

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 9 March 2022
starting at 10.30 am

(Conducted via MS Teams)

There will be a governor pre-meeting at 9.45am which is open to all governors

AGENDA

| ITEM | DESCRIPTION | PRESENTER | TIME |
|------|--|--|--------------------|
| 1. | Welcome & introductions | Martin Earwicker, Chair | 1 |
| 2. | Apologies for Absence | Company Secretary | 1 |
| 3. | Declarations of Interest 1. Annual Declarations of Interests (Enclosure) 2. Agenda items | All All | 1 |
| 4.1 | Minutes of Last Formal Meeting of the Council of Governors – 1 December 2021 | Martin Earwicker, Chair | 1 |
| 4.2. | Matters Arising | Martin Earwicker, Chair | 1 |
| 5. | ARRS Specialist Mental Health Practitioner Role in Berkshire West | Matthew Poll, Clinical Psychologist, Talking Therapies | 15 |
| 6. | Committee/Steering Groups Reports: a) Living Life to the Full (enc) b) Membership & Public Engagement (enc) c) Quality Assurance meeting (verbal) | Committee Group Chairs and Members | 10 |
| 7. | Executive Reports from the Trust 1. Patient Experience Quarter 3 Report (Enclosure) 2. Performance Report (Enclosure) 3. Annual Plan on a Page 2022-23 | Heidi Ilsley, Deputy Director of Nursing Julian Emms, Chief Executive | 15 |
| 8. | Quality Improvement Programme Update Presentation | Alison Durrands, Director of Transformation and Quality Improvement | 11.15 30 |
| 9. | Governor Feedback Session <i>This is an opportunity for governors to feedback</i> | Martin Earwicker, Chair | |

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| | <i>relevant information from any (virtual) external meetings/events they have attended</i> | | |
| 10. | Any Other Business | Martin Earwicker, Chair | 5 |
| 11. | Dates of Next Meetings <ul style="list-style-type: none"> • 04 May 2022 - Joint CoGs and Trust Board Meeting • 15 June 2022 – Formal Council meeting | Martin Earwicker, Chair | 2 |

GOVERNOR DECLARATIONS as at 22 February 2022



Berkshire Healthcare
NHS Foundation Trust

| NAME | CONSTITUENCY | INTERESTS DECLARED |
|----------------------|---|--|
| AFFUL, Natasha | Public - Slough | |
| ALI-NOOR Ruffat | Public - Slough | Independent legal advisor and advocate, High Court |
| ASTELL, Arlene | University of Reading | Director of Astellis |
| BARRETT John | Public - WAM | Shares in Astra Zeneca |
| BERTHOLLIER, Natasha | Staff Governor | None |
| BRIDGMAN, Graham | Appointed Governor – West Berkshire Council | <ul style="list-style-type: none"> • Director– Quintet Events Limited • Director – Red Sky Festival Limited • Director – Summer Nights Limited • Governor – Royal Berkshire NHS Foundation Trust • Elected Member - West Berkshire District Council (“WBC”) • Deputy Leader, WBC • Executive Member for Health and Wellbeing, West Berkshire Council • Chairman, West Berkshire Health and Wellbeing Board • Elected Member – Stratfield Mortimer Parish Council • Member, Law Society • Member, Conservative Party |
| BUCKLAND, Raymond | Public – West Berkshire | None |
| CARMICHAEL June | Staff Governor | None |
| CHENG, Jenny | Appointed Governor - Wokingham | <ul style="list-style-type: none"> • Trustee of Poor’s Land Charity • Town Centre Management Initiative Woodley |
| CROWDER, Ros | Public – West Berkshire | <ul style="list-style-type: none"> • I am a Trustee of a charity Sport in Mind • I am a member of The Royal Berkshire NHS FT • I am a member of and South-Central Ambulance Service NHS FT • I am currently a member of the BHFT Community Mental Health Transformation Delivery Group – this is in my role as a Trustee of Sport in Mind |
| DAKIN, Guy | Staff Governor | <ul style="list-style-type: none"> • Member of South-Central Ambulance NHS Foundation Trust • Member of Royal Berkshire NHS Foundation Trust |
| DIVER, Madeline | Public – Bracknell | <ul style="list-style-type: none"> • Member of Voice Community • Bracknell Forest SACRE Vice Chairman • Chairman of Bracknell Forest Interfaith Forum |

| NAME | CONSTITUENCY | INTERESTS DECLARED |
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| | | <ul style="list-style-type: none"> • Trustee of the French Protestant Industrial Mission (British Committee) • Member of South-Central Ambulance NHS Foundation Trust • Member of Royal Berkshire NHS Foundation Trust • Member of NHS Frimley Health Foundation Trust |
| DRAPER, Charlie | Partnership Governor | None |
| EDWARDS, Deborah | LA Appointed – Reading | <ul style="list-style-type: none"> • RBC Elected Member Southcote Ward • Member of the Labour Party • Trustee of Launchpad • Trustee of No5 • Member of the PPG for the Circuit Lane, Western Elms and Tilehurst GP Surgeries |
| HORNE Andrew | Public - Wokingham | None |
| HUSSAIN, Amran | Public – Rest of England | None |
| JARVIS, John | Public – Wokingham | <ul style="list-style-type: none"> • Member of the Conservative Party • Elected Councillor of Twyford Parish Council |
| LAKE Tom | Public – Reading | Member of the Labour Party. Information Officer for South Reading Patient Voice Wife, Jill Lake, Trustee of Reading Home-Start |
| MATTICK Isabel | LA Appointed – Bracknell | BFBC: Overview & Scrutiny; Health Overview & Scrutiny Care Portfolio. Personal: Chairman, patient group; patient assembly; Founder member Triple A; Frimley Park Dementia Group; President/Chairman Red Diamond Sports Club for the disabled PLACE Inspector Frimley Park Hospital Federation of Burial and Cremation Authority |
| MOHAMMED, Gillian | Public - WAM | None |
| MOLES, Joan Rosalind | Public - Wokingham | None |
| MURRICANE Verity | Public West Berks | <ul style="list-style-type: none"> • Member, Thames Valley Police and Crime Commissioner's Complaints, integrity and ethics panel • Trustee Eight bells for Mental Health • Member SSE power networks PLC stakeholder panel • Owner - The Rat's Whiskers |
| MYERSCOUGH Paul | Public - Reading | None |
| O'KANE Tom | Public – WAM | <ul style="list-style-type: none"> • Shares in GlaxosmithKline • Patient Representative for Biomedical Research Centre (BRC) at Royal Marsden and Institute of Cancer Research (ICR) |

| NAME | CONSTITUENCY | INTERESTS DECLARED |
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| OLIVER Nigel | Public - Slough | None |
| PANTELIC, Natasa | Appointed – Slough BC | Member of the Labour Party |
| PRINCE Julia | Staff Governor | None |
| ROSE Suzanna | Berkshire Red Cross | Patron of Berkshire Branch, British Red Cross |
| SHARPE, Julian | Appointed – RB Windsor and Maidenhead Council | None |
| STENT, Rosemary | Public – Bracknell | Member of the Conservative Party |
| WELLUM, Jon | Public – Reading | None |
| WILSON, Brian | Public – Bracknell | <ul style="list-style-type: none"> • Member of the Labour Party • I am a Volunteer Driver for Sandhurst Voluntary Care – providing transport to local/elderly people needing to attend medical or other appointments. • And a Civilian Volunteer with Thames Valley Police, as a Member of the Independent Advisory Group for the Bracknell-Wokingham Local Policing Area. This is a quarterly Police-Public consultation group with much the same 'spirit' as the COG, holding the Local Area Commander to account and input to local policing and so on. • From 19th Aug. 2021 – appointed as a non-voting Committee Member of Sandhurst Residents Association (SRA), with responsibility for the recycling portfolio as Recycling Officer |
| WYNTER, Stephanie | Staff – Non-Clinical | |

Minutes of the Council of Governors Meeting held on

Wednesday, 01 December 2021 at 10.30 am

(Conducted via MS Teams because of COVID-19 social distancing requirements)

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| | <p>Present: Naomi Coxwell, Senior Independent Director (Meeting Chair)</p> <p>Public Governors: Jon Wellum Andrew Horne Brian Wilson Amran Hussain Madeline Diver Raymond Buckland Verity Murrice Joan Moles Tom Lake Paul Myerscough John Barrett Tom O'Kane Ros Crowder Rosie Stewart</p> <p>Staff Governors: June Carmichael Guy Dakin Natasha Berthollier</p> <p>Appointed Governors: Cllr Graham Bridgman Cllr Jenny Cheng Cllr Deborah Edwards Cllr Isabel Mattick Suzanna Rose</p> <p>In attendance: Julie Hill, Company Secretary Jennifer Knowles, Executive Office Manager & Assistant Company Secretary Rajiv Gatha, Non-Executive Director Linda Jacobs, Executive Business Assistant Alex Gild, Deputy Chief Executive</p> <p>Guests: Liz Chapman, Head of Service Engagement and Experience Kerry Harrison, Senior Lead for Physical Health (Community Mental Health Services) Mairi Evans, Clinical Director</p> |
| 1. | Welcome and Introductions |
| | Naomi Coxwell, Chair welcomed everyone to the meeting. |

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| | MS Coxwell explained that Martin Earwicker, Chair was unable to attend the meeting as he taking part in a CQC Inspection. |
| 2. | Apologies for absence |
| | Martin Earwicker, Julian Emms, Mark Day, Heidi Ilsley, Julia Prince. |
| 3. | Declarations of Interest |
| | <p>1) Annual Declarations of Interest None declared</p> <p>2) Agenda items None declared</p> |
| 4.1 | Minutes of the Last Formal Meeting of the Council of Governors and Matters Arising - 22 September 2021 |
| | The minutes of the meeting held on 22 September 2021 were approved as a correct record of the meeting. |
| 4.2 | Matters Arising |
| | <p>Trust Annual Report and Accounts 2020-21 (Presentation) Tom Lake asked for more detail on the implications of early termination the PFI contracts.</p> <p><i>Post meeting note: The Company Secretary forwarded Mr Lake an email from the Director of Estates and Facilities which provided more information about the implications of early termination of PFI contracts.</i></p> |
| 5. | Improving Physical Health Checks for People with Severe Mental Illness Presentation |
| | <p>The presentation slides had been circulated and were taken as read.</p> <p>The Chair welcomed Kerry Harrison, Senior Lead for Physical Health (Community Mental Health Services).</p> <p>Kerry shared a presentation on the Annual Physical Health Checks for people with serious mental illness and highlighted the following points:</p> <p>In Secondary Care: Physical Health Checks were offered to patients with a serious mental illness within a year of diagnosis</p> <p>Patients referred to the Community Mental Health Team would have health checks using the guidance in The Lester Tool.</p> <ul style="list-style-type: none"> – BMI – Smoking – Alcohol consumption – Blood glucose – Blood lipids – Blood pressure <p><u>Quality Improvement in Physical Health Checks for People Serious Mental Illness</u></p> <ul style="list-style-type: none"> – Physical health team in each division – Quality Improvement methodologies: A3 Thinking; Root Cause Analysis/Fishbone; Data Tool; Improvement Huddles; Plan Do Study Act |

- Clinical checks across 6 localities and a home visit offer
- Compassionate and tenacious approach

Physical Health Checks - June-November 2021

Data collection started in June. We have exceeded the national target of 60%. 71% of Trust patients have had annual physical health checks.

Next Steps

- Physical activity offer
- Sport in Mind collaboration - activity journals
- Physical Health toolkit for mental health practitioners
- Ongoing educational events and bite sized training
- Improve access to physical health check for patients over a year since diagnosis (in collaboration with primary care)
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Alex Gild asked how we can build joint health coaching responsibility with primary care and patients with a serious mental illness to continue the health improvement and engagement once the initial checks have been done.

Kerry Harrison said that follow up appointments would be implemented with physical health checks with the Care Co-Ordinator for continuation of care as well as training. Also, meetings with Commissioners to interact as a continuing assessment.

Paul Myerscough asked if the focus was on all teams within mental health.

Kerry Harrison said that the focus was patients with a serious mental illness (less than a year within diagnosis) or those referred by their GP/other services.

Verity Murrice said it would be good to see the statistics on people living longer and improvement to quality of life and there were several other factors that impacted on the quality of life.

Kerry Harrison said that patients with serious mental illnesses had the biggest impact on people's employment and the Trust had links with the employment service to get people into employment. There were several other factors including physical health that impacted employment.

Ros Crowther asked if dentist care was part of the physical health check.

Kerry Harrison said that dental and sexual health anticipated to be part of the physical health checks process.

Ros Crowther said as obesity was sometimes caused by medication were there are any plans to have discussions with pharmacies to have a joined-up approach and with other services.

Kerry Harrison said that the Trust was linked to a pharmaceutical company as part of an ongoing educational programme and conversations about healthy eating and medication were discussed.

Andrew Horne asked if therapy was part of the annual physical health check.

Kerry Harrison advised that patients were referred on to the specialist services within the community and a letter was sent to the patient's GP outlining any action to be taken.

Tom Lake asked how commissioning decisions were made and noted the failure to meet targets on inpatient physical health checks at Prospect Park Hospital.

