strong impact on speaking up. A further 40.0% said that it had a noticeable impact.

Almost a quarter of respondents (24.3%) thought that the concern that nothing will be done in response to speaking up had a 'very strong impact' on speaking up. Thirty-four per cent (34.0%) said it had a noticeable impact.

The following were also each identified by around a fifth of respondents as having a 'very strong impact' as a barrier to speaking up:

- Attitudes towards:
 - Professional hierarchies (21.1%)
 - Seniority (18.5)
- Perception that speaking up will not be welcomed (18.2%)

Most respondents thought that a lack of IT access (63.7%) or not knowing how to speak up (58.5%) had very little or no impact on speaking up.

These results echo other findings. For instance, research we commissioned ([Difference Matters](#), 2021) found that the two most significant barriers to people raising concerns were fear of repercussions from managers/other leaders and a belief nothing will change as a result:

- I didn't believe anything would change
- I was worried about repercussions from my line manager/other leaders

The Institute of Business Ethics (IBE) found that fear and futility remained barriers to speaking up. The IBE's [Ethics at Work: 2021 international survey of employees](#) found a decrease in willingness to speak up in the UK since 2018, and the most common reasons for this were concern about jeopardising jobs and not believing corrective action would be taken.

Acting against barriers to speaking up

We asked guardians if and what action had been taken to tackle barriers to speaking up, as well as their thoughts on its effectiveness.



Figure 9. How effective are the actions?

Three quarters (75.3%) of respondents said action had been taken to tackle barriers. Eleven per cent (11.3%) of respondents who said that actions had been taken to tackle barriers to speaking up felt they were very effective. Sixty-seven per cent (67.1%) said they were somewhat effective, and just over one in ten thought they were neither effective nor ineffective. Fewer than one per cent said actions were somewhat or very ineffective.

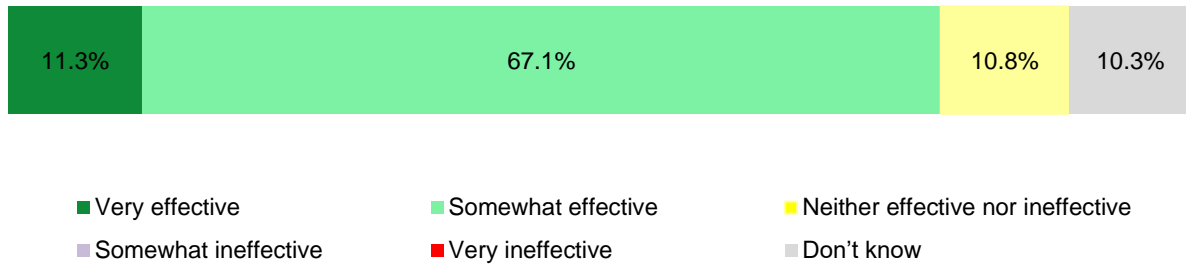


Figure 10. How effective are the actions?

Guardians described the actions taken to tackle barriers to speaking up. A key theme arising from these responses was the continuation of efforts to improve awareness of Freedom to Speak Up, including reaching out to groups who perhaps were not speaking up as often.

"Where there ...[is] evidence of barriers, managers have meetings and help promote the need for speaking up with more listening exercises and awareness"

"Visiting hard to reach groups of staff with little IT access"

"Discussions with HR who can seem negative about the FTSU service"

"Lots of positive involvement from CEO/Chief People Office."

"More board to ward rounds across different shift patterns, FTSUG has been included in these events."

Detriment

Workers should be able to share improvement suggestions or voice concerns without fearing or experiencing detriment.

Detriment refers to disadvantageous or demeaning treatment as a result of speaking up, such as being ostracised, given unfavourable shifts, being overlooked for promotion, and being moved from a team. Such treatment can be deliberate or the result of a failure to act (i.e. an omission).

Workers who experience detriment - or witness or hear about it happening to others - may hesitate to speak up themselves. Therefore, it is particularly important that effective action to tackle detriment is taken.

Seventy-two per cent (72.1%) of guardians agreed or strongly agreed when presented with the statement: 'Detriment is taken seriously in the organisation(s) I support'. However, over one in ten (10.1%) disagreed with it.

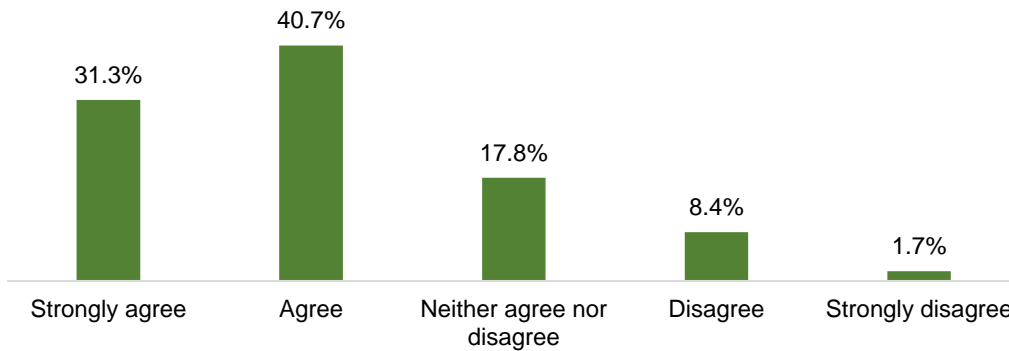


Figure 11. Detriment is taken seriously in the organisation(s) I support

When asked about the effectiveness of responses to detriment, only 58.1% of respondents described this as somewhat effective or very effective. Nearly a third of respondents (32.4%) considered actions as neither effective nor ineffective and 9.5% of respondents considered them to be somewhat or very ineffective.

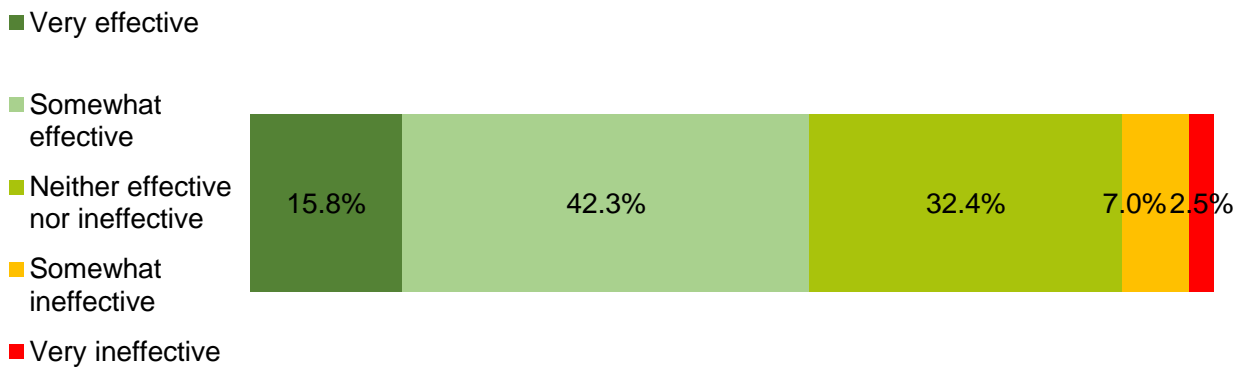


Figure 12. How effective is the response to detriment in the organisation(s) you support?

We invited respondents to share information about the action taken to tackle detriment. The responses included the explicit communication detriment was unacceptable and respect for the confidentiality of those speaking up:

"...staff and managers... reminded about possible repercussions of detrimental treatment towards staff who speak up and staff are reminded that detrimental treatment will not be tolerated and that they will [be] protected... if necessary through the use of HR policies"

"Chief Exec talks about detriment and that this is taken seriously... and consideration undertaken if it has happened."

"Confidentiality is maintained"

However, some respondents indicated that more could be done to tackle detriment:

"I'm not sure anything is [done], other than us having a policy against it"

"in reality, very little [is done]"

"Not enough [is done]. The problem lies in professional hierarchies and behaviours - not so much a 'management' issue as one of interpersonal relationships, tribes and cliques."

"Nothing [is done]. I've raised it numerous times."

Training for workers

Workers need to know how to speak up and respond well to others speaking up. This includes thanking people for speaking up, taking timely and appropriate action in response to the matter raised, and providing and seeking timely and meaningful feedback from those who have spoken up.

The NGO's guidance on [Freedom to Speak Up training](#) states that such training should be treated on a par with mandatory training. It also states that training should be repeated as often as appropriate to ensure that senior leaders have assurance that all workers have the knowledge they need to speak up and respond well. Nearly four in five of respondents (79.5%) said that that speaking up training is available, and over a third (37.2%) said that it is mandatory.

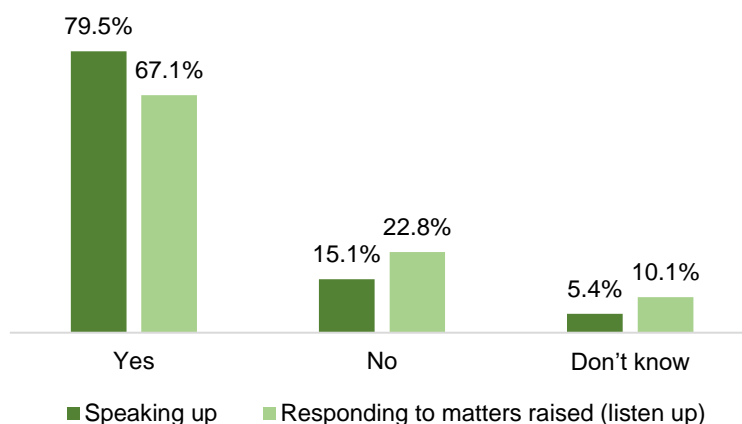


Figure 13. *Is training available for workers?*

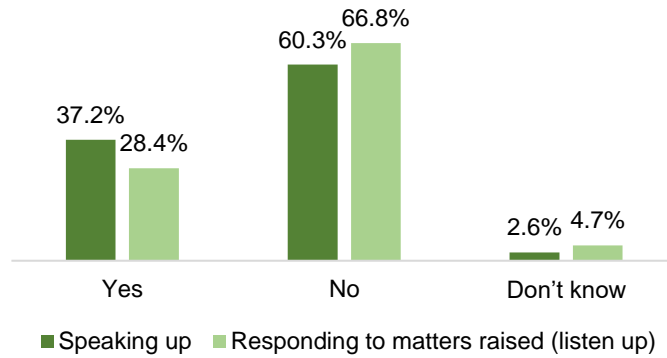


Figure 14. *Is training mandatory?*

Over 40% of respondents indicated that training was undertaken only once, with over 20% of respondents indicating that training was annual, and around a further 30% indicating that training was repeated but less frequently than annually.

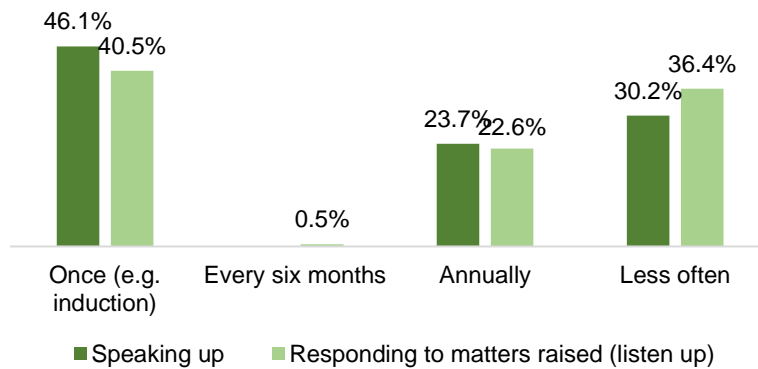


Figure 15. *How often is training expected to be undertaken?*

Over half of respondents indicated that the training available was somewhat effective with just over a further 12% indicating that it is very effective.

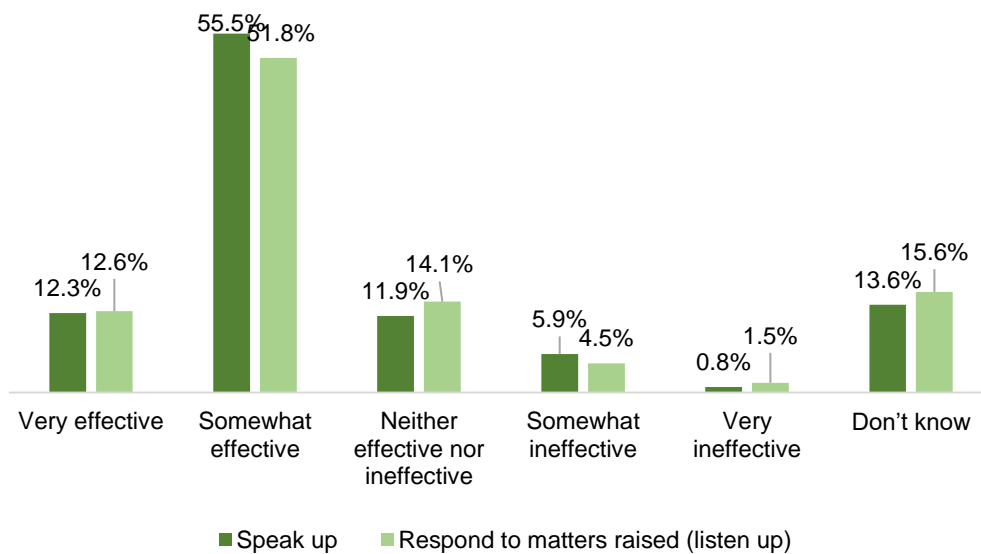


Figure 16. *How effective do you think it is in enabling workers to ...*

Appointment and carrying out the guardian role

Appointment

Appointments to roles should be made based on fair and open competition, and the Freedom to Speak Up Guardian role is no exception. This allows for the appointment of the best candidates and makes it more likely that workers will have confidence in their Freedom to Speak Up Guardian, including their operational independence, impartiality and objectivity.

We asked guardians how they were appointed to the Freedom to Speak Up Guardian role.

Over two-thirds (77.7%) of respondents reported that they were appointed through fair and open competition.

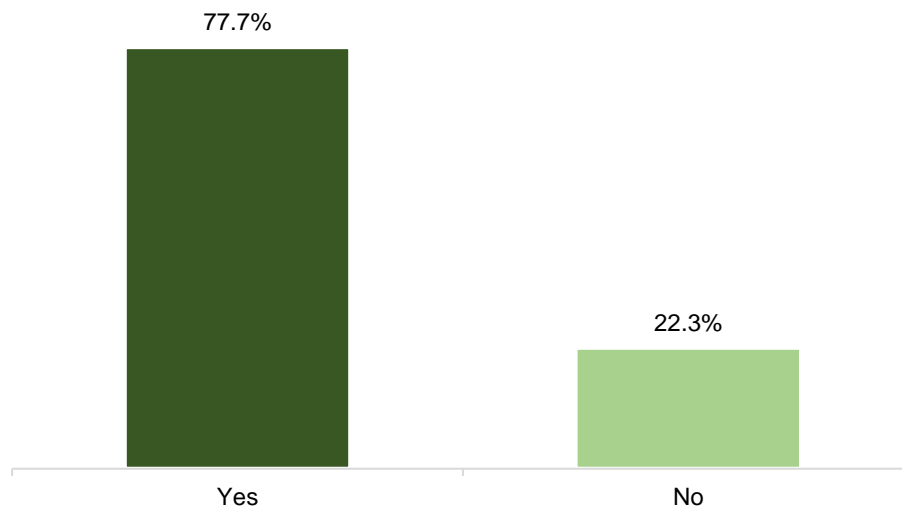


Figure 17. Were you appointed through fair and open competition?

A like-for-like comparison to previous surveys is not possible but in last year's survey 41% of respondents said they were appointed through open competition and a further 22% were approached, volunteered, elected or nominated with an interview.

We found that the results varied depending on the type of organisation(s) supported by the respondents. For example, a greater proportion of respondents supporting national bodies (95.0%) and NHS trusts (88.3%) were appointed through fair and open competition compared to other organisations. The proportion of respondents

appointed through fair and open competition fell to 43.5% for guardians supporting hospices.

We invited respondents who had not been appointed through fair and open competition to expand on their response. Most of the comments we received indicated that the respondents were individually approached and asked to take on the role. In some cases, this was because their pre-existing role was thought to be closely aligned with the Freedom to Speak Up Guardian role.

"[I was] Advised I had to take the role"

"I was asked by the... board to take on the role"

"I was approached by the... CEO and asked if I would take on the additional role"

"[I was] requested to take the role by Senior Management"

Length of service

Sixty per cent (60.4%) of respondents had been in the Freedom to Speak Up Guardian role for 18 months or longer, which is in line with the preceding survey results.

Thirty-two per cent (31.5%) had been in the role longer than three years.

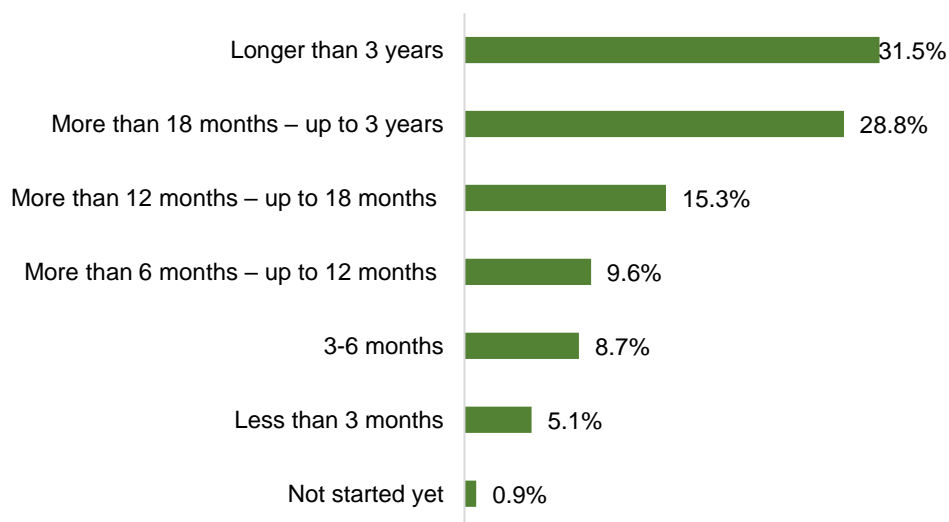


Figure 18. Length of time in the role

Who is in the role?

Respondents came from various occupational groups, including nurses and midwives, general management and allied health professionals.

Nurses and midwives remained the most common occupation group among respondents. Twenty-seven per cent (27.3%) of respondents were registered nurses and midwives, a 4.8 percentage point increase from 2020.

Fifteen per cent (15.0%) of respondents were from the wider organisational team, including administrative/clerical staff and corporate services (such as human resources, finance and information technology). In comparison, 22.0% of respondents in the preceding survey assigned themselves to this category. Twenty per cent (20.0%) of respondents defined themselves as 'Other', including trustees, lay members, volunteers and directors.

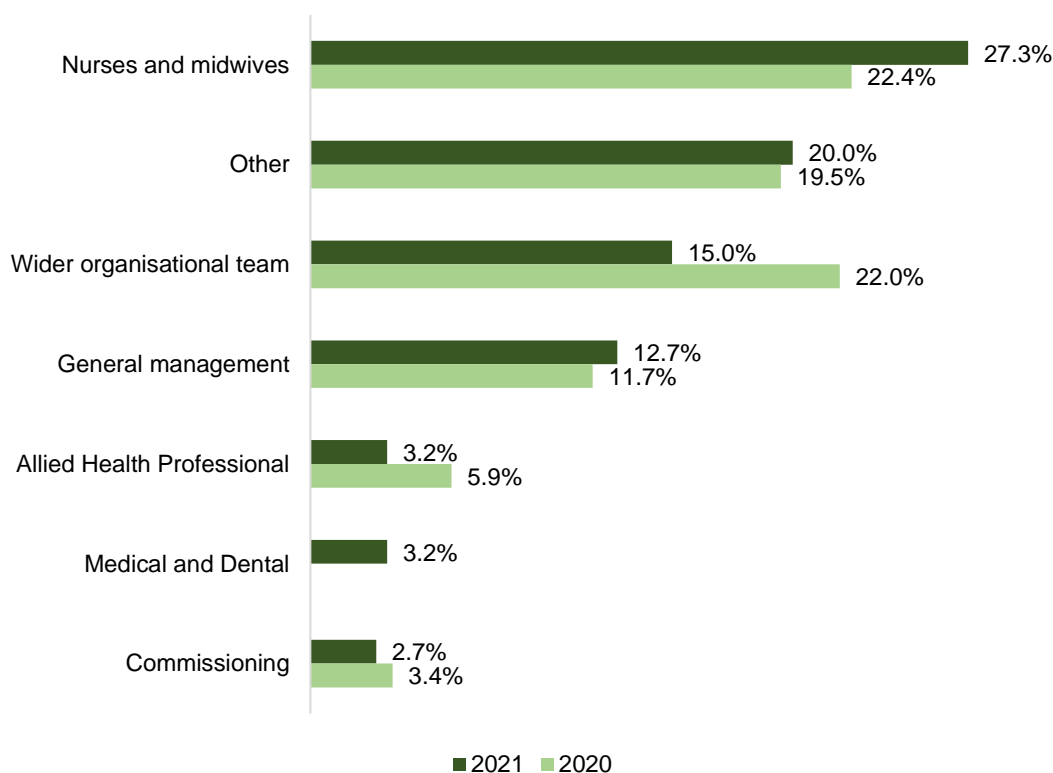


Figure 19. Occupational group

Respondents reported belonging to other occupational groups, but these have not been included in figure 19 (above) due to low numbers.

In addition to their guardian role, nearly 70 per cent (69.2%) of respondents had another role. The percentage of respondents with another role had declined since 2019, when it was 78.8%.

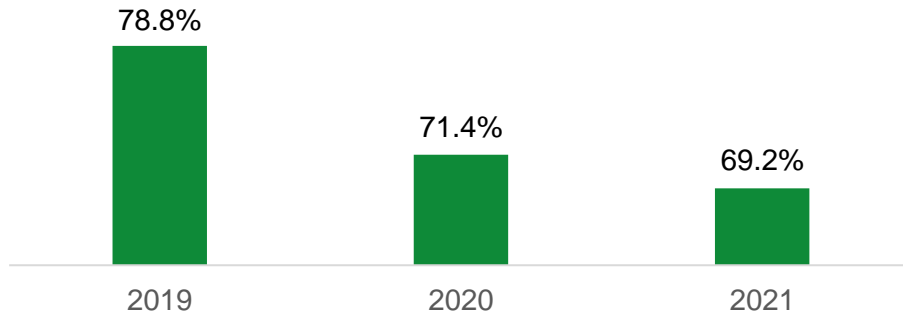


Figure 20. Do you have another role? ('Yes')

Banding/grading

We asked respondents about their pay banding/grade.

Twenty-two per cent (22.1%) of respondents reported that they were in AfC Band 7, making this the most common banding/grading among respondents. This was followed by over a fifth (20.6%) as AfC Band 8A. AfC Bands 7 and 8A were also the two most common bands in the previous survey (see figure 21, below).

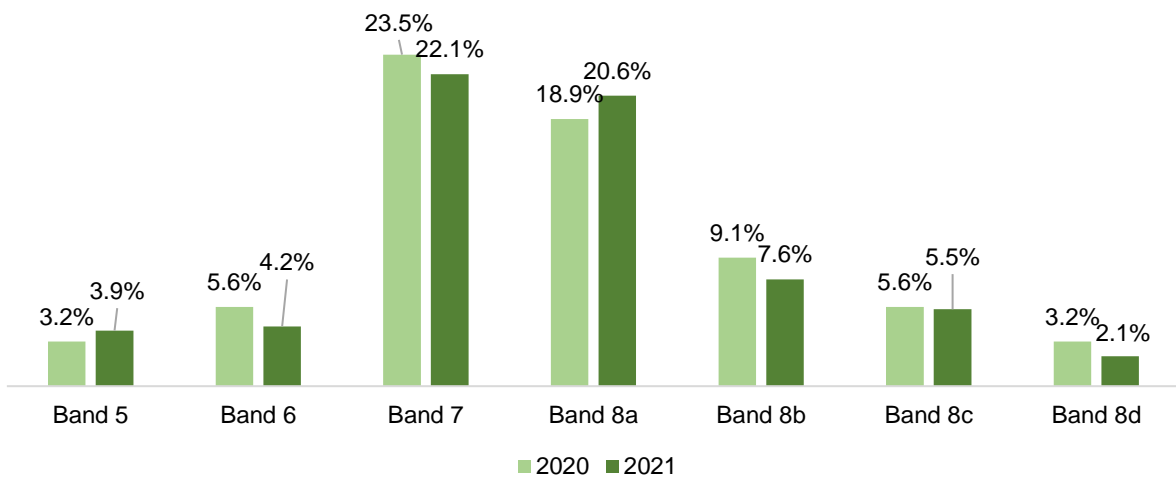


Figure 21. AfC Banding

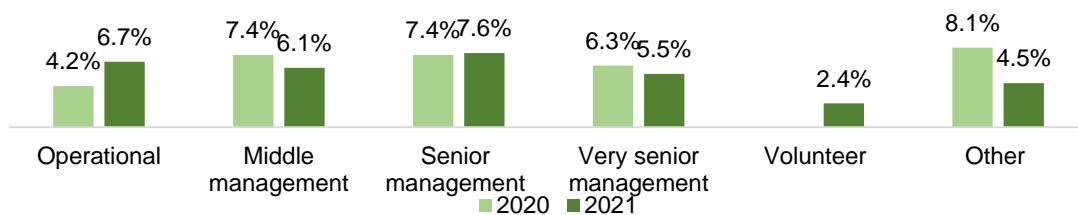


Figure 22. Non-AfC

Reactive and proactive working

We asked guardians about how they split their time between the 'reactive' and 'proactive' aspects of their Freedom to Speak Up Guardian role.

Thirty per cent (30.1%) of respondents reported that their time was split 50:50 between working reactively (such as supporting workers who speak up to them) and working proactively (such as working within their organisation to tackle barriers to speaking up). Forty-five per cent (45.2%) of respondents spent most of their time working reactively with 24.7% of respondents spending more time working proactively.

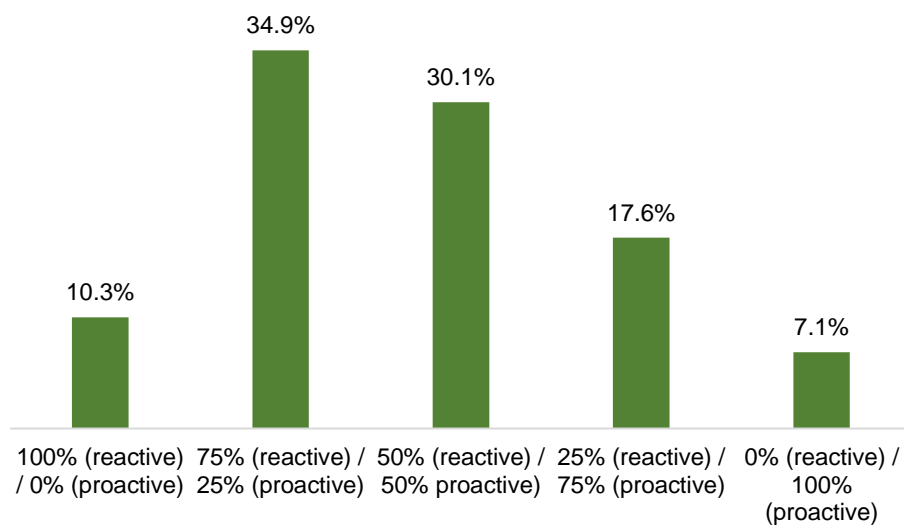


Figure 23. Reactive/Proactive time split

We found variations in the responses to this question depending on the type of organisation(s) supported by respondents. For example, a greater proportion of respondents that supported NHS trusts spent a greater proportionate of their time on the reactive aspects of the role compared to those supporting independent healthcare providers.

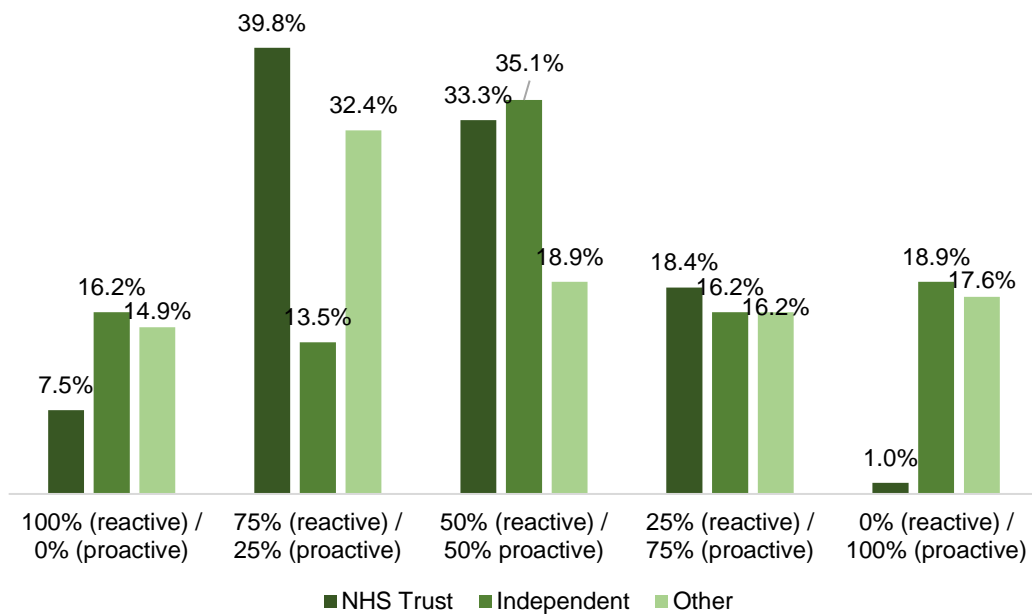


Figure 24. Reactive/Proactive time split by organisation type

We asked respondents whether the proportion of time they spent on the reactive and proactive aspects of the role felt right.

Nearly 43% of respondents (42.9%) said their time split felt right. Forty-one per cent (41.0%) said that it wasn't right. Sixteen per cent (16.0%) did not know.

Over two-thirds (67.0%) of respondents who spent an equal amount of their time on the proactive and reactive aspects of the role thought that the allocation felt right to them. However, respondents that spent a greater portion of their time on the reactive aspects of the role were mostly of the view that the allocation did not feel right.

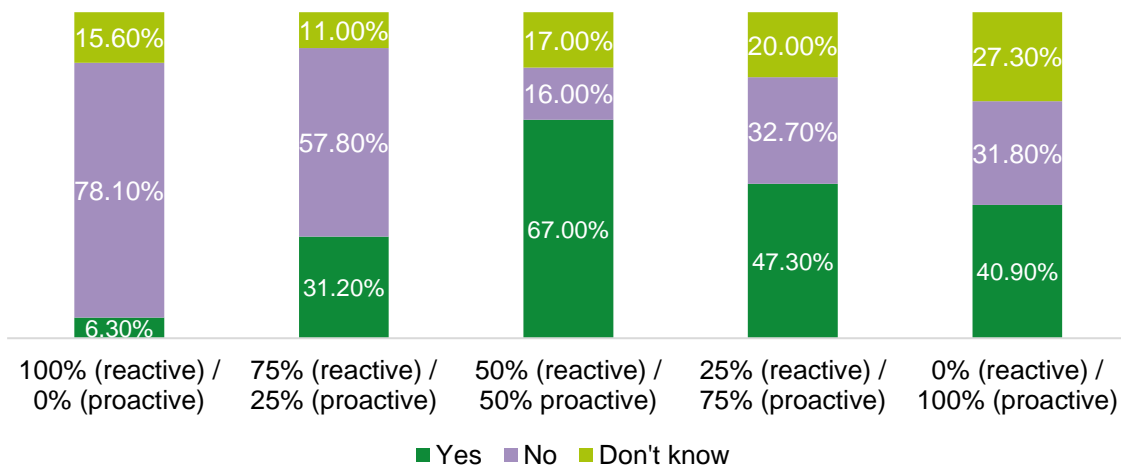


Figure 25. Reactive/Proactive time – does this proportion feel right?

Access to chief executives, non-executive directors, and reporting to the board

Freedom to Speak Up Guardians should have the support of, and access to, chief executives (or equivalent) and board (or equivalent) in the organisations they support.

The expectation that Freedom to Speak Up Guardians have such access, and present their reports in person, is included in the [Guidance for Boards on Freedom to Speak Up](#) issued by NHS England and Improvement and supported by the National Guardian's Office.

Over nine in ten (93.0%) respondents had direct access to their chief executives (or equivalent), which was similar to the results in the previous year (93.7%, 2020).

Also, an increasing percentage of respondents were presenting Freedom to Speak Up reports to their boards (or equivalent) in person:

- 81.3% (2021)
- 77.5% (2020)
- 66.1% (2019)

However, compared to the previous survey results, there was a 5.8 percentage point decrease in respondents who had direct access to the non-executive director (or equivalent) with speaking up as part of their portfolio, down from 87.7% in 2020 to 81.9% in 2021.

Access to resources for the role

Freedom to Speak Up Guardians should have sufficient access to the resources they need to carry out the role effectively.

Most respondents said that they had sufficient access to the following resources:

- Technology and IT support, 76.4% strongly agree or agree
- Accessibility across the organisation (, maternity wards, secure areas), 72.4% strongly agree or agree
- room access for private meetings/conversations, 63.2% strongly agree or agree

Less than half of the respondents said that they had sufficient access to other resources identified in the survey:

- Time to carry out the Freedom to Speak Up responsibilities, 48.7% strongly agree or agree
- Budget for expenses (e.g., travel to network meetings, promotional materials), 44.1% strongly agree or agree

'I have sufficient time to carry out my Freedom to Speak Up responsibilities' was the statement that attracted the most disagreement among respondents. Just under a third of respondents disagreed with it, strongly or otherwise.

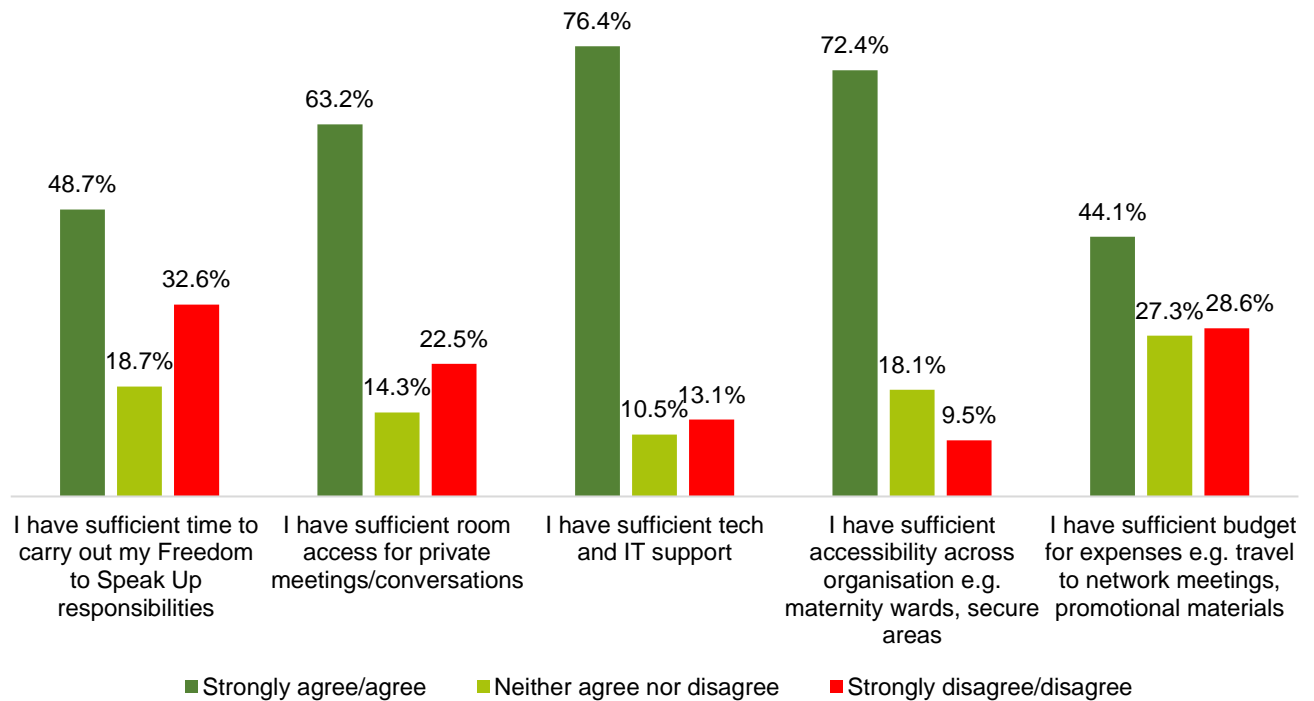


Figure 26. Access to resources for the role

Value and support for Freedom to Speak Up Guardians

Freedom to Speak Up Guardians were asked whether they felt valued by those in the organisations they support.

There was a 3.3 percentage point increase from 2020 to 2021 for respondents agreeing or strongly agreeing that they felt valued by managers, the highest result in three years. However, managers remain the group that attracted the lowest proportion of agree/strongly agree responses.

There was a small percentage point decrease in respondents feeling valued by senior leaders and individuals they support (1.7 and 2.4 percentage points respectively). The result for workers remained very similar to 2019 and 2020.



Figure 27. I feel valued by... % answering strongly agree/agree

Most respondents (72.1%) to the survey were confident that they were meeting the needs of workers in the organisation(s) they support. However, 8.3% did not think this was the case for them.

Respondents also felt supported by the senior people in their organisation, with 85.7% of respondents agreeing or strongly agreeing that their Chief Executive (or equivalent) supports them and 77.9% agreeing or strongly agreeing that senior leaders support them. In contrast, however, there was an 11-percentage point decrease in respondents who said they had sufficient access to the board (down from 94.0% in 2020 to 83.1% in 2021).

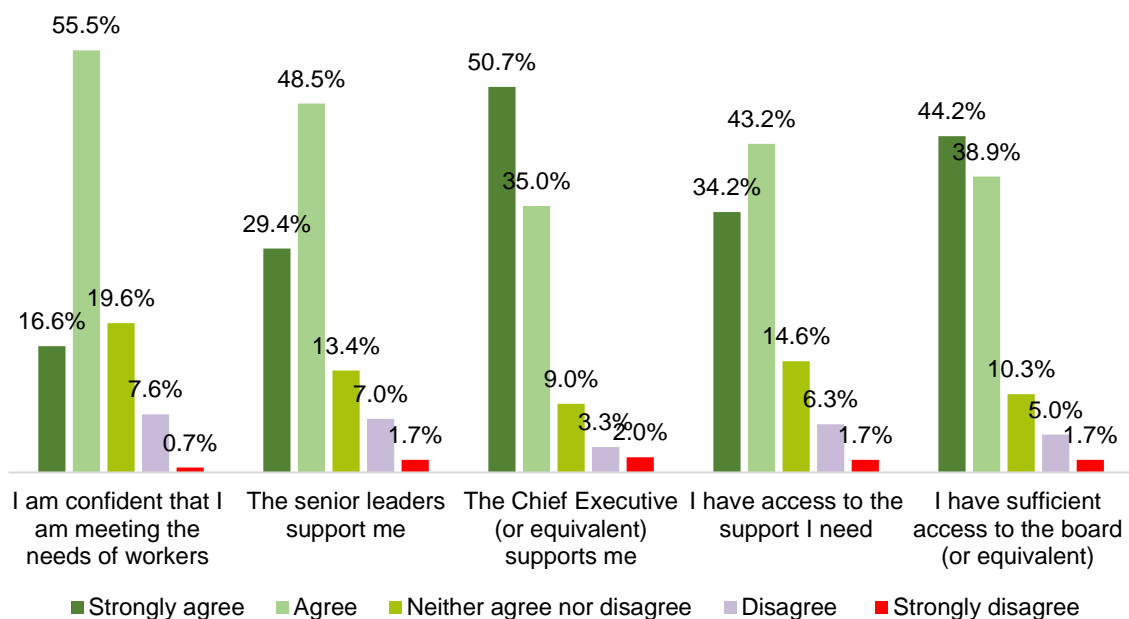


Figure 28. Confidence, support and access

Job requirements and promoting outcomes

There is a [universal job description](#) for the role of Freedom to Speak Up Guardian which contains key requirements for anyone undertaking the role.

We asked guardians about their ability to meet elements of the job description, as show in figure 29 (below).

For each element, most respondents agreed or strongly agreed that they felt able to meet the job description requirements.

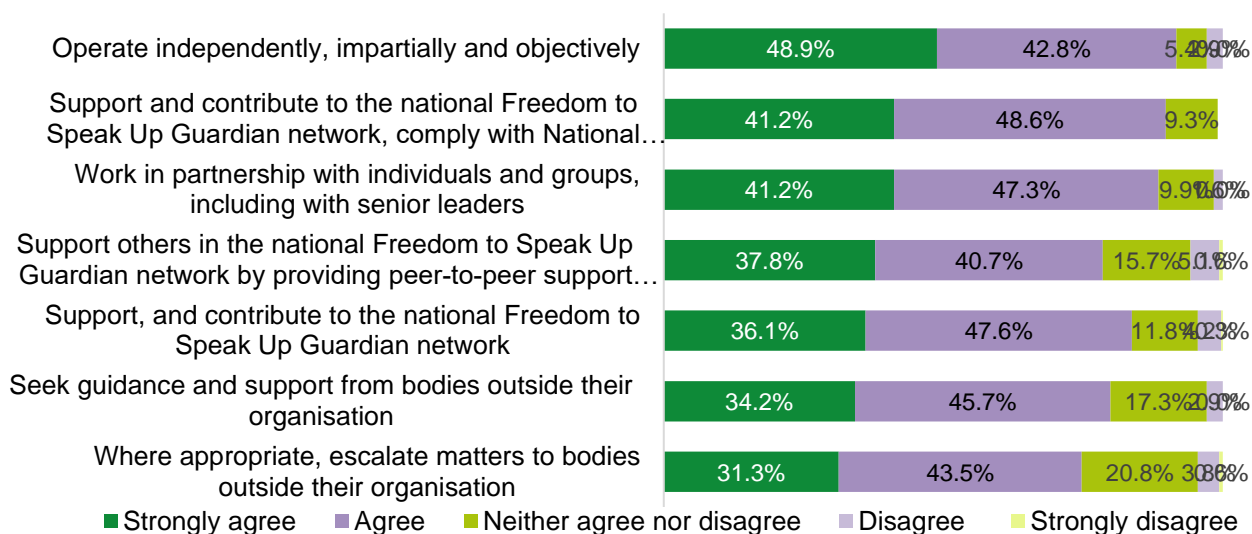


Figure 29. Ability to meet requirements of role

The job requirements for a Freedom to Speak Up Guardian includes intended outcomes for the role. We asked guardians about the extent to which they have taken action to promote these outcomes in the past 12 months (see figure 30, below).

The outcome that attracted the highest proportion of agreement was for supporting individual who speak up, with three-quarters (74.1%) of respondents reporting that they had fully taken action in this area. The outcome with the lowest proportion of respondents saying they had fully taken action was making sure Freedom to Speak Up is consistent throughout the health and care system, and ever improving.

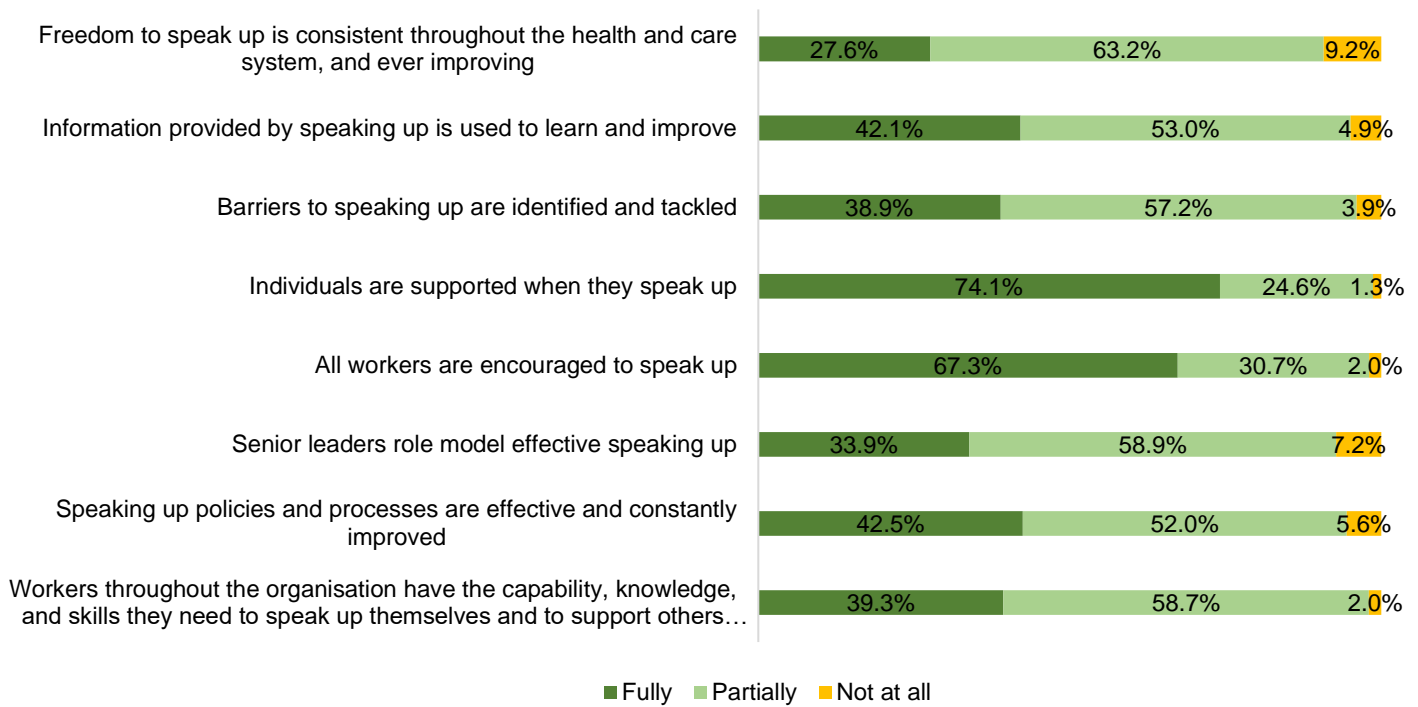


Figure 30. To what extent have you taken action to promote the following outcomes in the last 12 months

We asked guardians what would enable them to meet the expectations of the job description more fully. Six suggestions were offered plus an 'other' category. The most common suggestion chosen was 'more ring-fenced time' (selected by 55.3% of respondents), followed by access to more resource (45%) and more support from senior leaders (42.3%).

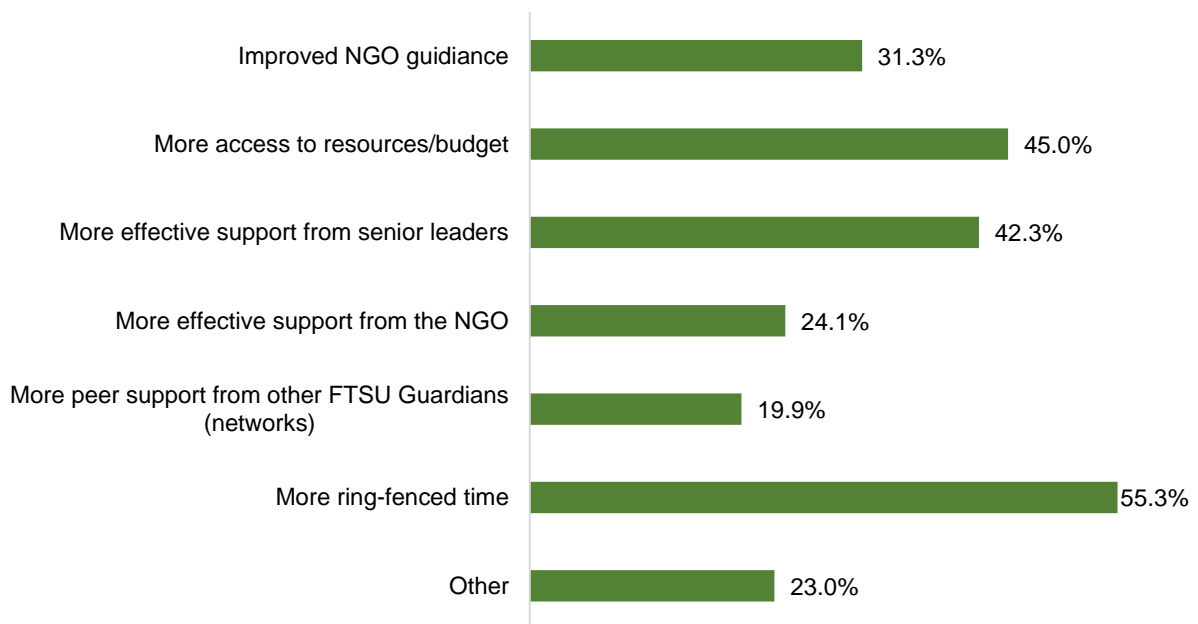


Figure 31. What would enable you to meet those expectations more fully?

Senior Leaders

Freedom to Speak Up Guardians should feel able to make suggestions and challenge senior leaders – and be assured that these will be actioned. This year’s survey had a detailed focus on senior leaders as the support and actions of senior leaders are key to promoting a positive speaking up culture.

Over nine out of ten respondents (93.2%) agreed or strongly agreed that they felt safe speaking up to senior leaders (see figure 32, below).

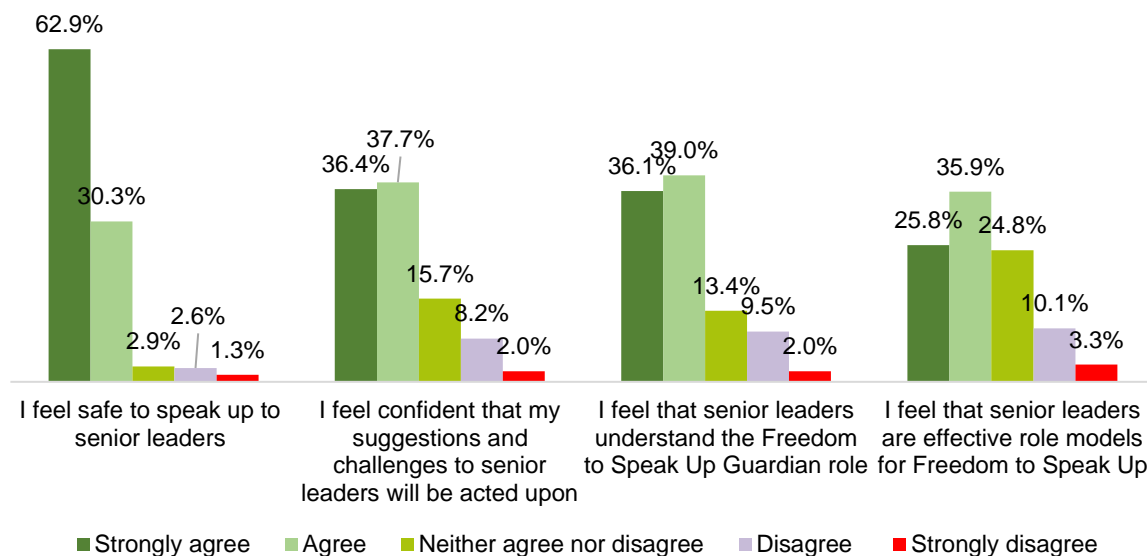


Figure 32. Senior Leaders

Most respondents felt that senior leaders understood the Freedom to Speak Up Guardian role (75.1%). However, 11.5% did not agree that senior leaders in the organisation(s) they support understood the role.

Almost three quarters of respondents (74.1%) also agreed or strongly agreed with the statement: ‘I feel confident that my suggestions and challenges to senior leaders will be acted upon’, though one in 10 (10.2%) disagreed or strongly disagreed this statement.

A smaller majority of respondents (61.7%) agreed or strongly agreed with the statement: ‘I feel confident that senior leaders are effective role models for Freedom to Speak Up’. Thirteen per cent (13.4%) of respondents disagreed or strongly disagreed with the statement.

Ring-fenced time and its impact

The National Guardian’s Office recommends ring-fenced time should be allocated to those in a speaking up role. This is an aspect of speaking up that is included in the CQC’s well-led inspection guidance, and [guidance](#) issued to trust boards includes an assessment of the amount of ring-fenced time Freedom to Speak Up Guardians have.

Following last year’s survey, we reiterated our [recommendation](#) that leaders should provide Freedom to Speak Up Guardians with ring-fenced time for the role, taking account of the time needed to carry out the role and meet the needs of workers in their organisation. We added that leaders should be able to demonstrate the rationale for their decisions about how much time is allocated to the role.

In this section of the report, we look closer at the impact of ring-fenced time on guardians responding to the survey.

This year there was a 4.7 percentage point decrease in respondents who had ring-fenced time to carry out their role, down from 70.3% in 2020 to 65.6% in 2021.

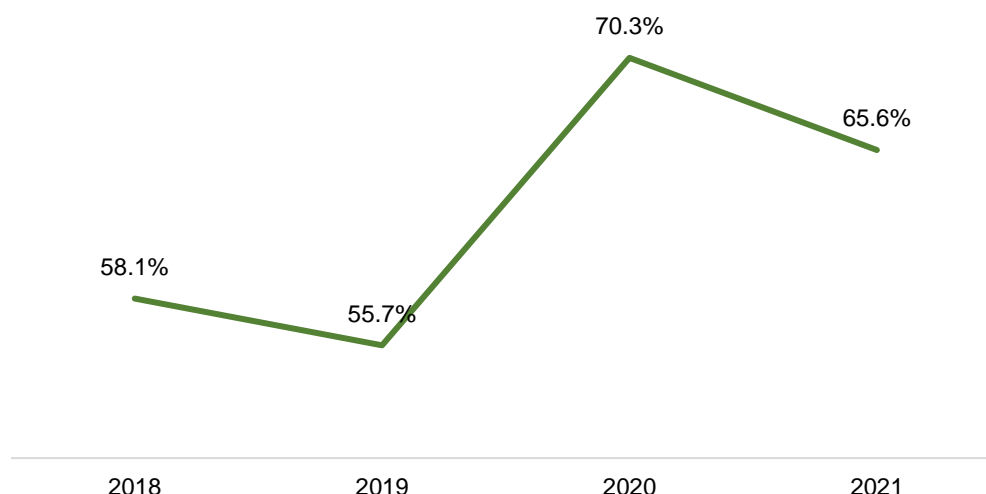


Figure 33. Ring-fenced time

Seventy-eight per cent (78.2%) of respondents from NHS Trusts had some ring-fenced time to carry out the role (at least half a day per week). In comparison, 20.8% of respondents supporting hospices said that they have ring-fenced time. This might be expected to some extent due to the Freedom to Speak Up Guardian role being

more embedded in NHS Trusts. We have observed a general trend that more ring-fenced time is allocated to the role as it becomes more established.

We also observed that 61.1 per cent of those with ring-fenced time had been in the role for at least 18 months.

The amount of ring-fenced time respondents continues to vary, as shown in Figure 34 below.

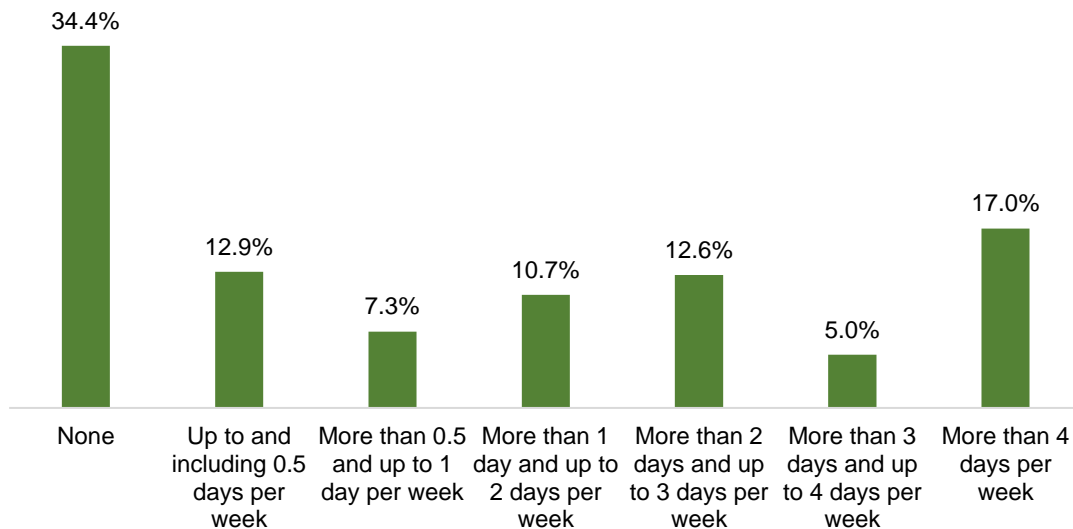


Figure 34. Ring-fenced time 2021

Most respondents (83.5%) said the amount of ring-fenced time they have had not changed over the past 12 months. Thirteen per cent (12.7%) said it had increased and 3.8% said it decreased.

Sufficient time to carry out the role

Respondents who had ring-fenced time to carry out their role (at least half a day per week) were more likely to strongly agree (27.2%) with the statement 'I have sufficient time to carry out my Freedom to Speak Up responsibilities' compared to respondents with no ring-fenced time (5.5%). Nineteen per cent (19.3%) of respondents with no ring-fenced time strongly disagreed with the statement compared to 8.7 per cent of those with ring-fenced time.

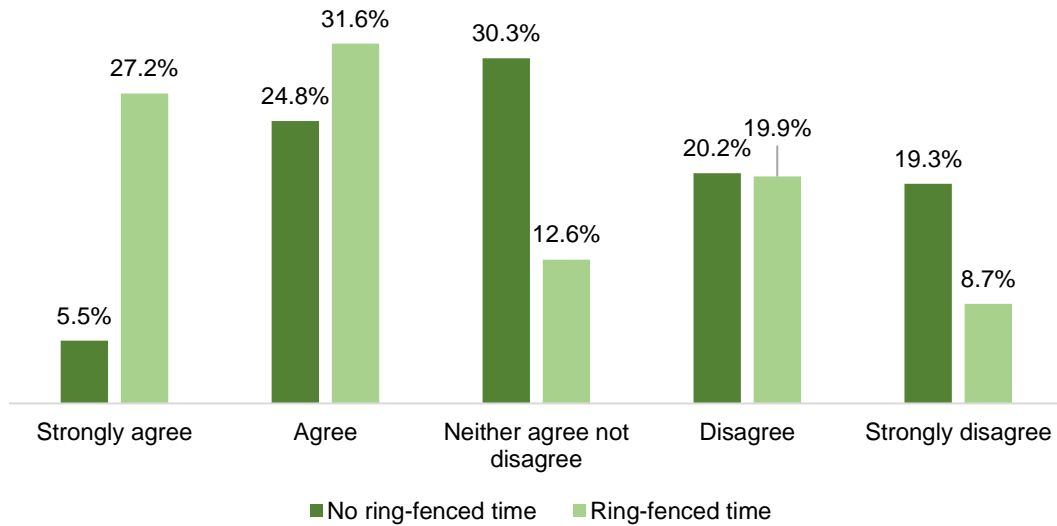


Figure 35. I have sufficient time to carry out my Freedom to Speak Up responsibilities

Respondents were also asked how far they agree with the statement ‘I have sufficient accessibility across the organisation e.g. maternity wards, secure areas. Less than a quarter of respondents with no ring-fenced time (23.1%) strongly agreed with this statement compared to 37.9% of respondents with ring-fenced time.

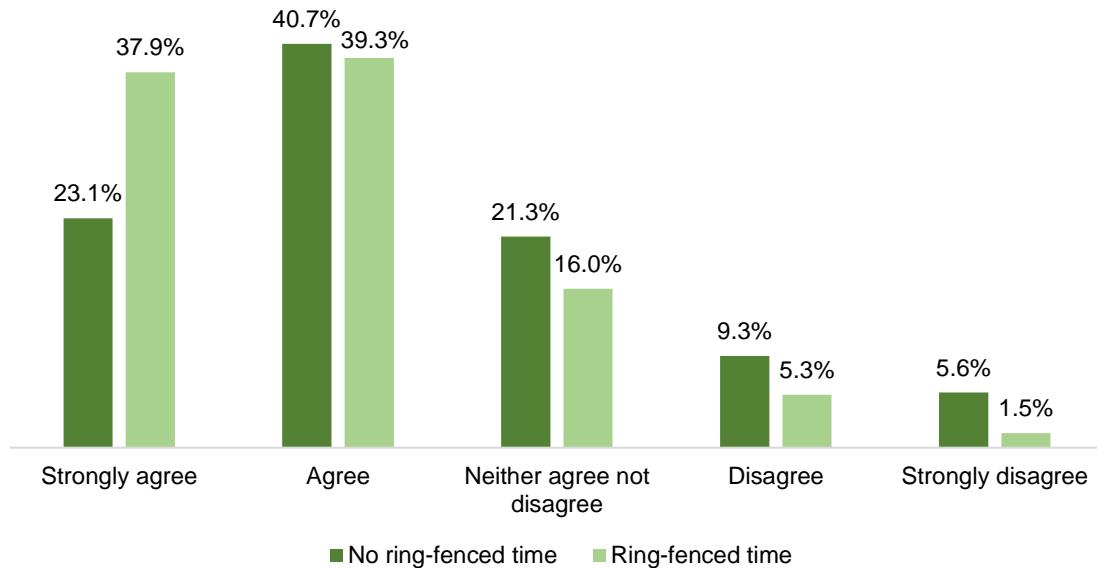


Figure 36. I have sufficient accessibility across the organisation

Ability to meet the requirements of the role and promote outcomes

We asked guardians about whether or not they agreed with the statement ‘*I am able to meet the job description requirement to support others in the national Freedom to Speak Up Guardian network by providing peer-to-peer support and sharing learning*’. Twice the proportion of respondents with ring-fenced time strongly agreed (45.9%) with this statement compared to those with no ring-fenced time (22.6%).

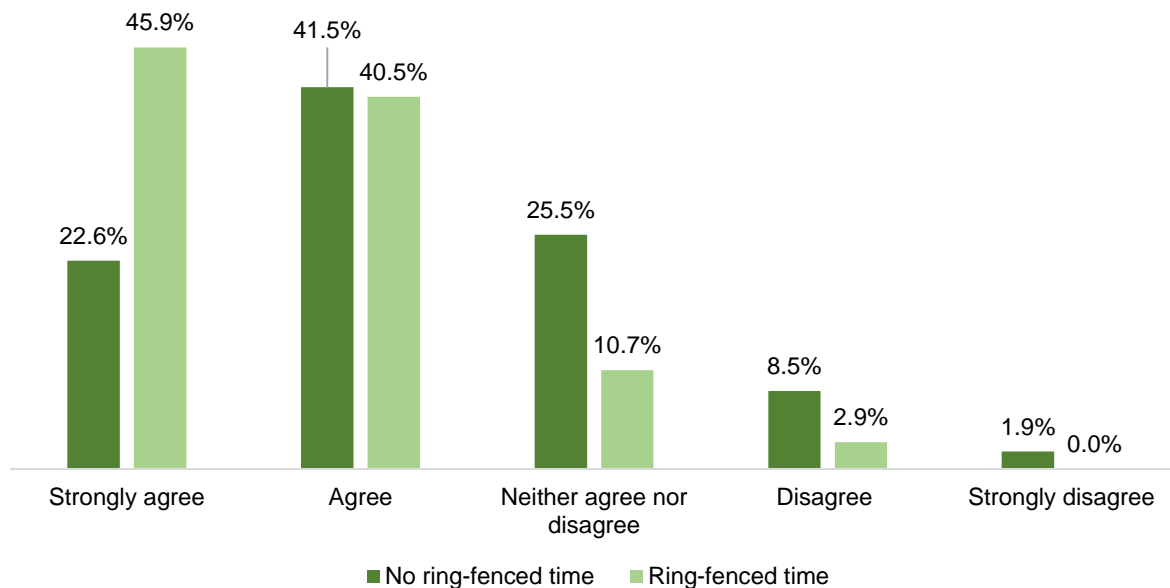


Figure 37. Support others in the national Freedom to Speak Up Guardian network by providing peer-to-peer support and sharing learning

A similar pattern emerged for the job requirement to support and contribute to the national Freedom to Speak Up Guardian network, 43.4% of respondents with ring-fenced time answered strongly agree to this statement compared to 22.4% of respondents with no ring-fenced time.

Seventy-six per cent of respondents with ring-fenced time said they felt confident that they were meeting the needs of workers (agree or strongly agree to the statement), this was 11 percentage points higher than respondents with no ring-fenced time (65.0%).