Alex Gild said that support was available at Prospect Park Hospital for inpatients. When patients were discharged and were referred onto the Community Mental Health Team

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| | <p>service they were monitored and had physical health checks. Links with primary care, GPs and the connected care system was used, and the Trust had a good working relationship with partners.</p> <p>John Barrett said there was an issue with GP capacity to carry out other physical checks and asked how patients were supported when they were discharged into the community.</p> <p>Kerry Harrison said that if checks were not carried out by one service, they would be picked up by another.</p> <p>June Carmichael thanked Kerry for the progress made and confirmed that GPs were funded to carry out physical health checks.</p> <p>The Chair thanked Kerry for her presentation.</p> |
| 6. | Neurodiversity Presentation |
| | <p>The Chair welcomed Mairi Evans, Children, Young People and Families/Berkshire Eating Disorder Service Clinical Director.</p> <p>Mairi shares a presentation and highlighted the following points:</p> <ul style="list-style-type: none"> • In April 2021 Berkshire Healthcare made the commitment to develop, implement and embed a Trust Neurodiversity Strategy. This included the appointment of a Trust Neurodiversity Lead and a monthly steering group. • The strategy was focusing on the care and treatment of people of all ages who access our physical and mental health services. • The strategy had a focus on autism and attention deficit hyperactivity disorder. Whilst there was not a focus on other neurodiversity such as Tourette's syndrome, dyslexia, processing difficulties or developmental coordination disorder, the strategy would highlight the need for understanding and knowledge of onward referral and support. <p><u>Neurodiversity Strategy Workforce</u></p> <ul style="list-style-type: none"> • In addition to clinical services, the strategy would be looking at supporting our neurodivergent workforce and would be engaging with the equality and diversity agenda for our employees and potential employees. • The strategy would also be acknowledging that people who worked for us can often be people accessing our services. <p><u>Neurodiversity</u> - Neurodiversity referred to the diversity of human brains and minds and the understanding that we were all different. It takes the approach that there was not one 'right' or 'normal' way for the brain to work or function and that there were many diversities in the way in which we all see and interact with the world. It was understood that neurodivergent people can have many strengths but also face social barriers and inequalities.</p> <p><u>Autism</u> - Language was impaired and the following needs to be observed for a diagnosis to be made persistent deficits across three areas of social communication and interaction including reciprocity, non-verbal communication and developing and maintaining relationship, and two of four types of restrictive behaviours, including stereotyped behaviours, insistence on sameness, fixated/unusual interests and hyper or hyperactivity to sensory input. Traditionally there had been a male bias in identification and diagnosis with many women and girls being missed or misdiagnosed.</p> <p><u>ADHD</u> - 'Attention Deficit and Hyperactivity Disorder' referred diagnostically to inattentiveness (a short attention span and difficulty focusing), hyperactivity and the need for movement, and impulsivity (acting without thinking) which was present across contexts.</p> |

Autistic and people with ADHD - Challenges

- **Autistic People** have been found to have an **overall risk of early mortality** more than **double than that of the general population** and were at **increased risk of dying younger** from virtually every cause of death **both physical and mental health related**.
- **Autistic people** with no additional Learning Disability were over **9 times more likely to die by suicide**.
- Multiple studies suggested **between 30 and 40% of autistic people had considered suicide** and one study found that **14% of autistic children considered suicide** compared to 0.5% of typically developing children.
- In a review of **22 suicides** across Berkshire in people aged 17-25, **11 people (50%)** either had or were **suspected of being autistic or having ADHD**.
- **People with ADHD are at increased risk of developing depression and anxiety symptoms** - **girls** with ADHD are **more vulnerable to depression, self-harm, and anxiety** than boys.

Number of neurodivergent people accessing our services (diagnosis given and recorded on RIO)

5289 in total across all age groups
Biggest numbers between **12 and 25**

Males:

- Ages 12-17 = 27.65%
- Ages 18-25 = 20.59%

Females

- Ages 12-17 = 12.11%
- Ages 18-25 = 7.3%

Neurodiversity Strategy Vision

Our neurodiversity vision was for everyone in Berkshire Healthcare to **recognise, understand and celebrate neurodiversity**, and for all neurodivergent people, working in, or using our services, to be **empowered and enabled** to have equal access to effective services, support and fulfilling lives.

Neurodiversity Strategy

Workstreams / Key objectives

Co-Production with experts by experience.

Improving knowledge and awareness about neurodivergence for all Berkshire Healthcare staff and services.

Improving quality, and access to services for neurodivergent people and their families.

Workforce - making Berkshire Healthcare a great place for neurodivergent people to work.

June Carmichael asked how other services that patients were accessing could identify signs that a patient may need extra support and if training would be provided.

Mairi Evans said asking questions around sensory processing may help people and good practice around communication and understanding.

Tom Lake asked if patients were admitted under Section who were autistic and were misdiagnosed and what we can do differently.

Mairi Evans said that there was a lot of misdiagnosis and lack of initial support for the patient which can then develop into a mental illness diagnosis and more awareness of autism was needed.

7. Annual Audit Committee Report

Report taken as read

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| | <p>The Chair welcomed Rajiv Gatha, Chair of the Audit Committee. Rajiv introduced himself and said that he was a Qualified Accountant and was currently working for Cisco.</p> <p>Raymond Buckland congratulated the Audit Committee and Trust for the IT project management receiving substantial assurance.</p> <p>Paul Myerscough said that the report gave an insight into holding the Trust to account. Paul Myerscough requested that future reports include more detail about how the Audit Committee discharged its duty to challenge the Trust.</p> <p>Rajiv Gatha thanked Paul for his comments and noted this for improving future reports.</p> <p>Tom Lake asked if the Audit Committee used benchmarking data.</p> <p>Alex Gild confirmed that both the internal and external auditors used benchmarking data to assess the Trust's performance.</p> <p>The Chair thanked Rajiv Gatha for his report.</p> |
| 8. | Committee/Steering Groups |
| | <p>Reports:</p> <p>a) Living Life to the Full Group The report was taken as read.</p> <p>John Barrett, Chair of the Group reported that a video on Recovery in Mind was played to Governors. The project had received local government funding and BHFT staff are involved in running this.</p> <p>Katie Humphrey, Carers Lead would be attending the next meeting as the emphasis of the meeting would be on the Carers Strategy. Zena Pike, WAM CMHT had also been lined up to speak at a future meeting.</p> <p>An invitation was extended to Governors to join the Committee.</p> <p>b) Membership & Public Engagement Group and minor change to the Group's Terms of Reference The report was taken as read.</p> <p>Tom Lake, Chair of the Group reported that social media was being used to engage with the public and services were also using these channels to increase membership. A minor amendment to merge clauses was made to the Terms of Reference.</p> <p>An invitation was extended to Governors to join the Committee.</p> <p>The Council of Governors ratified the changes to the Group's Terms of Reference.</p> <p>c) Quality Assurance The report was taken as read.</p> <p>It was noted that Dr Minoo Irani, Medical Director had shared a presentation on the processes by which the Trust investigated deaths of patients.</p> <p>The Terms of Reference reviewed and no amendments made.</p> |
| 9. | Executive Reports from the Trust |
| | <p>1. Patient Experience Quarter 2 Report</p> |

The report was taken as read.

The Chair welcomed Liz Chapman, Head of Service Engagement and Experience.

Liz highlighted the following key points:

- There were 61 complaints received (including re-opened complaints). This was comparable with the same period for 2020-21 where there were 62.
- There had been a significant increase CAMHS complaints and work was taking place within the service to address this.
- The response rate to formal complaints continued at 100%.
- Ethnicity monitoring was continuing, previously national Public Health data was used this was now based on our patient base and would be used going forward.
- There had been a lot of activity at the PHSO (Parliamentary & Health Service Ombudsman) as there was a pause in response to the pandemic.
- The new patient survey "I Want Great Care" went live this morning. Thanks to all Governors involved and to Natalie Zacharias for spearheading the project.
- A query was raised by the Quality Assurance Group on the comparative figures with Sussex Partnership NHS Foundation Trust, recorded 198 complaints in Q4. A meeting had been arranged to discuss processes and share knowledge.
- "Just Culture" is a no blame initiative linking into quality improvement methodology looking into incidents, complaints and Human Resources cases to support staff.

Guy Dakin asked if we should be concerned about the number of Community Health Inpatient complaints and in particular 4 received on care and treatment on Oakwood Ward.

Liz Chapman said that discussions had taken place with the Oakwood Ward Manager and Clinical Governance Lead no concerns have been flagged at this time.

Tom Lake asked if there were any concerns on the number of complaints on Daisy Ward.

Liz Chapman reported that the complaints were shared with Clinical Directors and Clinical Governance Leads and again no issues of concern had been flagged.

Liz would feedback points highlighted to the Oakwood and Daisy Wards.

June Carmichael queried if care and treatment and attitude of staff was more about a patients' expectations and asked for more detail and themes around these.

Liz Chapman said further analysis on CAMHS patients expectations would be looked into.

2. Performance Report

The report was taken as read.

The Chair welcomed Alex Gild, Deputy Chief Executive.

Alex reported that the overall national and quality and safety metrics performance of the Trust was stable and the financial position was ahead of plan and expected to breakeven in our systems at the end of this financial year. A range of programmes were being put in place around efficiency requirements due to be the focus in the next financial year.

Tom Lake asked for more information on large number of staff assaults.

Alex Gild advised progress was being made through the quality improvement

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| | <p>programme especially at Prospect Park Hospital where Wards were focusing on this, with individual mitigation in place for challenging patients.</p> <p>John Barrett asked what had caused the increase in the out of area placements in the East.</p> <p>Alex said there were significant pressures on our inpatient beds at Prospect Park Hospital and additional capacity in the local area providing quality of care and support safely had been sourced for patients.</p> |
| 10. | Governor Feedback Session |
| | None. |
| 11. | Any Other Business |
| | <ul style="list-style-type: none"> Tom Lake suggested a presentation on the new Patient Experience model "I Want Great Care" be brought to Council of Governors in 6-9 months. |
| 12. | Date of Next Meetings |
| | <p><i>2 February 2022 - Joint Council of Governors and Non-Executive Directors Meeting</i></p> <p><i>9 March 2022 - Formal Council of Governors Meeting</i></p> |
| 13. | CONFIDENTIAL ISSUE: |
| | 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. |
| 14. | To approve the minutes of the private session of the Council of Governors meeting held on 22 September 2021 |
| | The Council of Governors approved the minutes of the private session of the Council of Governors meeting held on 22 September 2021. |



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| Name of Committee/Group: | Governor Living Life to the Full |
| Date of Meeting: | 29 th January 2022 |
| Chair: | John Barrett |

| Key Agenda Items: | Key Points | Action/decision |
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| Presentation by Carly Newman, Operations & Relationships Manager - No 5 Young People - Reading | <ul style="list-style-type: none">• Free, confidential counselling and mental health support for 11–25-year-olds in the Reading area• Scheme was set up in 2015• Now in 6 local secondary schools in central Reading• Purpose to get young people involved in making decisions and giving feedback• Currently a team of 8 young ambassadors• Young ambassadors that joined aged 15/16 have stayed with the charity once they have gone to university. The Covid-19 situation has improved retention of these people as meetings are now held online• The YAS is open to any young person with lived mental health experiences up to the age of 25. They do not have to have used the service but need to have lived experience and received some support | |

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| | <ul style="list-style-type: none"> • Meet regularly and they are a key source of information and detailed feedback about experience of using the service as a young person • They are the ear to the ground and say what is going on, highlight issues for young people and help shape services including things the charity would not think of • Referrals now on website • YAS input into the very detailed areas of the service. They also help to shape outreach and preventative projects and work • Recruited YAS through a variety of ways. Service users are given the option to sign up. There are call outs on social media and their newsletter and they are about to start in schools. • Young people have also joined through the New Citizenship Programme, where they have done a local charity project • They look at board structures and how young people want to be part of that and for their voices to be heard. They are listened to, and it is demonstrated back to young people about what they have said • Meetings online have worked well and enabled them to keep up their engagement • Being very clear with young people is very important at the outset, including what the expectations are, projects to get involved in and there is a very clear ask of their time which is very important • They are remunerated for their time | <p>This is scheme run by the National Citizen Service Trust – Jenni Knowles has 2 PDF files from this organisation if any Governor would like a copy.</p> <p>Martin Earwicker – noted that the Trust Governors are always trying to encourage people to become new Governors, but we do not have many young Governors. He asked for advice on how to contact young people, to give them the opportunity to stand and for their voices to be heard.</p> <p>Carly Newman – suggested making contact through schools, youth groups and community centres. Also, where young people access and use services; showing them how their experience of being a service user can help shape the future experience for other young people</p> |
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| | <ul style="list-style-type: none"> • Projects applied for include funding for their time and involvement in consultations and meetings • If under 16 they will receive a gift voucher of choice or £5 paid into their bank account; this is a very important element to consider | |
| Trusted Information Sources | <p>JCB drew attention to Thames Valley Police / Neighbourhood Alert</p> <p>This is open for anyone to sign up to regular emails which are co-ordinated and vetted by the Police, Neighbourhood Watch & Community Message Co-ordinator for the Thames Valley Police Local Policing Area in which you live.</p> <p>During the Covid pandemic this had important information from many sources.</p> | <p>Thames Valley Alert / Neighbourhood Alert</p> <p><u>Neighbourhood Alert: Community messaging system by Neighbourhood Alert</u></p> |

Report from the Membership and Public Engagement Governors Group for Council on 9th March 2022

Tom Lake

Our group met on 9th February and continued its inquiry into the trust's social media and internet presence.

We had a very helpful summary from Cathy Saunders about MarComms approach. Marcomms have employed a social media officer for about a year, with a special focus on recruitment. In the 4 social media channels of Facebook, Twitter, Linked In and Instagram the trust has accrued about 30,000 followers. Social media are used to amplify the regular campaigns by the trust on such topics as Covid-19 booster, Time to Talk Day and so on. Facebook is the most used channel with up to 4 posts a day on trust pages, spaced out through the day. Experience shows that social media provide a means of obtaining recruitment leads much more economical than traditional advertising.

Membership continues steady and comfortably above target, but as ever participation varies between localities. Talking Therapies provides a useful channel for recruitment. Since we are particularly low in membership in WAM, perhaps we could work with Talking Therapies in WAM to draw patients attention to membership. There were 90 members fewer in the 20-29 age group. Of course these people age, so new recruits in this age group are needed. Perhaps the relatively new Instagram channel could be used to offer membership.