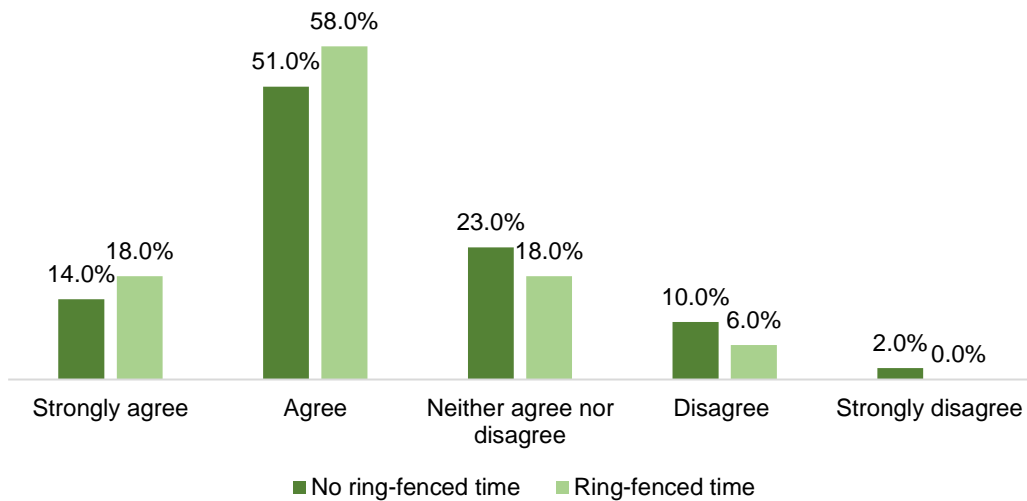


Figure 38. Confidence in meeting the needs of workers

We also asked respondents to what extent they had taken action to promote certain outcomes in the last 12 months. A higher proportion of respondents with ring-fenced answered that they were fully able to promote outcomes for seven of the eight outcomes compared to respondents with no ring-fenced time.

Reactive and proactive working

A fifth of respondents (20.8%) with no ring-fenced time said they spent 100% of their time in the guardian role on reactive elements of the role. This compares to 4.9% of those with ring-fenced time.

A greater proportion of respondents with ring-fenced time, 34.6%, said they split their time 50:50 compared to 21.7% of respondents with no ring-fenced time.

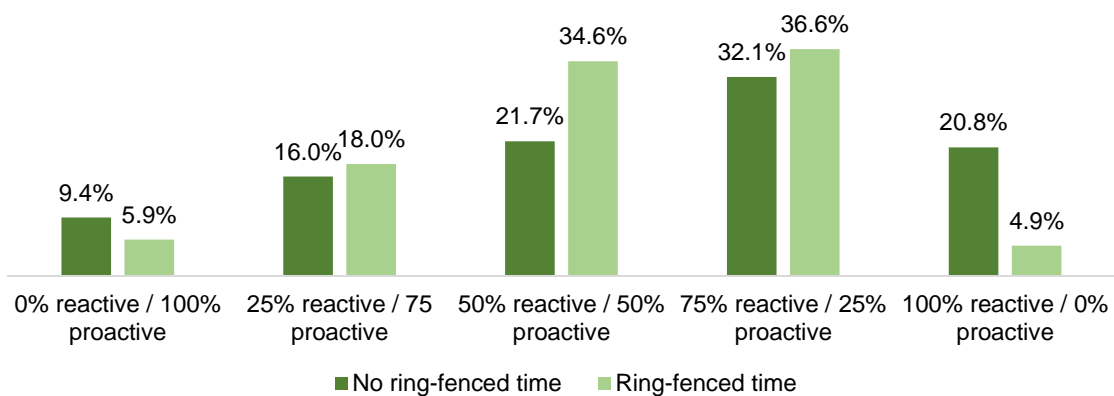


Figure 39. Reactive and proactive working

Respondents were asked if they thought their time split felt right to them. Thirty-seven per cent (36.8%) of those with no ring-fenced time said this proportion felt right compared to 46.3% of respondents with ring fenced time.

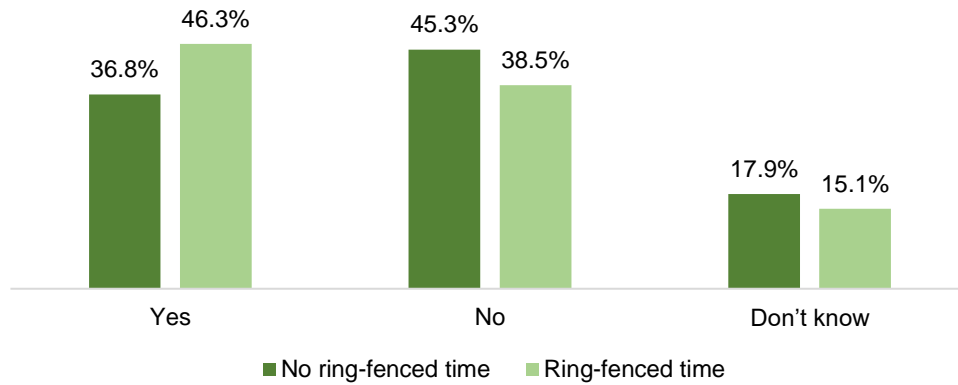


Figure 40. Does the proportion feel right?

Value and support for Freedom to Speak Up Guardians

We asked guardians about how supported they felt by senior leaders, workers, managers and individuals they support.

Respondents with ring-fenced time were more likely to agree or strongly agree that they felt valued by these groups than respondents with no ring-fenced time. There was a ten-percentage point difference in those who felt valued by senior leaders: 76.7% of respondents with no ring-fenced time compared to 86.8% of respondents with some ring-fenced time.

Demographics of Freedom to Speak Up Guardians

We ask respondents to share demographic information to inform us of the make-up of the Freedom to Speak Up Guardian network.

Gender

Eighty per cent (79.7%) of respondents were female.

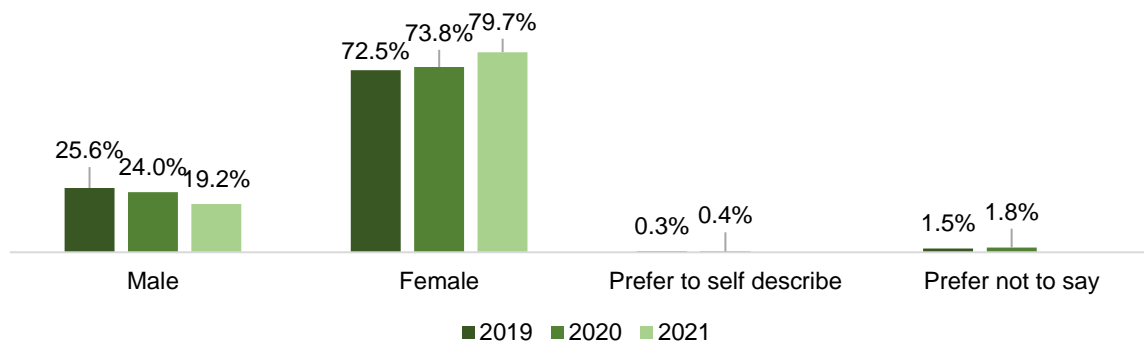


Figure 41. Gender of respondents

The numbers of respondents answering prefer to self-describe and prefer not to say were omitted in 2021 due to low numbers.

Age

Over half of respondents (52.9%) were aged 51 to 65 years old.

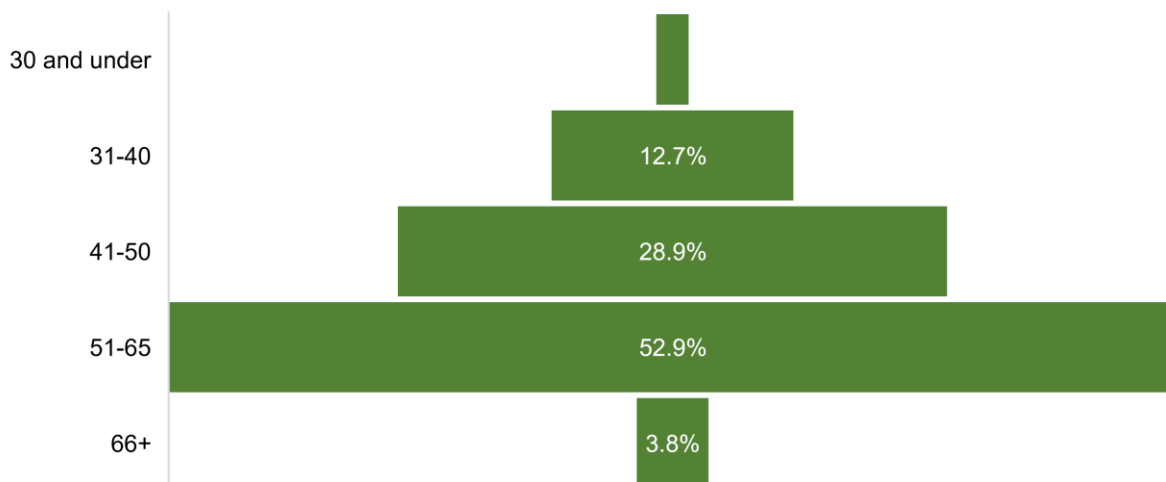


Figure 42. Age of respondents

Ethnic background

In 2021, 84.8% of respondents to the survey were white and 15.2% were from minority ethnic groups. This shows a six-percentage point increase in minority ethnic respondents from 2020.

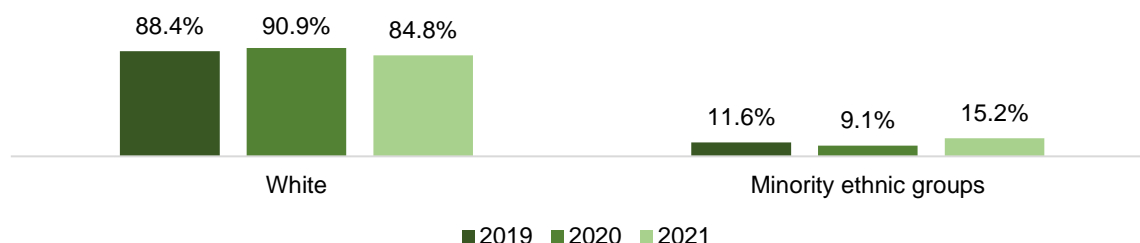


Figure 43. Ethnicity of respondents

The percentage of white respondents remains higher than the NHS workforce (77.9%), however it is lower than the percentage of working age population (2011 census) at 85.6%⁴.

Sexual orientation

There were 86.6% of responding Freedom to Speak Up Guardians who identified as heterosexual, 3.8 percent were gay or lesbian and 2.1% were bi-sexual. A further 6.6% preferred not to say. There were too few responses in the other category to be included in Figure 43.

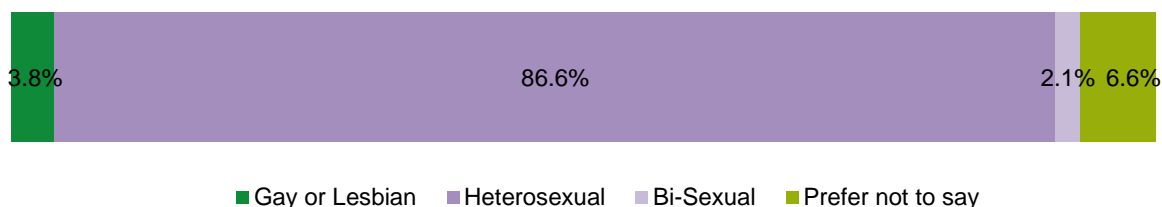


Figure 44. Sexual orientation of respondents

Long term conditions

A quarter (25.9%) of respondents said they had a long-term health condition (physical or mental) lasting or expected to last for 12 months or more, up 8.6 percentage points (17%, 2020).

Of those with a long-term condition:

- 53.3% said their organisation had made adequate adjustments for them
- 10.7% said adjustments had not been made (4.3%, 2020)
- 36.0% said they did not require adjustments

⁴ <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest#by-ethnicity>

Caring responsibilities

Two-fifths (40.2%) of respondents said they look after, or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age (35.8%, 2020).



Trust Board Paper

Board Meeting Date	12 th July 2022
Title	Berkshire Healthcare NHS Foundation Trust Annual Complaints Report - April 2021 - March 2022
	This item is for Noting
Purpose	The purpose of this report is to provide the Board with Annual complaint information in line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
Business Area	Nursing & Governance
Author	Elizabeth Chapman – Head of Service Engagement and Experience
Relevant Strategic Objectives	True North goal of Good patient Experience
CQC Registration/Patient Care Impacts	Supports maintenance of CQC
Resource Impacts	N/A
Legal Implications	N/A
Equalities, Diversity and Inclusion Implications	N/A
SUMMARY	<p>The report looks at the application of the formal complaints process in the Trust.</p> <p>The information contained within this Annual Complaint Report has been presented as part of the quarterly Patient Experience Reports throughout the year.</p> <p>Over the last year complaint processes have been flexed at times due to the impact of the pandemic, however the Trust has continued ensure that processes are robust for both receiving and responding to complaints in a timely manner.</p> <p>During 2021 22 there were 231 formal complaints received, this is more than the 213 received in 2020/21 and the same as the 231 received in 2019/20. This equates to 0.049% of recorded contacts that occurred within Berkshire Healthcare across the year. This is also slightly increased from last year where the complaint numbers equated to 0.038% of recorded contacts.</p>
ACTION REQUIRED	The Trust Board is asked to note the report



Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Annual Complaints Report

April 2021 to March 2022

Contents

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8	Mortality Review Group	14

1. Introduction and executive Summary

This report contains the annual complaint information for Berkshire Healthcare NHS Foundation Trust (referred to in this document as The Trust), as mandated in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Trust formally reports patient experience through our Quality Executive and Trust Board on a quarterly basis, alongside other measures including compliments, the Friends and Family Test, PALS and our internal patient survey programme; which from December 2021 is operated through the iWGC feedback solution.

This report looks at the application of the Complaints Process within the Trust from 1st April 2021 to 31st March 2022 and uses data captured from the Datix incident reporting system.

Factors (and best practice) which affect the numbers of formal complaints that Trusts receive include:

- Ensuring processes are in place to resolve potential and verbal complaints before they escalate to formal complaints. These include developing systems and training to support staff with local resolution;
- An awareness of other services such as the Patient Advice and Liaison Service (PALS – internal to the Trust) and external services including Healthwatch and advocacy organisations which ensure that the NHS listens to patients and those who care for them, offering both signposting and support;
- Highlighting the complaints process as well as alternative feedback mechanisms in a variety of ways including leaflets, poster adverts and through direct discussions with patients, such as PALS clinics in clinical sites.

When people contact the service, the complaints office will discuss the options for complaint management. This gives them the opportunity to make an informed decision as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint informally.

The number of formal complaints received about the Trust has increased to 231 from 213 in 2020/21 compared to 231 in 2019/20, 230 in 2018/19 and 209 in 2017/18.

There were 468,368 contacts with the Trust in 2021/22 (across inpatient and community for both physical and mental health services). This gave a complaint rate of 0.049%, this compares to 0.038% in 2020/21 and 0.02% in 2019/20.

The Trust actively promotes feedback as part of 'Learning from Experience', which within the complaints office includes activity such as enquiries, services resolving concerns informally, working with other Trusts on joint complaints, and responding to the office of Members of Parliament who raise concerns on behalf of their constituents. There were 67 MP concerns raised (up significantly from 34) in 2021/22 with 37 of being about CAMHS services – predominantly with concerns with waiting times.

Our complaint handling and response writing training which is available to staff has been adapted to be provided over Teams and continues to take place on a regular basis across the different localities, in addition to bespoke, tailored training for specific teams which has taken place to staff groups and teams.

2. Complaints received – activity

2.1 Overview

During 2021/22, 231 formal complaints were received into the organisation. Table 1 evidences the number of formal complaints by service and compares them to the previous financial year.

The information in this report excludes complaints which are led by an alternative organisation, unless specified.

Table 1: Formal complaints received

Service	2020-2021						2021-22						Comparison to last FY
	Q1	Q2	Q3	Q4	Total for year	% Of Total	Q1	Q2	Q3	Q4	Total for year	% Of Total	
CMHT/Care Pathways	4	11	7	12	34	15.96	5	8	10	9	32	13.85	↓
CAMHS - Child and Adolescent Mental Health Services	2	3	3	6	14	6.57	5	10	6	10	31	13.42	↑
Crisis Resolution & Home Treatment Team (CRHTT)	4	2	3	4	13	6.1	5	4	2	4	15	6.49	↑
Acute Inpatient Admissions – Prospect Park Hospital	7	4	1	9	21	9.86	11	8	7	6	30	12.99	↑
Older Adults inpatients – Prospect Park Hospital	0	0	1	0	1	0.46	2	0	2	3	7	3.03	↑

	2020-2021						2021-22						
Service	Q1	Q2	Q3	Q4	Total for year	% Of Total	Q1	Q2	Q3	Q4	Total for year	% Of Total	Comparison to last FY
Community Nursing	2	1	5	2	10	4.69	4	5	2	1	12	5.19	↑
Community Hospital Inpatient	5	6	3	4	18	8.45	6	8	6	5	25	10.82	↑
Common Point of Entry	1	1	3	1	6	2.82	0	1	1	0	2	0.87	↓
Out of Hours GP Services	4	0	3	1	8	3.76	1	1	5	2	9	3.9	↑
PICU - Psychiatric Intensive Care Unit	2	0	0	2	4	1.88	3	1	2	1	7	3.03	↑
Urgent Treatment Centre	1	0	1	0	2	0.94	1	1	0	0	2	0.87	-
Older Adults Community Mental Health Team	1	1	1	2	5	2.35	0	0	0	2	2	0.87	↓
Other services not specified	11	33	20	13	78	36.62	16	14	12	13	64	27.71	↓
Grand Total	44	62	51	56	213		59	61	55	56	231	100	

Of the 231 formal complaints received, 12 were secondary complaints.

Whilst recognising the numbers are small there was an increase in complaints received in relation to the Crisis Resolution/Home Treatment Team (CRHTT), Community Hospital Inpatients, PICU – activity Community Nursing and WestCall.

CAMHS saw the biggest increase in formal complaints from 14 to 31, having previously been 30 in 2020/21 and 25 in 2019/20.

Table 2 below details the main themes of complaints and the percentage breakdown of these.

Table 2: Themes of Complaints received

Main subject of complaint	Number of complaints	% of total complaints
Abuse, Bullying, Physical, Sexual, Verbal	7	3.03
Access to Services	3	1.30
Attitude of Staff	33	14.29
Care and Treatment	110	47.62
Clinical Care Received	5	2.16
Communication	25	10.82
Confidentiality	5	2.16
Delay or failure to visit	1	0.43
Discharge Arrangements	7	3.03
Discrimination, Cultural Issues	1	0.43
Failure/Delay in specialist Referral	1	0.43
Failure/incorrect diagnosis	2	0.87
Healthcare Professional	1	0.43
Inaccurate Records	1	0.43
Long Wait for an appointment	2	0.87
Management and Administration	1	0.43
Medical Records	8	3.46
Medication	5	2.16
Patients Property and Valuables	3	1.30
Support Needs (Including Equipment, Benefits, Social Care)	2	0.87
Verbal to Patients	1	0.43
Waiting Times for Treatment	6	2.60
Written to Patients	1	0.43
Grand Total	231	

The main theme of complaints received during 2021/21 was care and treatment with 47.62% followed by attitude of staff with 14.29% and communication with 10.82%. This is compared to care and treatment with 46.95%, communication with 22.54% and attitude of staff with 13.15% last year. These have remained consistently the top 3 themes for formal complaints year on year.

As detailed above care and treatment was the main subject of the most complaints received in 2021/22, with 48% of all formal complaint activity. Complaints received in relation to care and treatment are wide ranging and focus very much on individual circumstances and therefore it has not been possible to pick up themes or areas for specific action by services in relation to these.

The following tables show a breakdown for 2021/22 of the formal complaints that have been received and where the service is based.

2.2 Mental Health service complaints

Table 3 below details the mental health service complaints received, this shows that the main services where formal complaints are attributed to are CMHT and Adult acute Admissions wards. 47% of the complaints were about care and treatment (which is around the same as in 2020/21, 2019/20 and 2018/19 and an increase from 29.54% of mental health service complaints in 2017/18).

Table 3: Mental Health Service complaints

Service	Number of complaints
A Place of Safety - ward	1
Adult Acute Admissions - Bluebell Ward	10
Adult Acute Admissions - Daisy Ward	12
Adult Acute Admissions - Rose Ward	2
Adult Acute Admissions - Snowdrop Ward	6
CMHT/Care Pathways	32
CMHTOA/COAMHS - Older Adults Community Mental Health Team	4
Common Point of Entry	2
Criminal Justice Liaison and Diversion Service - (CJLD)	5
Crisis Resolution and Home Treatment Team (CRHTT)	15
IMPACTT	1
Learning Disability Service Inpatients - Campion Unit - Ward	2
Older Adults Inpatient Service - Orchid ward	2
Older Adults Inpatient Service - Rowan Ward	5
PICU - Psychiatric Intensive Care - Sorrel Ward	7
Psychological Medicine Service	2
Psychology Service	1
Talking Therapies - Admin/Ops Team	1
Talking Therapies - PWP Team	3
Veterans TILS Service	1
Grand Total	114

2.2.1 Mental Health Complaints by service

The adult mental health services receiving higher numbers of formal complaints in 2021/22 are detailed further below.

Community Mental Health teams (CMHT)

As detailed in the table below, within CMHT services most complaints were received regarding the services in West Berkshire (25%), Wokingham (25%) and Slough (22%). In both service areas there were multiple complaints from the same patients. 5 of the total CMHT complaints were secondary complaints.

Reading has seen a slight decrease to 16% from 18% last year (compared to 8% in 2019/20 and 27% in 2018/19). Wokingham CMHT has seen an increase from 12% last year, 14% in 2019/20 and 22% in 2018/19.

Table 4: CMHT complaints

Main subject of complaint	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Abuse, Bullying, Physical, Sexual, Verbal			1				1
Attitude of Staff			1		1	2	4
Care and Treatment	1	4	4	3	1	3	16
Clinical Care Received		1					1
Communication				2			2
Confidentiality				1			1
Discharge Arrangements						1	1
Medical Records	1					2	3
Medication			1				1
Waiting Times for Treatment				2			2
Grand Total	2	5	7	8	2	8	32

Adult mental health inpatients

As detailed in table 5, 48% of complaints received by the acute adult admission wards were about clinical care/ care and treatment (compared to 36% last year and 57% the year before); these were individual to specific patient circumstances.

This includes seven complaints received in relation to Sorrel ward (compared to four last year and one in 2019/20).

Table 5: Adult mental health inpatient ward complaints

Main subject of complaint	Ward								Grand Total
	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	Learning Disability Service Inpatients - Campion Unit - Ward	Older Adults Inpatient Service - Orchid ward	Older Adults Inpatient Service - Rowan Ward	PICU - Psychiatric Intensive Care - Sorrel Ward	
Abuse, Bullying, Physical, Sexual, Verbal	1	2					1	1	5
Attitude of Staff	2	1						1	4
Care and Treatment	4	4		5	1	2	2	4	22
Clinical Care Received	1								1
Communication	2	3	1	1					7
Confidentiality							1		1
Discharge Arrangements			1						1
Failure/incorrect diagnosis								1	1
Management and Administration		1							1
Medication		1			1				2
Waiting Times for Treatment							1		1
Grand Total	10	12	2	6	2	2	5	7	46

Bluebell Ward and Daisy Ward received the highest number of formal complaints, however there were no specific themes for these.

CRHTT

Table 6 below demonstrates that there were 15 complaints received about CRHTT in 2020/21; similar number to 13 in 2020/21 and 14 received in both 2019/20 and 2018/19 and a sustained reduction on 20 received in 2017/18.

As with previous years, a higher percentage were in relation to services received in the West of the county and predominantly Reading where the main hub for the west is located.

Table: 6 CRHTT complaints

Main subject of complaint	Geographical Locality			Grand Total
	Bracknell	Reading	Slough	
Attitude of Staff		3	1	4
Care and Treatment	1	7		8
Communication		1		1
Discharge Arrangements		1		1
Medical Records		1		1
Grand Total	1	13	1	15

2.3 Community Health Service Complaints

Community Health Service complaints accounted for 29% of formal complaints received into the organisation in 2021/22 an increase from 24% in 2020/21 and the same as in both 2019/20 and 2018/19.

The table below details the community health service complaints received, this shows that the main services where formal complaints are attributed to are Community Inpatient services (37% from 35%), WestCall out of hours services (13% from 15%) and Community Nursing (District Nursing 18% from 19%). 52% (compared to 67% last year) of the total community health service complaints were about care and treatment. When breaking down the top themes of the complaints about care and treatment, 69% (n24) were about the clinical care given and 14% (n5) were about a delay or failure to visit.

There were no themes with complaints raised around specifics of care delivery and patient's individual circumstances.

Table 7: Community Health Service Complaints

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Woking ham	
Assessment and Rehabilitation Centre (ARC)					1		1
Community Hospital Inpatient Service - Ascot Ward						3	3

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Community Hospital Inpatient Service - Donnington Ward				2			2
Community Hospital Inpatient Service - Henry Tudor Ward					3		3
Community Hospital Inpatient Service - Highclere Ward				2			2
Community Hospital Inpatient Service - Jubilee Ward			1				1
Community Hospital Inpatient Service - Oakwood Ward		13					13
Community Hospital Inpatient Service - Windsor Ward						1	1
Community Physiotherapy			1				1
Community Respiratory Service		1					1
Diabetes					1		1
District Nursing	1	5			3	3	12
East Berkshire Wheelchair Service					1		1
Integrated Pain and Spinal Service - IPASS		1				2	3
Other				1			1
Out of Hours GP Services		6		1		2	9
Podiatry						1	1
Rapid Response		1				6	7
Sexual Health	1		1				2
Urgent Treatment Centre				2			2
Grand Total	2	27	3	8	9	18	67

2.3.1 Community Health Complaints by service

The top 3 community services receiving formal complaints in 2021/22 are detailed further below.

Community Nursing

As detailed in Table 8; 9 of the 12 complaints were regarding care and treatment, review of these has not identified any themes.

Table 8: Community Nursing Service complaints

Main subject of complaint	Geographical Locality				Grand Total
	Bracknell	Reading	Windsor, Ascot and Maidenhead	Wokingham	
Attitude of Staff				1	1
Care and Treatment	1	4	3	1	9
Communication				1	1
Confidentiality		1			1
Grand Total	1	5	3	3	12

Community Health Inpatient Wards**Table 9: Community Health Inpatient Ward Complaints**

Main subject of complaint	Ward							Grand Total
	Ascot Ward	Donnington Ward	Henry Tudor Ward	Highclere Ward	Jubilee Ward	Oakwood Ward	Windsor Ward	
Attitude of Staff				1				1
Care and Treatment	1	1	1	1	1	9		14
Clinical Care Received		1				1		2
Communication			1					1
Discharge Arrangements	2					1		3
Medication			1					1
Patients Property and Valuables						2	1	3
Grand Total	3	2	3	2	1	13	1	25

The number of formal complaints for Community Inpatient Wards has increased to 25 from 18 last year and from 15 in 2019/20, 17 in 2018/19 and 11 in 2017/18.

Care and treatment continue as the main subject for complaints received about Community Inpatient wards, and the Oakwood Unit received the most complaints for the second consecutive year (n13). One of the 13 formal complaints was a secondary complaint and that is only instance of two complaints about the same patient. All of the complaints have been reviewed by the unit with the support of the divisional governance team to identify any learning specific to the unit.

WestCall Out of Hours GP Service

As shown in the table below, WestCall received 9 formal complaints in 2021/22, compared to 8 in 2020/21, 9 in 2019/20 and demonstrates a sustained reduction from 17 in 2018/19.

The majority of the complaints for the out of hours GP service were found to be about care and treatment and attitude of staff.

Table 10: WestCall Out of Hours GP Service complaints

Main subject of complaint	Geographical Locality			Grand Total
	Reading	West Berks	Wokingham	
Attitude of Staff	1		2	3
Care and Treatment	3	1		4
Communication	1			1
Delay or failure to visit	1			1
Grand Total	6	1	2	9

2.4 Children, Young People and Families

Table 11 below details the children, young people and families' complaints received, with 20% of all complaints received attributable to these services (down slightly from 21% last year). The main services where formal complaints are attributed to are the CAMHS Specialist Community Team and Immunisation service.

Table 11: Children, Young People and Family Service Complaints

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Adolescent Mental Health Inpatients - Willow House - Ward						1	1
CAMHS - AAT	3					2	5
CAMHS - ADHD		2		1		1	4
CAMHS - Anxiety and Depression Pathway		2			1		3
CAMHS - Common Point of Entry (Children)					1		1
CAMHS - Getting Help East			2				2
CAMHS - Rapid Response		2					2
CAMHS - Specialist Community Teams		3	1	5	4	1	14
Children's Occupational Therapy - CYPIT			1		1		2
Children's Speech and Language Therapy - CYPIT		1		1			2
Community Paediatrics			1				1
Health Visiting		1				2	3
Immunisation	2	1		2		1	6
Grand Total	5	12	5	9	7	8	46

CAMHS

Child and Adolescent Mental Health Services received 31 complaints in 2021/22 compared to 14 in 2020/21, 30 in 2019/20, 25 in 2018/19 and 26 received in 2017/18. Access to CAMHS and waiting lists were the main subjects of 5 formal complaints compared to 1 in 2021/22, 7 2019/20 and 3 complaints in 2018/19.

There were 5 formal complaints about the attitude of staff in 2021/22 compared to none last year and 2 in each of the previous 2 years; and this is about the same as 3 in 2020/21 and 4 2019/20.

37 out of the 67 MP enquiries received were about CAMHS services – predominantly concerns with waiting times.

3 Complaints closed – activity

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). The table below shows the outcome of complaints.

Table 12: Outcome of closed formal complaints

Outcome	2020-2021						2021-2022					
	Q1	Q2	Q3	Q4	Total	% Of 20/21	Q1	Q2	Q3	Q4	Total	% Of 21/22
Not Upheld	9	25	19	18	71	36%	27	36	34	21	118	51%
Partially Upheld	13	34	20	28	95	48%	19	18	22	22	81	35%
Upheld	12	6	0	7	25	12.50%	9	11	6	6	32	14%
Grand Total	34	65	39	53	191		55	65	62	49	231	

Complaints can cover several services and issues which are investigated as individual points which contributes towards higher partially upheld outcomes. The table shows a significant increase in complaints that were not upheld and some increase in those found to be upheld whilst the number partially upheld has decreased.

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

Table 13 – Response rate within timescale negotiated with complainant

2021-22				2020-21				2019-20				2018-19				2017-18			
Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100	100	100	100	100	100	99	100	100	98	100	100	100	100	100	100	100	100	100	100

4 Complaints as a mechanism for change – learning

The Divisions monitor the outcomes and learning from complaints within their Patient Safety and Quality Meetings. From Quarter one 2020/21 a Patient Safety, Experience and Learning Group has taken place on a weekly basis, and further learning is shared and disseminated in a Trust wide newsletter.

As part of the Trustwide work on Just Culture, the Head of Service Engagement and Experience is running a project to understand the impact that being an Investigating Officer (IOs) has on our staff (such as time constraints and contacting complainants) to see how best both the Complaints Office and the Divisions can offer support.

5 Parliamentary and Health Service Ombudsman

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

Table 14: PHSO activity

Month open	Service	Month closed	Current Stage
Jan-21	Community Inpatient Services	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Feb-21	Community Inpatient Services	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Apr-21	Veterans TILS	n/a	PHSO have been sent information to aid their decision on whether they will investigate
May-21	Talking Therapies	Apr-22	PHSO have been sent information to aid their decision on whether they will investigate
Jun-21	Community Nursing	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Jul-21	District Nursing	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Jul-21	Talking Therapies - Admin/Ops Team	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Aug-21	Health Visiting	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Aug-21	Podiatry	n/a	Investigation underway
Sep-21	Children's Speech and Language Therapy - CYPIT	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Sep-21	CMHT/Care Pathways	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Sep-21	Veterans TILS Service	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Nov-21	Oakwood Ward	n/a	Investigation Underway
Dec-21	Corporate	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Jan-22	Criminal Justice Liaison and Diversion Service	n/a	PHSO have been sent information to aid their decision on whether they will investigate

Month open	Service	Month closed	Current Stage
Jan-22	Children's Speech and Language Therapy - CYPIT	n/a	Local Government Ombudsman (LGO) have been sent information to assist with their investigation

6 Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they contribute to but are not the lead organisation (such as NHS England and Acute Trusts).

There were 27 multi-agency complaints responded to in 2021/22 (an increase from 16) which were mainly involved our physical health services (n21).

Table 15: Formal complaints led by other organisations

Lead organisation	Number of complaints
Berk West CCG	1
CCG - Frimley	1
CCG East	1
EBPCC OOH	1
Frimley health	2
GP	1
Local Authority	1
NHSE	4
RBH	3
SCAS	10
Wexham Park	2
Grand Total	27

7 Complaints training

The Complaints Office has continued to offer a programme of complaint handling training, which is accessible through the Learning and Development Department. Over the last year, the Complaints Office has continued to deliver the training virtually over MS Teams and has adapted the training to have smaller, interactive groups more frequently. This training operates a waiting list and additionally bespoke training can be arranged for specific teams.

8 Mortality Review Group

The Trust Mortality Review Group (TMRG) meets monthly and the Complaints Office provides information into this group. There were 14 formal complaints forwarded to the MRG during 2021/22, compared with 18 in 2020/21 13 in 2019/20.

The Medical Director is also sent a copy of complaint responses involving a death before they are signed by the Chief Executive.

Table 16: Complaints forwarded to TMRG

Service	Number of cases
Community Hospital Inpatient Service - Donnington Ward	2
Community Hospital Inpatient Service - Highclere Ward	1
Community Hospital Inpatient Service - Oakwood Ward	5
Community Hospital Inpatient Service - Windsor Ward	1
District Nursing	2
District Nursing Out of Hours Service	1
Heart Failure Team	1
Rapid Response	1
Grand Total	14

Trust Board Paper

Trust Board Meeting Date	12 July 2022
Title	Medical Appraisal and Revalidation: Annual Board Report and Statement of Compliance for 2021/22
	ITEM FOR NOTING – Trust Chair to sign the Statement of Compliance
Purpose	To assure the Trust Board that the medical appraisal and revalidation process is compliant with the regulations and is operating effectively within the trust.
Business Area	Medical Director
Author	Dr Minoos Irani, Medical Director & Responsible Officer
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports CQC ‘well led’ inspection and safe patient care
Resource Impacts	Currently 0.5 wte Band 4 administrator and 1 Additional Programmed Activity for Appraisal Lead.
Equalities and Diversity Implications	N/A
SUMMARY	<p>The annual board report for revalidation (2021/22) is presented in the standard format prescribed by NHS England/Improvement. The appraisal process in the trust was not suspended/ paused during any of the pandemic in 2021/22. Appraisers and doctors follow the Principles of ‘Appraisal 2020’ for appraisals in the Trust, although everything else remains unchanged in terms of process and documentation.</p> <p>136 completed appraisals were confirmed for 2021/22, for 139 doctors with connection to the Trust. 1 Consultant appraisal and 1 Specialty Doctor appraisal were approved as delayed. 1 Specialty Doctor appraisal was not approved as delayed. There were no formal complaints related to the appraisal process, feedback from doctors remains very positive, medical recruitment process is compliant with good practice and an e-appraisal platform has been introduced since April 2022.</p>

ACTION REQUIRED

Trust Board to note assurance provided by the RO that medical appraisal and revalidation process is compliant with the regulations and is operating effectively within the Trust.

Trust Chair is requested to sign the Statement of Compliance on page 10 of the report following receipt of this assurance.



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

NHS England and NHS Improvement



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Designated Body Annual Board Report 2021/22

Section 1 – General:

The board / executive management team – Berkshire Healthcare NHS Foundation trust can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

The AOA submission was suspended nationally during the Covid pandemic and has not been required for 2021/22. No comparator report for trusts was available for 2021/22.

136 completed BHFT medical appraisals were confirmed for 2021/22, for 139 doctors with connection to the trust. 1 Consultant appraisal and 1 Specialty Doctor appraisal were approved as delayed because the doctors were unable to complete their annual appraisal before 31/3/2022 because of Covid illness or work related time pressures. 1 Specialty Doctor appraisal was not approved for delay because the reason for delay was not adequate. All 3 delayed appraisals have been completed over April and May 2022.

There are no adverse trends noted from the appraisal figures that would require specific action for 2022/23.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Dr Minoos Irani was appointed as interim Medical Director and Responsible Officer (RO) for Berkshire Healthcare and started in this role on 2 November 2015.

Dr Irani has completed the required RO training, regularly attends the NHSE (South) RO Network meetings and is member of the GMC RO Reference Group since November 2015. There are no additional training needs currently identified for Dr Irani in his medical appraisal or PDP related to his RO role.

The Trust appraisal lead attends annual refresher training events in the region and attends NHSE (South) RO and Appraisal Leads network meetings when possible.

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

The RO is supported by a band 4, 0.5 wte Appraisal administrator and a Consultant Psychiatrist who is appraisal lead for the trust and has one Additional Programmed Activity (4 hours) per week allocated for this role.

Improvement actions identified in 2021/22 relating to strengthening the long term capacity of the appraisal administrator are being addressed. The action

related to exploring a digital/ e- appraisal platform for the trust has been implemented from April 2022.

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

The appraisal administrator maintains an up to date record of all doctors with a prescribed connection to the trust—the medical staffing department informs the administrator when a new doctor starts in the trust. The RO receives notification from the General Medical Council when any doctor connects or disconnects from the trust (as designated body) and the RO shares this information with the Medical Staffing Officer and Appraisal Administrator.

The RO and Appraisal administrator have access to GMC connect and this is regularly referred to at the monthly Decision Making Group meetings attended by the Medical Workforce Manager, Appraisal administrator, Medical Appraisal Lead, Associate Medical Director and Medical Director.

There are no pending actions from last year or additional actions required in 2022/23 in this regard.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

The Appraisal Policy for Medical Staff was reviewed and re-issued in May 2021. It will be reviewed again in January 2023.

Re-skilling, Rehabilitation, Remediation and Targeted Support for Medical Staff Policy was reviewed and re-issued in April 2022.

There are no pending actions from last year or additional actions required in 2022/23 in this regard.

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

The Revalidation Team from NHS England (South) visited the trust on 12 May 2015 for a peer based Quality Assurance of the medical appraisal process in the Trust. The visiting panel made recommendations for improvement which were all implemented by the RO in 2016/17. These improvements were detailed in previous annual revalidation reports to the trust Board.

The RO provided a detailed report of all improvements to the Higher Level Responsible Officer (letter of 6 September 2018). An interim report about the improvements made following the 'Independent Verification Visit' was provided by the RO to NHS England South on 24 November 2016.

The RO commissioned the trust internal auditors to review the medical appraisal process in July 2016 and this was reported in August 2016. The auditors identified only one 'Medium' priority issue-- 'The Appraisal Policy for Medical Staff (ORG084) and relevant guidance is outdated and does not reflect current operating practice'. The RO accepted this recommendation and acknowledged that the wide-ranging improvements made in the medical appraisal process in 2016 were not written in the policy which existed at that time. The policy was re-written to include improvements made and was published by December 2016. There are no further actions identified for 2022/23.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

All NHS locum or short-term placement doctors appointed to the trust under trust employment contracts are provided with the full range of support with governance data, CPD, appraisal and revalidation like any other substantive doctor in the trust.

For the very small number of doctors employed through locum agencies from time to time (who do not have prescribed connection to the trust), appraisal is not offered through the trust panel of approved appraisers. Their appraisal and revalidation requirements are met through the locum agencies. Agency locum doctors are managed through the same governance processes as all other doctors in the trust and can obtain advice for appraisal and revalidation from the appraisal lead. If a training need is identified which would support the locum agency doctor to provide better quality and safer care, the trust would support this.

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Whole practice appraisals on annual basis are the norm in Berkshire Healthcare and doctors and appraisers have regular updates about this during internal training (appraisal forum). As part of Quality Assurance of appraisals, the appraisal lead assesses the quality of a sample of completed appraisal MAG forms using a standardised tool (PROGRESS) and presents a summary of the quality reviews to the appraiser forum to facilitate improvement in practice and standardisation of the appraisal content and output. This process also confirms that whole practice appraisals are the standard in the trust.

The Appraisal administrator provides the appraiser and doctor with information about incidents, complaints and compliments recorded on Datix

and specific to the doctor, approximately 2 months in advance of the allocated appraisal date. This information supports the appraisal discussion where complaints and SIs have been logged for the doctor.

Appraisers and doctors follow the principles of 'Appraisal 2020' which were introduced during the Covid pandemic, although everything else in terms of process and documentation remains unchanged. The Medical Appraisal Guide (MAG) has been the method of documentation of all appraisals through 2021/22. From April 2022, all medical appraisals are documented through the L2P appraisal platform.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Not applicable

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

The trust medical appraisal policy is up to date and in line with national policy, has approval from medical and BMA representative from the Local Negotiating Committee.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Through 2021/22 the trust had 23 trained appraisers for 139 connected doctors. Additionally, some doctors have expressed interest in becoming medical appraisers in 2022. This should allow adequate number of trained appraisers to be available to replace those who retire/ leave this role.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent).

The appraisal forum meeting (chaired by the RO/ appraisal lead) occurs three times a year to provide peer support and updates to appraisers with respect to revalidation and appraisal requirements. The RO provides updates from NHSE RO & Appraisal Leads forum which he attends. The appraisal lead presents data (appropriately anonymised) from MAG forms in the previous quarter with respect to content of the MAG forms and appraiser narrative and judgements. This is in the context of training for improving the quality of documentation and discussion at appraisal meetings.

¹ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

² Doctors with a prescribed connection to the designated body on the date of reporting.

All appraisers are encouraged to attend regional appraiser refresher training events. Training for using the L2P on-line platform for appraisals from April 2022 has been made available to doctors and appraisers.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

A sample of MAG forms is subject to Quality Assurance by the appraisal lead using the PROGRESS tool and the RO receives this information. Approximately 5-10% of MAG forms are Quality Assured by the appraisal lead every year; In 2021/22, 10 PROGRESS reports were submitted to the RO. PROGRESS reports are available to the Board at request.

The Responsible Officer reviews MAG forms before making revalidation recommendations to the GMC.

Feedback forms are sent to doctors after appraisal and responses are analysed. The Responsible Officer is sighted on any complaints related to the appraisal process. There have been no formal complaints related to medical appraisals in 2021/22.

In 2021/22, there were 74 returns of 129 feedback forms. Feedback collected related to the organisation of the process, appraiser skill and the usefulness of the appraisal discussion. While almost all responses scored good or very good across all 3 categories, there was one response which scored the usefulness of appraisal as poor.

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

All revalidation recommendations to the GMC have been timely and in line with GMC requirements. There have been no delayed recommendations made by the RO to the GMC.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

When the RO makes a recommendation to the GMC for revalidation, the appraisal administrator is notified, and the doctor receives a message from the GMC confirming this. There have been no non-engagement referrals to the GMC.

The RO or appraisal lead will always discuss any deferral recommendations with the doctor, in advance of the recommendation being submitted to the GMC.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Berkshire Healthcare has an effective clinical governance system for all clinical staff including doctors and this has been reviewed by the CQC through their well-led inspections of the trust. In addition, doctors are supported through governance processes involving medical leads in all services, Clinical Directors and the Medical director. The Clinical Effectiveness and audit department also support doctors through implementation of NICE Guidelines and participation in national and local clinical audits.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Any concern about the conduct/ performance of doctors is managed through an established process involving the service manager, Associate Medical Director/medical leads, Lead Clinical Director/ clinical director and RO (Medical Director).

The performance of doctors is monitored through a system of line management within the service, coupled with professional accountability to the Medical Director. The quality governance systems for the Trust, including incidents and complaints, support the monitoring of doctors' performance. PDP groups and peer groups also provide feedback to the psychiatrists on their performance and professional expectations. Doctors engage with clinical audit activities, including national audits to assess their/ team performance in comparison with others. The process of enhanced medical appraisal has fostered improved engagement from doctors with respect to monitoring performance with improved visibility for appraisers and the Responsible Officer / Medical Director. This includes reflection on patient and colleague feedback.

The Appraisal administrator provides the appraiser and doctor with information about incidents, complaints and compliments recorded on Datix and specific to the doctor, approximately 2 months in advance of the allocated appraisal date. Reflection/ discussion of governance issues raised is monitored through the Quality Assurance of MAG forms by appraisal lead.

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Trust Policy on Disciplinary Procedure for Medical and Dental Staff is up to date and based upon the Maintaining High Professional Standards national policy.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors².

Trust Chairman and CEO are kept informed if any doctor is subject to the Trust Policy on Disciplinary Procedure for Medical and Dental Staff. There were no investigations of doctors commissioned by the Medical Director in 2021/22.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation³.

The standard Medical Practice Information Transfer form is used to request information about new connections to the trust. The RO also promptly responds to MPIT information request from other trusts.

Although GPs who work in the out of hours service are employed by Berkshire Healthcare, they do not have a prescribed connection to the trust and do not get appraised within the Trust. The Medical Lead of Westcall (the GP Out of Hours service) has provided assurance to the RO that the scope of GP practice in Westcall feeds into their appraisal process in primary care through a summary review that is carried out. Additionally, since 2016, the revalidation administrator provides Westcall GPs who have an employment contract with the trust, with a Datix summary of their governance data for use in their appraisal documentation and discussion.

There are also doctors employed by the acute Trust who work within the services delivered by Berkshire Healthcare (Geriatricians employed and connected to the Royal Berkshire Hospital who work on elderly care wards in Berkshire West); an established RO to RO communication process is used if there were any concerns about this very small group of doctors.

⁴This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Clinical Governance arrangements for doctors including processes for responding to concerns about a doctor's practice are transparent and information about how decisions are made are communicated to doctors in a timely manner. All relevant trust policies have mechanisms to enable doctors to appeal a decision. The medical director will invite doctors subject to concern or investigation for a meeting to explain the process and obtain assurance about the doctor's feedback and reflection.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

All medical staff recruited by the Trust are done so by following NHS Employers six safer recruitment standards. Before making an unconditional offer of employment medical staffing check:

1. Identity
2. Employment history & reference checks
3. Work health assessment
4. Professional registration & qualifications
5. Right to work
6. Criminal records check

Candidates must satisfy these pre-employment checks prior to employment.

As part of the medical appointments interview process, we have introduced a duty on the chair of the interview panel to obtain the panel's consensus that they are satisfied with the language competency of the doctor being offered the post. This assessment is based upon the interview panel noting the doctor's spoken language and written application skills as part of the interview.

Locums are sourced from framework agencies that follow the 6 checks above; Medical Staffing also double check professional registration and the Alerts Register.

Section 6 – Summary of comments, and overall conclusion

Overall conclusion:

The Board is asked to receive the annual revalidation report for 2021/22. This will be made available to the higher level Responsible Officer from NHS England South. The Board can be assured that the medical appraisal and revalidation process is compliant with the regulations and is operating effectively within the trust.

Section 7 – Statement of Compliance:

The Board of Berkshire Healthcare NHS Foundation trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Official name of designated body: Berkshire Healthcare NHS Foundation Trust

Name: _____

Signed: _____

Role: _____

Date: _____

Trust Board Paper

Board Meeting Date	12 July 2022
Title	Quality Assurance Committee – 07 June 2022
	ITEM FOR NOTING
Purpose	To receive the unconfirmed minutes of the meeting of the Quality Assurance Committee of 07 June 2022
Business Area	Corporate
Author	Julie Hill, Company Secretary for Sally Glen, Committee Chair
Relevant Strategic Objectives	To provide good outcomes from treatment and care.
CQC Registration/Patient Care Impacts	Supports ongoing registration
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equalities and Diversity Implications	N/A
SUMMARY	<p>The unconfirmed minutes of the Quality Assurance Committee meeting held on 07 June 2022 are provided for information.</p> <p>Attached to the minutes are the following reports which were discussed at the Quality Assurance Committee meeting and are presented to the Trust Board for information:</p> <ul style="list-style-type: none"> • Learning from Deaths Quarterly Report • Guardians of Safe Working Hours Quarterly Report
ACTION REQUIRED	<p>The Trust Board is requested to:</p> <p>a) receive the minutes and the quarterly Guardians of Safe Working Hours and Learning from Deaths Reports and to seek any clarification on issues covered.</p>



**Minutes of the Quality Assurance Committee Meeting held on
Tuesday, 07 June 2022**

(the meeting was conducted via MS Teams)

Present: Sally Glen, Non-Executive Director (Chair)
Mehmuda Mian, Non-Executive Director
Mark Day, Non-Executive Director (*deputising for Aileen Feeney, Non-Executive Director*)
Julian Emms, Chief Executive
Minoo Irani, Medical Director
Debbie Fulton, Director of Nursing and Therapies
Guy Northover, Lead Clinical Director
Amanda Mollett, Head of Clinical Effectiveness and Audit

In attendance: Julie Hill, Company Secretary
Daniel Badman, Deputy Director of Nursing, Patient Safety and Quality
Raja Natarajan, Clinical Director West Adult Community Health Services
Sara Fantham, Clinical Director East Physical Health Locality
Katy Beckford, Lead for Community Inpatient Services
Colin Edwards, Head of Urgent Mental Health West

Opening Business

1 Apologies for absence and welcome

Apologies were received from: Aileen Feeney, Non-Executive Director and Tehmeena Ajmal, Chief Operating Officer.

The Chair welcomed everyone to the meeting. The Chair explained that she had taken up her role as a Non-Executive Director and Chair of the Committee on 1 June 2022 and therefore she was very much in her induction phase and learning about the work of the Trust.

2. Declaration of Any Other Business

There was no other business declared.

3. Declarations of Interest

There were no declarations of interest.

4.1 Minutes of the Meeting held on 01 March 2022

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

4.2 Matters Arising

The Matters Arising Log had been circulated and no matters required discussion.

The Chair noted that an update on the Carers Strategy would be coming to the August 2022 meeting.

Patient Safety and Experience

5.1 Quality Concerns Status Report

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

- **Quality Concern No 1: workforce vacancies** had been amended to include Champion ward
- **Quality Concern No 10: Outpatient services. Diabetes (East)** had been added to the register
- **No 10: Outpatient services - CAMHS** - the action summary had been rewritten to provide clarity on current actions and progress
- **Quality Concern No 11: Community Nursing demand and Capacity** had been added to the register
- The Quality and Performance Executive Group meeting in May 2022 had approved the removal of the following concern in view of the progress that had been made **Quality Concern No 10: outpatient services – WestCall –** the service was now stable with good systems and processes in place. WestCall would continue to be monitored through the Locality Patient Safety and Quality Group.

The Director of Nursing and Therapies referred to the Care Quality Commission's "Must Do" and "Should Do" update report later on the agenda and reported that the Quality Concern in relation to CAMHS and Neurodiversity waiting lists would be updated to reflect the work the Trust was doing around making sure that the Trust's waiting list data was robust and that systems and processes were as efficient as possible.

Mark Day, Non-Executive Director reported that at the Finance, Investment and Performance Committee he had raised the issue of staff coming to the end of their fixed term contracts (for example, maternity leave cover) and whether the Trust needed to be more proactive in trying to find alternative roles within the Trust for this cohort of staff at the and asked whether there was any progress made in this area. The Director of Nursing and Therapies said that she would get an update from the Director of People.

Action: Director of Nursing and Therapies

The Chair acknowledged that the national workforce shortage of clinically qualified staff coupled with increased demand for services impacted on patient safety and patient experience as well as staff morale and asked which Committee oversaw the recruitment and retention work on behalf of the Trust Board.

The Director of Nursing and Therapies explained that the Trust had a strategic initiative around workforce. It was noted that the Finance, Investment and Performance Committee was responsible for overseeing the Trust's focussed work around staff recruitment and retention. It was also noted that the Trust Board received six monthly updates on the implementation of the People Strategy.

Mark Day, Non-Executive Director reported that he was a member of the Finance, Investment and Performance Committee and confirmed that the Committee received detailed regular reports on the Trust's recruitment and retention activity and this provided an opportunity for the Committee to check whether or not the Trust was being ambitious enough given the scale of the workforce challenges. Mr Day confirmed that he was assured about the Trust's recruitment and retention work.

The Chair asked about the process for identifying particular "hot spots" in term so vacancies.

The Director of Nursing and Therapies explained that detailed performance about individual services was reviewed at the divisional level. It was noted that the divisional "heat maps" included a range of performance metrics and this was reviewed on a monthly basis at each division's local Patient Safety and Quality (PSQ) meetings. The Clinical Directors presented summaries of their respective PSQ meetings at the monthly Quality and Performance Executive Group (QPEG) meetings. If issues were flagged which needed Executive support, this was added to the Quality Concern Register.

The Chair asked whether the Trust triangulated data from different sources, for example, falls data and shortages of staff etc.

The Director of Nursing and Therapies confirmed that the divisional "heat maps" were very comprehensive and that this enabled data to be triangulated.

The Chair thanked the Director of Nursing and Therapies for explaining more about the Trust's quality related governance processes and commented that she found the Quality Concerns Register report very helpful.

The Committee noted the report.

5.2 Serious Incidents Report

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

- A total of 20 serious incidents were initially reported during quarter 4 with one subsequently downgraded
- Ethnicity data was now being captured for each serious incident
- The Trust had been involved in 31 inquests during the quarter. The Coroner had not issued any Prevention of Future Deaths reports during the quarter
- Learning from incidents continued to be taken forward as detailed in the report
- Appendix 1 of the report provided details of a drug and alcohol improvement project that was underway using learning from mortality and serious incident reviews where dual diagnosis continued to be a theme
- Staff support post incident was continuing to be provided with excellent feedback from staff using the support.

The Chair commented that she would have expected to see more incidents around assaults on staff.

The Director of Nursing and Therapies explained that the Serious Incident Report only included those incidents which met the criteria for reporting on the national serious incident reporting system.

The Director of Nursing and Therapies reported that a summary of safeguarding issues was reported to every In Committee Trust Board meeting. The number of assaults was also included in the True North Performance Scorecard which was reported to the Public Trust Board meetings.

Mehmuda Mian, Non-Executive Director noted that there had been a couple of serious incidents involving patients at Prospect Park Hospital ingesting objects and asked whether there was any learning.

The Director of Nursing and Therapies explained that the two incidents involved patients ingesting batteries from e-cigarettes and confirmed that alternative e-cigarettes which could not easily be dismantled were now being supplied to patients.

The Committee noted the report.

5.3 Learning from Deaths Quarterly Report

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

- 985 deaths were recorded on the Trust's clinical information system (RiO) during quarter 4 where a patient had been in contact with a Trust service in the year before they had died. Of these, 118 met the criteria to be reviewed further
- All 118 deaths were reviewed by the Executive Mortality Review Group and the outcomes were as follows:
 - 64 were closed with no further action
 - 54 required "second stage" reviews (using an initial finding review/structured judgement review methodology)
- During quarter 4, the Trust Mortality Review Group had received the findings of 39 second stage review reports of which 13 related to patients with a learning disability
- There had been one lapse in care which had been escalated by the Trust Mortality Review Group in December 2021 to be reviewed as a serious incidents and a lapse in care was identified in February 2022.

The Chair asked what the Trust was doing in terms of the physical health needs of patients and the early recognition of the deteriorating patient.

It was noted that the recognition of the deteriorating patient was part of the Trust's True North objectives. The Medical Director reported that the Trust had provided additional support to staff around using NHS England's National Early Warning Score system.

The Chair pointed out that she was aware that mental health nurses may not have the same opportunity to keep up to date with developments in physical health care and asked whether there were pockets of staff in the Trust where there needed to be additional focus.

The Medical Director confirmed there were no areas of concern and that there was a good range of physical health care support available to patients

Raja Natarajan, Clinical Director West Adult Community Health Services reported that the Trust had done a lot of work around enabling staff to detect early warning signs including triangulating data received from talking to families.

The Chair commented that there was a national focus around ensuring that the appropriate staff were able to access continuing professional developing around using the NEWS system.

Raja Natarajan reported that recognising the deteriorating patient was a key focus for the Trust. It was noted that the Trust also provided training around issues such as dysphasia following a serious incident.

Sara Fantham, Clinical Director East Physical Health Locality reported that NEWS was essential training for all new ward based staff. It was noted that the Sepsis tool had been added to the RiO system which made access easier for community staff. Ms Fantham confirmed that the Trust had adopted a multi-pronged approach to disseminating information about the NEWS system.

The Chair asked whether staff were trained around how to engage in conversations with patients and their families around advanced care planning.

The Director of Nursing and Therapies confirmed that advanced care planning was part of the remit and training of the Trust's Advanced Nurse Practitioners.

Ms Fantham add that the Trust offered "Sage and Thyme" training to staff (communication skills training) to support them in having difficult conversations, including end of life conversations.

The Committee noted the report.

5.4 CQC "Must Do" and "Should Do" Action Plans

The Director of Nursing and Therapies presented the paper and reported that the Care Quality Commission's "Must Do" actions for Prospect Park Hospital were now complete with the exception of one area of ligature risk action. This was where three magnetic door holders across the wards still required replacement to anti-ligature because of differing solution was required than was used for the other doors due to fire safety requirements.

The Director of Nursing and Therapies reported that in respect of the joint action (Trust and the Clinical Commissioning Groups) around reducing the neurodiversity waits, additional CCG investment had enabled recruitment to support increased assessments and the procurement of external resources through Helios and Psychiatry UK for less complex assessments. It was noted that assessment activity been impeded by COVID-19 restrictions and that the lifting of restrictions had enabled full face to face assessments to be resumed. The priority now was on reducing the longest waits whilst continuing to see those most at risk.

The Director of Nursing and Therapies reported that the Care Quality Commission's "Should Do" actions were completed with the exception of one action in relation to the recommendation that the Trust should ensure that all staff provided emotional support to patients, families and carers in order to minimise their distress. It was noted that the Trust had now appointed a Mental Health Social Worker who would support the wards in this area.

The Director of Nursing and Therapies pointed out that the Care Quality Commission's action was in response to one family who did not feel that their family member's mental health had not been as supported as well as it could have been.

Mehmuda Mian, Non-Executive Director referred to the outstanding “Must Do” action and asked about the timescale for approving the three magnetic door holders.

The Director of Nursing and Therapies reported that clinical staff and the fire officer were required to approve the magnetic door holders and confirmed that this approval had now been given and that the work would be completed as soon as the parts had been acquired.

The Committee noted the report.

5.5 Review of Out of Sight – Who Cares Report

The Deputy Director of Nursing, Patient Safety and Quality presented the paper and reported that the Care Quality Commission’s report “Out of Sight – Who Cares? A Review of Restraint, Seclusion and Segregation for Autistic People and People with a Learning Disability and/or Mental Health Condition” was published in October 2022.

It was noted that the Care Quality Commission had published a progress report in March 2022 which concluded that nationally their 17 recommendations had not been fully met (5 of the recommendations were not relevant to the Trust).

The Deputy Director of Nursing reported that the Trust had developed an action plan to implement the Care Quality Commission’s relevant recommendations which would be monitored and updated by the Restrictive Practice Group.

Mark Day, Non-Executive Director referred to page 56 of the agenda pack and pointed out that the action plan stated that 75 staff had received training but this did not state how many staff were eligible for the training. The Deputy Director of Nursing agreed to find out and inform the Committee.

Action: Deputy Director of Nursing

The Chair noted in the action plan that some staff at Prospect Park Hospital were not able to undertake PMVA training for health and safety reasons.

The Deputy Director of Nursing said that the Restrictive Practice Group had reviewed this issue and reported that the Trust had developed a three day training programme which looked at ways of de-escalating situations and therefore reducing the need for physical intervention.

The Committee noted the report.

5.6 National Patient Safety Strategy Implementation Report

The Deputy Director of Nursing, Patient Safety and Quality presented the paper and highlighted the following points:

- The implementation of the National Patient Safety Strategy had been delayed because of the COVID-19 pandemic
- Further guidance on the implementation of Patient Safety Incident Response Framework were expected from NHS England/Improvement in June 2022. In the meantime, the Trust had successfully launched its new approach to pressure ulcer incident investigations.
- The Trust had established a Patient Safety Culture Steering Group chaired by the Director of Nursing and Therapies to oversee the Trust’s patient safety work. The Patient Safety Culture Steering Group had also developed a Safety Culture Charter

- The Trust Board had received a presentation about the new Patient Safety Incident Response Framework
- Level 1 Patient Safety Training was now part of the Trust's induction and would be promoted across the organisation ahead of becoming mandatory from September 2022
- The Medical Examiner role was now in place for all inpatient wards.
- The Patient Experience Team was exploring the development of the Safety Partner Role.

The Chair commented that it looked like the Trust had all the building blocks in place in terms of having a positive culture in respect of patient safety and was not just waiting for the publication of the final national guidance.

The Chief Executive stressed that the Trust did not want to simply comply with national requirements, the Trust wanted to be a high performer and to continually improve. The Chief Executive reported that the National Guardian had attended a recent In Committee Trust Board meeting and had acknowledged that the Trust's NHS Staff Survey results were very positive but had also pointed out that the Trust was not the best and therefore there was still room for improvement.

The Chief Executive said that when the Trust had looked at the detail of the NHS Staff Survey results, it was apparent that there were teams where the culture needed to be improved and reported that the Trust was undertaking some targeted work with these teams.

The Chair asked whether the Committee would receive an update report at its next meeting. The Deputy Director of Nursing confirmed that there would be an update at the August 2022 meeting.

Action: Deputy Director of Nursing

The Committee noted the report.

5.7 COVID-19 Related BAF and CRR Risks

The Director of Nursing and Therapies presented the paper and reported that she was proposing to close the Board Assurance Framework COVID-19 risks and the Corporate Risk Register Risk on Nosocomial Infection following NHS England/Improvement's decision to remove the health related COVID-19 restrictions. This would mean that in healthcare settings, COVID-19 would be treated like any other infectious disease.

The Director of Nursing and Therapies reported that she would be updating the Trust's Infection Prevention and Control Board Assurance Framework in the light of the new guidance and that this would be presented to the July 2022 Trust Board meeting.

Action: Director of Nursing and Therapies

The Director of Nursing and Therapies confirmed that the Trust would not compel staff to stop wearing masks if they did not want to.

The Chair supported the proposal to remove the COVID-19 related risks from the Board Assurance Framework and Corporate Risk Register with the proviso that if COVID-19 rates start to increase and/or there was a new variant of concern, COVID-19 would be reinstated on the Board Assurance Framework and/or on the Corporate Risk Register.

The Committee noted the report.

Clinical Effectiveness and Outcomes

6.0 Clinical Audit Report

The Medical Director presented the paper which provided a summary of the following national clinical audit activities

- **National Audit of Care at End of Life (Round 3) (5968)** - Trust level data was published in February 2022 with the full national report due to be published in July 2022.
- **National Clinical Audit of Psychosis – Early Intervention in Psychosis July 2022** - Trust level data was published March 2022 with the full national report due to be published in July 2022.

a) Care at End of Life Audit

The Chair welcomed Raja Natarajan, Clinical Director West Adult Community Health Services, Sara Fantham, Clinical Director East Physical Health Locality and Katy Beckford, Lead for Community Inpatient Services.

Katy Beckford reported that the Trust had scored above average in all but one standard. The one area for improvement was “to ensure the current informal arrangements for rapid discharge are formalised and clearly documented and accessible for staff to follow”. Ms Beckford reported that the service was developing a standard operating procedure for rapid discharges for patients who wanted to, to die at home.

Raja Natarajan said that the Trust was a learning organisation and had learnt a lot more about supporting end of life patients and their families during the COVID-19 pandemic, including around communication with families/carers and listening to their needs.

The Chair congratulated the service on a very positive audit and asked where audit actions plans were monitored.

The Medical Director explained that the Clinical Effectiveness Group received all the clinical audit reports and signed off the action plans. The implementation of the action plans was monitored by the Head of Clinical Effectiveness and Audit. It was noted that clinical audit plans were also reviewed at the divisional patient safety and quality meetings. The Medical Director said that if the Committee had any significant concerns about a particular audit, progress against the action plan could be reported to the Committee.

b) Early Intervention in Psychosis (EIP) Audit

The Medical Director said that outlier analysis was conducted for all national clinical audits and reported that the Trust had been identified as a potential outlier for the following standards:

- **Standard 3: Service users with first episode psychosis and their families take up Family Interventions (FI).** The proportion of patients and family members in the Trust who have taken up a family intervention delivered by a person with relevant skills, experience and competencies was 10%. The Standard 3 value is classified as an alert (more than two standard deviations below the national figure).

- Standard 6: Service users with first episode psychosis receive a physical health review annually. The proportion of patients in the Trust who received a comprehensive physical health assessment for cardiometabolic factors (smoking status, BMI, blood pressure, glucose, cholesterol) within one year of starting treatment was 74%. The Standard 6 value is classified as an alarm (more than three standard deviations below the national figure level)

The Medical Director reported that more information would be available when the final audit report was published.

Colin Edwards, Head of Urgent Mental Health West reported that the service was developing an improvement action plan.

The Chair asked who was responsible for undertaking physical health checks in the community for patients prescribed with anti-psychotic drugs.

The Lead Clinical Director reported that this was a complex issue as there was joint responsibility for conducting physical health checks between the GP and the EIP physical health service. The Lead Clinical Director said it was important that physical health checks were properly recorded onto the RiO system to ensure that the Care Co-ordinators were able to ensure that patients received their physical health checks.

Mark Day, Non-Executive Director asked how the Trust ensured that by focussing on the two areas where the Trust was an outlier, performance in the other areas of the service did not slip back.

The Lead Clinical Director explained that the Quality Management Information System which was part of the Quality Improvement Programme helped the Trust to ensure that performance across all services was monitored and that this drove service improvements more than the outcome of clinical audits which focussed on particular aspects of service delivery.

The Medical Director added that the Trust followed NICE guidance which ensured that services complied with good evidence based practice.