Marcomms will expect to organise trust attendance at Reading Pride this year as usual. I have tried to liaise with the organisers of the Afro-Caribbean Carnival in Reading and will follow this up. This is a group we would like to engage with more, but I think it will depend on the BAME network as to whether attendance could or should be organised, supposing the event takes place this year.

Nominations for governor elections this year will open on 1st April. I urge all governors to encourage able and committed people of all kinds to nominate themselves. We have the following vacancies:

WAM(3), Slough(1), Wokingham(2), West Berks(1), Clinical staff(1). Following a suggestion from Jon Wellum, Julie Hill has prepared an introduction to the business of writing a personal statement with examples from previous successful candidates to instruct and inspire nominees.

This could be a good time to think about the next AGM – in person, online or hybrid? Which topics would most attract an audience?

As I am powering through my last term I am looking to stand down as chair. Most fortunately Brian D. Wilson has agreed to be nominated as chair of the group. I hope the group will support his election at our next meeting.

Patient Experience

Quarter Three 2021-22 Report

Presented by: Heidi Ilsley, Deputy Director of Nursing

Quarter Three – Patient Experience Report (October 2021 to December 2021)

1. Introduction

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

2. Complaints received

2.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2020-21 and 2021-22 by service, enabling a comparison. During Quarter three 2021-22 there were 55 complaints received (including re-opened complaints). This is comparable with the same period for 2020-21 where there were 51.

There were 115,195 reported contacts and discharges from our inpatient wards, giving a sustained complaint rate of 0.05%.

Table 1: Formal complaints received

| Service | 2020-2021 | | | | | | 2021-22 | | | | | |
|---|-----------|----|----|----|----------------|------------|---------|----|---------------------------------------|----|----------------|------------|
| | Q1 | Q2 | Q3 | Q4 | Total for year | % Of Total | Q1 | Q2 | Higher or lower than previous quarter | Q3 | Total for year | % Of Total |
| CMHT/Care Pathways | 4 | 11 | 7 | 12 | 34 | 15.96 | 5 | 8 | ↑ | 10 | 23 | 13.14 |
| CAMHS - Child and Adolescent Mental Health Services | 2 | 3 | 3 | 6 | 14 | 6.57 | 5 | 10 | ↓ | 6 | 21 | 12.00 |
| Crisis Resolution & Home Treatment Team (CRHTT) | 4 | 2 | 3 | 4 | 13 | 6.1 | 5 | 4 | ↓ | 2 | 11 | 6.29 |
| Acute Inpatient Admissions – Prospect Park Hospital | 7 | 4 | 1 | 9 | 21 | 9.86 | 11 | 8 | ↓ | 7 | 26 | 14.86 |
| Community Nursing | 2 | 1 | 5 | 2 | 10 | 4.69 | 4 | 5 | ↓ | 2 | 11 | 6.29 |
| Community Hospital Inpatient | 5 | 6 | 3 | 4 | 18 | 8.45 | 6 | 8 | ↓ | 6 | 20 | 11.43 |
| Common Point of Entry | 1 | 1 | 3 | 1 | 6 | 2.82 | 0 | 1 | - | 1 | 2 | 1.14 |
| Out of Hours GP Services | 4 | 0 | 3 | 1 | 8 | 3.76 | 1 | 1 | ↑ | 5 | 7 | 4.00 |

| | 2020-2021 | | | | | | 2021-22 | | | | | |
|---|-----------|-----------|-----------|-----------|----------------|------------|-----------|-----------|---------------------------------------|-----------|----------------|------------|
| Service | Q1 | Q2 | Q3 | Q4 | Total for year | % Of Total | Q1 | Q2 | Higher or lower than previous quarter | Q3 | Total for year | % Of Total |
| PICU - Psychiatric Intensive Care Unit | 2 | 0 | 0 | 2 | 4 | 1.88 | 3 | 1 | ↑ | 2 | 6 | 3.43 |
| Urgent Treatment Centre | 1 | 0 | 1 | 0 | 2 | 0.94 | 1 | 1 | ↓ | 0 | 2 | 1.14 |
| Older Adults Community Mental Health Team | 1 | 1 | 1 | 2 | 5 | 2.35 | 0 | 0 | - | 0 | 0 | 0.00 |
| Other services in Q3 | 11 | 33 | 21 | 13 | 78 | 36.62 | 18 | 14 | - | 14 | 46 | 26.29 |
| Grand Total | 44 | 62 | 51 | 56 | 213 | | 59 | 61 | | 55 | 175 | |

The 'other services' complaints were split over 8 different services, and there is nothing of note to report as these services only saw numbers of 1 or 2 complaints.

3 of the 55 formal complaints received were about, or mentioned, Covid, these were:

- Two complaints about the vaccine given to school aged children
- Family remained unhappy with SI report and still have concerns around the fact their father contracted Covid and died

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

2.2 Adult mental health service complaints received in Quarter three

28 of the 55 (51%) complaints received during Quarter three were related to adult mental health service provision.

Table 2: Adult mental health service complaints

| | Geographical Locality | | | | | | |
|---|-----------------------|-------------|---------|--------|------------|-----------|-------------|
| Service | Bracknell | Ports-mouth | Reading | Slough | West Berks | Wokingham | Grand Total |
| Adult Acute Admissions - Bluebell Ward | | | 2 | | | | 2 |
| Adult Acute Admissions - Daisy Ward | | | 3 | | | | 3 |
| Adult Acute Admissions - Snowdrop Ward | | | 2 | | | | 2 |
| CMHT/Care Pathways | | | 3 | 3 | 2 | 2 | 10 |
| CMHTOA/COAMHS - Older Adults Community Mental Health Team | 1 | | | | 1 | | 2 |
| Common Point of Entry | | | 1 | | | | 1 |
| Criminal Justice Liaison and Diversion Service - (CJLD) | | 3 | | | | | 3 |
| Crisis Resolution and Home Treatment Team (CRHTT) | | | 2 | | | | 2 |

| Service | Geographical Locality | | | | | | Grand Total |
|--|-----------------------|-------------|-----------|----------|------------|-----------|-------------|
| | Bracknell | Ports-mouth | Reading | Slough | West Berks | Wokingham | |
| Learning Disability Service Inpatients - Campion Unit - Ward | | | 1 | | | | 1 |
| PICU - Psychiatric Intensive Care - Sorrel Ward | | | 2 | | | | 2 |
| Grand Total | 1 | 3 | 16 | 3 | 3 | 2 | 28 |

2.2.1 Number and type of complaints made about a CMHT

10 of the 55 complaints (18%) received during Quarter three related to the CMHT service provision, detail below. There were 9,971 reported attendances for CMHT and the ASSiST service during Quarter three, giving a complaint rate of 0.10%, compared 0.07% in Quarter two and 0.04% in Quarter one.

There were no formal complaints for the Talking Therapies service in Quarter three.

Table 3: CMHT complaints

| Main subject of complaint | Geographical Locality | | | | Grand Total |
|---------------------------|-----------------------|----------|------------|-----------|-------------|
| | Reading | Slough | West Berks | Wokingham | |
| Attitude of Staff | | | | 1 | 1 |
| Care and Treatment | 2 | 3 | 1 | | 6 |
| Clinical Care Received | 1 | | | | 1 |
| Discharge Arrangements | | | | 1 | 1 |
| Confidentiality | | | 1 | | 1 |
| Grand Total | 3 | 3 | 2 | 2 | 10 |

6 of the complaints about the CMHT related to care and treatment, these included.

- Concerns from families about the level of care being offered
- Access to the service
- A concern about a misdiagnosis and medication

2.2.2 Number and type of complaints made about CPE

There was 1 complaint received about CPE in Quarter three out of 1,510 contacts. The 1 complaint was about being discharged.

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

During Quarter three, 9 of the 55 complaints (16%) related to Adult Acute mental health inpatient services (including APOS) and Sorrel Ward. This is a decrease in the numbers received in Quarter two (20%) and Quarter one (24%).

There were 199 reported discharges from mental health inpatient wards (including Sorrel Ward) during Quarter three giving a complaint rate of 4.5%.

Table 4: Mental Health Inpatient Complaints

| Main subject of complaint | Ward | | | | Grand Total |
|---|---------------|------------|---------------|-------------|-------------|
| | Bluebell Ward | Daisy Ward | Snowdrop Ward | Sorrel Ward | |
| Abuse, Bullying, Physical, Sexual, Verbal | 1 | | | | 1 |
| Care and Treatment | | 2 | 2 | 1 | 5 |
| Clinical Care Received | 1 | | | | 1 |
| Failure/incorrect diagnosis | | | | 1 | 1 |
| Management and Administration | | 1 | | | 1 |
| Grand Total | 2 | 3 | 2 | 2 | 9 |

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

In Quarter three, 2 of the 55 complaints (4%) were attributed to CRHTT, a continued decrease from 4 in Quarter two and 5 in Quarter one.

There were 14,459 reported contacts for CRHTT during Quarter three giving a complaint rate of 0.01% compared to 0.02% in Quarter two and 0.03% in Quarter one.

Table 5: CRHTT complaints

| Main subject of complaint | Geographical Locality | |
|---------------------------|-----------------------|-------------|
| | Reading | Grand Total |
| Attitude of Staff | 1 | 1 |
| Care and Treatment | 1 | 1 |
| Grand Total | 2 | 2 |

2.3 Community Health Service Complaints received in Quarter three

During Quarter three, 16 of the 55 complaints (29%) related to community health service provision. The table below shows further details.

Table 6: Community Health service complaints

| Service | Geographical Locality | | | | | | Grand Total |
|--|-----------------------|----------|----------|------------|--------------------------------|-----------|-------------|
| | Bracknell | Reading | Slough | West Berks | Windsor, Ascot, and Maidenhead | Wokingham | |
| Community Hospital Inpatient Service - Ascot Ward | | | | | | 1 | 1 |
| Community Hospital Inpatient Service - Donnington Ward | | | | 1 | | | 1 |
| Community Hospital Inpatient Service - Highclere Ward | | | | 1 | | | 1 |
| Community Hospital Inpatient Service - Jubilee Ward | | | 1 | | | | 1 |
| Community Hospital Inpatient Service - Oakwood Ward | | 2 | | | | | 2 |
| District Nursing | 1 | | | | 1 | | 2 |
| Integrated Pain and Spinal Service - IPASS | | 1 | | | | | 1 |
| Out of Hours GP Services | | 2 | | 1 | | 2 | 5 |
| Rapid Response | | 1 | | | | 1 | 2 |
| Grand Total | 1 | 6 | 1 | 3 | 1 | 4 | 16 |

2.3.1 Community Health Inpatient Ward Complaints

During Quarter three, 6 of the 55 complaints (11%) received related to inpatient wards. This is compared to 8 in Quarter two and 6 in Quarter one.

There were 504 reported discharges from community health inpatient wards during Quarter three giving a complaint rate of 1.2%, compared to 1.3% in Quarter two and 1% Quarter one.

Table 7: Community Health Inpatient complaints

| Main subject of complaint | Ward | | | | | Grand Total |
|---------------------------|------------|-----------------|----------------|--------------|--------------|-------------|
| | Ascot Ward | Donnington Ward | Highclere Ward | Jubilee Ward | Oakwood Ward | |
| Care and Treatment | | | 1 | 1 | 1 | 3 |
| Clinical Care Received | | 1 | | | 1 | 2 |
| Discharge Arrangements | 1 | | | | | 1 |
| Grand Total | 1 | 1 | 1 | 1 | 2 | 6 |

From the eight community health inpatient wards, 6 complaints were received for five wards. The top theme was care and treatment.

There has been a reduction in complaints received about the Oakwood Unit who received 5 of the 8 complaints for Community Health Inpatients in Quarter two, The Ward Manager and Governance Lead continue to closely review and monitor complaints on the unit.

2.3.2 Community Nursing Service Complaints

District Nursing received 2 complaints in Quarter three, compared to 5 in Quarter two and 6 in Quarter one.

There were 72,195 reported attendances for the Community Nursing Service during Quarter three giving a complaint rate of 0.002%. Complaints against the Community Nursing Service continues to be a very small complaint rate, which is well below the Trust overall rate of complaints per contact.

Table 8: Community Nursing Service complaints

| Main subject of complaint | Geographical Locality | | Grand Total |
|---------------------------|-----------------------|--------------------------------|-------------|
| | Bracknell | Windsor, Ascot, and Maidenhead | |
| Care and Treatment | 1 | 1 | 2 |
| Grand Total | 1 | 1 | 2 |

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

There were 5 complaints in Quarter three for WestCall, out of 18,708 reported attendances, giving a complaint rate of 0.027%, compared to 0.006% in Quarter two, 0.005% for Quarter one and 0.01% for Quarter four, whilst an increase this remains a very small percentage of total contacts for the service and the total number of complaints for the year to date remains the same as the number received in the first three quarters of 2020/21.

These included delays in call backs from the service (which was due to unprecedented demand), diagnosis and communication.

There were no complaints for the Urgent Care Centre, which had 4,160 attendances.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children

There were five complaints for Children's physical health services, three complaints were regarding the immunisation service. 1 was about the content of the nasal flu spray, and 2 were about the access and administration of vaccinations.

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

| Service | Geographical Locality | | | Grand Total |
|--|-----------------------|------------|-----------|-------------|
| | Bracknell | West Berks | Wokingham | |
| Children's Speech and Language Therapy - CYPIT | | 1 | | 1 |
| Health Visiting | | | 1 | 1 |
| Immunisation | 1 | 1 | 1 | 3 |
| Grand Total | 1 | 2 | 2 | 5 |

2.4.2 CAMHS complaints

During Quarter three, 6 of the 55 complaints (11%) were about CAMHS services (compared to 11 in Quarter two), including the Adolescent Mental Health Inpatient Unit, which has now changed to a Hospital at Home model. There were 7,671 reported attendances for CAMHS during Quarter three giving a complaint rate of 0.07%, compared to 0.14% in Quarter two and 0.06% for Quarter one.