The Chair asked about being an outlier in relation to the number of people taking up the offer of family intervention and asked for more information.

The Lead Clinical Director said that he recognised that the 10% figure for the take up of family intervention was low and that the service needed to improve take up. The Lead Clinical Director reported that there was a high turnover of Care Co-ordinators and that the service was reviewing training and supervision arrangements for Care Co-ordinators.

The Committee noted the report.

Update Items for Information

7.0 Guardian of Safe Working Hours Quarterly Report

The Guardian of Safety Working Hours report had been circulated.

It was noted that during the reporting period (2 February 2022 to 01 May 2022) there had been one “hours and rest” exception report totalling one additional hour and no “education” reports. The ‘hours and rest’ exception report was where the trainee’s worked hours was in excess of their work schedule. The exemption report related to a late patient admission at 16:00 hours. It was felt by the trainee that it would be

better to review the patient before 17:00 so the patient could be discussed with the day consultant rather than with an on-call consultant. The trainee received the extra one hour as time off in lieu.

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

The Chief Executive said that trainees completed an annual survey and said that the Trust consistently received very positive feedback from trainees and paid tribute to the Medical Director and his colleagues for their work in supporting trainees.

The Committee noted the report.

7.1 Minutes of the Mental Health Act Governance Board

The minutes of the Mental Health Act Governance Board meeting held on 16 February 2022 had been circulated.

For the benefit of the new Chair, the Medical Director explained that the Mental Health Act Governance Board received assurance about all aspects of the Trust's Mental Health act work across a range of services, including quarterly Place of Safety Reports and Mental Health Act statistics etc.

The Medical Director reported that he chaired the meeting and said that he particularly kept on eye on the use of the Place of Safety as an additional bed if no other bed was available. It was noted that the Trust was looking at the issue of health inequalities and the disproportionately high level of detentions amongst certain ethnic groups which was also reflected nationally.

The Chair said that ethnicity and the application of the Mental Health Act was an important issue. The Chair asked whether finding Tier 4 beds for children and young people was a challenge for the Trust.

The Medical Director said that for the Trust,, the real challenge was around local authorities not being able to find appropriate placements for children and young people with emotional problems

The Committee noted the minutes.

7.2 Quality and Performance Executive Group Minutes – February 2022, March 2022 and May 2022

The minutes of the Quality and Performance Executive Group minutes for February 2022, March 2022 and May 2022 had been circulated.

The Chair said that she found the minutes very useful and requested an opportunity to observe a future QPEG meeting.

Action: Company Secretary

Mark Day, Non-Executive Director referred to page 135 of the agenda pack and noted a comment in the minutes that four of the nine sexual safety incidents were patient related and asked for more information about the other five incidents.

The Director of Nursing and Therapies explained that the figures in the minutes related to the raw DATIX reports and these would include patient on patient and patient and staff incidents as well as allegations which were unfounded following further investigation.

Mehmuda Mian, Non-Executive Director referred to page 128 of the agenda pack which mentioned that there were over 900 patients overdue follow up Diabetes consultant appointments and asked for more information.

The Medical Director explained that the Trust had appointed its first Diabetes Consultant (the Trust had previously shared a Diabetes Consultant with Frimley Health and Care NHS Foundation Trust) and said that the new Consultant had reviewed the Diabetes case load and had identified patients requiring follow up appointments. It was noted that the issue was on the Quality Concerns Register.

The Committee noted the minutes.

7.3 Council of Governors Quality Assurance Group – Visits to Services

The reports of two governor service visits had been circulated. The governors had visited:

- ASSIST service
- Crisis Resolution and Home Treatment Team

The Director of Nursing and Therapies explained that the former Chair had agreed with the Chair of the Council of Governors' Quality Assurance Group that there would be a standing item on the Committee's agenda on Governor Service Visit reports.

The Chair asked who was responsible for reviewing the reports.

The Director of Nursing and Therapies explained that the governor service visit reports were shared with the relevant service for them to pick up any points etc.

The Chair asked whether the Committee received Non-Executive Director service reports.

The Director of Nursing and Therapies confirmed that Non-Executive Director reports were circulated to all members of the Trust Board.

Mehmuda Mian, Non-Executive Director asked whether there was a service visit template for the governors to use.

The Director of Nursing and Therapies said that governors were provided with guidance on undertaking service visits but the format of their service visit reports was down to individual preference.

On behalf of the Committee, the Chair thanked the Governors for their service visit reports.

The Committee noted the Governors' service visit reports.

Closing Business

8.0 Quality Assurance Committee Horizon Scanning

There were no items identified.

8.1 Any Other Business

There was no other business.

8.2. Date of the Next Meeting

The next meeting is scheduled to take place on 30 August 2022 at 10am.

These minutes are an accurate record of the Quality Assurance Committee meeting held on 07 June 2022.

Signed:- _____

Date: - 30 August 2022 _____

QPEG / QAC/ Trust Board	May/June 2022
Title	Learning from Deaths Quarter 4 Report 2021/22
Purpose	To provide assurance to the Trust Board that the trust is appropriately reviewing and learning from deaths
Business Area	Clinical Trust Wide
Authors	Head of Clinical Effectiveness and Audit
Relevant Strategic Objectives	1 – To provide accessible, safe, and clinically effective services that improve patient experience and outcomes of care
Equality Diversity Implications	A national requirement is that deaths of patients with a learning disability are reviewed to promote accessibility to equitable care. This report provides positive assurance of learning from these deaths
Summary	<p>985 deaths were recorded on the clinical information system (RiO) during Q4 where a patient had been in contact with a trust service in the year before they died. Of these 118 met the criteria to be reviewed further. All 118 were reviewed by the Executive Mortality Review Group (EMRG) and the outcomes were as follows:</p> <ul style="list-style-type: none"> • 64 were closed with no further action • 54 required ‘second stage’ review (using an initial finding review (IFR)/ Structured Judgement Review (SJR) methodology). • Of the 54, 10 were classed as Serious Incident Requiring Investigation (SI) <p>During Q4, the trust mortality review group (TMRG) received the findings of 39 2nd stage review reports, of which 13 related to patients with a learning disability.</p> <p>Lapse in care (LIC) In Q4 we have one case which was escalated by TMRG in December 2021 to review as a serious incident, a lapse in care was confirmed in February 2022.</p> <p>COVID 19 inpatient deaths. 1 case was identified as a healthcare acquired infection and cited on part 1 of the medical certificate of cause of death and therefore will be reviewed as an SI.</p>
ACTION REQUIRED	The committee is asked to receive and note the Q4 learning from deaths.

Figure 1. Summary of Deaths and Reviews completed in 2021/22.

Figure 1	19/20 total	20/21 total	21/22 total	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
Number of deaths seen by a service within 365 days of death	3884	4805	3971	858	953	1175	985
Total deaths screened (Datix) 1 st stage review	406	510	467	110	128	111	118
Total number of 2 nd stage reviews requested (SJR/IFR/RCA)	198	269	209	50	58	47	54
Total number of deaths reported as serious incidents	43	48	35	10	6	9	10
Total number of deaths judged > 50% likely to be due to problems with care (lapse in care)	3	1	4	3	0	0	1
Number of Hospital Inpatient deaths reported (Including patients at the end of life and unexpected deaths following transfer)	124	185	156	37	41	40	38
Total number of deaths of patients with a Learning Disability (1 st stage reviews)	47	53	51	12	13	11	15
Total number of deaths of patients with LD judged > 50% likely to be due to problems with care	0	0	0	0	0	0	0

Note: The date is recorded by the month we receive the form which is not always the month the patient died

1.1 Total Deaths Screened (1st stage review)

118 deaths were submitted by services through the trust Datix reporting system for a first stage review by the EMRG. Of these 118 deaths reviewed, EMRG advised closing 64 cases, 54 were referred for a second stage review of which 10 were referred for SI investigation.

1.2. 2nd Stage Reviews Completed

The Trust-wide mortality review group (TMRG) meets monthly and is chaired by the Medical Director; 39 second stage reviews have been received and considered by the group in Q4. Figure 2 details the service where the review was conducted.

Figure 2: 2nd Stage Reviews Completed in Q4

	Total Number	Divisions
January 2022	8 SJR 8 IFR 16 Total	Learning Disability: 2 SJR West Mental Health: 2 SJR, 4 IFR East Mental Health: 3 IFR West Physical Health: 3 SJR, 1 IFR East Physical Health: 1 SJR
February 2022	14 SJR, 1 IFR 15 Total	Learning Disability: 7 SJR West Mental Health: 1 SJR, 1 IFR West Physical Health: 2 SJR East Physical Health: 2 SJR Older Peoples Mental Health: 1 SJR Children Young People Families: 1 SJR
March 2022	8 SJR 8 Total	Learning Disabilities: 4 SJR East Mental Health: 1 SJR West Physical Health: 2 SJR East Physical Health: 1 SJR

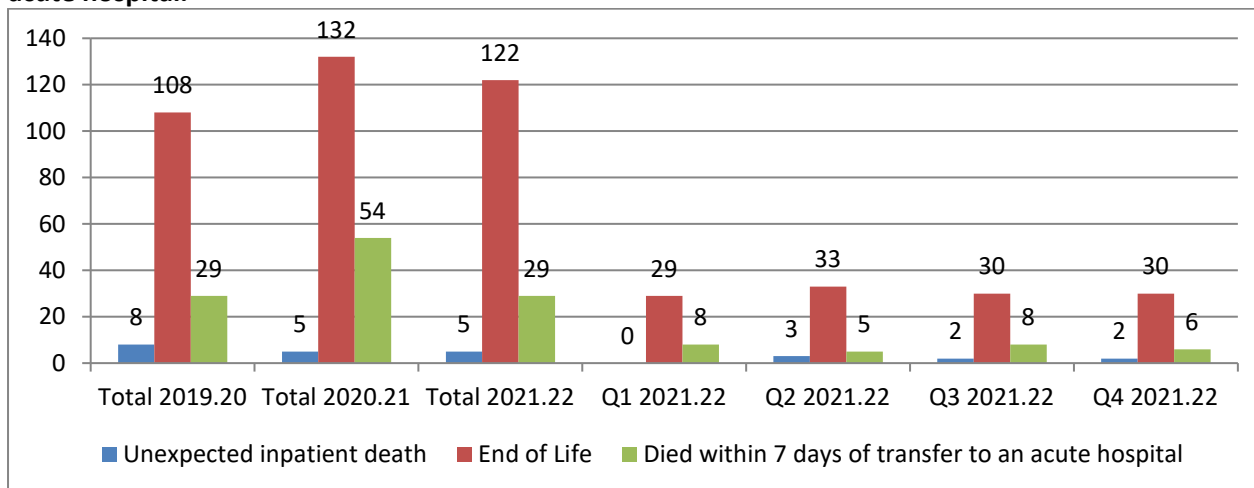
2. Concerns or Complaints

In Q4 2 complaints in total were received from families following the death of a relative, 2nd stage reviews were requested for both. None of the complaint related SJR reviews at TMRG raised concern about a lapse in care (LIC).

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

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

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



In Q4 there were 38 deaths reported by Community Inpatient Wards, of which:

- 30 were expected deaths and related to patients who were receiving end of life care (EOLC).
- 6 unexpected deaths due to ill health deterioration where they were transferred to an acute hospital and died within 7 days
- 2 unexpected deaths: one discharged home and one discharged to a Nursing Home

Of the 30 EOLC deaths reviewed by the EMRG, 28 were closed at 1st stage review and 2 were referred for 2nd stage review.

Of the 8 unexpected deaths, 2nd stage reviews were requested for all.

3.2 Covid-19 Inpatient deaths.

3 inpatient deaths occurred in Q4 where the patient was positive for Covid 19 within 28 days of death

2 were closed at first stage review, both patients were admitted for end-of-life care and were positive for covid 19 on or prior to admission.

1 patient was admitted for end-of-life care and acquired a Covid 19 infection whilst in our care. Covid 19 was cited on part 1 of the medical certificate of cause of death and this therefore meets our criteria to be reviewed as an SI

3.3 Medical Examiner

Medical Examiner’s Offices in acute trusts are required to put in place measures to extend Medical Examiner (ME) scrutiny of deaths across non- acute sectors so that all deaths are scrutinised. Subject to parliamentary process this will become a statutory requirement which is anticipated post August 2022.

Royal Berkshire NHS Foundation Trust (RBFT) provide this service for our Trust and all BHFT inpatient deaths since December 2022 have been scrutinised by the Medical Examiner.

All 30 inpatient deaths have been independently scrutinised by a Medical Examiner. In 28 cases the medical certificate of cause of death (MCCD) was agreed and processed. 2 cases were referred to the coroner, of these in 1 case the coroner agreed the cause of death and gave permission for us to issue the MCCD (100A), the 2nd case was referred for inquest.

The ME process allows for the Medical Examiner to also recommend cases for further review (structured judgement review) and notify us of any family concerns; no cases were identified for review in Q4 by the ME.

4. Deaths of Children and Young People

In Q4, 7 deaths were submitted as a Datix for 1st stage review. All cases were closed at EMRG following 1st stage review. Cause of death was either extreme prematurity or complex disability in most cases. All deaths of children and young people are reviewed by the Berkshire Child Death Overview Panel (CDOP).

5. Deaths of adults with a learning disability

In Q4 the Trust Mortality Review Group (TMRG) reviewed a total of 13 deaths of adults with learning disabilities who had received services from Berkshire Healthcare in the 12 months prior to their death. The Structured Judgement Review methodology was used for all reported deaths with these reviews appraised by the LD Clinical Review Group (CRG) prior to review and sign off by the TMRG.

Of these 13 deaths there were no identified lapses in care provided by Berkshire Healthcare.

Immediate cause of death	Number of deaths
Diseases of the respiratory system	4
Cancer	4
Diseases of the nervous system	1
Diseases of the digestive system	1
Diseases of the circulatory system	1
Other	1
Cause of death not yet provided by Coroner - awaiting toxicology results	1

Demographics:

Gender:

Female	5
Male	8

Age: The age at time of death ranged from 51 to 78 years of age (median age: 63 yrs)

Severity of Learning Disability:

Mild	5
Moderate	2
Severe	4
Profound	1
Not Known	1

Ethnicity:

White British	12
Black or Black British –Caribbean	1

Engagement and feedback with family members

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

6. Deaths categorised as Serious Incidents

In Q4, 10 deaths were reported as serious incidents. These are investigated, reviewed and reported separately by the Patient Safety Team.

7. Lapse in Care

A lapse in care is defined as greater than 50% likelihood that problems in care of the patient could have contributed to the death of the patient.

One case was escalated by TMRG in December 2021 to review as a serious incident, a lapse in care was confirmed in February 2022.

8. Learning from Deaths

The aim of the trust policy and process is to ensure that we learn from deaths and improve care even when the death may not be due to a lapse in care. The following section details areas of quality improvement identified in Q4.

8.1 Learning from Serious Incidents (SI)

Please refer to Q4 SI Report

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

In Q4, there was ongoing evidence of good MDT working, coordination of care and communication with families, support staff and across local services. There was also ongoing evidence to show BHFT services were responsive to people's needs and that care was delivered in a timely way.

Actions and learning identified during the previous quarter have been completed / shared. All actions and learning below have been discussed and shared via LD patient safety and quality (PSQ) to share learning.

- To review, with the psychology service, the process for monitoring people awaiting further follow up after referral to ensure the systems are robust.
- Importance of reviewing risk assessments on regular basis.
- Epilepsy care plans (including updates) should be recorded / uploaded on RiO
- Mental capacity assessments / best interest decisions should be regularly reviewed / recorded
- Clear identification of need in records but not evidenced of that need being followed up consistently.

Currently one of the nurses working within the learning disability service is undertaking a service improvement project as part of the learning disability and autism advancing clinical practice credential. The aim of the project is to support development of a bespoke vaccine care pathway to assist the local primary care system in delivering covid-19 vaccines to the small cohort of individuals who have so far refused due to severe anxiety or aversion to vaccine injections.

8.3 Key Learning from Mental Health Services

- Incidents involving patients given a 'Dual diagnosis' continues to be a theme in mortality reviews, a review is under way.

8.4 Key Learning from Community Physical Health

- Management of oral anticoagulant medication when a patient has sustained a fall
- To discuss directly with a patient the expressed wishes in an advance care plan in relation to the specific consequences of a new clinical situation.
- Head injury management and knowledge of the guidance to relevant clinical teams/
- Management of the deteriorating patient continues to be a theme, specifically with regards to NEWS scores being missed, observations not monitored, and use of septic tool.
- Monitoring of abnormal blood results and consideration of an infection if persistently swollen limb.
- Fluid and electrolyte monitoring and management within community inpatient wards

9. Conclusion

During Q4, the trust mortality review group (TMRG) received the findings of 39 2nd stage review reports. All hospital inpatient deaths were reviewed by a medical examiner.

One case was escalated by TMRG in December 2021 to review as a serious incident, a lapse in care was confirmed in February 2022.

1 case was identified as a healthcare acquired infection (Covid 19) and cited on part 1 of the medical certificate of cause of death and therefore will be reviewed as an SI.



Berkshire Healthcare

NHS Foundation Trust

Quality Assurance Committee Paper

Meeting Date	May 2022
Title	Guardian of Safe Working Hours Quarterly Report (February to May 2022)
Purpose	To assure the Trust Board of safe working hours for junior doctors in BHFT
Business Area	Medical Director
Author	Dr Marjan Ghazirad, Ian Stephenson
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and safe patient care
Resource Impacts	Currently 1 PA medical time
Legal Implications	Statutory role
Equalities and Diversity Implications	N/A
SUMMARY	<p>This is the latest quarterly report for consideration by Trust Board from the Guardian of Safe Working.</p> <p>This report focusses on the period 2nd February to the 1st of May 2022. Since the last report to the Trust Board, we have received one exception report.</p> <p>We do not foresee any problems with the exception reporting policy or process; neither do we see a significant likelihood of BHFT being in frequent breach of safe working hours in the next quarter.</p>
ACTION REQUIRED	The QAC/Trust Board is requested to: Note the assurance provided by the Guardian.

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

This report covers the period 2nd February to the 1st of May 2022

Executive summary

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

This report focusses on the period the period 2nd February to 1st May 2022. Since the last report to the Trust Board, we have received one 'hours & rest' exception report and no 'education' reports.

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

Introduction

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

High level data

Number of doctors in training (total):	46 (FY1 – ST6)
Included in the above figure are 2 MTI (Medical Training Initiative) trainees.	
Number of doctors in training on 2016 TCS (total):	46
Amount of time available in job plan for guardian to do the role:	1PA
Admin support provided to the guardian (if any):	Medical Staffing
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

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

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

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY1	0	0	0	0
CT	0	1	1	0
ST	0	0	0	0
Total	0	1	1	0

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

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

In this period, we have received one 'hours and rest' exception report where the trainee's worked hours in excess of their work schedule, totaling an extra one hour worked over and above the trainee's work schedules. One hour was straightforwardly unpredicted additional hours (see below).

Exception reporting is a neutral action and is encouraged by the Guardian and Director of Medical Education (DME). We continue to promote the use of exception reporting by trainees, and make sure that they are aware that we will support them in putting in these reports. It has been the opinion of Medical Staffing and the Guardian of Safe Working that in most cases "time off in lieu" (TOIL) is the most appropriate action following an exception report to minimize the effects of excessive work.

The report was not related to work on the out-of-hours rota. It was related to a late patient admission at 16:00. It was felt by the doctor that it would be better to review the patient before 17:00 so it could be discussed with the day consultant as opposed to an on-call consultant.

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

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

We remain mindful of the possibility of under-reporting by our trainees, whilst having no evidence of this. Trainees are strongly encouraged to make reports by the Guardian at induction and at every Junior Doctor Forum. In addition, a flyer about exception reporting is being mounted in junior doctors on call room and an exception report banner for virtual teams meeting has been provided by the Guardian of Safe Working to the chair of academic meetings and consultant in medical psychotherapy to use during their meetings.

b) Work schedule reviews

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

Work schedule reviews by grade	
CT1-3	0
ST4-6	0

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

c) Gaps

(All data provided below for bookings (bank/agency/trainees) covers the period 2nd February to 1st May 2022)

Psychiatry	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
	102	102	31	71	0	957	957	299.5	657.5	0

Reason	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
Gap	75	75	25	50	0	751.5	751.5	240.5	511	0
Sickness	27	27	6	21	0	205.5	205.5	59	146.5	0
Maternity	0	0	0	0	0	0	0	0	0	0
Total	102	102	31	71	0	957	957	299.5	657.5	0

d) Fines

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

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

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

Qualitative information

The OOH rota continues operating at 1:11 and our system for cover continues to work as normal, with gaps generally being quickly filled.

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

Issues arising

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

Actions taken to resolve issues

Next report to be submitted August 2022.

Summary

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

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

We remain mindful of the possibility of under-reporting by our trainees, whilst having no evidence of this. Trainees are strongly encouraged to make reports by the Guardian at induction and at every Junior Doctor Forum; in addition, a flyer about exception reporting is being mounted in the junior doctors on call room and an exception report banner for virtual teams meeting has been provided by the Guardian of Safe Working to the chair of academic meetings and consultant in medical psychotherapy to use during their meetings. They are assured that it is a neutral act and asked to complete exceptions so that the Guardian of Safe Working can understand working patterns in the Trust. An anonymized survey is being conducted to gather Junior doctors' view about the exception reporting and it is in the data gathering stage.

Questions for consideration

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

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

Report compiled by Dr Marjan Ghazirad, GOSW, & Ian Stephenson, Medical Workforce Manager.

Appendix A: Glossary of frequently used terms and abbreviations

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

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

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

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

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

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

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

Factsheet: Safety limits and rest

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

2016 terms and conditions	2018 contract refresh
Maximum of 72 hours work in any 7 consecutive day period.	Maximum of 72 hours work in any 168-hour consecutive period.
46-hours rest required after 3-4 consecutive night shifts.	46-hours rest required after any number of rostered nights.
Doctors paid at nodal point 2 are exempt from the requirements that no doctor shall be rostered for work at the weekends greater than 1 week in 2 for one placement during their foundation year.	No doctor shall be rostered for work at the weekend at a frequency of more than 1 week in 2.
No doctor shall be rostered for work at the weekend at a frequency of greater than 1 week in 2.	All reasonable steps should be taken to avoid rostering trainees at a frequency of greater than 1 in 3 weekends.
Where 8 shifts of any length are rostered or worked on 8 consecutive days, there must be a minimum 48-hours rest rostered immediately following the conclusion of the eighth and final shift.	Maximum of 7 shifts of any length can be rostered or worked on 7 consecutive days. Where a shift contains hours of work across more than one day, the work on each day will be counted independently toward the total number of consecutive days*.
No more than 5 long shifts shall be rostered or worked on consecutive days. Where 5 long shifts are rostered on consecutive days, there must be a minimum 48-hour rest period rostered immediately following the conclusion of the fifth long shift.	No more than 4 long shifts shall be rostered or worked on consecutive days. There must be a minimum 48-hour rest period rostered immediately following the conclusion of the final long shift*.
<p>A doctor must receive:</p> <ul style="list-style-type: none"> at least one 30 minute paid break for a shift rostered to last more than 5 hours, and a second 30 minute paid break for a shift rostered to last more than 9 hours. 	<p>A doctor must receive:</p> <ul style="list-style-type: none"> at least one 30 minute paid break for a shift rostered to last more than 5 hours a second 30 minute paid break for a shift rostered to last more than 9 hours A third 30-minute paid break for a night shift as described in paragraph 15 of Schedule 2, rostered to last 12 hours or more.

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



Trust Board Paper

Board Meeting Date	12 July 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 12 July 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. Living with COVID-19: Visiting Healthcare Inpatient Setting Principles and Berkshire Healthcare's Position on Visiting

On 7 June 2022, NHS England and Improvement updated their visitor guidance in relation to living with COVID-19.. The guidance sets out the expectations of providers to facilitate visits, and to do so in a risk-managed way.

The guidance includes facilitating visits, infection prevention and control guidance for visiting and the continued offer of virtual visiting where face to face is not possible.

Across all our wards:

- We have reverted to pre-pandemic visiting in terms of visiting times and numbers able to visit each person at any one time.
- For end of life patients, visiting is unrestricted as is visiting on compassionate grounds to support mealtimes and where patients may be particularly distressed or require additional family/carer support.
- Visitors are no longer required to wear masks except where this is risk assessed as required for specific reasons to protect patients and/ or their visitors.
- We have retained the ability for virtual visiting through iPad/telephone if this is preferred by patients or their visitors.
- Updated our website to reflect that booking of visiting is no longer required and advice is provided on when someone should not visit (if they are unwell), we have also used social media to communicate messages around changes to mask wearing for visitors.
- Signage alerts visitors to any symptoms which would mean that they should not visit and when there is infection on the ward that they need to be aware of/ visiting is restricted due to specific infection prevention and control risk assessment.
- Carers can accompany patients to outpatient and clinic appointments.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3. Integrated Care Systems

On the 1 July 2022, legislation came into effect and formally established Integrated Care Systems and Integrated Care Boards across the country.

The Integrated Care Partnership' (ICP) in each area will be a statutory joint committee between the Local Authorities and the Integrated Care Board (ICB). It will have an important role to play in each ICS, facilitating joint action to improve health and care outcomes and experiences across the population, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.

The Integrated Care Board in each area will inherit all of the statutory duties and functions previously discharged by Clinical Commissioning Groups, as well as a number of other responsibilities currently held by NHS England. All staff below board level who work for a CCG, have transferred into the new organisation.

Executive Lead: Julian Emms, Chief Executive

4. The Fuller Stocktake Report – Next Steps for Integrating Primary Care

The Fuller Stocktake report on integrating primary care published at the end of May 2022. The report was commissioned by NHS Chief Executive, Amanda Pritchard and makes recommendations for how newly formed Integrated Care Systems (ICSs) can support integrating primary care with a focus on local population-based care.

Dr Fuller outlines a new vision for primary care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy.

The vision focuses on four main areas:

- **Integrated neighbourhood teams** - Systems should support primary care to build on the primary care network (PCN) structure by coming together with other health and care providers within a local community to develop integrated neighbourhood teams at the 30,000-50,000 population level. This will help to realign services and workforce to communities and drive a shift to a more holistic approach to care.
- **Streamlined access** - To improve access, primary care should be supported to offer streamlined access to urgent, same-day care and advice from an expanded multi-disciplinary team and given the flexibility to adapt their service to local need. Data and digital technology should be optimised by systems to connect existing fragmented and siloed urgent same-day services, empowering primary care to build an access model for their community that gives patients with different needs access to the service that is right for them.
- **Personalised care for those who need it** - People should be able to access more proactive, personalised support from a named clinician working as part of a multi-professional team. To achieve this, development of neighbourhood

teams providing joined-up holistic care to people who would most benefit from continuity of care in general practice (such as those with long-term conditions) should be supported and delivered in partnership with system partners and primary care.

- **Helping people to stay well for longer** -There should be a more ambitious and joined-up approach to prevention for the whole of health and care with a focus on the communities that need it most. System partners should work collectively across neighbourhood and place to share expertise to understand what factors lead to poor health and wellbeing and agree how to work together proactively to tackle these.

Executive Lead: Julian Emms, Chief Executive

5. Frimley Health and Care Integrated Care System – Urgent and Emergency Care Strategy

The Frimley Health and Care Integrated Care System have commissioned a significant piece of work to review the Urgent and Emergency Care system, identify improvement opportunities and set a new Urgent and Emergency Care strategy for the years ahead.

To support us deliver this work, the system has partnered with Moorhouse Consulting to help generate a number of service level strategies which will improve our longer term sustainability in this area. We know how challenging the last two years have been for all our teams and we view this as a real opportunity to begin a process of improvement work which will improve the lives of staff and patients.

The approach to this work is underpinned by engagement with a broad group of stakeholders from across the health and care partnership. The strategy is due to be completed by the end of September 2022 which will enable the system to identify early opportunities which may help us with planning for the coming winter.

Executive Lead: Julian Emms, Chief Executive

Presented by Julian Emms
Chief Executive
12 July 2022

Trust Board Paper

Board Meeting Date	12 July 2022
Title	Financial Summary Report May 2022
	ITEM FOR NOTING
Purpose	To provide the Trust Board the financial position for the period ending 31 May 2022.
Business Area	Finance
Author	Chief Financial Officer
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
Equalities / Diversity Implications	N/A
SUMMARY	<p>The Trust has submitted a plan for a £2.7m deficit for the year. The Trust is on plan and is reporting a £0.9m deficit as at the end of May.</p> <p>Following revisions to the planning guidance and agreement on additional funding to cover inflationary pressure, a revised plan was submitted mover to a £0.9m deficit for 22/23. This will be incorporated into reports from Month 3.</p> <p>The Trust has a requirement to deliver £9.7m of cost improvements. The achievement of savings is expected to increase over the year, and current we are £0.1m ahead of plan.</p> <p>Capital expenditure year to date is £0.2m, £0.2m behind plan. We are seeing price inflation and supply chain issues impacting tender prices and are keeping the program under review.</p> <p>Cash balances remain strong at £51.9m</p>
ACTION REQUIRED	The Board is invited to note the report.

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report
Financial Year 2022/23
May 2022

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 31 May 2022.

Document Control

Version	Date	Author	Comments
1.0	21/06/2022	Rebecca Clegg	Draft
2.0	22/06/2022	Paul Gray	Final

Distribution

All Directors.

All staff as appropriate.

Confidentiality

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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	-0.95	-0.91	Yes	-2.82	-2.82	Yes
2a CIP - Identification of Schemes	7.10	9.70	No	7.10	9.70	No
2b CIP - Delivery of Identified Schemes	0.47	0.33	Yes	n/a	n/a	n/a
3a Cash Balance	51.9	50.6	Yes	44.9	44.9	Yes
3c Aged Receivables > 90 days	0.1	n/a	n/a	n/a	n/a	n/a
3d Aged Payables > 90 days	0.2	n/a	n/a	n/a	n/a	n/a
3e Better Payment Practice Code Value NHS	97%	95%	Yes	95%	95%	Yes
3f Better Payment Practice Code Volume NHS	97%	95%	Yes	95%	95%	Yes
3g Better Payment Practice Code Value non-NHS	95%	95%	Yes	95%	95%	Yes
3h Better Payment Practice Code Volume non-NHS	93%	95%	No	95%	95%	Yes
4a Capital Expenditure not exceeding CDEL	0.18	0.36	Yes	8.70	8.70	Yes

Key Messages

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

On income and expenditure, while the year to date performance is in line with the submitted plan, there remains a requirement for ICSs to breakeven against funding allocations and as a result it is assumed that the requirement for the Trust is still to achieve breakeven in year.

The Trust needs to deliver £9.7m of cost improvements in order to achieve the planned deficit. While the in-month performance is good, it is against a low expectation which continues for the early months of the year and therefore focus needs to continue to be on the identification of further in year cost reduction or slippage against plans.

A forecast outturn for identified CIPs is not given this month as further work is required to determine the delivery potential of some schemes.

System Update

Buckinghamshire, Oxfordshire and Berkshire West ICS

The Trust has resubmitted its plan as part of the submission from the ICS which is for overall breakeven as per NHSE&I requirements linked to additional funding. The submission included a balancing item to be held at the centre but which will require further efficiencies of c£20m to be developed across the ICS in addition to the CIPs already in provider and commissioner plans. The ICS will be reporting against the revised plan from month 3.

The Trust will be required to submit key data from its financial results each month to the Integrated Care Board (ICB) and it is expected that this will result in improved system reporting. From month 4

2.0 Income & Expenditure

May-22	In Month			YTD			22/23
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Income	25.9	26.1	(0.2)	51.8	52.1	(0.3)	319.4
Elective Recovery Fund	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	25.9	26.1	(0.2)	51.8	52.1	(0.3)	319.4
Staff In Post	17.1	17.8	(0.7)	34.0	35.4	(1.4)	221.2
Bank Spend	1.7	1.3	0.4	3.5	2.7	0.8	16.2
Agency Spend	0.6	0.4	0.2	1.3	1.0	0.3	4.5
Total Pay	19.4	19.6	(0.2)	38.8	39.1	(0.3)	241.9
Purchase of Healthcare	1.7	1.7	0.1	3.6	3.3	0.2	16.7
Drugs	0.5	0.4	0.0	1.0	0.9	0.1	5.3
Premises	1.5	1.2	0.3	2.8	2.4	0.4	14.7
Other Non Pay	1.3	1.7	(0.3)	2.8	3.3	(0.5)	20.5
PFI Lease	0.7	0.6	0.1	1.2	1.2	0.0	7.0
Total Non Pay	5.7	5.6	0.1	11.3	11.1	0.2	64.1
Total Operating Costs	25.1	25.1	(0.1)	50.1	50.2	(0.1)	306.1
EBITDA	0.8	1.0	(0.1)	1.6	1.9	(0.2)	13.3
Interest (Net)	0.3	0.3	(0.0)	0.6	0.7	(0.1)	4.0
Depreciation	0.9	0.9	(0.0)	1.8	1.9	(0.1)	10.8
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PDC	0.1	0.1	(0.0)	0.2	0.2	(0.0)	1.3
Total Financing	1.3	1.4	(0.1)	2.6	2.8	(0.2)	16.2
Reported Surplus/ (Deficit)	(0.5)	(0.4)	(0.0)	(0.9)	(0.9)	0.0	(2.8)
Adjusted Surplus/ (Deficit)	(0.5)	(0.4)	(0.0)	(0.9)	(0.9)	0.0	(2.7)

Key Messages

The table above gives the financial performance against the Trust's income and expenditure plan as at 31 May 2022. Our COVID costs remain are very low therefore we are now reporting these within the main graphs and tables .

The starting point for the Trust's plan was a £14.2m deficit pre-mitigations and it has been assumed that there will be delivery of £9.7m of cost improvements and retention of £2m of elective recovery funding to deliver the planned deficit of £2.7m. The planned deficit is linked to excess inflation.

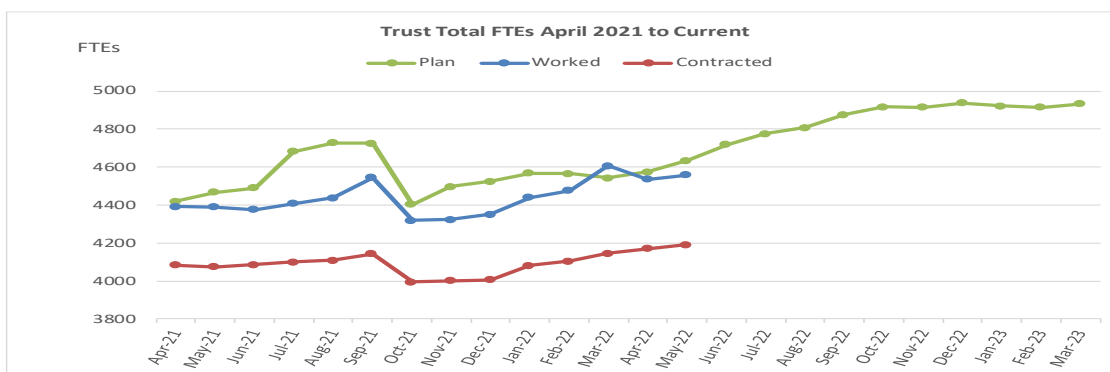
In month the Trust is reporting a £0.5m deficit, which is in line with plan. Variances are minimal which is to be expected as the planning process was not completed until April.

In June the Trust has submitted a revised plan for a £0.9m deficit. This recognises £1.4m of additional funding to cover inflationary pressures and an increased efficiency ask of £0.4m. Reporting against this new plan will commence from month 3.

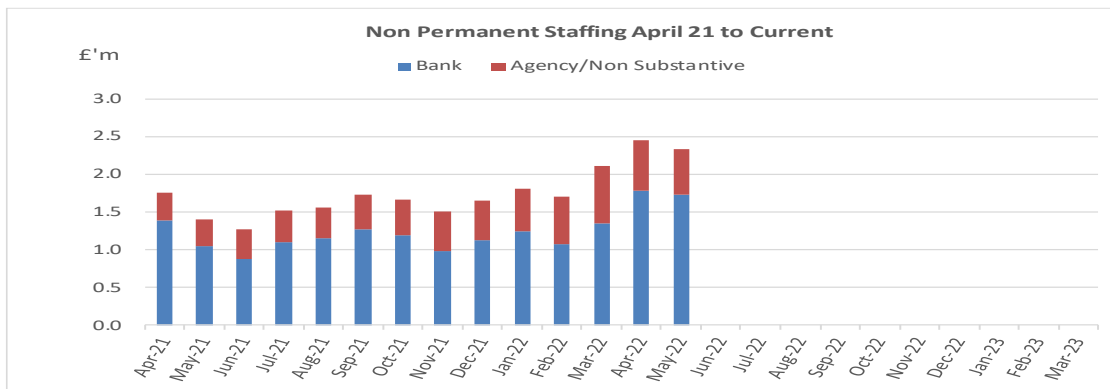
Workforce



Staff Costs	
YTD	£'m
2022/23	38.8
2021/22	34.7
▲	12%
Prior Yr	£'m
May-22	19.4
May-21	17.4
▲	12%



FTEs		
Prior Mth	CFTE	WFTE
May-22	4,191	4,558
Apr-22	4,171	4,537
▲	0%	0%
Prior Yr	CFTE	WFTE
May-22	4,191	4,558
May-21	4,075	4,391
▲	2%	3%



Staff Costs		
YTD	Bank	Agency
	£'m	£'m
2022/23	3.5	1.3
2021/22	2.4	0.7
▲	44%	78%
Prior Yr	£'m	£'m
May-22	1.7	0.6
May-21	1.0	0.4
▲	65%	73%

Key Messages

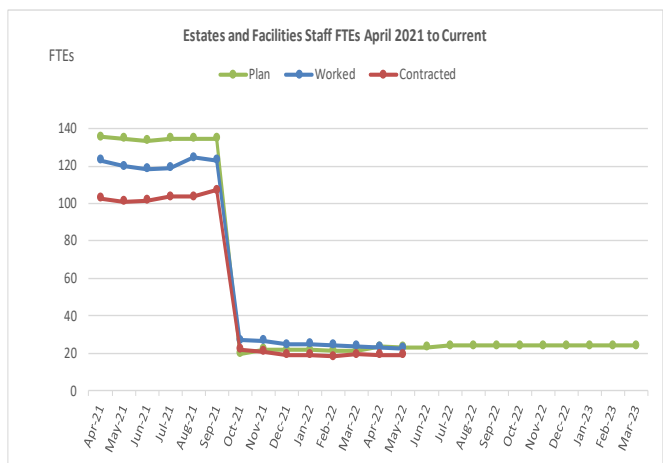
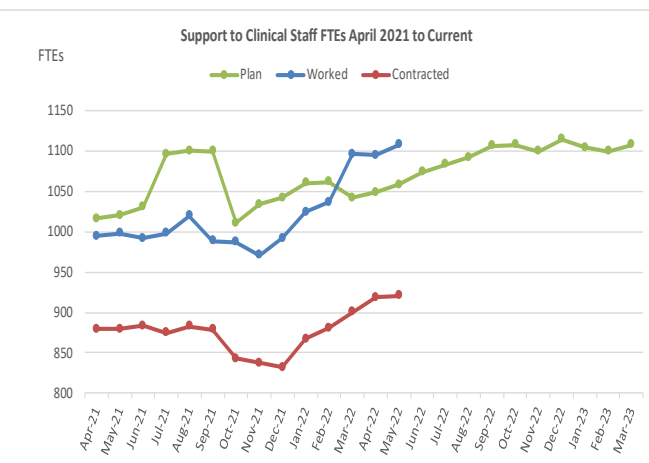
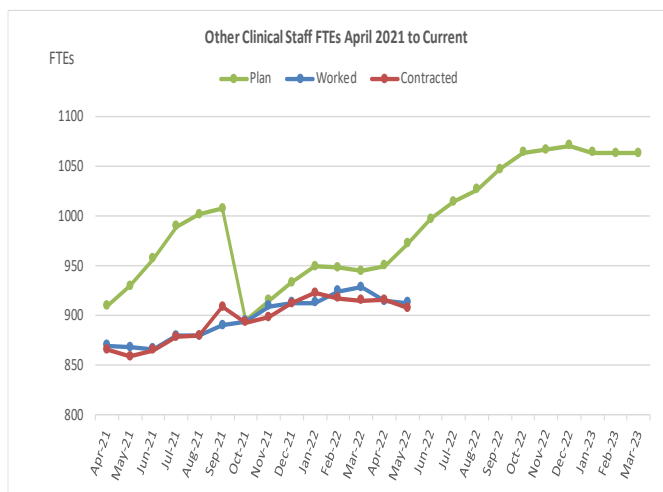
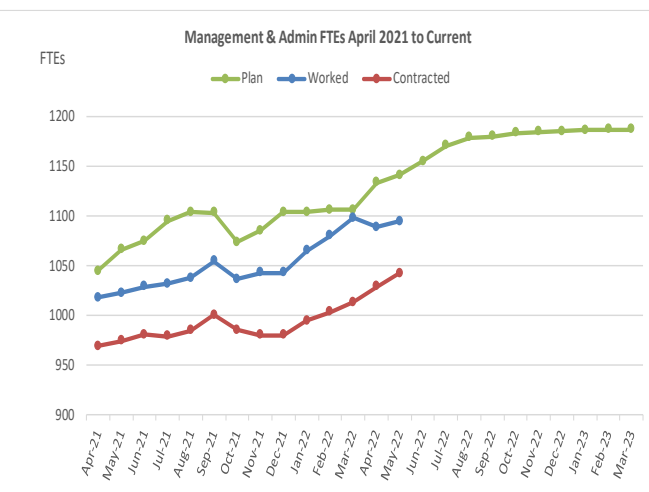
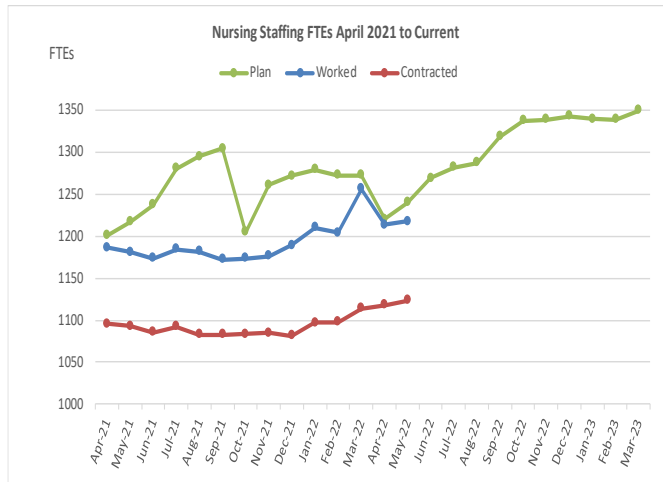
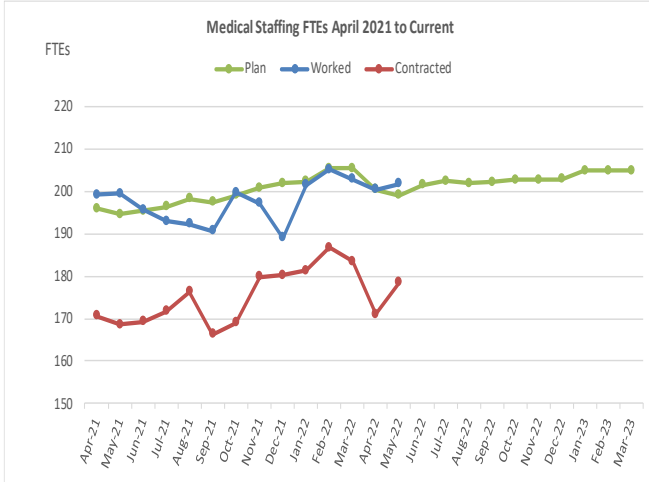
Pay costs in month were £19.4m and include an accrual for the 2022/23 pay award in line with the 2% pay inflation assumed in the national tariff uplift.

Underlying pay cost has risen over recent months, but there has been no increase this month. Pay overall is £0.3m below plan YTD. Permanent recruitment is lower than forecast and has driven a £1.4m underspend, which is being offset by £1.1m of higher non permanent staffing costs. In addition there are variances within staff groups, which can be seen on the following page.

Contracted WTEs increased by 20 and worked WTEs increased by 21 compared with the previous month, but despite this Worked WTEs were below plan by 81.

Expenditure on non-permanent staff has decreased since April, but remains above plan. This is driven in part by sickness levels which are above target, in part driven by CV19 sickness in April. We are expecting NHSE/I to step up their focus on temporary staffing costs in the coming months. We continue to engage with the BOB/Frimley Temporary staffing programme, which has produced an initial view of the savings available in the coming year. Given the Trust's grip on cost minimal savings have been identified for the year.

Staffing Detail

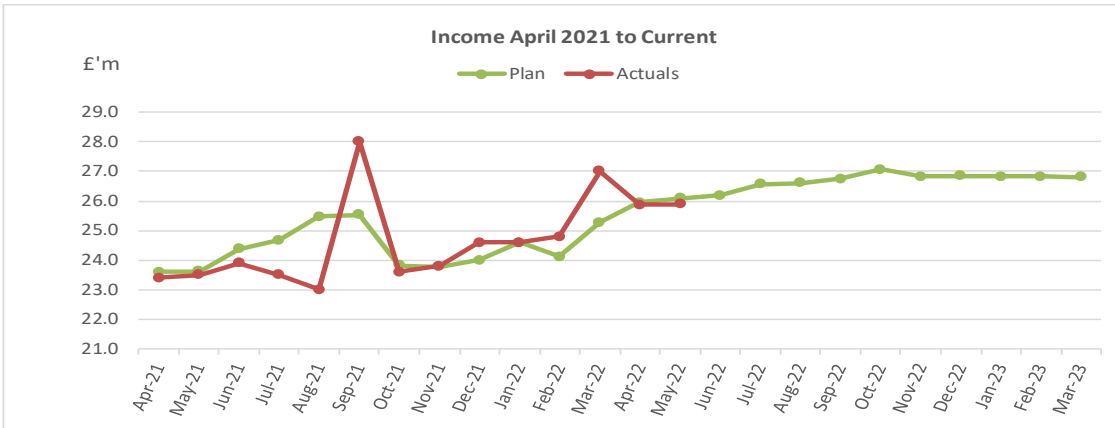


Key Messages

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

Contract WTEs increased by 20 and worked WTEs increased by 21 compared to the previous month. Worked WTEs were below plan in month in all areas apart from Medical Staffing and Support to Clinical Staff where the sharp increase seen in March has continued.

Income & Non Pay



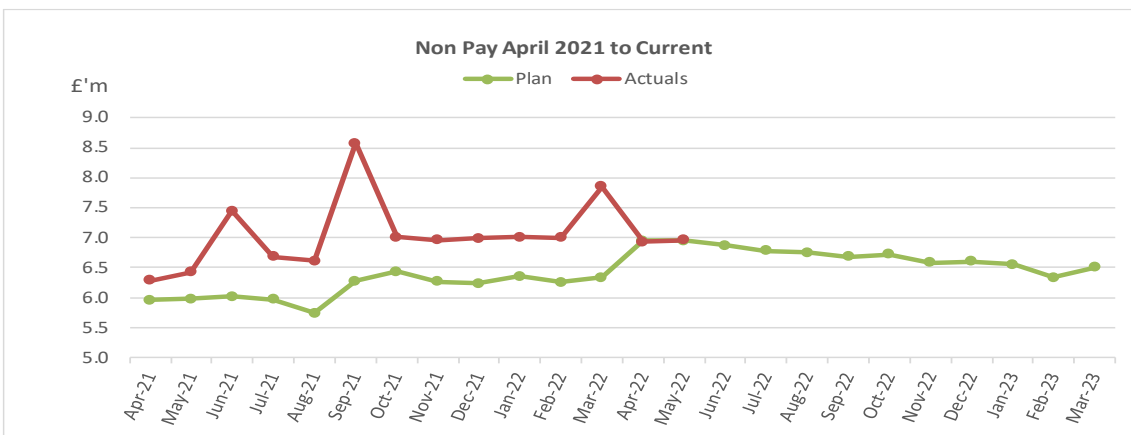
Income	
YTD	£'m
2022/23	51.8
2021/22	46.9
	▲ 10%
Prior Yr	£'m
May-22	25.9
May-21	23.5
	▲ 10%

Key Messages

The graph above reflects the Trust's planned and actual income. Income is slightly behind plan (£0.2m) in month.

Due to the delays to this year's planning round we have yet to fully agree contract values with CCGs, however at this stage there are no major risks identified in relation to core funding allocations.

The Trust has the ability to earn ERF in 2022/23 again. However, given the level of increased activity required, combined with COVID levels in April and the requirement to reduced follow up appointments, it is assumed that in Q1 no income will be earned and that funding will be clawed back by NHSE/I.



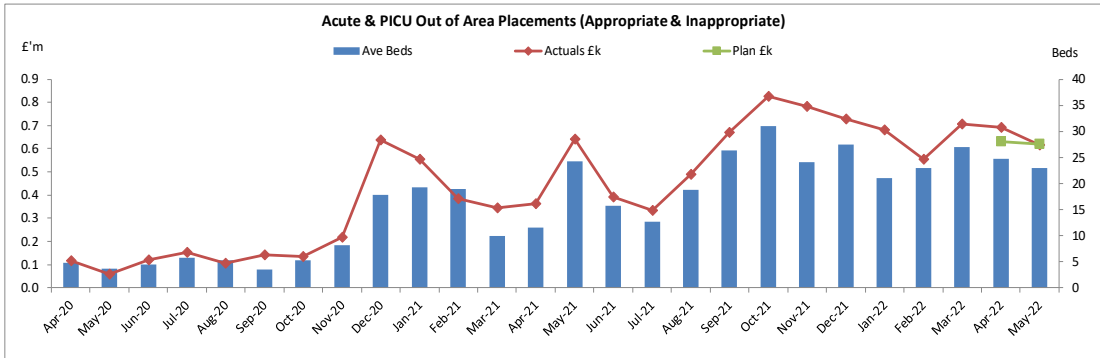
Non Pay	
YTD	£'m
2022/23	13.9
2021/22	12.7
	▲ 9%
Prior Yr	£'m
May-22	7.0
May-21	6.4
	▲ 8%

Key Messages

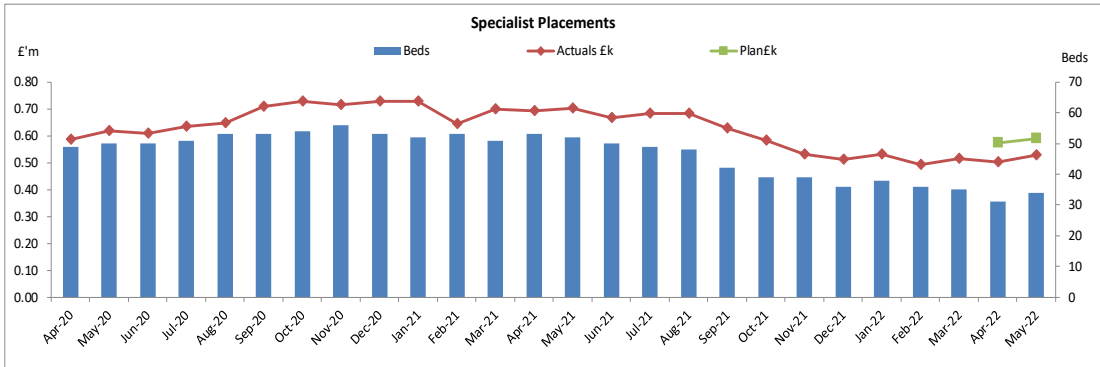
Non Pay spend was £7m in month, which was on plan with limited variances to report.

The main non-pay pressure continues to be the expenditure on Out of Area Placements. The average number of placements has reduced from 24 in April to 23 in May and the monthly cost has decreased from £0.69m in April to £0.62m in May.

Placement Costs



OAPs	
YTD	£'m
2022/23	1.3
2021/22	1.0
	▲ 31%
Prior Yr	£'m
May-22	0.6
May-21	0.6
	▼ -4%



Specialist Placements	
YTD	£'m
2022/23	1.0
2021/22	1.4
	▼ -26%
Prior Yr	£'m
May-22	0.5
May-21	0.7
	▼ -25%

Key Messages

Specialist Placements. The number of placements has increased from 31 in April to 34 in May with costs increasing from £0.53m in April to £0.55m in May. In terms of numbers of placements, this is generally in line with improved review processes and step down of patients to less restrictive options. However, the average price has increased 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 reduced from 24 in April to 23 in April and the monthly cost has decreased from £0.69m in April to £0.62m in May.

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 have a plan to taper the usage of these as the financial year progresses, to effectively achieve the zero OAPs trajectory. The position remains tight as we continue to see Covid outbreaks and resulting bed closures.

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. 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 OAP's trajectory we are seeing the financial impact.

From the 20th June we are moving to a 16 patient allocation per consultant across 2 wards (Bluebell and Daisy) and we will monitor the impact this has on flow.

2. Cost Improvement Programme

Scheme	In Month			YTD			Plan £'m
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	
Trust Wide Schemes							
Out of Area Placements - Volume	4.0	0.0	4.0	4.0	0.0	4.0	1,821.4
Out of Area Placements - Price	0.0	0.0	0.0	0.0	0.0	0.0	354.0
Opt to Tax (Historic)	125.0	125.0	0.0	250.0	250.0	0.0	1,500.0
Opt to Tax (Recurrent)	37.0	37.0	0.0	74.0	74.0	0.0	444.0
Contribution from New Investments	0.0	8.0	(8.0)	0.0	16.0	(16.0)	96.0
EFM Recharge to NHSPS	0.0	41.0	(41.0)	0.0	82.0	(82.0)	732.0
Procurement / ICS Procurement	0.0	12.0	(12.0)	0.0	24.0	(24.0)	300.0
Medicines Optimisation	0.0	4.0	(4.0)	0.0	8.0	(8.0)	50.0
Division/Corp Schemes Local Delivery							
Total smaller value schemes	61.0	10.0	51.0	138.5	20.0	118.5	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	(109.3)	109.3	0.0	(139.6)	139.6	2,597
Total CIP Requirement	227.0	127.7	99.3	466.5	334.4	132.0	9,694.0

Key Messages

The Trusts financial plan for 22/23 includes a requirement to deliver £9.7m of cost improvements in order to meet the deficit plan that has been submitted. This target will increase by £0.4m in month 3 with the Trust agreed to take a share of the BOB system deficit to bring the overall system plan back to breakeven.

At the time of the plan submission to NHSE&I, £4.7m of unidentified CIPs were included to reflect the fact that some of the internal schemes had recently been identified and delivery was uncertain. This remains the case with a number of schemes, particularly those included in the smaller value divisional schemes and while the total unidentified CIPS balance now stands at £2.6m, it will be necessary to identify schemes in excess of this value to take account of slippage and to contribute to financial sustainability.

Reporting against month 2 is for the schemes that have been identified and for which budgets have been adjusted. The main risk area year to date relates to the EFM "recharge" to NHSPS which has not yet been finalised.

Smaller value schemes are over performing due to the active cash management scheme which is seeing higher than planned levels of interest delivered and the early vacation of 2 floors of Fitzwilliam House reducing property rental costs.

3.0 Balance Sheet

Balance Sheet	21/22	Current Month			YTD		
	Actual £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Intangibles	4.2	3.8	3.9	(0.1)	3.8	3.9	(0.1)
Property, Plant & Equipment (non PFI)	35.2	34.6	34.9	(0.3)	34.6	34.9	(0.3)
Property, Plant & Equipment (PFI)	58.0	57.7	57.7	0.0	57.7	57.7	0.0
Property, Plant & Equipment (RoU Asset)	0.0	13.6	13.6	(0.0)	13.6	13.6	(0.0)
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
Total Non Current Assets	97.6	110.0	110.3	(0.4)	110.0	110.3	(0.4)
Trade Receivables & Accruals	8.9	12.9	8.8	4.1	12.9	8.8	4.2
Other Receivables	0.2	0.2	0.2	(0.0)	0.2	0.2	0.1
Cash	53.9	51.9	50.6	1.3	51.9	50.6	1.2
Trade Payables & Accruals	(35.3)	(35.5)	(30.2)	(5.3)	(35.5)	(30.2)	(5.3)
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	(2.5)	(2.5)	0.0	(2.5)	(2.5)	0.0
Other Current Payables	(12.8)	(14.2)	(12.8)	(1.4)	(14.2)	(12.8)	(1.4)
Total Net Current Assets / (Liabilities)	13.2	11.1	12.5	(1.4)	11.1	12.5	(1.3)
Non Current PFI Finance Lease	(23.8)	(23.5)	(25.2)	1.7	(23.5)	(25.2)	1.7
Non Current RoU Finance Lease	0.0	(11.5)	(11.6)	0.1	(11.5)	(11.6)	0.1
Other Non Current Payables	(1.6)	(1.6)	(1.6)	0.0	(1.6)	(1.6)	0.0
Total Net Assets	85.4	84.5	84.5	(0.0)	84.5	84.5	0.0
Income & Expenditure Reserve	32.5	31.5	31.6	(0.0)	31.5	31.6	0.1
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	84.5	84.5	(0.0)	84.5	84.5	0.1

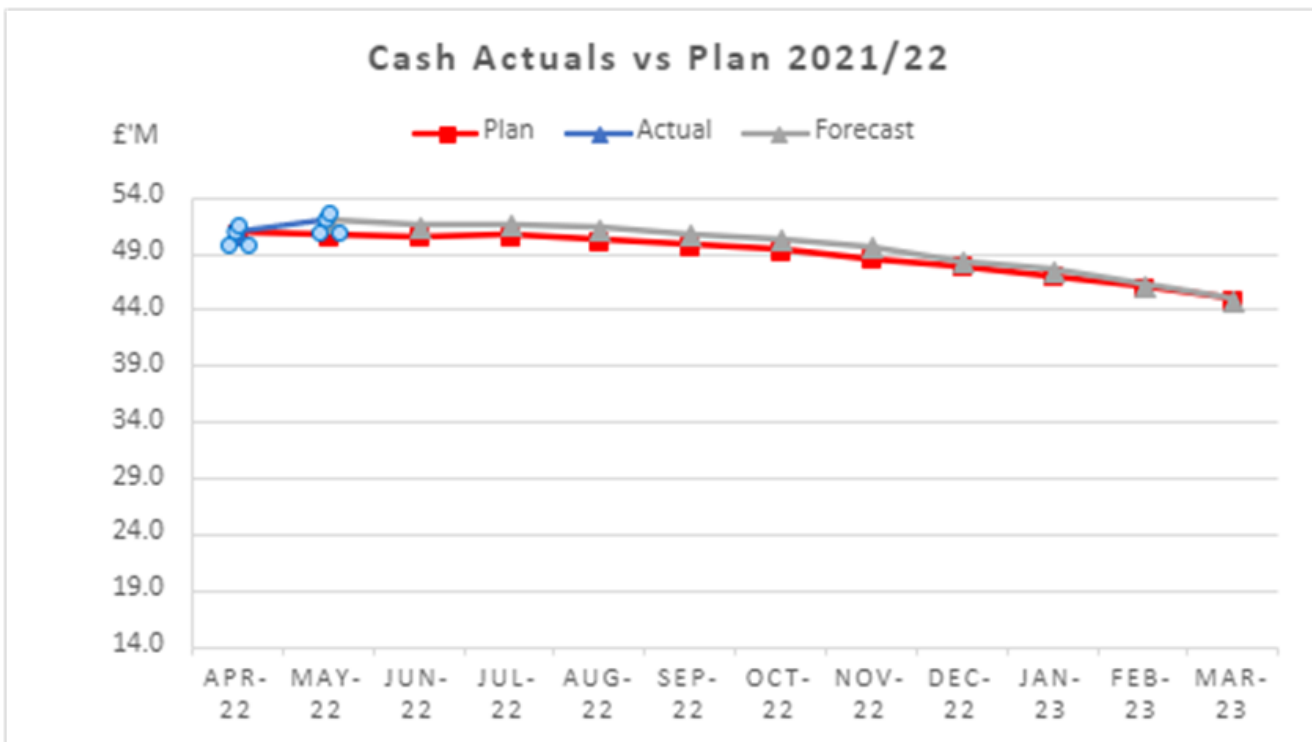
Key Messages

From 1 April 2022, the NHS has adopted International Financial Reporting Standard 16: Leases, which removes the distinction between operating leases and finance leases. The impact being that most operating lease arrangements where there is a contract (written, oral or implied) and where there is a right of use or control of an asset, will 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.

This means that there are some additional lines on the balance sheet (and cash flow statement) to enable the Trust to give the correct presentation of these Right of Use (RoU) assets, which are in the main part property leases (both NHS Property Services and Commercial).

3.0 Cash

Cashflow	21/22	Current Month			YTD		
	Actual £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Operating Surplus/(Deficit)	5.4	(0.1)	0.0	(0.1)	(0.2)	(0.0)	(0.1)
Depreciation and Impairments	9.2	0.9	0.9	(0.0)	1.8	1.9	(0.1)
Operating Cashflow	15.2	0.8	1.0	(0.1)	1.6	1.9	(0.2)
Net Working Capital Movements	11.6	0.9	(0.1)	1.0	(1.5)	(3.8)	2.3
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)	(0.1)	(0.3)	0.2	(1.0)	(1.4)	0.4
Investments	(5.9)	(0.1)	(0.3)	0.2	(1.0)	(1.4)	0.4
PFI Finance Lease Repayment	(1.6)	(0.1)	(0.1)	0.0	(0.3)	(0.3)	(0.0)
RoU Asset Finance Lease Repayment	0.0	(0.2)	(0.2)	0.0	(0.4)	(0.4)	0.1
Net Interest	3.9	(0.2)	(0.3)	0.1	(0.6)	(0.7)	0.1
PDC Received	0.7	0.0	0.0	0.0	0.0	0.0	0.0
PDC Dividends Paid	0.8	(0.0)	0.0	(0.0)	(0.0)	0.0	(0.0)
Financing Costs	3.8	(0.6)	(0.7)	0.0	(1.3)	(1.4)	0.1
Other Movements	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash In/(Out)Flow	12.7	1.0	(0.1)	1.1	(2.1)	(4.7)	2.6
Opening Cash	39.1	50.8	50.8	(0.0)	53.9	55.4	(1.5)
Closing Cash	53.9	51.9	50.6	1.3	51.9	50.6	1.3



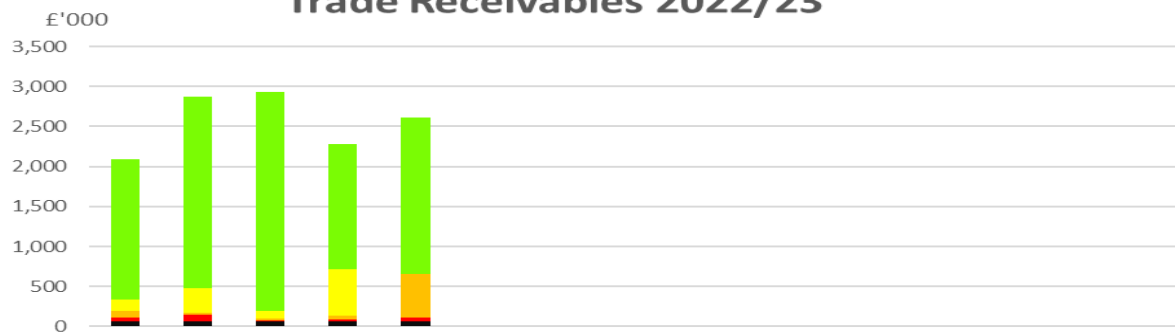
Key Messages

Closing cash balance for May was £51.9m, which is £1.3m above the revised plan, mainly due to the timing of payment runs which have been realigned to as part of the work we are doing to deliver day one reporting. This has meant that the timing of payment runs in the final week of the month are paid in the next financial reporting period resulting in a gain in cash over the period.

The cash forecast will be updated at month 3 to align with the revised plan.

3.0 Cash Management

Trade Receivables 2022/23

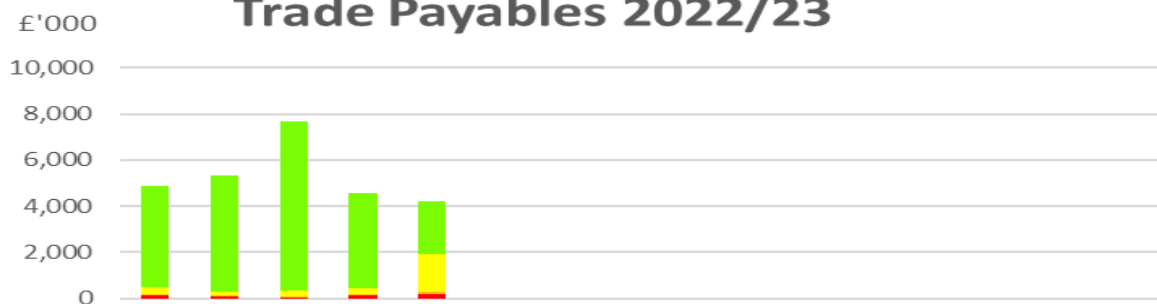


	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<30 Days	1,750	2,402	2,741	1,554	1,956										
>30 <60 Days	143	301	95	582	0										
>60 <90 Days	79	30	22	53	546										
>90 <180 Days	49	83	18	27	48										
>180 Days	66	62	61	60	60										

Key Messages

Overall receivables balances increased by £0.3m between months due to an increase in current aged debt balances of £0.4m. Over 30 day debt decreased by £0.1m, however, that includes a small volume of items moving to over 60 days totalling £0.5m, relating mainly to balances outstanding against RBH (£0.2m), Wokingham Borough Council (£0.1m) and NHS Property Services (£0.1m). Since the end of May, Wokingham Borough Council have settled their older invoices, however, balances with RBH and NHSPS remain outstanding.