Table 10: CAMHS Complaints

| Service | Main subject of complaint | | | | Grand Total |
|--|---------------------------|-------------------------|------------------------------|---------------------|-------------|
| | Care and Treatment | Healthcare Professional | Long Wait for an appointment | Written to Patients | |
| CAMHS - ADHD | | | 1 | | 1 |
| CAMHS - Common Point of Entry (Children) | 1 | | | | 1 |
| CAMHS - Getting Help East | | | | 1 | 1 |
| CAMHS - Specialist Community Teams | 1 | 1 | 1 | | 3 |
| Grand Total | 2 | 1 | 2 | 1 | 6 |

2.5 Learning Disabilities

There were no complaints about the community-based team for people with a Learning Disability and there was 1 complaint for our Learning Disability Inpatient Ward (Campion Unit) during Quarter three.

3. KO41A return

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

The return looks at the number of new formal complaints that have been received by profession, category, age, and outcome. The information is usually published a quarter behind, but it can be three quarters behind. Information for Quarters one and two for 2021/22 were only requested to be submitted

in October 2021, however the publication has been delayed. The table below shows the information for Mental Health Trusts, up to and including Quarter four 2020-21.

Table 11: KO41A Return

| | 2018-19 | | | | 2019-20 | | | | 2020-21 | | | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Mental Health complaints - nationally reported | 3,598 | 3,651 | 3,391 | 3,450 | 3,507 | 3,502 | 3,335 | 3,303 | 2,058 | 3,049 | 2,753 | 2,854 |
| 2Gether NHS Foundation Trust | 17 | 14 | 21 | 20 | 24 | 16 | .. | .. | .. | .. | .. | .. |
| Avon and Wiltshire Mental Health Partnership NHS Trust | 78 | 72 | 77 | 51 | 56 | 67 | 59 | 63 | 42 | 67 | 48 | 65 |
| Berkshire Healthcare NHS Foundation Trust | 49 | 45 | 38 | 51 | 47 | 52 | 56 | 51 | 40 | 47 | 37 | 51 |
| Cornwall Partnership NHS Foundation Trust | 31 | 28 | 20 | 30 | 24 | 22 | 23 | 19 | 12 | 27 | 15 | 8 |
| Devon Partnership NHS Trust | 44 | 56 | 33 | 45 | 52 | 46 | 56 | 49 | 15 | 31 | 49 | 40 |
| Dorset Healthcare University NHS Foundation Trust | 91 | 90 | 92 | 54 | 61 | 60 | 64 | 88 | 60 | 109 | 98 | 95 |
| Kent and Medway NHS and Social Care Partnership Trust | 87 | 115 | 121 | 118 | 121 | 128 | 124 | 90 | 70 | 111 | 78 | 80 |
| Oxford Health NHS Foundation Trust | 50 | 56 | 58 | 56 | 52 | 61 | 72 | 68 | 44 | 54 | 54 | 55 |
| Somerset Partnership NHS Foundation Trust | 17 | 14 | 24 | 18 | 24 | 24 | 17 | 19 | 45 | 90 | NA | NA |
| Southern Health NHS Foundation Trust | 91 | 95 | 82 | 68 | 73 | 51 | 52 | 51 | 29 | 51 | 40 | 31 |
| Surrey and Borders Partnership NHS Foundation Trust | 26 | 36 | 16 | 26 | 22 | 28 | 32 | 27 | 9 | 27 | 24 | 17 |
| Sussex Partnership NHS Foundation Trust | 209 | 192 | 181 | 173 | 178 | 217 | 219 | 194 | 99 | 164 | 154 | 198 |

The Head of Service Engagement and Experience has contacted colleagues in a number of the local Trusts to better understand the vast contrast in some of the reported activity.

In summary, when looking at this data is important to do so with the following in mind:

- The numbers do not reflect the complexity of the complaints
- It does not give an indication of the quality of the responses e.g. how many of these are re-opened complaints
- Some Trusts with low levels of reported formal complaints and combined PALS and Complaints offices have a rigorous process of informal resolution before accepting a complaint as formal (this approach needs to be managed carefully as the regulations do not give the instruction to do this)
- Some Trusts with high levels of reported formal complaints treat every complaint contact as formal
- One Trust with low levels of reported formal complaints has an average response time of over 120 days

4. Complaints closed

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome). During Quarter three there were 62 complaints closed.

Appendix one contains a listing of the formal complaints **closed** during Quarter three.

4.1 Outcome of closed formal complaints

Table 12: Outcome of formal complaints closed

| Outcome | 2020-2021 | | | | | | 2021-2022 | | | | |
|------------------------------|-----------|-----------|-----------|-----------|------------|------------|-----------|-----------|---------------------------------------|-----------|------------|
| | Q1 | Q2 | Q3 | Q4 | Total | % Of 20/21 | Q1 | Q2 | Higher or lower than previous quarter | Q3 | % Of 21/22 |
| Not Upheld | 9 | 25 | 19 | 18 | 71 | 36% | 27 | 36 | ↓ | 34 | 53.3% |
| Partially Upheld | 13 | 34 | 20 | 28 | 95 | 48% | 19 | 18 | ↑ | 22 | 32.4% |
| Upheld | 12 | 6 | 0 | 7 | 25 | 12.50% | 9 | 11 | ↓ | 6 | 14.3% |
| Disciplinary Action required | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 |
| Grand Total | 34 | 65 | 39 | 53 | 191 | | 55 | 65 | | 62 | |

47% of complaints closed were either partly or fully upheld in the quarter (compared to 45% last quarter), these were spread across several differing services. Of these, 3 were about staff attitude (down from 9), 2 were in relation to communication (down from 3) and 19 related to care and treatment received (up from 12). This equates to 11% for staff attitude (down from 27%), 7% for communication (down from 10%) and 68% for care and treatment (an increase from 41%) in Quarter three.

Table 13: Complaints upheld and partially upheld

| Service | Main subject of complaint | | | | | | Grand Total |
|--|---|-------------------|--------------------|---------------|------------|-----------------------------|-------------|
| | Abuse, Bullying, Physical, Sexual, Verbal | Attitude of Staff | Care and Treatment | Communication | Medication | Waiting Times for Treatment | |
| Adult Acute Admissions - Bluebell Ward | 1 | | 1 | | | | 2 |
| Adult Acute Admissions - Daisy Ward | | | 1 | | | | 1 |
| Adult Acute Admissions - Snowdrop Ward | | | 1 | | | | 1 |
| Assessment and Rehabilitation Centre (ARC) | | | 1 | | | | 1 |
| CAMHS - AAT | | 1 | | | | 1 | 2 |
| CAMHS - ADHD | | | | | | 1 | 1 |
| CAMHS - Getting Help East | | | | 1 | | | 1 |
| CAMHS - Specialist Community Teams | | | 1 | | | | 1 |
| CMHT/Care Pathways | | 1 | 3 | | | | 4 |
| Community Hospital Inpatient Service - Donnington Ward | | | 2 | | | | 2 |

| Service | Main subject of complaint | | | | | | Grand Total |
|---|---|-------------------|--------------------|---------------|------------|-----------------------------|-------------|
| | Abuse, Bullying, Physical, Sexual, Verbal | Attitude of Staff | Care and Treatment | Communication | Medication | Waiting Times for Treatment | |
| Community Hospital Inpatient Service - Jubilee Ward | | | 1 | | | | 1 |
| Community Hospital Inpatient Service - Oakwood Ward | | | 3 | | | | 3 |
| Crisis Resolution and Home Treatment Team (CRHTT) | | | 1 | | | | 1 |
| District Nursing | | | 1 | | | | 1 |
| Older Adults Inpatient Service - Orchid ward | | | 1 | | | | 1 |
| Older Adults Inpatient Service - Rowan Ward | | | 1 | | | | 1 |
| Corporate Services | | | | 1 | | | 1 |
| Out of Hours GP Services | | 1 | 1 | | | | 2 |
| Pharmacy | | | | | 1 | | 1 |
| Grand Total | 1 | 3 | 19 | 2 | 1 | 2 | 28 |

4.2 Response Rate

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

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

Table 14: Percentage response rate within timescale negotiated with complainant

| 2021-22 | | | 2020-21 | | | | 2019-20 | | | |
|---------|-----|-----|---------|-----|----|-----|---------|----|-----|-----|
| Q3 | Q2 | Q1 | Q4 | Q3 | Q2 | Q1 | Q4 | Q3 | Q2 | Q1 |
| 100 | 100 | 100 | 100 | 100 | 99 | 100 | 100 | 98 | 100 | 100 |

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

5. Characteristic data

5.1 Ethnicity

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

The tables below show the characteristics of patients who have had complaints raised about their care between 1 October and 31 December 2021. This does not include where a different organisation was leading the investigation but does include re-opened complaints. The population data has been aligned to the information provided by the Trust Business Intelligence Team and is based on the characteristics of attendances during Quarter 4 2020/21.

Table 15: Ethnicity

| Ethnicity | Number of patients | % Complaints received | % Breakdown of Q4 attendances |
|---------------------|--------------------|-----------------------|-------------------------------|
| Asian/Asian British | 6 | 9.84 | 9.67 |
| Black/Black British | 3 | 4.92 | 2.67 |

| | | | |
|--------------------|-----------|-------|-------|
| Mixed | 2 | 3.28 | 3.49 |
| Not stated | 12 | 19.67 | 15.89 |
| Other Ethnic Group | 2 | 3.28 | 1.62 |
| White | 36 | 59.02 | 66.66 |
| Grand Total | 61 | | |

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

5.2 Gender

There were no patient complaints where the person identified as anything other than male or female during Quarter three.

Table 16: Gender

| Gender | Number of patients | % Complaints received | % Breakdown of Q4 attendance |
|--------------------|--------------------|-----------------------|------------------------------|
| Female | 28 | 53 | 53 |
| Male | 25 | 47 | 46.98 |
| Not stated | 0 | 0 | 0.009 |
| Grand Total | 53 | | |

5.3 Age

Table 17: Age

| | Number of patients | % Complaints received | % Breakdown of Q4 attendance |
|--------------------|--------------------|-----------------------|------------------------------|
| 0 to 4 | 3 | 5.66% | 18.41% |
| 5 to 9 | 1 | 1.89% | 4.14% |
| 10 to 14 | 2 | 3.77% | 4.34% |
| 15 to 19 | 5 | 9.43% | 4.52% |
| 20 to 24 | 3 | 5.66% | 2.87% |
| 25 to 29 | 3 | 5.66% | 3.14% |
| 30 to 34 | 2 | 3.77% | 3.56% |
| 40 to 44 | 4 | 7.55% | 3.58% |
| 45 to 49 | 1 | 1.89% | 3.52% |
| 50 to 54 | 3 | 5.66% | 3.73% |
| 55 to 59 | 3 | 5.66% | 4.32% |
| 60 to 64 | 5 | 9.43% | 4.46% |
| 65 to 69 | 1 | 1.89% | 4.63% |
| 70 to 74 | 2 | 3.77% | 4.53 |
| 75 to 79 | 4 | 7.55% | 5.56 |
| 80 to 84 | 1 | 1.89% | 6.16 |
| 85 + | 8 | 15.09% | 6.55 |
| Not known | 2 | 3.77% | 11.98 |
| Grand Total | 53 | 100% | 0 |

6. Parliamentary and Health Service Ombudsman

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

The Parliamentary and Health Service Ombudsman (PHSO) are independent of the NHS and facilitate the second stage of the complaints process.

There has been one new formal investigation taken on by the PHSO in Quarter three and we have received 1 enquiry where they have asked for further information. There are currently 3 cases that are open for investigation. The table below shows each case against the service.

There has been a notable increase in the number of requests for information from the PHSO over the two quarters. This is due to a backlog in cases being reviewed and taken forward for further exploration by the PHSO as a result of the pandemic. All of the information has been provided.

Table 18: PHSO

| Month open | Service | Month closed | Current Stage |
|------------|---------------------------------|--------------|--|
| Dec-18 | Psychological Medicines Service | Open | Investigation Underway |
| Nov-19 | CAMHS | Open | PHSO have requested information to aid their decision on whether they will investigate |
| Mar-20 | CMHT/Care Pathways | Open | Investigation Underway |
| Sep-20 | CPE | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Oct-20 | CMHT/Care Pathways | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Oct-20 | CMHT/Care Pathways | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Oct-20 | Community Inpatient Services | Open | PHSO have requested we have a final meeting with family to attempt local resolution |
| Nov-20 | CMHT/Care Pathways | Open | PHSO have requested we attempt to reach resolution with mother of patient who has not been given consent to share information with |
| Jan-21 | Community Inpatient Services | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Feb-21 | Community Inpatient Services | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Apr-21 | Veterans TILS | n/a | PHSO have requested information to aid their decision on whether they will investigate |

| Month open | Service | Month closed | Current Stage |
|------------|--|--------------|--|
| May-21 | Talking Therapies | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Jun-21 | Community Nursing | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Jul-21 | District Nursing | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Jul-21 | Talking Therapies - Admin/Ops Team | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Aug-21 | Health Visiting | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Aug-21 | Podiatry | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Sep-21 | Children's Speech and Language Therapy - CYPIT | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Sep-21 | CMHT/Care Pathways | n/a | PHSO have requested information to aid their decision on whether they will investigate |
| Sep-21 | Veterans TILS Service | n/a | PHSO have requested 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 requested information to aid their decision on whether they will investigate |

7. Multi-agency working

In addition to the complaints detailed in this report, the Trust monitors the number of multi-agency complaints they are involved in but are not the lead organisation (main area of complaint is about another organisation and therefore that organisation takes the lead). There were nine complaints received that were led by another organisation during Quarter three; one led by NHSE, one by Frimley Health, two by the RBH and five by SCAS.