Trade Payables 2022/23



	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										
>30 <60 Days	323	165	271	273	1,669										
>60 <90 Days	39	23	62	44	92										
>90 days	161	99	36	133	187										

Key Messages

Overall Creditors decreased by £0.4m, mainly due to increase in current balances. A number of items against NHS Property Services totalling £1.6m moved into over 30 days as a result of the invoices not yet being approved. There are some queries around the Annual Charging Schedules resulting in the invoices being placed into dispute. Invoices for rental of accommodation for the ARC service totalling £0.1m remain in dispute.

4.0 Capital Expenditure

Schemes	Current Month			Year to Date			FY
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000
<u>Estates Maintenance & Replacement Expenditure</u>							
Erleigh road Change of Service - Phase 2	24	0	24	24	0	24	150
Extension for Clinical Space - CHH	0	0	0	0	0	0	450
Other Trust Owned Properties	1	0	1	(0)	0	(0)	70
Leased Non Commercial (NHSPS)	0	3	(3)	2	7	(5)	240
Head Office Relocation	0	0	0	0	0	0	1,300
MSK Relocation	0	0	0	0	0	0	335
Leased Commercial Other	0	0	0	1	0	1	140
Leased Non Commercial (NHSPS)	0	0	0	4	0	4	20
Environment & Sustainability	1	0	1	2	0	2	50
Windsor Consolidation (Dedworth)	0	17	(17)	0	33	(33)	500
Various All Sites	0	2	(2)	0	3	(3)	616
Statutory Compliance	1	0	1	6	0	6	150
Subtotal Estates Maintenance & Replacement	27	22	5	39	43	(4)	4,021
<u>IM&T Expenditure</u>							
IM&T Business Intelligence and Reporting	0	0	0	0	0	0	120
IM&T Refresh & Replacement	0	0	0	0	0	0	2,782
IM&T System & Network Developments	50	19	32	115	37	78	260
IM&T GDE & Community Projects	15	32	(17)	29	64	(35)	242
IM&T Digital Strategy	0	106	(106)	0	213	(213)	1,275
Subtotal IM&T Expenditure	65	157	(92)	144	314	(170)	4,679
Subtotal CapEx Within Control Total	91	179	(87)	183	357	(174)	8,700
<u>CapEx Expenditure Outside of Control Total</u>							
PPH 'Place of Safety	0	0	0	1	0	1	1,600
PPH Zonal Heating Controls	0	0	0	0	0	0	250
Statutory Compliance	0	0	0	0	0	0	100
Environment & Sustainability / Zero Carbon	0	0	0	0	0	0	200
Other PFI projects	0	0	0	0	0	0	185
Health Bus	0	0	0	0	0	0	0
Subtotal Capex Outside of Control Totals	0	0	0	1	0	1	2,335
Total Capital Expenditure	91	179	(87)	184	357	(173)	11,035

Key Messages

The capital plan for 2022/23 is £11m, £8.7m of which is within the BOB ICS capital control total (CDEL) and £2.3m outside of the control total for PFI projects.

In May there was an underspend of £0.2m year to date against the plan due mainly to delays in spending against the IM&T Digital Strategy. Expenditure is expected to catch up by the end of Q1.

The Head Office Relocation project is in the design stage but the delivery timescale for December 2022 remains unchanged.

The Trust has received a capital donation for the Health Bus in 21/22 (£0.03m) and delivery has slipped to in Q2.

The construction industry is facing price fluctuations and increases in material costs due to inflation and this may make it difficult to deliver projects as per the plan. We will continue to review the situation and re-prioritise projects as required. To mitigate some risks, a higher percentage of contingency has been built into budgets to manage any rise in costs until completion.



Trust Board Paper - Public

Board Meeting Date	12 th July 2022
Title	True North Performance Scorecard Month 2 (May 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	<p>The True North Performance Scorecard for Month 2 2022/23 (May 2022) is included.</p> <p>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.</p>

	<p>The business rules apply to three different categories of metric:</p> <ul style="list-style-type: none"> • 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. <p>Month 2</p> <p>Performance business rule exceptions, red rated with the True North domain in brackets:</p> <p>Breakthrough and Driver Metrics</p> <p>Context and update to driver performance to be provided in discussion of counter measure action and development:</p> <ul style="list-style-type: none"> • Falls incidents in Community & Older Adult Mental Health Inpatient Wards (Harm Free Care) – red at 31 against a revised target of 26 from February 2022. Red for 1 month against a stretch target. Rowan (8), Donnington (4), Highclere (4) and Oakwood (4) were the highest contributors. Existing countermeasures are in place, but additional activities are being implemented: <ul style="list-style-type: none"> ○ 77% of falls were unwitnessed. ○ 100% of falls happened on wards with occupancy over 80%. ○ Severity of harm – 1 fall resulted in moderate harm in the month. ○ Focus for next month: <ul style="list-style-type: none"> ▪ Implementing counter measures from recent Rapid Improvement Event. ▪ Explore the return of volunteers to Prospect Park. ▪ Trial of new falls prevention technology on Henry Tudor ward. ▪ Coaching with the QI team to support staff.
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	<ul style="list-style-type: none"> ▪ Work on sharing learning between community and older adult wards. • Self-harm incidents on mental health wards (excluding LD) (Harm Free Care) – 74 incidents against a revised target of 67. Snowdrop (36) and Bluebell (27) wards were the highest contributors this month. • Physical Health Checks – 7 Parameters for People with Severe Mental Illness (SMI) (Harm Free Care) at 78% against a revised stretch target of 90%. • I Want Great Care Positive Score (Patient Experience) (replacing the Patient Friends and Family Test (FFT) recommend rate) at 94% against a 95% target. The new system is being embedded, so will take some time to see improvements on this measure. • I Want Great Care Compliance Rate (Patient Experience) (replacing the Patient Friends and Family Test (FFT) response rate) at 0.6% for April 2022 against a 10% target. The new system is being embedded, so will take some time to see improvements. • Staff turnover (including fixed-term posts (Supporting Our Staff) – 16.71% against a 16% target. A challenging area which remains a focus for the organisation. <p>Tracker 1 Metrics (where red for 1 month or more)</p> <ul style="list-style-type: none"> • Meticillin-resistant Staphylococcus Aureus (MSSA) bacteraemias (Cumulative year to date) (Regulatory Compliance) - at 1 incident year to date; with one reported in May 2022. The way this is reported has changed, so showing as red due to a target of 0 for the year. • Sickness rate (Regulatory Compliance) – red at 4.53% against a target of 3.5%. This is not a “hard” compliance focus with NHSI but is tracked. Six months red, but we are in the seasonally higher period. • 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 78% 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. <p>Tracker Metrics (where red for 4 months or more)</p> <ul style="list-style-type: none"> • Community Inpatient Occupancy (Money Matters) at 86% outside of the target range of 80-85%.
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	<ul style="list-style-type: none"> • Community Delayed Transfers of Care (money Matters) at 11.3% against a target of 7.5%. A positive reporting shift is placing a focus on community delays in the systems. • Mental Health Acute Occupancy rate (Money Matters) at 94.4% against an 85% target. Red for 12 months. • Mental Health: Acute Average Length of Stay (bed days) (Money Matters) – at 38 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 new True North Scorecard.

True North Performance Scorecard – Business Rules & Definitions

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

Driver - True North / break through objective that has been prioritised by the organisation as its area of focus	Tracker Level 1 - metrics that have an impact due to regulatory compliance	Tracker - important metrics that require oversight but not focus at this stage in our performance methodology
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Rule #	Metric	Business Rule	Meeting Action
1	Driver is Green in current reporting period	Share success and move on	No action required
2	Driver is Red in current reporting period	Share top contributing reason , the amount this contributor impacts the metric, and summary of initial action(s) being taken	Standard structured verbal update
3	Driver is Red for 2+ reporting periods	Produce full structured countermeasure summary	Present full written countermeasure analysis and summary
4	Driver is Green for 6 reporting periods	Retire to Tracker level status	Standard structured verbal update and retire to Tracker
5	Tracker 1 (or Tracker) is Green in current reporting period	No action required	No action required
6	Tracker is Red in current reporting period	Note metric performance and move on unless they are a Tracker Level 1	If Tracker Level 1 , then structured verbal update
7	Tracker is Red for 4 reporting periods	Switch to Driver metric	Switch and replace to Driver metric (decide on how to make capacity i.e. which Driver can be a Tracker)

		Harm Free Care											
Metric	Target	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month increased from 20 in Feb 22	23	27	33	36	33	21	27	37	34	33	24	31
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	67 per month	128	124	56	51	132	130	82	165	81	95	88	74
Number of suicides (per month)	SI =<3	3	0	2	2	0	4	1	1	2	2	1	3
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	60% until March 22, 90% until Sept 22, then 95%	31%	43%	52%	68%	67%	71%	74%	78%	81%	80%	78%	78%
		Patient Experience											
IWGC Positive Score %	95% compliance from April 22	79%	89%	85%	89%	92%	90%	92%	92%	79%	93.2%	94%	94.0%
IWGC Compliance %	10% compliance	6%	6%	6%	6%	5%	7.0%	1.7%	0.3%	0.4%	0.8%	0.6%	

Performance Scorecard - True North Drivers (May 2022)

Supporting our Staff

Metric	Target	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Physical Assaults on Staff	44 per month	50	66	75	80	85	60	33	51	67	60	65	31
Staff turnover (excluding fixed term posts)	<=16% per month	13.19%	13.84%	14.25%	14.60%	15.46%	15.44%	15.31%	15.32%	15.37%	15.93%	16.19%	16.71%

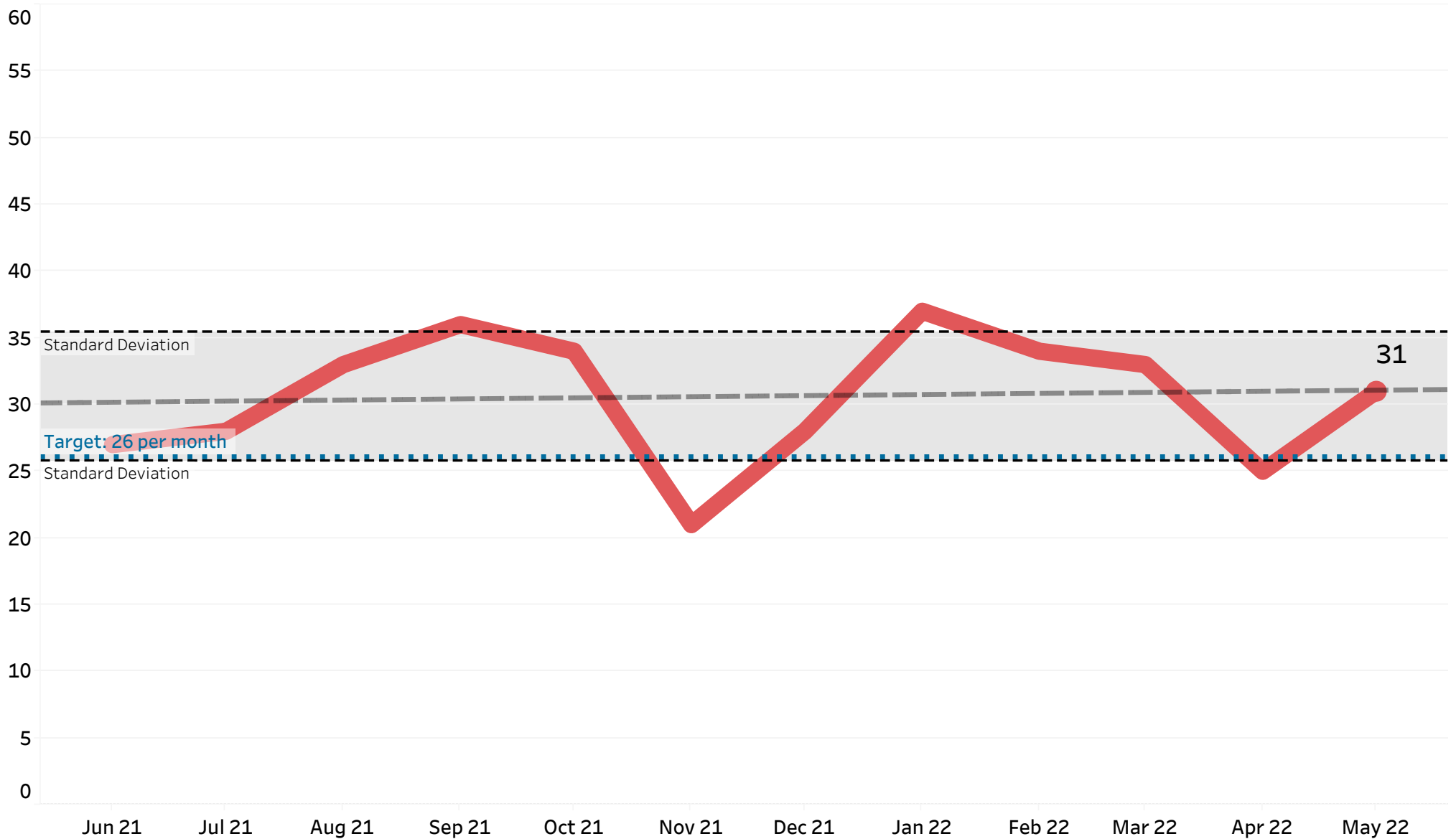
Money Matters

MM1 Cost Improvement target (£k): (Cumulative YTD)												178	
MM2 Financial Plan £ : (Cumulative YTD)												-473	

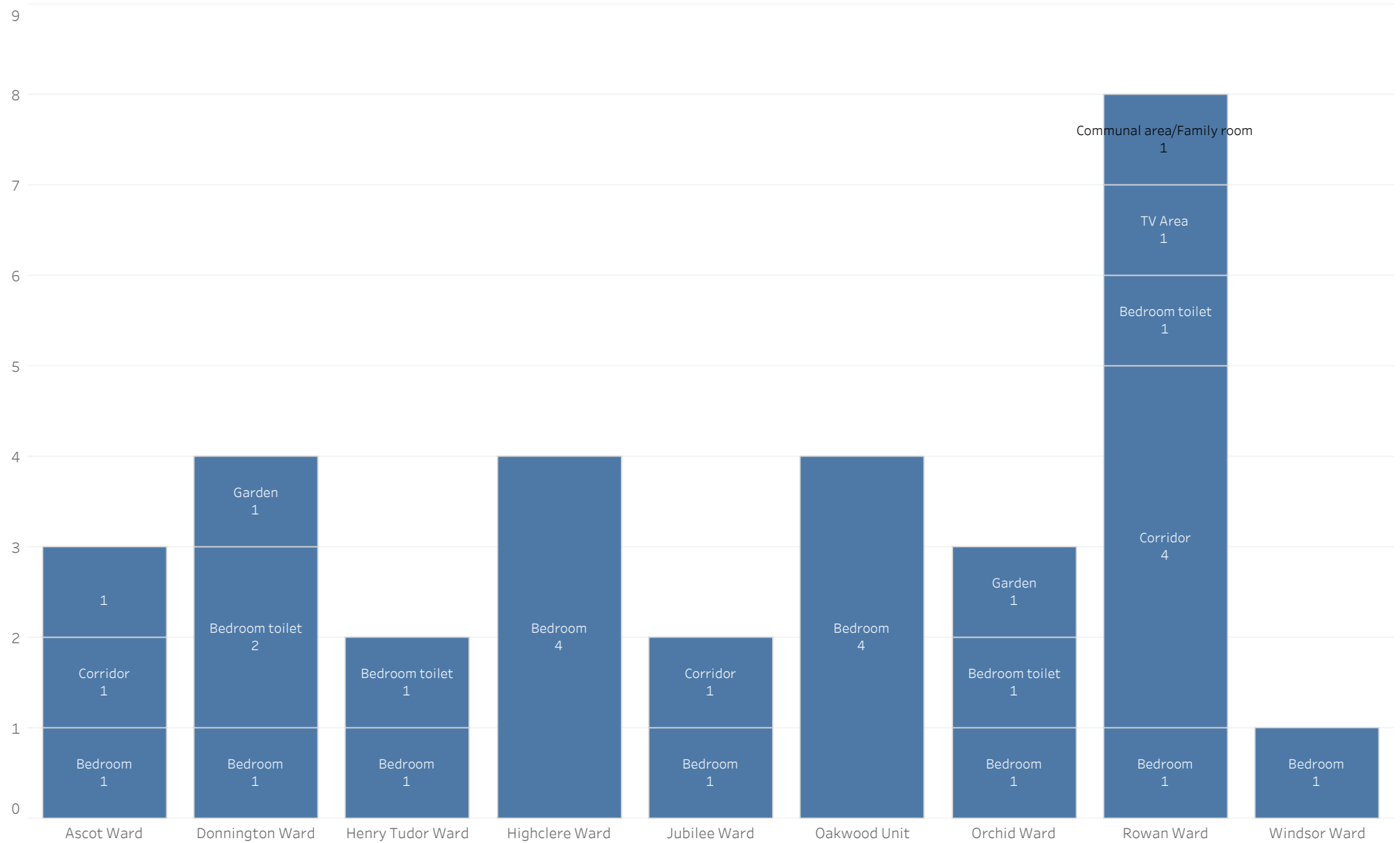
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Inappropriate Out of Area Placements	455 Cumulative Total Q1 2022/23	269	168	418	636	195	266	405	92	191	434	184	275

Harm Free Care Driver: Fall incidents in Community & Older Adult Mental Health Inpatient Wards (Jun 21 to May 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

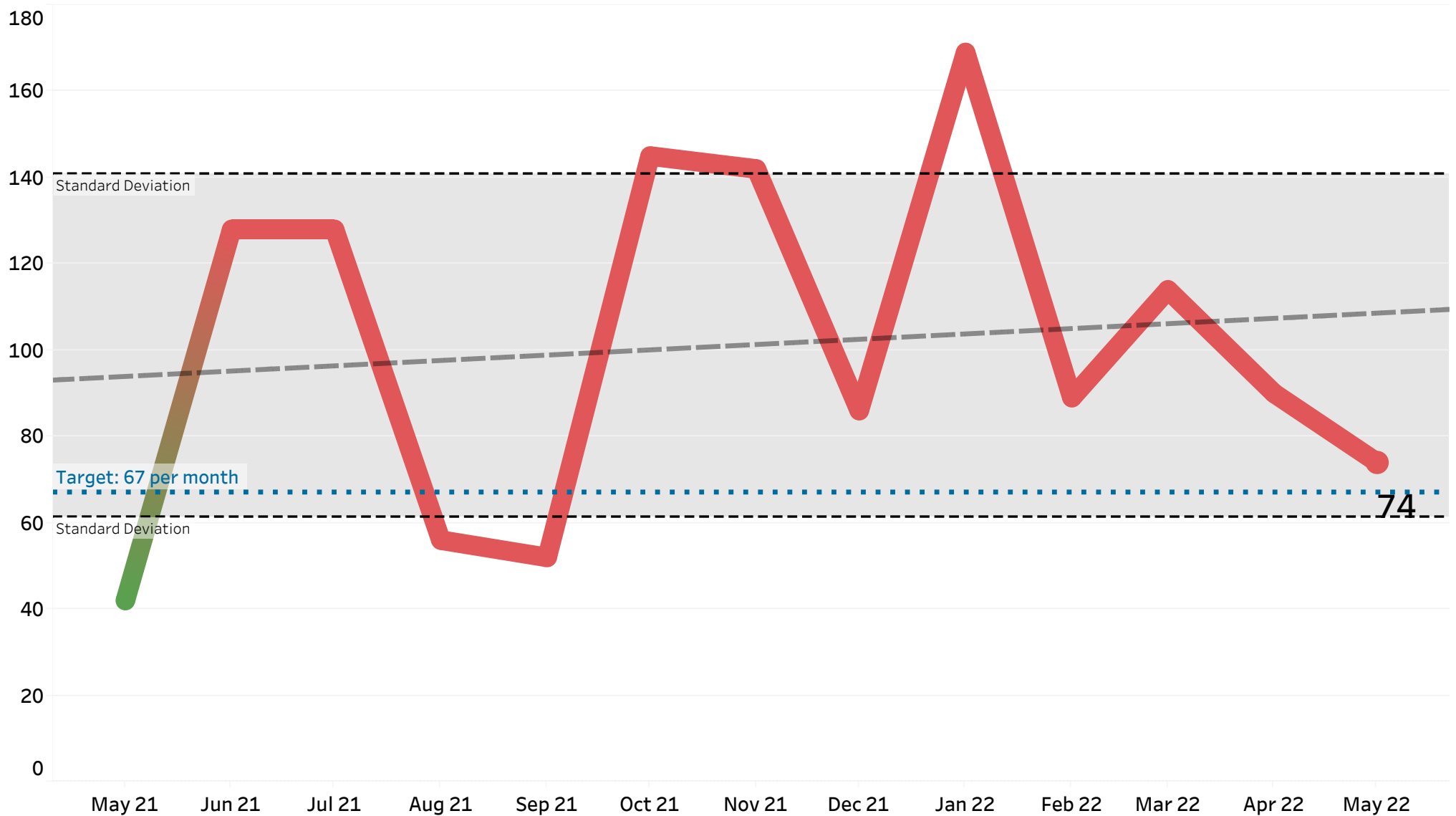


Harm Free Care Driver: Fall incidents in Community and Older Adult Mental Health Inpatient Wards (May 2022)

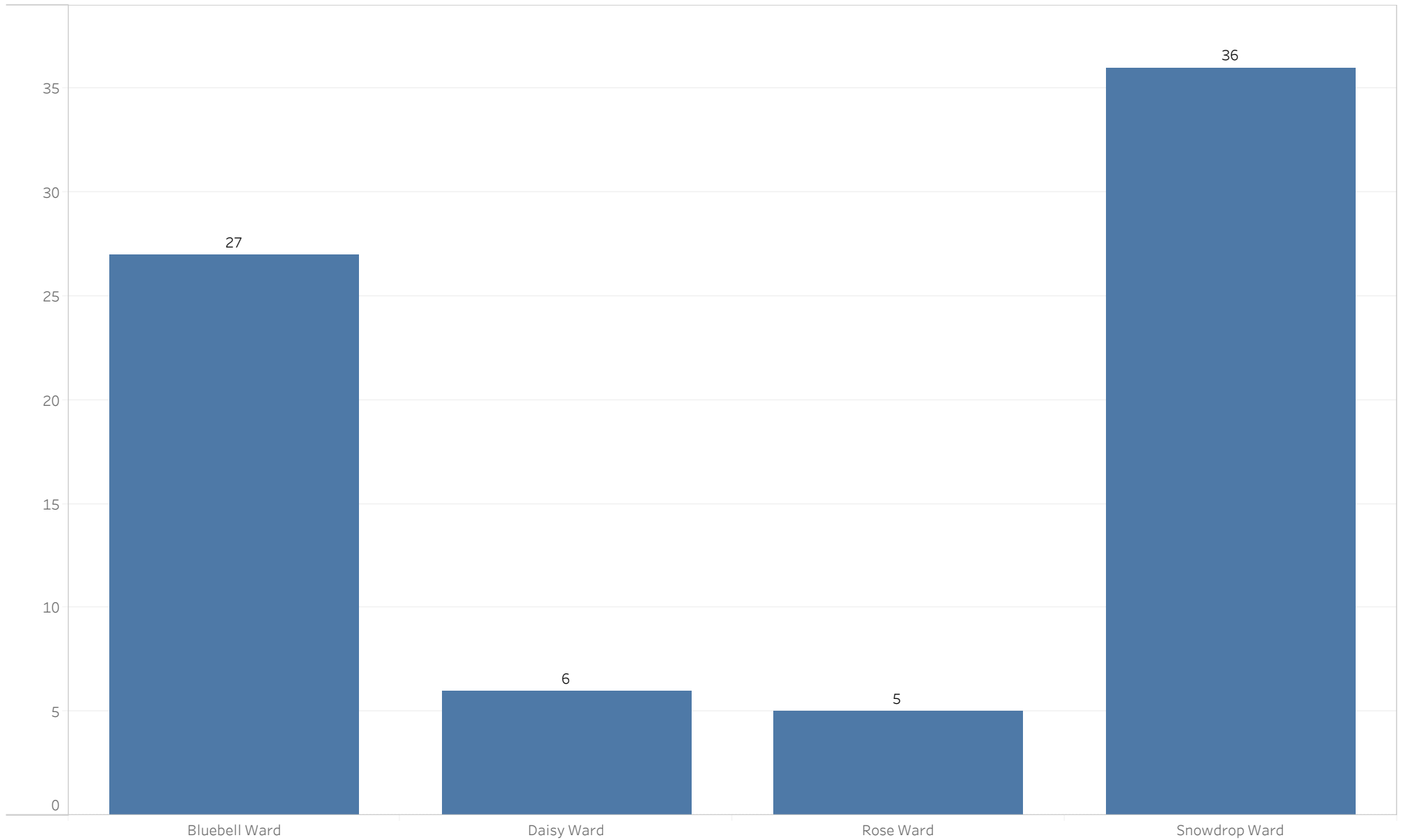


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) (May 21 to May 22)

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

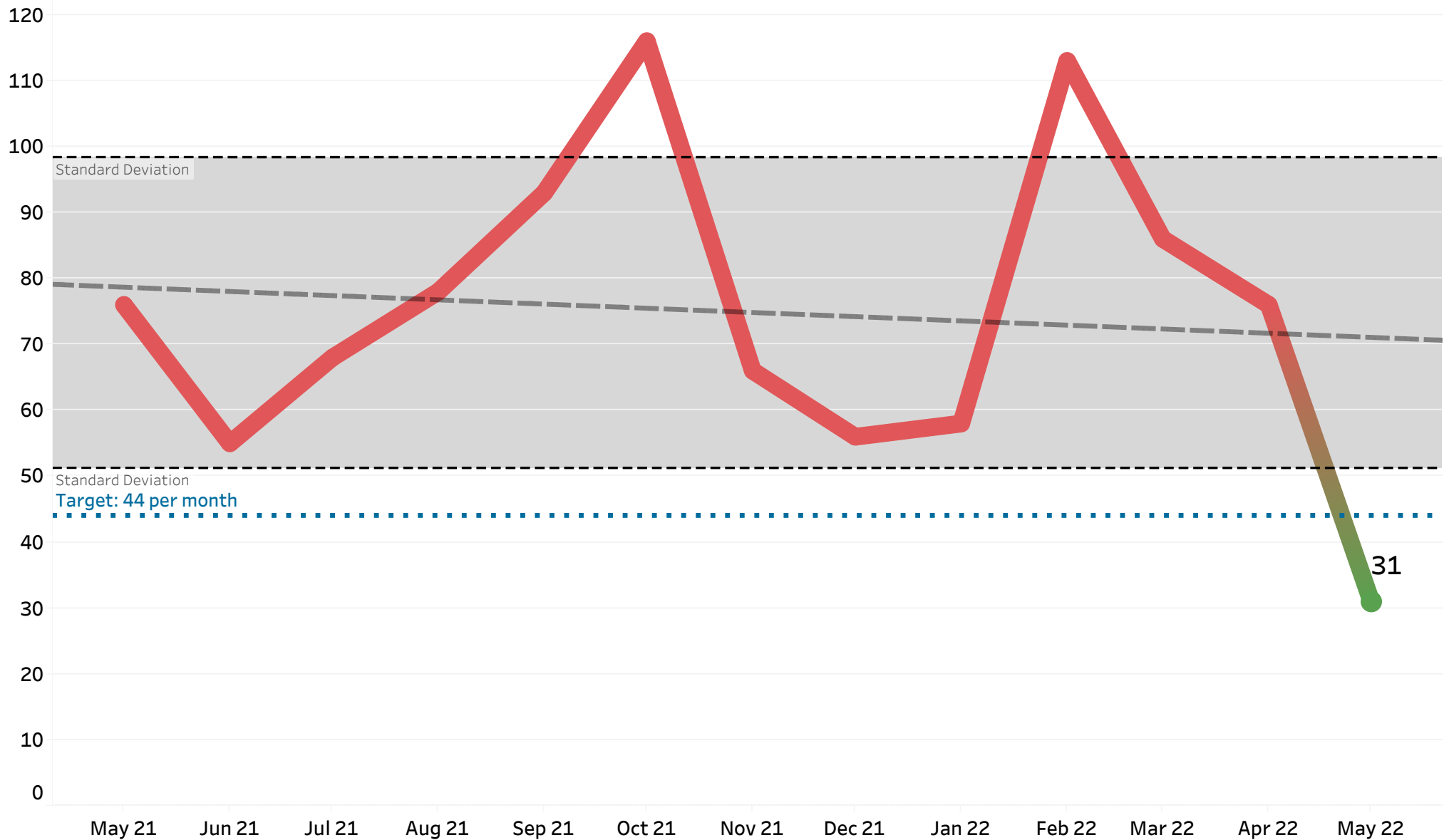


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (May 2022)

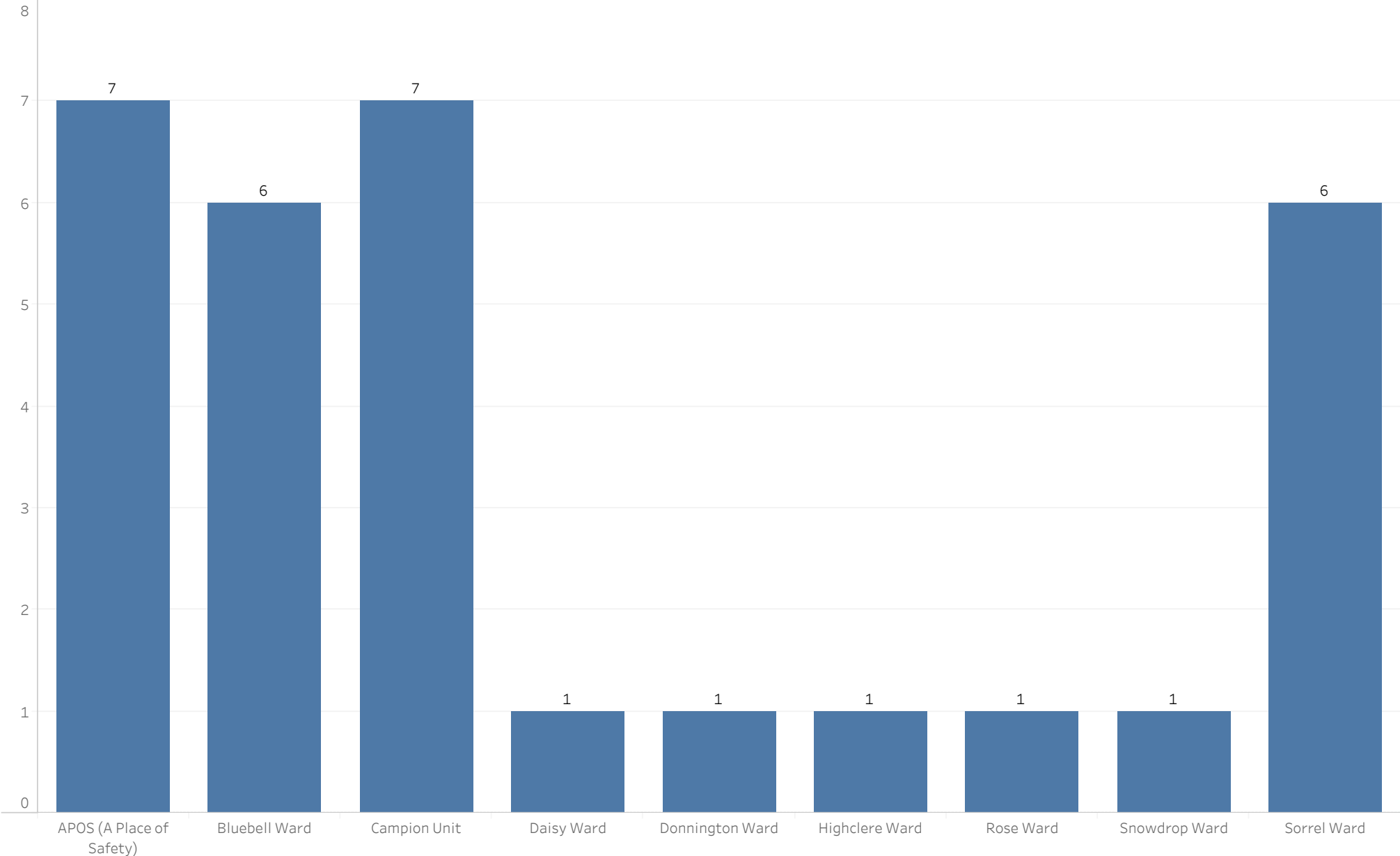


Supporting Our Staff Driver: Physical Assaults on Staff (May 21 to May 22)