8. MP enquiries, locally resolved complaints and PALS

8.1 MP enquiries

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

Table 19: MP Enquiries

| Service | Main subject of complaint | | | Grand Total |
|---|---------------------------|-------------------------------|-----------------------------|-------------|
| | Care and Treatment | Management and Administration | Waiting Times for Treatment | |
| CAMHS - AAT | | | 1 | 1 |
| CAMHS - ADHD | | | 1 | 1 |
| CAMHS - Anxiety and Depression Pathway | 2 | | | 2 |
| CMHT/Care Pathways | 2 | | | 2 |
| Community Hospital Inpatient Service - Ascot Ward | 1 | | | 1 |
| District Nursing Out of Hours Service | 1 | | | 1 |
| Early Intervention in Psychosis - (EIP) | | 1 | | 1 |
| PICU - Psychiatric Intensive Care - Sorrel Ward | 1 | | | 1 |
| Grand Total | 7 | 1 | 2 | 10 |

There were 10 enquiries raised by constituents to their MPs in Quarter three. This compares to 15 in Quarter two and 17 in Quarter one.

7 of the MP enquiries related to care and treatment and 2 were regarding waiting times. The enquiries for waiting times were all related to CAMHS services. Overall 4 of the enquiries were for CAMHS (down from 8) and two were for the CMHT (down from 3).

8.2 Local resolution complaints

Complaints can be raised directly with the service, where the service will discuss the options for complaint management with those raising the complaint to give them the opportunity to make an informed decision as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint locally, without involvement of the Complaints Office. These are called Local Resolutions and services log these so that we can see how services are doing at a local level.

Table 20: Concerns managed by services – Local Resolution complaints

| Service | Number of complaints |
|--|----------------------|
| CAMHS - Anxiety and Depression Pathway | 1 |
| Children's Speech and Language Therapy - CYPIT | 2 |
| Community Dietetics | 1 |
| Community Hospital Inpatient Service - Oakwood Ward | 1 |
| Community Team for People with Learning Disabilities (CTPLD) | 1 |
| District Nursing | 2 |
| Health Visiting | 1 |
| Physiotherapy Musculoskeletal | 2 |
| Podiatry | 5 |
| School Nursing | 1 |
| Grand Total | 17 |

There were 17 local resolution complaints logged in Quarter three, up from 16 in Quarter two and down from 35 in Quarter one. This decline in recording is being picked up and discussed in the regular Complaint Handling Training course delivered by the Complaints Office.

Communication was the most common theme for the local resolutions that were logged with 4 relating to this subject. 1 related to CAMHS (down from 7), none to adult mental health services and 10 to community based physical health services continuing the theme that more concerns are resolved through local resolution within physical health services compared with mental health services.

Of the 5 concerns logged by the Podiatry, 2 were about care and treatment, with the remaining concerns being about access to the service, communication and waiting times.

8.3 Informal complaints received

An informal complaint is managed locally by the service through discussion with the Complaints Office. It is a concern raised through the complaints office but can be resolved without the need of a full investigation. Complainants are offered the option to resolve informally, but the option to escalate to a formal complaint remains.

There have been 13 informal complaints received in Quarter three compared to 25 in Quarter two and 32 in Quarter one.

Table 21: Informal complaints

| Service | Main subject of complaint | | | | | | Grand Total |
|---|---------------------------|--------------------|---------------|-------------------------------|------------|-----------------------------|-------------|
| | Attitude of Staff | Care and Treatment | Communication | Management and Administration | Medication | Waiting Times for Treatment | |
| CAMHS - ADHD | 1 | 1 | | | | | 2 |
| CAMHS - Specialist Community Teams | | 1 | | | | 1 | 2 |
| CMHT/Care Pathways | | 1 | | | | | 1 |
| Community Hospital Inpatient Service - Jubilee Ward | | | | | 1 | | 1 |
| District Nursing | | 1 | | | | | 1 |
| East Berkshire Wheelchair Service | | | 1 | | | | 1 |
| Immunisation | | 1 | | | | | 1 |
| Phlebotomy | | | | 1 | | | 1 |
| Talking Therapies - PWP Team | 2 | 1 | | | | | 3 |
| Grand Total | 3 | 6 | 1 | 1 | 1 | 1 | 13 |

8.4 NHS Choices

There were 3 postings on NHS Choices during Quarter three; 2 were negative and 1 was positive. PALS responded to these with contact information and the offer of a further conversation about their experience. It was also sent on to the services for their attention.

Table 22: NHS Choices

| Service | No of postings | Positive | Negative |
|------------------------------------|----------------|--|--|
| CRHTT- East Berks. | 1 | | It has been an almighty struggle to access any sort of mental health support from Berkshire Healthcare. Attempts are made not to offer any treatment and a level of persistence is required. You can expect to be left in the dark over how long you will have to wait. When you are given estimates, expect to be disappointed as they will not be met. Months will pass without any therapeutical support given. The only immediate support is medication, and if that doesn't work for you, then tough. Should things get bad, you are encouraged to contact the crisis team. Unfortunately, one particular member of staff at East Berks out-of-hours crisis team has an arrogant, patronising attitude and will dismiss you every time. |
| CRHTT | 1 | | Not a service will use anymore for my own safety, That had a crisis, phoned the crisis team. The member of staff said got to go and phone me back then put the phone down Then I waited all too early in the morning and no one phoned back. That no one had record of me phoning and seemed distant on the phone. Expressed upset would not use the service ever again, that police had pick pieces up so many times with conjunction with the ambulance service in absence of the crisis team as want to do it all on the phone at a distance lost count. |
| Wokingham Hospital – Windsor Ward. | 1 | Outstanding My mother was admitted in Oct following an admission to the RBH, she was there for 5 weeks and returned home yesterday from side room 2. In that time she received outstanding care, kindness, dignity shown at all times, the ward was so clean and fresh as was her room. The care given from start to finish and beyond was totally brilliant at all levels. Her discharged was planned out thoroughly so she was able to go back home safely with the necessary equipment and package in place. I cannot speak highly enough for the care and staff. Windsor Ward is just outstanding in every level. | |

8.5 PALS Activity

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

There were 278 queries recorded during Quarter three. In addition, there were 337 non-BHFT queries recorded. Work is ongoing as part of the QMIS process in order to reduce this number.

The main reasons for contacting PALS were:

- Access to services (both concerns and enquiries)
- Communication (both concerns and enquiries)

Some examples of the contacts are:

Access to services. (Concern).

Patient requires dental treatment. Behavioural contract drawn up.

Disabled patient experienced difficulties accessing a building at KEV11 Hospital.

Difficulties arranging a blood test. Unhappy with booking system.

Mother concerned that daughter is putting herself at risk and concerns about partners' deteriorating condition.

Son has difficulties accessing SALT and cannot speak. Childs' needs have changed and he needs to be reassessed.

Access to services enquiries

People seeking updates on referrals to CMHT, CAMHS and IPASS. People also seeking access to services on behalf of a family member and people living out of area.

Queries relating to obtaining Covid and Flu vaccinations for children.

People seeking appointments with Hearing and Balance service and requesting adjustments to equipment.

Access to independent advocacy.

Communication concerns

Attitude and support provided by WestCall GP. Confusing communication. Prescription not sent to GP and no information on test results.

Unhappy with communication with CRHTT.

Poor communication with relatives and a lack of information. Carers Lead involved. Relatives not kept abreast of developments with regard to care.

Parents waiting for correspondence following a CAMHS referral and professionals making contact to discuss referrals.

Communication enquiries

Contact with TVP in connection with patients and offences. Queries around capacity at time of offence.

Relatives seeking feedback on referrals.

Requesting supporting evidence for benefits application.

Equipment needs collecting from their home.

Support required following discharge.

Of the 278 queries, 4 were Covid related.

- Inaccurate recording of vaccinations which affected availability of booster
- Inaccurate Covid update from school
- Wants to highlight employee rights with regard to Covid vaccine and FOI regarding Covid vaccinations in schools – Escalated to NHS E
- Visitor to St Marks Hospital unhappy with LFT monitoring

9 queries were escalated to the formal complaints process and 39 were not responded to within the 5-day response target, although this has just recently been extended from 2 working days to align with other local organisations to manage demand and capacity within the service.

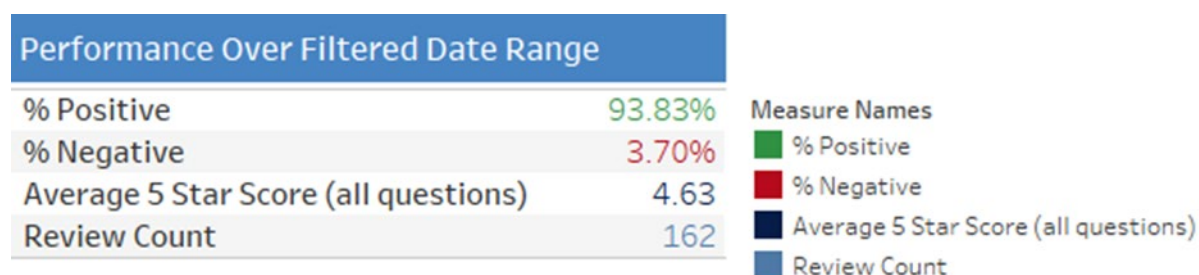
9. Patient Experience Tool

The new patient experience tool which the Trust have been working in partnership with 'i Want Great Care' (iWGC) to develop was launched during December and is being introduced across the whole organisation.

The aim of the tool is to measure patient experience in a standardised way across all teams and services within the organisation, and for this data to be available to teams and services in real time, supporting understanding of patient experience and improvement activity. The experience data collated can be viewed not only at organisational and service level but also by differing demographics meaning that we can see if there is inequality of experience by protected characteristics.

The tool uses a 5-star scoring system as an overview as well as free text to capture the patients overall experience alongside their experience around facilities, staff, information, feeling listened to, ease, involvement, and safety. Free text invites the patient to comment on both their experience and suggested improvements.

During December 162 patients provided feedback through the new tool the combined scores are detailed below:



The tool includes the friends and Family test questions to enable continued reporting of this.

It is recognised that use of this new tool will take time to embed within services and the expectation is that over Quarter 4 the patient experience team will continue to support teams to embed the use of the tool into practice. Over quarter four, ipads alongside kiosks on our main hospital sites are being rolled out to enable feedback through an app in addition to the SMS, online and paper now available.

Examples of feedback received:

| Service | Review | Improvements |
|-----------------------|--|---|
| Liaison and diversion | <i>Treated really fairly, x felt she was listened to, the practitioner helped me be really calm. I was suffering quite bad with anxiety. Sought help from your GP.</i> | <i>Maybe have STR contacts number as only had the generic office number so i could have direct contact.</i> |

| Service | Review | Improvements |
|-----------------------------|---|---|
| | <p><i>Because you felt the answers were correct. Informative conversation and helpful.</i></p> <p><i>compassionate and caring and I felt listened too</i></p> <p><i>"Carly gave me all the information and helped me make an informed decision</i></p> <p><i>I found contact over the phone very helpful for me at the time rather than face to face.</i></p> <p><i>My situation was horrible which I take responsibility for but Claire and Carly were so kind and caring and my experience much easier"</i></p> | |
| MSK physio | <i>Very professional staff. Clinic building adjacent to bus stop therefore very convenient.</i> | <i>Upon entering the building, I was unsure which check in reception I should report to.</i> |
| East Heart Function | <p><i>Xx is a excellent support nurse and is a joy to visit after the year I had and many visits to different hospitals, you know a good visit from a bad one, she is very knowledgeable and is willing to help you understand what you're medicine is for.</i></p> <p><i>The other staff I have met are a great team and always treated me with respect and friendliness, thank you all so much</i></p> | <i>Better signage, when I first visited, I could not find the door also fix the door buzzer so you don't have to keep ringing a number to get help</i> |
| Podiatry | <i>Very warm and welcoming , very friendly very knowledgeable generally a very good experience.</i> | <i>A receptionist on the desk would have helped!</i> |
| Speech and Language Therapy | <p><i>It was so useful to have a home visit, and the person who came was excellent. I have a rare neurological disorder, and she listened to me carefully. She was kind, thoughtful and clearly very knowledgeable. I hadn't been sure if there was much more I could do to help my issues, but she gave me several strategies which have been very helpful. I was really impressed overall. The very next day my GP surgery received the prescription request too, which was fab!</i></p> | <i>The time I could do was not passed on, so they turned up early while in was still in bed! (I had discussed this over the phone when the appointment was booked and was told it was fine for it to be a certain time so I could get up and be ready). However, the member of staff kindly offered to wait in the car until i could get ready, but I said just come in so long as you don't mind me being in my dressing gown!</i> |
| Talking Therapies | <i>I have a fantastic therapist. Very understanding and supportive</i> | <i>Giving the patient their diagnosis on paper rather than them having to ask for such prove</i> |
| Family Safeguarding model | <p><i>"It was good to be able to connect remotely saving me time to move between places & work</i></p> <p><i>The information was timely for my needs - relevant</i></p> <p><i>The information help me evaluate my experiences & how I cope with stress/ challenges & also helped me use it to manage change behaviours from my children & change my parenting styles for the better</i></p> | <i>Have a client facilitate with staff as a volunteer , someone who has done the course/ group work as an expert in their own recovery to encourage & to build more confidence in group participation & learning .</i> |

| Service | Review | Improvements |
|---------|--|--------------|
| | Staff were willing to listen & were supportive . I did not feel judged" | |

Appendix 3 of this report shows samples of the real time data that is available through the dashboard. The free text comments are also available on the dashboard in real time.

10 . The Friends and Family Test

The tables below contain the FFT results, which is an amalgamation of data from both the new (iWGC) and old (CRT) system.