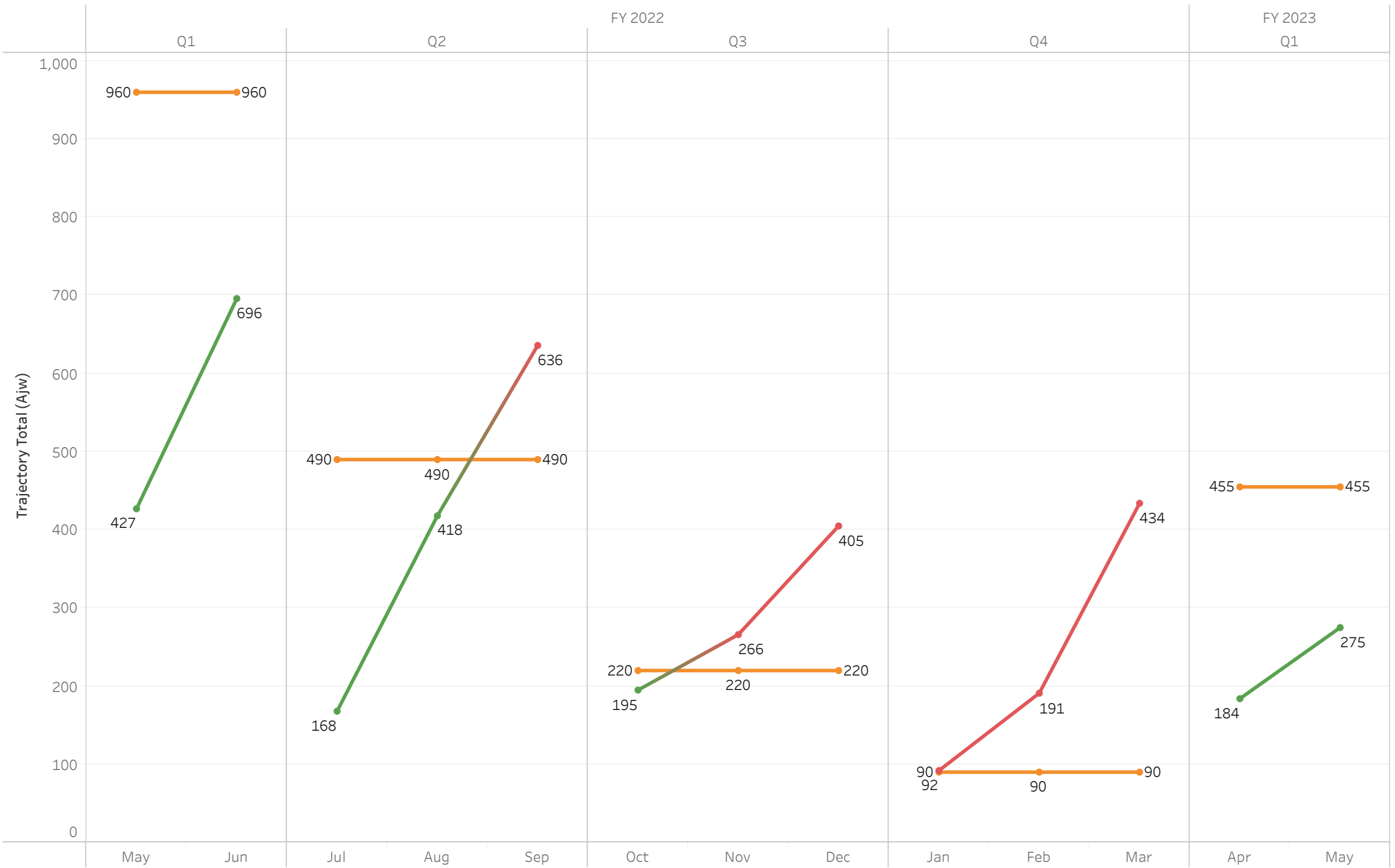
Any incident where sub-category = assault by patient and incident type = staff



Supporting Our Staff Driver: Physical Assaults on Staff by Location (May 2022)



Money Matters Driver: Inappropriate Out of Area Placements



True North Patient Experience Summary

Tracker Metrics

		Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Mental Health: Prone (Face Down) Restraint	4 per month	9	5	3	2	4	3	2	3	2	0	7	4
Patient on Patient Assaults (MH)	25 per month	15	16	23	21	15	17	14	10	25	7	15	20
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	94.1%	96.7%	93.7%	90.6%	91.3%	96.7%	89.1%	77.4%	87.4%	93.0%	95.0%	100%
Mental Health: Uses of Seclusion	13 in month	13	15	11	15	10	2	0	19	10	11	6	6
Mental Health Clustering within target: %	80% compliance	71.5%	77.2%	80.4%	78.7%	79.4%	79.5%	78.7%	77.2%	77%	78%	79%	80%

True North Harm Free Care Summary

Tracker Metrics

Metric	Threshold/Target	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Pressure ulcers acquired due to lapse in (Inpatient Wards)	<10 incidents	0	0	0	1	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	0	0	0	0	1	0	0
Mental Health: AWOLs on MHA Section	10 per month from April 2022	4	8	5	9	7	8	2	4	3	12	13	12
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	13	9	7	17	7	3	5	7	1	7	14	7
Mental Health: Readmission Rate within 28 days: %	<8% per month	8.40	8.30	6.70	5.09	4.29	5.20	5.5	5.55	4.90	6.32	9.83	4
Patient on Patient Assaults (LD)	4 per month	1	1	0	2	0	1	2	1	18	1	9	1
Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019	20% from June 2021	13.1%	13.8%	13.6%	14.0%	13.7%	14.0%	13.5%	14.0%	14.3%	15.1%	14.6%	15%
Suicides per 10,000 population in Mental Health Care (annual)	7.4 per 10,000	4.9	4.9	4.9	4.9	4.9	5.7	5.7	5.7	5.7	5.7	5.7	5.7
Self-Harm Incidents within the Community	31 per month	0	0	0	13	12	0	0	15	19	3	2	12
Gram Negative Bacteraemia	1 per ward per year	0	0	0	0	0	0	0	0	0	0	0	0

True North Supporting Our Staff Summary

Tracker Metrics

		Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Statutory Training: Fire: %	90% compliance	91.5%	90.8%	90.7%	90.9%	91.2%	91.8%	92.3%	91.2%	92.5%	92.3%	92.0%	91.7%
Statutory Training: Health & Safety: %	90% compliance	95.1%	95.0%	95.0%	95.3%	95.5%	95.8%	95.6%	92.6%	95.3%	95.4%	95.5%	95.3%
Statutory Training: Manual Handling: %	90% compliance	88.9%	90.0%	90.0%	91.2%	91.2%	91.3%	91.4%	95.5%	91.0%	89.0%	88.9%	88.3%
Mandatory Training: Information Governance: %	95% compliance from April 22	94.7%	92.0%	94.6%	94.8%	91.6%	95.2%	94.8%	96.4%	95.0%	96.1%	95.9%	96.2%
PDP (% of staff compliant) Appraisal: %	95% compliance by 31 May 2022	90.7%	95.4%	93.6%	92.6%	90.7%	91.4%	91.4%	87.5%	86.1%	79.2%	12.7%	86.2%

True North Money Matters Summary

Tracker Metrics

		Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Mental Health: Delayed Transfers of Care (NHSI target) Monthly and Quarterly)	7.50%	4%	5.09%	4.39%	1.89%	1.40%	2.60%	1.60%	3.40%	4.01%	8.95%	10.8%	10.2%
Increase in Elective Care Activity from 19/20 Baseline (Physical Health only) - First Appointment	4.00%											1.26%	-15.%
Increase in Elective Care Activity from 19/20 Baseline (Physical Health only) - Follow Up Appointment	4.00%											-6.9%	-23.%
Community Inpatient Occupancy	80-85% Occupancy	86%	85%	83%	88.2%	85.5%	81.5%	83.5%	83.4%	74.7%	85%	86.5%	86.0%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %	80% Occupancy	78.36%	86.46%	86.46%	88.89%	92.09%	86.72%	73.56%	80.90%	73.04%	81.02%	73.04%	88%
DNA Rate: %	5% DNAs	7.5%	4.90%	4.70%	4.79%	4.59%	2.90%	4.79%	4.73%	4.56%	4.71%	4.90%	5%
Community: Delayed transfers of care Monthly and Quarterly: %	7.5% Delays	5.60%	9.70%	7.79%	3.59%	5%	4.39%	6.20%	8.64%	11.7%	18.4%	12.6%	11.3%
Mental Health: Acute Occupancy rate (excluding Home Leave):%	85% Occupancy	96.0%	96.0%	90.6%	93.1%	91.2%	92.2%	87.2%	91.1%	86%	93.3%	86%	94.4%
Mental Health: Acute Average Length of Stay (bed days)	30 days	50	49	50	52	53	58	58	37	45	49	50	38

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
C.Diff due to lapse in care (Cumulative YTD)	0	0	0	0	0	0	2	2	3	3	3	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) infection rate	tbc	2	0	0	0	0	1	0	0	0	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	2 in East; 4 in West	0	1	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	0	1	1	1	1	1	1	1	1	1	0	1
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	80	50	100	100	60	100	71.3	85.7	66.7	100	100	80
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.3	98.9	98.8	99.2	99.8	99.5	99.1	99.5	98.8	99.1	98	98.9
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	98	98	98	98	97	97	97	98	97	97	96
People with common mental health conditions referred to IAPT completing a course of treatment moving to recovery: %	50% treated	54	54	55.9	52	55.0	54	53	52	52	52.5	52	52
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% to March 2025	99.7	100	99.7	99.1	98.2	99.7	99.7	99.7	100	98.8	99.2	98.2
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	98.0	100	94.6	96.7	98.9	98	100	100	98.3	98	99.5	99.5
Sickness Rate: %	<3.5%	3.83	4.17	4.47	4.87	4.75	4.92	5.46	5.33	4.59	4.30	4.53	
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	33.3%	50%	60%	50%	50%	46.4%	75%	50%	50%	75%	83.3%	78%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	50%	54.5%	34.7%	38.7%	53.3%	68%	87.5%	46%	50%	87.5%	80%	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	Target	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Community Health Services: 2 Hour Urgent Community Response %.	80%	84.5%	85.2%	86.0%	84.5%	89.4%	88.5%	84%	80.4%	83.2%	81.3%	88.4%	88.2%
E-Coli Number of Cases identified	TBC	2	0	0	2	0	1	1	1	1	0	0	0
Mental Health 72 Hour Follow Up	TBC	87%	85%	86.2%	88.5%	98.1%	90.5%	92%	90.1%	87.5%	86.4%	96.4%	95.5%

Trust Board Paper

Board Meeting Date	12 July 2022
Title	Equality, Diversity and Inclusion (ED&I) – Strategy Update
	Item for Discussion and Assurance
Purpose	To update the Board on our progress against our EDI Strategy and Plan
Business Area	People Directorate
Author	Jane Nicholson – Director of People and Amit Popat – Deputy Director Leadership, Inclusion and Organisational Experience
Relevant Strategic Objectives	The ED&I Strategy supports both Patient Experience and Supporting our People in our Trust Plan on a Page
CQC Registration/Patient Care Impacts	The CQC measures our progress against ED&I objectives both for population health inequalities and our workforce
Resource Impacts	We have a dedicated ED&I team who support this work
Legal Implications	This work supports our compliance with equality legislation
Equality and Diversity Implications	This is the implementation of our ED&I strategy
SUMMARY	The paper reviews the progress of our EDI strategy since its launch in 2021 as well as outlining our next steps.
ACTION	For Board review, discussion and assurance.

Equality, Diversity and Inclusion Strategy

Board Review July 2022

Background

In 2021, the Trust launched its three-year new Equality, Diversity and Inclusion strategy (ED&I Strategy).

The strategy supports Berkshire Healthcare's vision to be outstanding for everyone, both our patients and the people we employ.

The principles behind the strategy are:

- To ensure that all of our 4,500 staff have a voice and feel they belong and are equally valued and important.
- That we create a great place to work for our staff, where diversity is valued and there is no differential in opportunities for career progression,
- Our patients will receive the best of our services by providing safe, compassionate, high quality accessible care.

The strategy provides a simple message about equality, diversity and inclusion. It's about everyone taking an active role to reduce inequalities. It's also about respecting everyone, serving all our diverse populations equally well, and building an open and equitable culture within our organisation that celebrates diversity.

Our BAME, Pride and Purple Staff Networks are key to our work and helped us to develop our strategy. They are also critical to helping us achieve our objectives through a united approach that values and supports everyone and ensures that all our staff with a protected characteristics have a voice in the organisation.

The annual staff survey, Workforce Race Equality (WRES) Report and Workforce Disability Equality (WDES) Surveys remain our key measures of success measure of our employee experience. These are reported separately to the Board, so it is not the intention of this paper to repeat the content. However, it is important to note that they continue to highlight the challenges faced by some sections of our workforce with these particular protected characteristics. The Trust acknowledges these and continues to learn and work on strategies for equalisation of experience.

It needs to be recognised that the ED&I strategy is about embedding long-term culture change which is not quick to achieve. However, it continues to be disappointing that whilst much of our work is being recognised as an exemplar of best practice, we are not seeing the improvements we wanted in the experience of our staff with protected characteristics. We, therefore, continue to review the initiatives and actions agreed in our ED&I plan to maximise our success. The plan continues to be reviewed through the Diversity Steering Group (DSG).

Context

Since the launch of the ED&I strategy, there has been significant turnover in the ED&I team, with all three of our senior staff in the team securing promotions in other organisations and our dedicated project lead now broadening onto wider projects. Whilst we are proud that our staff are valued and their potential has been recognised, this has delayed some of our planned activity. We have been

successful in securing an Interim Deputy Director with significant ED&I experience. He is both reviewing our initiatives and is supporting the permanent recruitment into our team.

Review of Progress against Strategy

Our full strategy implementation plan is designed to address persistent and outstanding issues. Our full plan and progress against that plan is included as Appendix 1.

Our Networks continue to provide helpful insights into patient experience, and we continue to work closely with clinical and operational colleagues to support wider ED&I initiatives. The trust has also invested in dedicated ED&I support in our operational areas to support implementation of our ED&I strategy and address local health inequalities.

In addition to implementation of the ED&I strategy, the ED&I team have been supporting the development and launch of the neurodiversity strategy which has been led by Mairi Evans, one of trust neurodiversity experts. This strategy is focused on the care and treatment of people of all ages who access our physical and mental health services and have neurodiversity within Berkshire Healthcare NHS trust. In addition, the strategy will help us to better support our neurodivergent staff and potential employees.

Since the launch of our strategic plan, the trust has had some significant successes.

1. Stonewall

We are incredibly proud to announce that we've been ranked 61st in the Stonewall 'Top 100 Employers' list 2021 for our commitment to inclusion of lesbian, gay, bi trans and queer people in the workplace. Not only have we been placed in the Top 100, but we also received a Gold award for our commitment and effort to become an LGBTQ+ employer and we've been ranked fifth in the list of most LGBTQ+ inclusive healthcare organisations in England.

This achievement is the result of a lot of hard work and commitment to inclusion, including interventions such as:

- Working with partners in the community including Support U and Trans aware to improve Trans and non-binary experience
- Taking part in reading Pride to increase the visibility of inclusive healthcare

2. Disability Confident Leader

In 2021, Berkshire Healthcare was named as a Disability Confident Leader. Disability Confident organisations play a leading role in changing attitudes for the better. They are changing behaviour and cultures in their own businesses, networks and communities, and reaping the benefits of inclusive recruitment practices. Leader organisations have demonstrated the highest level of commitment to support people with disabilities. We achieved this through focused work such as:

- Creating a dedicated budget and expert support for reasonable workplace adjustments. We have seen a steady increase in the scores that staff report in our annual staff survey for our support for reasonable adjustments increasing to 81% the last 5 years.

3. Bullying and Harassment

We are conscious that, whilst our overall trust engagement scores are amongst the best in the NHS, the experience of our staff with protected characteristics is not always positive. This is particularly

so for our Black, Asian and Ethnic Minority (BAME) and disabled staff who report significantly higher levels of bullying and harassment than white and non-disabled staff. We also know that violence against all our staff costs the trust nearly £1.5m due to consequent sick leave and other support required. More importantly, we cannot continue to allow our staff to suffer violence against them.

To address this, we have particularly focused on reducing bullying and harassment from patients with capacity towards BAME staff and focused on our inpatient mental health unit, PPH where most incidents occur.

- We ran a two-day rapid improvement event with our staff at PPH, our inpatient mental health unit, who suffer the most violence and aggression at work to understand their experiences and their proposed counter-measures and we are now implementing the agreed actions. This includes clearly communicating our expectations of behaviours to patients and carers and have a policy to escalate any issues including sanctions against patients with capacity who behave inappropriately towards staff. Worthy of noting is our investment in writing to patients about our zero tolerance of racial abuse towards staff at PPH. This has resulted in higher levels of staff confidence in our commitment to racial equality.
- The introduction of a dedicated OD Staff Experience Lead whose role is to provide expert support on projects to reduce violence in the workplace and to assist staff who have experienced verbal or physical abuse at work to get any help they need.
- We now offer support from our dedicated psychological services team if they have experience verbal or physical abuse at work

4. Launch of Ready for Change Programme

The Ready for Change Programme introduces staff to the concepts of Allyship and Cultural Intelligence. The programme has been well received and delivered to a number of teams across the trust. We are now looking at ways that we can expand this learning to more people and integrate this into our leadership offer.

5. Patient and Health Inequalities

We continue to ensure that our services are accessible and inclusive for our patients and services users and that we understand and address health inequalities. This includes:

- Having a clear approach to capturing ED&I patient data across protected groups remains a priority and forms part of ongoing commitment to aligning with changing trends and legal frameworks.
- Embed the Accessible Information Standard for disabled patients across all services and all protected groups.

Areas Requiring Continuous Improvement

Having launched several initiatives last year, it is important we measure impact as we progress through this year. A revised set of priorities for addressing patient and health inequalities is in development, particularly focused on the areas where there are greatest health inequalities.

Our Workforce Race Equality (WRES) Report highlighted 3 areas of improvement for the trust:

- Harassment, bullying or abuse from patients, relatives or the public in last 12 months against BAME staff – which we have addressed above
- Career progression in non-clinical roles (middle to upper levels)
- Board representation (overall, voting members, and executive members)

1. Career Progression

We note an underrepresentation of BAME staff in leadership positions and a full review is being undertaken to target programmes where we identify a priority area of concern. Drawing from national and regional best practice race equality initiatives, we are working with our BAME network to review our whole approach to talent management and career progression. We are reviewing the appraisal system and plans are underway to include a mid-year review where managers will have the flexibility/option to record career aspirations, review work objectives and address any wellbeing issues their staff may have. We will also engage our wider ED&I Networks to develop plans that address career development issues their members have.

2. Board Representation

Since the report was produced, we have recruited an additional BAME NED and an additional BAME voting executive member. We have no Board members with reported disabilities on ESR.

In addition to these areas, we want to refresh our leadership offer and embed ED&I culture and principles. A Task and Finish Group has been established to develop a new leadership strategy that aims to draw together separate distinct approaches to embed ED&I into a cohesive approach that will set clear behavioural expectations for our workforce aligned with our organisational values. New ED&I learning and development programmes will be designed to increase workforce capability in delivering these plans.

Annex 1 provides further details on our progress to date and our sets out next steps to progress our portfolio of ED&I activities.

Summary and next steps.

Embracing our commitment to co-production, we continue to collaborate with our internal and external stakeholders in developing and implementing our ED&I objectives for staff and patients.

Whilst there are areas of success, in particular, with gaining a high rank with Stonewall and securing the status and a Disability Confident employer, we recognise the need to continue to improve our staff survey results for BAME and disabled staff who experience disproportionate levels of staff dissatisfaction. Plans are in place to fully diagnose this problem and once the new ED&I team is fully established, in September 2022, we will implement actions that aim to improve staff survey results for this area.

Annex 1 ED&I Progress and Next Steps

The People Directorate identified 11 deliverables (5 for People; 6 for Patients) from the Equality, Diversity and Inclusion (ED&I) / People Strategy 2020-2023. This followed feedback from the system that the delivery against the EDI/People Strategy deliverables whilst managing the Covid-19 pandemic, staff movements and the recovery phase would be challenging. Below is an update against the 11 identified priority deliverables from the ED&I/People Strategy 2020-2023.

People Strategy Key Priorities	Theme	Work Strand	EDI Deliverables – Staff (S) and Patients (P) Objectives stated ED&I Strategy.	Berkshire Healthcare Actions/Progress to date	Outcome/Next steps
ED&I Strategy (Diversity Steering Group)	Belonging to the Trust	Talent and Leadership	(S) Embed inclusive and compassionate leadership approaches	<ul style="list-style-type: none"> Corporate inductions include compassionate leadership training. Previous training has been successful (provided to over 2,000 staff since January 2020) Connecting current leadership offerings and identifying opportunities to refresh and update in line with the emerging leadership strategy. Currently we are recruiting a leadership and ED&I training officer to implement management and ED&I training. In place by July – August. 	<ul style="list-style-type: none"> Ongoing conversations with BOB ICS in relation to Equitable Talent Management (ETM) initiatives (sponsorship programme for BAME staff bands 5-7 and adopt inclusive leadership framework through a development programme) Recruit training officer. Embed compassionate leadership within the emerging leadership strategy.
			(S) Develop workforce career progression and talent management	<ul style="list-style-type: none"> One existing provider identified for BAME Sponsorship Programme 	See above bullet point 1.
			(S) Strengthen and develop our staff networks including making them more inclusive for allies	<ul style="list-style-type: none"> Revise and develop Terms of Reference consistent across all Networks (co-produced) Proposing ToR's to include additional SMART objectives Collaborate with Marcomms to agree communication plan to promote the Network Pride Network event delivered – 17th June 	<ul style="list-style-type: none"> ToR to be completed by July. Communication plan in place BAME network rebranding to REN – in progress. Engage the REN with the development of the BAME sponsorship programme
			(S) Develop and deliver our inclusive “ready for change” programme which builds on the Making it Right programme and will address the culture change required based on allyship and a greater appreciation of the different cultural norms that can cause misunderstandings and miscommunication - known as “cultural intelligence”.	<ul style="list-style-type: none"> Review evaluations of Ready for Change (for managers) to assess impact Review and update the Ready for Change programme Recruit trainer to deliver the programme – recruitment in progress 	<ul style="list-style-type: none"> Recruit training officer Design new training Implementation to commence by Aug/Sept 2002 Identify target groups to deliver training
		Differentials in Experience	(SP) Address and reduce inequalities and differentials in experience, focusing on bullying and harassment, aligned to workforce retention in the people strategy	<ul style="list-style-type: none"> Review the current policies and consider developing a Dispute Resolution Framework Organising a Rapid Improvement Event to uncover solutions for the high level of bullying/harassment staff experience at PPH 	<ul style="list-style-type: none"> Proposal in place – progress to tender Finalise RIP - deliver in Aug/September 2022
			(S&P) Embed the Accessible Information Standard for disabled patients across all services and all protected groups.	<ul style="list-style-type: none"> All items for Accessible Information (AI) bags have been ordered. First draft of patient/staff leaflets have been designed (Sarah W) Working with Transformation Team to redesign the Additional Personal Information Form on RiO, agreed by Digital Transformation Assurance Group 	<ul style="list-style-type: none"> AI bags to be distributed in July/Aug Nexus to be updated with info guide, drop-in sessions for staff to collect bags To be developed into the testing stages with Transformation team – date TBC
			(P) Embed reasons for and recording of patient demographics to improve health outcomes.	<ul style="list-style-type: none"> Agreed the following with Transformation Team: Ethnicity, Religion, Sexual Orientation/ability to state Romantic Orientation, Gender Identity, Disability Form and Communication Needs Form. 	<ul style="list-style-type: none"> To be developed into the testing stages Liaise with Comms/Transformation to define comms email to all staff, and additional info via Nexus
			(P) Identify actions and resources needed to identify health inequalities through community engagement.	<ul style="list-style-type: none"> MSK East received health inequalities training to improve the experience of South Asian patients accessing services. Further data gathering proposals in development with IG team Developing roles for Experts by Experience project is in development across diverse groups with Patients Experience Lead 	<ul style="list-style-type: none"> ED&I team to continue to support MSK team with delivery of project Finalise roles for Experts by Experience – by Sept/October 2022.
			(S&P) Continue to promote LGBT+ engagement and support through Stonewall and Reading Pride.	<ul style="list-style-type: none"> NHS Rainbow Pilot submission by mid July. LGBT Staff, patient and service surveys have all closed. (Sarah W) Stonewall Workforce Equality Index action plan being developed with key stakeholders and Pride network Reading Pride 2022 taking place 4th Sept. Stakeholder participation being confirmed. 	<ul style="list-style-type: none"> Deliver Rainbow Badge submission by mid July. Stonewall WEI Submission by 20th Sept -set up planning meetings – commencing July 2022 Reading pride – agree participation with stakeholders
			(S) Develop strengths- based inclusive recruitment with services	<ul style="list-style-type: none"> Adapting BOB ICS inclusive recruitment best practices Training attended by key professional x3 Supported Internships are currently in development - with one intern secured for Wokingham Intermediate Care Team. Pilot to support Neurodiverse candidates by sending interview questions in advance of interview delivered in June. 	<ul style="list-style-type: none"> Oct/Nov full adaptation of inclusive recruitment Progress the Supported Internship programme Review the Neurodiversity pilot and embed best practice
			(S&P) Co-produce actions and resources needed for Trans patient’s pathways	<ul style="list-style-type: none"> SupportU (A LEADING LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT+) HELP AND SUPPORT SERVICE BASED IN READING, SERVICING THE THAMES VALLEY AREA) commissioned to review services via workshops Children Young People and families (CYPF) have agreed to trial pronoun name badges in certain areas. Changes to RiO are in progress 	<ul style="list-style-type: none"> Review workshop outcomes. SupportU to support developing a Trans Patient Policy. Agree trial areas with CYPF. Agree changes on RiO with SupportU and Pride Network, Meet with the Trans Patient Working group to establish current status.

Trust Board Paper

Board Meeting Date	12 July 2022
Title	Audit Committee –08 June 2022
	Item For Noting
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 08 June 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



Minutes of the Audit Committee Meeting held on

Wednesday, 08 June 2021

(conducted via MS Teams)

Present: Rajiv Gatha, Non-Executive Director, Committee Chair
Naomi Coxwell, Non-Executive Director
Mehmuda Mian, Non-Executive Director

In attendance: Paul Gray, Chief Financial Officer
Graham Harrison, Head of Financial Services
Rebecca Clegg, Director of Finance
Maria Grindley, E&Y, External Auditors
Alison Kennett, E&Y, External Auditors
Sarah Davaney, E&Y, External Auditors
Clive Makombera, Internal Auditors, RSM

Item	Title	Action
1.A	Chair's Welcome and Opening Remarks	
	The Chair welcomed everyone to the meeting.	
1.B	Apologies for Absence	
	There were no apologies.	
2.	Declaration of Interests	
	There were no declarations of interest.	
3.	Annual Accounts 2021-22, including the Annual Governance Statement	
	<p>The Annual Accounts 2021-22 and Annual Governance Statement had been circulated.</p> <p>It was noted that members of the Committee had been given the opportunity to review the draft Annual Accounts 2021-22 and Annual Governance Statement prior to the meeting and to ask any questions in advance of the meeting. The Company Secretary confirmed that there were no questions submitted in advance.</p>	

	<p>The Chief Financial Officer reported that the Trust's cash had increased over the course of the last financial year and included the sale of 3-5 Craven Road.</p>	
4.	External Auditors' Draft Audit Results Report 2021-22	
	<p>The External Auditors draft Audit Results Report 2021-22 had been circulated.</p> <p>Naomi Coxwell noted that the External Auditors draft report mentioned that there were a number of outstanding issues in relation to the external audit work and asked whether there were any issues of concern.</p> <p>Alison Kennett, External Auditors, E&Y reported that the External Auditors had not yet completed their audit and that there were a number of outstanding issues. Ms Kennett said that the area of most significance was in relation to the valuation of assets because E&Y's Real Estate Team had valued the Trust's property assets significantly higher than the Trust's Valuer.</p> <p>It was noted that E&Y's Real Estate Team was of the opinion that the Trust own buildings should be valued as commercial or industrial properties whereas the Trust's valuation was based on residential property values.</p> <p>Naomi Coxwell, Non-Executive Director commented that there must be precedent around whether NHS property valuations were based on commercial/industrial or residential values.</p> <p>Maria Grindley, External Auditors, E&Y explained that the different property valuations had only come to light a couple of hours before the meeting and therefore the External Auditors would need time to resolve the issue.</p> <p>The Chair asked with the exception of the property valuation whether there were any other outstanding issues which were problematic.</p> <p>Ms Grindley confirmed that providing the External Auditors received the information they required, there were no other issues of concern at the moment.</p> <p>Ms Grindley said that the External Auditors were hoping to complete their audit in advance of NHS England/Improvement's Annual Report and Accounts 2021-22 submission deadline date of 22 June 2022.</p> <p>The Chair proposed that if the outstanding issues had a significant impact on the Trust's Annual Accounts 2021-22, another extraordinary meeting would be convened to approve the final accounts otherwise, any changes to the Accounts would be approved electronically.</p>	
5.	Letter of Representation	
	<p>Maria Grindley, E&Y External Auditors reported that the Trust was required to sign a management representation letter in respect of the Financial Statements.</p> <p>On behalf of the Trust Board, the Committee authorised the Chief Executive to sign the Management Representation Letter.</p>	

6.	Formal Approvals	
	<p>It was noted that the Trust Board had delegated full authority to the Audit Committee to issue all necessary approvals in respect of the 2021-2022 Annual Accounts on its behalf.</p> <p>It was also noted that the Trust Board had approved the Annual Report. The Company Secretary reported that since the Trust Board meeting on 10 May 2022, the Annual Report had been updated to reflect comments made by the External Auditors. A copy of the changes had been circulated to all Board members for comment. The Company Secretary confirmed that she had not received any comments. It was noted that the changes had been approved by the Chair and Chief Executive on behalf of the Trust Board.</p> <p>The Committee noted and approved the following relating to the Annual Accounts for 2021/22:</p> <ul style="list-style-type: none"> • Draft Audit Results Report The Draft Audit Results Report was received and noted. • Annual Accounts 2021/22 The Annual Accounts for 2021/22 were approved subject to any changes required as a result of the External Auditors outstanding work (<i>as mentioned above</i>), <i>the Committee gave delegated authority to the Chair and Chief Financial Officer to approve any non-material changes.</i> <i>If there were any issues of significance, an extraordinary meeting of the Committee would be convened to approve the Annual Accounts 2021-22</i> • Management Representations The proposed Trust Management Representations response to E&Y was approved: • Annual Governance Statement The Annual Governance Statement was approved. 	
7.	NHS England/Improvement Audit Requirement Report	
	<p>The Chief Financial Officer reported that Julian Kelly, Chief Financial Officer, NHS England/Improvement had written to all systems on 20 May 2022 outlining the requirements around a further 2022-23 financial planning submission. The letter announced additional national inflationary funding but also set out a number of conditions which would be required to ensure receipt of the additional funding.</p> <p>The Chief Financial Officer said that the conditions included the requirement to commission the Internal Auditors to produce a report for the Audit Committee highlighting any areas of weakness in financial governance and prescribing remedial actions covering the areas set out in the most recent HFMA publication <i>Improving NHS Financial Sustainability: Are You Getting the Basics Right?</i></p> <p>The Chief Financial Officer reported that he had discussed the requirement with Clive Makombera, RSM, Internal Auditors who had agreed to defer the financial systems (general ledger) and procurement reviews until next year</p>	

	<p>so that the new audit requirement could be accommodated within the existing Internal Audit Plan resources.</p> <p>Clive Makombera, RSM Internal Auditors confirmed that RSM had developed a draft scope for the new audit requirement which would be discussed with the Chief Financial Officer. Mr Makombera confirmed that the Internal Auditors were able to meet NHS England/Improvement's deadline for completion of the audit. It was noted that the outcome of the review would be reported to the Audit Committee.</p> <p>The Chair commented that the proposal to defer the financial systems (general ledger) and procurement reviews until next year in order to accommodate the new audit requirement within existing resources was very sensible.</p> <p>The Committee agreed that in order to meet the required timescale within the resources available and with the existing value of our audit contract that the current key financial systems (general ledger) and procurement reviews be deferred to next year and replaced by the new audit requirement.</p>	CM
8.	Any Other Business	
	There was no other business.	
9.	Chair's Closing Remarks	
10.	Date of the Next Meeting	
	The next meeting will be held on 20 July 2022.	

These minutes are an accurate record of the Audit Committee meeting held on 26 May 2021.

Signed:- _____

Date: - 20 July 20212 _____