Table 23: Response rate for the FFT

| | | Number of responses | Response Rate |
|---------|----|---------------------|---------------|
| 2021-22 | Q4 | | |
| | Q3 | 5271 | 4.53% |
| | Q2 | 6124 | 6% |
| | Q1 | 5788 | 5.66% |
| 2020-21 | Q4 | 4259 | 4.66% |
| | Q3 | 4597 | 4.66% |
| | Q2 | 3018 | 3.33% |
| | Q1 | 3572 | 4.66% |
| 2019-20 | Q4 | 10,083 | 9.29% |
| | Q3 | 10,933 | 10.69% |
| | Q2 | 11,095 | 10.86% |
| | Q1 | 11,721 | 12.20% |

Table 24: FFT split by community health and mental health services

| | 2021/22 | | | | 2020/21 | | | |
|----------------------------------|---------|-------|-----|----|---------|-----|-----|-----|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Community Mental Health Services | 93% | 90% | 94% | | 70% | 90% | 85% | 89% |
| Mental Health Services | 75% | 84% | 86% | | 60% | 85% | 81% | 83% |
| Trust Total | 87% | 88.3% | 90% | | 59% | 90% | 85% | 89% |

*Rating of good or better than good has replaced recommendation to a friend

During Quarter one 2021/22 there was a reduction in the rating for mental health services. These were mainly due to lower scores for Talking Therapies, CRHTT and CPE – all of which have seen improvements since this time.

Table 25: FFT results for Inpatient Wards, shown as a percentage

| Ward | Ward type | 2021/2022 | | | | 2020/2021 | | | | 2019/20 | | | |
|------------------|-------------------------|-----------|------|-------|-------|-----------|------|------|------|---------|-----|-------|-------|
| | | Q4 % | Q3 % | Q2% | Q1% | Q4 % | Q3 % | Q2 % | Q1 % | Q4% | Q3% | Q2% | Q1% |
| Oakwood Ward | Community Inpatient | | 100 | 100 | 52 | 100 | 0 | 0 | 0 | 100 | 100 | 100 | 95.83 |
| Highclere Ward | | | 75 | 100 | 81 | 0 | 67 | 50 | 0 | 100 | 100 | 100 | 100 |
| Donnington Ward | | | - | | | | | | | | | | |
| Henry Tudor Ward | | | 97 | 88.88 | 70.66 | 100 | 93 | 100 | 98.3 | - | 85 | 90.48 | 97.44 |
| Windsor Ward | | | 100 | 85 | 100 | 100 | 93 | 0 | 100 | - | - | 91.89 | - |
| Ascot Ward | | | 100 | 100 | 95 | 100 | 100 | 90 | 100 | - | - | 100 | - |
| Jubilee Ward | | | 96 | 92.22 | 100 | 98 | 50 | 100 | 0 | 89.13 | 99 | 96.34 | 95.45 |
| Bluebell Ward | | | 50 | 100 | 75 | 0 | 100 | 0 | 0 | 56.25 | 53 | 65.22 | 60 |
| Daisy Ward | Mental Health Inpatient | | 0 | 0 | 67 | 100 | 100 | 100 | 50 | 50 | 87 | 62.50 | 75 |
| Snowdrop Ward | | | 83 | 0 | 100 | 85 | 67 | 0 | 100 | 80.76 | 67 | 74.49 | 71.11 |
| Orchid Ward | | | 0 | 94.73 | 92 | 0 | 75 | 100 | 0 | 76.66 | 76 | 77.78 | 84.48 |
| Rose Ward | | | 0 | 100 | 100 | 0 | 100 | 0 | 100 | 87.50 | 70 | 76.92 | 62.50 |
| Rowan Ward | | | 100 | 0 | 100 | 0 | 0 | 0 | 0 | 54.16 | 80 | 86.67 | 93.33 |
| Sorrel Ward | | | 0 | 0 | 100 | 0 | 100 | 0 | 100 | 50 | 29 | - | - |

Table 26: Carer FFT results

| | 2021/22 | 2020/21 | 2019/20 | 2018/19 |
|----|---------|---------|---------|---------|
| Q1 | 18 | 335 | 67 | 111 |
| Q2 | 94 | 408 | 201 | 32 |
| Q3 | 58 | 242 | 314 | 39 |
| Q4 | | 411 | 258 | 86 |

The Trust Carer Lead has taken on the responsibility of promoting and collecting the carer FFT, and the Patient Experience Team are continuing to report on the results.

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

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

The 15 Steps Programme restarted during Quarter two, the report is attached as Appendix two.

There continues to be open and regular channels of communication between the Patient Experience Team and the Healthwatch organisations across Berkshire, on individual cases and for sharing communication with our communities.

12. Compliments

There were 960 compliments reported during Quarter three. The services with the highest number of recorded compliments are in the table below.

Table 27: Compliments

| Service | Number of compliments |
|---|-----------------------|
| Talking Therapies - Admin/Ops Team | 290 |
| District Nursing | 191 |
| Physiotherapy Musculoskeletal | 69 |
| Podiatry | 37 |
| CMHTOA/COAMHS - Older Adults Community Mental Health Team | 36 |
| Community Respiratory Service | 31 |
| Community Dietetics | 26 |
| Diabetes | 26 |
| Cardiac Rehab | 23 |
| Community Based Neuro Rehab - CBNRT | 16 |

Table 28: Examples of compliments received during Quarter three

| | |
|---|---|
| <p>Continence</p> <p><i>I am sending this e-mail to just reiterate what your team probably already knows – that the nurse we saw is an absolute credit to her profession and a god send to her patients. My father was diagnosed with lung fibrosis in 2017 and had really suffered through a series of negligence through his medical care. So when I was introduced to the nurse, I approached with caution but she was like a breath of fresh air – her attention to detail, her compassion and her follow through was second to none. Her consistent efforts to assist my father has renewed my faith in the NHS. Her commitment to go above and beyond in her role is truly appreciated by myself and my family.</i></p> | <p>District Nursing (WAM)</p> <p>Community staff nurse went to visit a patient who was delighted to see her and thanked her for sorting all her injections out last year as she was so stressed and ill worrying. She took her to the living room and introduced her to her husband as ‘the girl that saved my life’.</p> |
| <p>Veterans TILS</p> <p><i>Just wanted to say how great it was to meet you yesterday. My emotions were a little all over, still don't get where that comes from so it was therefore very reassuring to talk to Peer Support Worker who experienced similar when he was going through it.</i></p> <p><i>I'm not sure where I'd be if it hadn't been put onto you, I don't say that lightly. Having been dismissed a lot in the past you know I've been quite guarded about who I trust but from the start you made this so easy for me. I wanted to say this to you yesterday but wouldn't have been able to so only right I put the words down here. (wife) also says thank you, clearly you have not only helped me!!!</i></p> | <p>Traumatic Stress Service</p> <p><i>I was in a very low place when I reached out for help and I knew that my unhelpful coping styles were not sustainable and would lead me down a dark road if left untreated. I gave myself over wholly to xx and even though I was very sceptical that it would work, EMDR has changed my life. I will forever be grateful to xx for helping me and teaching me ways to cope going forwards. Thank you 😊</i></p> |
| <p>Immunisation</p> <p><i>I want to send this email to say a big thank you to all your staff that helped on xx.</i></p> <p><i>At xxx school, as they were there doing covid vacations.</i></p> <p><i>As my daughter had fainted and was sick.</i></p> <p><i>And she needed to go to hospital.</i></p> <p><i>She is ok now.</i></p> <p><i>Everyone was amazing to her and me.</i></p> <p><i>Thank you.</i></p> | <p>Community Respiratory Service</p> <p><i>The Integrated Rehabilitation Assistant is so good! They have lifted me from down to up! I look forward to seeing them each session. They boost your ego and makes you laugh. They are a star.</i></p> <p><i>This place has given me so much hope. Your Team really don't know what you do, it's wonderful. I can breathe.</i></p> |
| Rose Ward | |

Make the right thing today to make it a better tomorrow, angels of Prospect Park Hospital.

A big thank you to the angels of Prospect Park Hospital.

I'm privileged to use the bed of Prospect Park Hospital, everyone would want to be in this bed, but they couldn't, or they can't. I thank you to all the staff of Prospect Park Hospital for allowing me to use your bed and be healed from my mental health. I thank you from the bottom of my heart.

She was surrounded with strangers who became her friends and her family. She remembered few others coming to Prospect Park Hospital, but it doesn't matter anymore as it was a dream, what matters is the present, surrounded with the angels on the earth inside Prospect Park Hospital.

They care for xx, they observe more than using their mouth, they are alert of all danger to the patients of Prospect Park Hospital, first. They know the patients individually and treat them in such a manner. They know the exact time when to save the patient's needs, they are aware of the life after Covid-19 that affected the entire universe. The new life is to observe more and listen to what the big man had installed for us. In the new life after Covid-19, care for those that are unable to care for themselves. When the alarm goes off you see how the life saviour runs off and forms a group trying to save life, that's why they are the soldiers. I salute the angels, the soldiers of Prospect Park Hospital. They fight a good simplistic, beautiful, and kind war in health.

They run around to make it a better place. There are messages in our kitchen saying to wash ourselves first, but our rooms are being cleaned every single day to go hand in hand with us washing ourselves and is being cleaned by our other angels as our helpers and not to forget about them being part of the Prospect Park Hospital as well.

Being a professional counsellor myself, it is not easy to run this place, but she is glad to see them managing it well. Well done soldiers in health!

CBNRT

In May of this year, I suffered a stroke. It was a debilitating outcome and, in hospital, I wondered how it (after effects) could be addressed from home.

I needn't have worried. The recovery group consisted of xxx. Once I'd realised what they were going to 'provide', it became apparent that every aspect of how a stroke manifests itself, was to be treated and addressed. It's hard to overstate the effectiveness of this support. Some of these people actually visited me at home several times. World-class precious resources coming to see me.

To that end, I wanted to express my thanks not only for the outstanding help I received but to acknowledge how 'joined up' the scope of treatment is. It's possibly this aspect that makes the process so much more effective. The sharing of information designed to cover all the eventualities was, quite simply, brilliant.

I was struck by the professionalism, empathy, expertise, and patience of them all. Whoever put this programme into place, gets my full admiration. The way they followed up apart from anything, was touching. In the current climate seeing them arrive with gowns and masks, sanitising gels, and spare bag, was wonderful.

I'm more than happy to discuss and or further endorse this team in any capacity that may serve to widen their impact on my life and those of others.

Table 29: Compliments, comparison by quarter

| | 2021/22 | | | | | 2020/21 | | | | |
|-------------|---------|-----|-----|----|---------|---------|-----|-------|-------|---------|
| | Q1 | Q2 | Q3 | Q4 | 2021/22 | Q1 | Q2 | Q3 | Q4 | 2020/21 |
| Compliments | 1076 | 986 | 960 | - | 3022 | 873 | 975 | 1,010 | 1,319 | 4,177 |

Liz Chapman

Head of Service Engagement and Experience

25 January 2021

Formal Complaints closed during Quarter three 2021/22

| ID | Geo Locality | Service | Complaint Severity | Description | Outcome code | Outcome | Subjects |
|------|-------------------------------|---|--------------------|--|------------------|---|---|
| 8212 | Windsor, Ascot and Maidenhead | CAMHS - Specialist Community Teams | Moderate | Pt wishes clarity on several parts of the complaints response and areas of CAMHS service provision ORIGINAL COMPLAINT BELOW Pt unhappy with therapist expressing opinions on family members, not considering f2f appt when C19 restrictions were lifted, various issues occurred during therapy sessions that they wish addressed. They would like an apology for the therapists approach, behaviour and attitude | Not Upheld | Clinical care was appropriate, as was the transition from child to adult services. | Attitude of Staff |
| 8227 | Reading | Adult Acute Admissions - Snowdrop Ward | not granted | Family feel mother was coerced into getting pt discharged in her home. Family concerned for mothers welfare as they state the pt has been abusive and violent to family members | Not Upheld | Consent not received | Communication |
| 8193 | Reading | Community Hospital Inpatient Service - Oakwood Ward | Low | Dietary concerns on the ward resulting in weight loss, concerns also raised regarding the RBH | Partially Upheld | Staff reminded to follow up referrals to dieticians via the Health Hub. | Care and Treatment |
| 8243 | Reading | Adult Acute Admissions - Rose Ward | | Pt unhappy that after speaking with nurse she thought she would be discharged within 2 days. Pt feels nurses should not have 1to1 conversations with pts | Not Upheld | Local resolution | Communication |
| 8255 | Reading | Adult Acute Admissions - Daisy Ward | Minor | Pt states they were verbally and physically attacked by a staff member in the medication room | Not Upheld | | Abuse, Bullying, Physical, Sexual, Verbal |
| 8232 | West Berks | Community Hospital Inpatient Service - Donnington Ward | Minor | DECEASED PT: transferred from RBH to West Berks, unable to do much physio due to dialysis. Family concerned about pts confusion, poor communication from the ward. Pt stated multiple times they were in pain which the family feel was ignored | Partially Upheld | Clinical care was appropriate - staff did not however inform the patient's family of their transfer to the RBH swiftly. | Care and Treatment |
| 8252 | Bracknell | Immunisation | Low | Parent with shared custody unhappy that nurse spoke to the child asking if they wish to have the COVID vaccine after the consent form had stated they are not to have it. Child also said no | Not Upheld | Now UPC Discussion with the young person about the vaccination was appropriate. The complainant has been signposted to NHSE ref his concerns about the vaccine. | Communication |
| 8263 | Wokingham | CMHT/Care Pathways | Low | Pt believes they were illegally discharged from CMHT. Has a lack of clarity regarding their diagnosis. States Crisis call handler was inappropriate. 10 points raised in total | Not Upheld | | Discharge Arrangements |
| 8249 | West Berks | CMHT/Care Pathways | | Complainant feeling the care and treatment from MH services over the years has been insufficient resulting in the pt not receiving the care they feel they should have received | Not Upheld | Closed locally following discussion and confirmation email | Care and Treatment |
| 8216 | Wokingham | Rapid Response | Minor | Family have raise 4 further questions following the response Original complaint - DECEASED Pt: Family wish to know what happened when the nurse from RRT went to visit the pt | Not Upheld | Clinical care was appropriate | Care and Treatment |
| 8196 | Reading | Adult Acute Admissions - Daisy Ward | Minor | Family feel cognitive function of the pt has seriously diminished since being on the ward they feel it is being ignored. Pt has lost a significant amount of weight and the family have asked for this to be looked into and feel again this has been ignored. no supervision from staff to ensure meds are taken, lack of bowl movements for pt has been ignored by staff along with personal hygiene issues. Family are being spoken to terribly during meeting which the family feel is bullying | Partially Upheld | Ward manager to form a development plan with member of staff around her way communication with others, and how this may come across to distressed relatives or patients. Visiting times and rules to be clarified for all staff. Ward staff, especially the nursing team, need further training and support around working with carers and maintaining communication, especially when dealing with strong emotions and distressed relatives | Care and Treatment |
| 8237 | West Berks | CAMHS - Specialist Community Teams | Minor | Further questions | Not Upheld | | Communication |
| 8177 | Reading | CAMHS - Specialist Community Teams | Minor | Complaint is regarding alleged lack of support from Reading CAMHS, who say patient is best supported in the community. Mum doesn't agree, pt is being looked after by LA due to self harming. She feels treatment is a postcode lottery | Not Upheld | | Access to Services |
| 8206 | Wokingham | Adolescent Mental Health Inpatients - Willow House - Ward | Minor | Pt wishes to complain about the overall performance of care in Willow House Adolescent Psychiatric Inpatient Unit, they feel there was a blatant neglect towards the patients from various members of the staff who they feel displayed clear incompetence. | Not Upheld | Care was appropriate. The patient was disruptive on the ward and the staff managed them and the other patients well at a time of stress. | Care and Treatment |
| 8239 | Slough | CMHT/Care Pathways | Low | Pt feels internal damage has been caused to their body by the medication given when referred to MH services, specifically injections they feel they feel they shouldn't have. Pt looking for a letter which can be sent used to obtain financial reimbursement so they can seek alternative methods of treatment | Not Upheld | Unable to get hold of complainant. Physical health care on the ward was appropriate. | Medication |
| 8233 | West Berks | Pharmacy | Minor | Clozapine posted to pt, not received on time, service required to send via taxi to arrive on time | Partially Upheld | Pharmacy SOP was followed however there was miscommunication and understanding of how the prescription will be delivered. | Medication |
| 8238 | West Berks | Other | Low | Unhappy with the Review panel for unreasonable persistent complainants | Partially Upheld | Apology sent for complainant not being updated about outcome of conversation with a member of staff. The complaint about the UPC process is to be taken to the PHSO. | Communication |
| 8213 | Slough | CMHT/Care Pathways | Minor | Pt distressed that Dr and Care coordinator continuously typed throughout the pt's entire meeting. Dr rubbish previous Dr leaving the pt feeling the experience as abusive, humiliating and insulting | Upheld | Communication should have been better and the staff have apologised - they were very busy so tying during the meeting rather than engaging and connecting with the patient. | Attitude of Staff |
| 8142 | Bracknell | CAMHS - AAT | Moderate | Waiting times for ASD assessment, family feel medication needed but GP can't do anything without intervention from CAMHS first | Partially Upheld | Communication and inaccurate placement of referral led to a delay. Clinical care was appropriate. | Waiting Times for Treatment |
| 8230 | Windsor, Ascot and Maidenhead | Assessment and Rehabilitation Centre (ARC) | | Family and pt angry a diagnosis has been entered on the system for the pt which they state is not true and has impacted on other areas of care. Apology and explanation along with redaction of this from records is required | Upheld | Information was incorrectly taken by the ambulance service and passed on. This should have been checked with the patient and their family. | Care and Treatment |
| 8159 | Wokingham | CAMHS - AAT | Moderate | Family unhappy with response especially as pt is now no longer attending school, wishes response points numbered and would like a meeting ORIGINAL COMPLAINT Complainant believes staff member produced totally prejudicial and unsubstantiated CAMHS report which they were unaware of and not involved in despite having shared parental care. | Partially Upheld | <ul style="list-style-type: none"> •CYPF Managers to communicate to staff that at the initial contact clinicians should explicitly ask about current childcare arrangements and ensure that they have the contact details for both parents clearly documented in the young person's clinical records. •Highlight this learning via CYPF Patient Safety and Quality meeting •At the initial contact the young person and the accompanying parent should be asked if they wish the other parent to be involved in the assessment process and the opportunity should be offered in the most practical way i.e via telephone if in person is not possible and/or it would delay the process. To highlight this learning via CYPF Patient Safety and Quality meeting •The process for sharing information should be discussed with the young person at the outset and agreed. This is important when the young person is over 16 or assessed as having Gillick competency. To highlight this learning via CYPF Patient Safety and Quality meeting. •Feed back concerns about paraphrasing specific religious vocabulary and recommend that the correct vocab is used with description included and described as such. | Attitude of Staff |
| 8192 | Reading | Adult Acute Admissions - Daisy Ward | Minor | Spouse unhappy that services did not read and action any of the documentation from 3rd party organisations ORIGINAL COMPLAINT Spouse wishes pt to be moved to a MH hospital near to family home in Wimboune | Not Upheld | Delays in transfer have been appropriate due to responding to safeguarding concerns. Communication plans put in place were not followed. Original complaint - partially upheld. Re-opened complaint - not upheld | Care and Treatment |

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|------|-------------------------------|---|----------|---|------------------|---|-----------------------------|
| 8248 | West Berks | CAMHS - ADHD | | MP has come back with further points requested around justification of wait times Original concerns - Wait time | Partially Upheld | Apology given for a lack of a telephone call with a clinician. Waiting time was appropriate and the patient has been triaged for a review in light of new information. | Waiting Times for Treatment |
| 8004 | Reading | Older Adults Inpatient Service - Orchid ward | Minor | Complaint re-referred to CQC as issues remain ORIGINAL COMPLAINT Friend of pt is generally unhappy with the care, communication and compassion from the staff on the ward. Believes admission stemmed from a medication issue that the ward has exasperated. | Partially Upheld | Key nurses to review family contact and documentation. Consider weekly family contact with intent to update them on patient progress. Team to device a Standard operation for meetings PALS to improve on feed back and communication with complainants. Ward manager to liaise with PALS for a discussion over strategies to enhance communication. All attendees of best interest meeting to be communicated with all relevant prior to meeting. Team to device a Standard operation for meetings | Care and Treatment |
| 8172 | Slough | CAMHS - Getting Help East | Minor | Unhappy with response not reading 3rd party organisation info ORIGINAL BELOW Father is complaining that he believes a professional did not share with appropriate agencies that a child was at significant risk. He says the same professional wrote an assessment that was not impartial and he feels was extremely biased resulting in the mother now having sole care of the child | Partially Upheld | RO Forwarded to PHSO ORIGINAL BELOW Learning for member of staff on completion of S47 and communication with parents who are not together. Revised report to be sent by the service. | Communication |
| 8106 | West Berks | CMHT/Care Pathways | Low | Complainant has further questions following the response ORIGINAL COMP pt believes staff member gave incorrect info resulting in them being sectioned (135), they this is not 'best practice' | Not Upheld | | Communication |
| 8247 | West Berks | CAMHS - Specialist Community Teams | Minor | Parent still unhappy that the patient is not going to be seen, and MP would like to further explanation as to why not and advice on how the wait list can be reduced ORIGINAL COMPLAINT Family extremely worried by suicidal thought, pt on wait list but they need to know if they can be seen earlier | Not Upheld | Clinical care was appropriate - nothing further to add. Explanation given on national picture and initiatives to reduce waiting lists. | Waiting Times for Treatment |
| 8280 | Reading | CMHT/Care Pathways | Low | Complainant wishes clarification on 6 points ORIGINAL COMPLAINT pt feels there has been a lack of support and a misdiagnosis, wishes to meet and discuss | Not Upheld | | Care and Treatment |
| 8220 | Windsor, Ascot and Maidenhead | District Nursing | Moderate | family believe 1 point was not addressed ORIGINAL COMPLAINT - DECEASED PT: Complainant unhappy with attitude of DN who they say would not give pain relief or fit a syringe driver | Not Upheld | All staff to attend new syringe driver training that now includes holistic assessment of the patient. Initially All band 6 and above staff to attend advanced / intermediate communication skills training commissioned to be provided by the hospice then for all other qualified staff. For end-of-life training including the care of dementia patients to be commissioned. Staff to be reminded to complete end of life assessments/ care plans. | Communication |
| 8283 | Reading | Adult Acute Admissions - Snowdrop Ward | Low | 13 points raised regarding MHA / attitude of Dr / coercion to make the mother write a letter / Incident investigation / phone confiscation / complaints process. | Not Upheld | Local res as situation changed | Care and Treatment |
| 8288 | Wokingham | Community Hospital Inpatient Service - Ascot Ward | low | Family state Wokingham hospital have said the pt has to be discharged to self isolate for 3 days before surgery at Nuffield, Oxford. Family feel pt would not be able to look after themselves on their own. Family also unhappy about a comment a nurse made on the ward about the patient and the general care received. | Not Upheld | Initial concerns - Local resolution | Care and Treatment |
| 8235 | Reading | Community Hospital Inpatient Service - Oakwood Ward | Minor | Pt discharged from ward with bed sores, urine infection and foot sores. pt told to use a pad for the toilet as staff too busy. pt frightened of falling in case she has to go back to the ward | Partially Upheld | Local resolution sought | Care and Treatment |
| 8266 | West Berks | Immunisation | Low | Family unhappy with informal responses into the handling of the incident for which the Child was not Covid vaccinated due to their medical history | Partially Upheld | Apology for confusion about letter being sent. Waiting time and advice ref the patient turning 17 was appropriate. | Attitude of Staff |
| 8290 | Reading | Adult Acute Admissions - Snowdrop Ward | | Pt does not feel PPH is a hospital environment, they feel they have been forced there, not allowed out, no therapy, no support. Pt says they feel unsafe | Not Upheld | No consent received - a review of care showed this was appropriate and information regarding processes sent | Care and Treatment |
| 8258 | West Berks | CAMHS - Specialist Community Teams | | Feedback about a pt journey, the number of services and wait lists added to, despite having seen many people they have been told they do not meet the criteria for things offered and are now no further forward but the pt still has all the symptoms | Partially Upheld | Apology to family for misunderstanding behind clinicians' words and actions which resulted in hurt feeling. Clinician has reflected on this case and given a full and frank explanation of the reasoning behind the actions he took. | Care and Treatment |
| 8257 | Bracknell | Crisis Resolution and Home Treatment Team (CRHTT) | | Complainant feels the actions of HTT not visiting a vulnerable young person with an evolving psychosis is inexcusable, believes a proper assessment would have resulted in quick care and more appropriate care | Not Upheld | PPH - Partially Upheld - clinical care was appropriate. Welcome pack to be revised and staff are to ensure that it is given on admission. CRHTT - Not Upheld. | Care and Treatment |
| 8291 | Wokingham | Out of Hours GP Services | Minor | Pt seen at WestCall, family feel the Dr was very patronising and said the pt to needed drink 'Chicken Broth and full sugar orange Squash' Dr called Paediatric Dr under complainants request. | Partially Upheld | Apology to family for misunderstanding behind clinicians' words and actions which resulted in hurt feeling. Clinician has reflected on this case and given a full and frank explanation of the reasoning behind the actions he took. | Attitude of Staff |
| 8199 | Reading | Crisis Resolution and Home Treatment Team (CRHTT) | Minor | Pt unhappy at the way they were treated in Dec 2020 which resulted in a mis diagnosis and a sectioning which was allegedly over turned at tribunal. Pt say they spent 14 horrendous days in PPH. pt states they have also had the driving license revoked after a letter was sent to the DVLA by the Dr. Pt also states they requested their medical records sometime ago and still not received | Partially Upheld | PPH - Partially Upheld - clinical care was appropriate. Welcome pack to be revised and staff are to ensure that it is given on admission. CRHTT - Not Upheld. | Care and Treatment |
| 8252 | Bracknell | Immunisation | Low | Parent with shared custody unhappy that nurse spoke to the child asking if they wish to have the COVID vaccine after the consent form had stated they are not to have it. Child also said no | Not Upheld | Now UPC. Discussion with the young person about the vaccination was appropriate. The complainant has been signposted to NHSE ref his concerns about the vaccine. | Communication |
| 8216 | Wokingham | Rapid Response | Minor | Family have raise 4 further questions following the response Original complaint - DECEASED Pt: Family wish to know what happened when the nurse from RRT went to visit the pt | Not Upheld | Clinical care was appropriate | Care and Treatment |
| 8304 | Portsmouth | Criminal Justice Liaison and Diversion Service - (CILD) | Low | Pt extremely unhappy with the response and BHFT holding information about them, also feels there is conflicting statements between all services ORIGINAL COMPLAINT pt wishes their medical records rectified and in some cases erased, general operational questions also to be answered | Not Upheld | Apology offered for where there were errors in report and that staff member did not wear a mask | Care and Treatment |
| 8323 | West Berks | CMHT/Care Pathways | | Patient has complained via telephone to the CMHT that they have received a copy of a letter sent by the CMHT to the wrong GP practice, where they have never been a patient. They previously raised this with the CMHT but it is still happening. They complain this is a breach of their confidentiality. | Upheld | Locally resolved | Care and Treatment |

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|------|-------------------------------|---|----------|---|------------------|--|---|
| 8301 | Reading | Rapid Response | | Family unhappy with the report regarding the pt's mobility | Not Upheld | The urgent community response team will receive feedback and learning from the complaint. The urgent community response team will receive further training about the frailty score and documenting their assessment of this The urgent community response team will ensure that any discharge letters are sent back to a clinician that has recently seen the patient for checking prior to sending. This has been raised within the teams clinical supervision 23rd November 2021 The urgent community response team will receive further training to ensure they are documenting a full and detailed functional assessment including functional history | Attitude of Staff |
| 8282 | Reading | Out of Hours GP Services | Minor | Pt disputing call back was made by Dr ORIGINAL COMPLAINT: Pt promised called back from SCAS within 2 hours - no call made. Family called 999, pt taken to hospital with double pneumonia, hypertensive with low oxygen levels | Partially Upheld | Apology to complainant via response letter WestCall to develop pre-emptive text alert system warning patients of delays. This will be sent on receipt of a referral from 111 | Care and Treatment |
| 8224 | Reading | Older Adults Inpatient Service - Rowan Ward | Low | Complainant has concerns the pts physical medical care needs are not being met. Pt has fallen, is unable to swallow, is moved by hoist. Rapid deterioration in kidney function, pain associated to this is not being managed. Pt has food allergies which are not being taken into consideration when given to them. Poor communication, no one calls back | Partially Upheld | | Care and Treatment |
| 8265 | Windsor, Ascot and Maidenhead | CAMHS - Common Point of Entry (Children) | | Family unhappy the referral from GP has been closed when they state the pt needs help and services have not spent anytime to understand the issues | Not Upheld | Complainant withdrew complaint | Care and Treatment |
| 8307 | Reading | Community Hospital Inpatient Service - Oakwood Ward | Minor | Deceased pt: family feel there was a lack of care and dignity. Staff failed to assist with food as agreed, made the pt wear a pad with no underwear and transferred to RBH without personal possessions so was cold | Partially Upheld | We have apologised for breakdowns in communication and areas for improved patient care are being shared with the ward | Care and Treatment |
| 8272 | Slough | CMHT/Care Pathways | | Family member concerned BHFT are taking the appropriate action to assist with pt's MH or to safeguard the family | Not Upheld | No consent received | Care and Treatment |
| 8297 | Reading | PICU - Psychiatric Intensive Care - Sorrel Ward | Low | Not happy with the response, want another meet with Dr on the ward and still waiting for a 2nd opinion ORIGINAL COMPLAINT Family unhappy that new Dr has said pt does not have schizophrenia, family want to know why the pt has been taking meds for that for 10 yrs if doesn't have it believes PPH are refusing to help the pt and are not talking to the family | Not Upheld | | Care and Treatment |
| 8285 | Reading | Adult Acute Admissions - Daisy Ward | Low | Pt wishes to raise many concern and service improvement suggestions for PPH Inpts | Not Upheld | | Management and Administration |
| 8279 | West Berks | CMHT/Care Pathways | Low | Complainant believes the pt is receiving the bare minimum from service - they are raising 5 points regarding care co-ordinator contact, provision of support worker. The belief 1:1 support from the consultant is required and belief we should now be doing this face2face | Not Upheld | | Care and Treatment |
| 8319 | West Berks | CMHTOA/COAMHS - Older Adults Community Mental Health Team | | Family have questions around the Doctor ORIGINAL COMPLAINT Family unhappy that police came into their home following an alleged call from services and safeguarding regarding the EOL pt | Not Upheld | Outcome was recorded in first complaint | Communication |
| 8289 | Wokingham | Health Visiting | | Parent believes there are inconsistencies between events and details passed on to Children's Service for a CFA by a HV following a Subject access request | Not Upheld | | Communication |
| 8295 | Reading | CMHT/Care Pathways | Low | Family concerns for staff member (relative) and delays in CMHT dealing with pt. Family feel safeguarding issues and email exchange needs to be reviewed they also feel the Trust has taken inappropriate steps with pt/staff member over the Covid period | Upheld | There was confusion with the referral and communication between CMHT, the Gateway and GP. | Care and Treatment |
| 8293 | Reading | Integrated Pain and Spinal Service - IPASS | Low | Pt feels physiotherapist was unnecessarily forceful and has caused me to be in pain ever since. | Not Upheld | | Care and Treatment |
| 8299 | Reading | Adult Acute Admissions - Bluebell Ward | Minor | Detained July 2020 - pt alleges being physically abused on their first night and sexually assaulted in their room. They state books and £15 in cash were stolen from their room. They feel CMHT harassed them before admission. | Partially Upheld | Better communication between nursing and medical team. Have discussion with safeguarding team to clarify any safeguarding concerns if unsure. | Abuse, Bullying, Physical, Sexual, Verbal |
| 8278 | Slough | Community Hospital Inpatient Service - Jubilee Ward | Minor | Family unhappy with our response believing there are inaccuracies ORIGINAL COMPLAINT Family unhappy they were not contacted to advise pt has a pressure sore, they believe no one has been treating this | Partially Upheld | Some areas of care were not satisfactory, such as not documenting the use of cream, no evidence of the patient being left in soiled pads. | Care and Treatment |
| 8280 | Reading | CMHT/Care Pathways | Low | Complainant wishes clarification on 6 points ORIGINAL COMPLAINT pt feels there has been a lack of support and a misdiagnosis, wishes to meet and discuss | Not Upheld | | Care and Treatment |
| 8220 | Windsor, Ascot and Maidenhead | District Nursing | Moderate | family believe 1 point was not addressed ORIGINAL COMPLAINT - DECEASED PT: Complainant unhappy with attitude of DN who they say would not give pain relief or fit a syringe driver | Upheld | All staff to attend new syringe driver training that now includes holistic assessment of the patient. Initially All band 6 and above staff to attend advanced / intermediate communication skills training commissioned to be provided by the hospice then for all other qualified staff. For end-of-life training including the care of dementia patients to be commissioned. Staff to be reminded to complete end of life assessments/ care plans. | Care and Treatment |
| 8212 | Windsor, Ascot and Maidenhead | CAMHS - Specialist Community Teams | Moderate | Pt wishes clarity on several parts of the complaints response and areas of CAMHS service provision ORIGINAL COMPLAINT BELOW Pt unhappy with therapist expressing opinions on family members, not considering f2f appt when C19 restrictions were lifted, various issues occurred during therapy sessions that they wish addressed. They would like an apology for the therapists approach, behaviour and attitude | Not Upheld | | Attitude of Staff |
| 8186 | West Berks | Community Hospital Inpatient Service - Donnington Ward | Low | PHSO will not pick up complaint until a LRM has taken place with palliative care-team ORIGINAL COMPLAINT family saw a daily decline in the pt since admission and noted many areas of staff behaviour that impacted on the pt. Family feel catheter and canular fitting was just to keep the pt quiet and cause less hassle, sent home with a full catheter bag. Inconsistency in nursing care. Family upset that the pt had been sedated and given antidepressants. Pt lost 2 stone in 10 days but this was not recorded on notes. Oral thrush appeared not to have been treated at all whilst in hospital | Partially Upheld | Care and communication were appropriate - learning around communication and documenting the use of a port. | Care and Treatment |

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|------|---------|--|-----|---|------------------|---|--------------------|
| 8030 | Reading | Adult Acute Admissions - Bluebell Ward | Low | <p>Unhappy with response raising many questions on various points of our response letter</p> <p>ORIGINAL COMPLAINT: Pt feels we did not take into consideration their physical health issues and medication when prescribing and that we denied physical health meds when the pt was in PPH</p> | Partially Upheld | <p>Original complaint - not upheld</p> <p>Re-opened complaint (altered issues) - partially upheld.</p> <p>Physical health to be discussed on admission.</p> <p>S132 rights to be read and documented.</p> | Care and Treatment |
|------|---------|--|-----|---|------------------|---|--------------------|



15 Steps Challenge

Quarter 2 2021/22

The Arc, St Marks

On arrival to the area, the team found the signage to the service was not clear the service has liaised with Estates and Facilities since the visit to improve the signage. First impressions were that there were no patients waiting in the waiting area, the area was clean and had a staff photo signage board.

Physio Department, St Marks Hospital

First impressions were of a professional and courteous service. The service appears to be well running offering a professional and courteous service. Due to the pandemic, the service is running a limited service with first appointments virtual and 60% of the follow ups face to face meetings, the rest being online consultations.

The member of staff at reception was very welcoming even when he was unsure of who we were. He was patient, welcoming and knew when the next appointment was. There were no staff except reception staff or patients available to speak to at the time of the visit.

Physiotherapy Department, WBCH

First impressions were of a professional service which the staff visiting felt they would be happy to be treated by. Evidence of good work being undertaken responding to both patient need and the pandemic. The team shared clear direction and ideas with regards to taking the service forward. The visitors observed a supportive atmosphere in the unit.

Podiatry, WBCH

First impressions were of a department that had reduced staffing and staff shared that staffing had been stretched. Since undertaking the visit, there has been some successful recruitment of staff. The team lead was covering clinically and supporting another podiatry department. There was some storage of equipment issues which are in the process of being reviewed.

Podiatry, King Edward VII Hospital

On arrival, it was noted the department work without their own receptionist on site. There is a waiting area for patients which allows for social distancing off the main corridor and clinic rooms nearby.

The podiatrist on duty spoke enthusiastically about her role and the challenges the service faced during the pandemic. She was welcoming and accommodating. **Quarter 3 2021/22**

Physio, Upton Hospital, Slough

The team found the department well organised and were responding well to the challenges that Covid restrictions were placing on them. New ways of working had been implemented to deal with the additional pressure and the team were responding well to these new practices. This involved both face to face and remote consultations.

There had been some challenges with capacity due to an increase in referrals however the department was responding well. Urgent referrals were being seen/assessed within 2-4 weeks which is similar to the other physiotherapy departments across the trust. A room was due to be transferred to a consulting area shortly to increase the ability for face-to-face consultations.

Jubilee Ward, Upton Hospital, Slough

The atmosphere on the ward was calm and friendly and the staff were open and welcoming to the team. The ward appeared to be well-run.

Ward manager spoke of the challenges during covid regarding visiting. The ward had tried to mitigate this as much as possible. One Ipad was available, the manager has requested further I pads for the purpose of virtual visiting. The hospital had recently changed meal providers without consultation with ward staff, patients or relatives. This had resulted in a repetitive diet for patients i.e., all chicken dishes on the same day. The ward manager had fed this back to the new estates provider who were taking this forward.

Physiotherapy Department, Wokingham Hospital

A very well run, organised and efficient department, the receptionist was extremely professional and knowledgeable about all aspects of the clinic. All areas of the department were clean and uncluttered. Clinical staff were actively engaging with patients.

Ascot Ward, Wokingham Hospital

This was a positive visit, and the team were welcomed onto the ward. The ward was clean and tidy and appeared well run. The unit manager was very supportive of the visit and feedback.

The garden area was a bit untidy and unattractive, but the team were informed that there were some proposed ideas for improvement being discussed. The Flow board was very bright which could disturb some patients at night. Although there had been no specific complaints or comments. This was being reviewed by the ward manager.

Friends & family team discussion:

Members of all the teams said that, should a family member or friend be admitted to any of the areas visited they would feel confident in the care that they would receive.

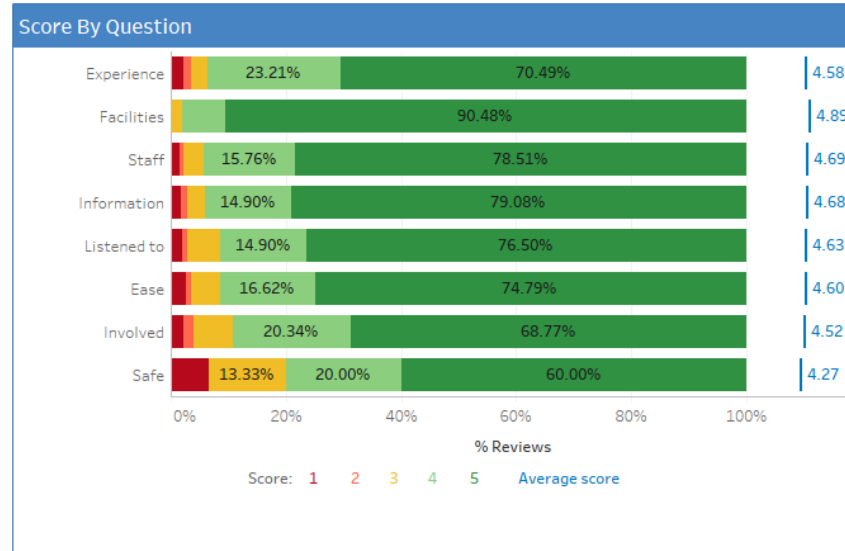
Linda Nelson

Lead Nurse for Professional Practice

January 2022

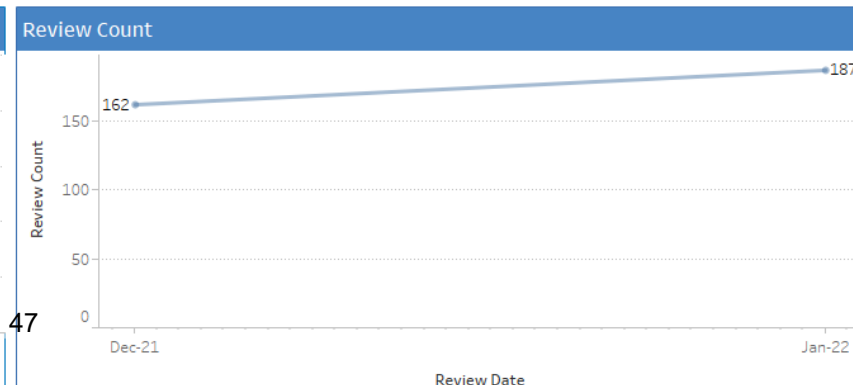
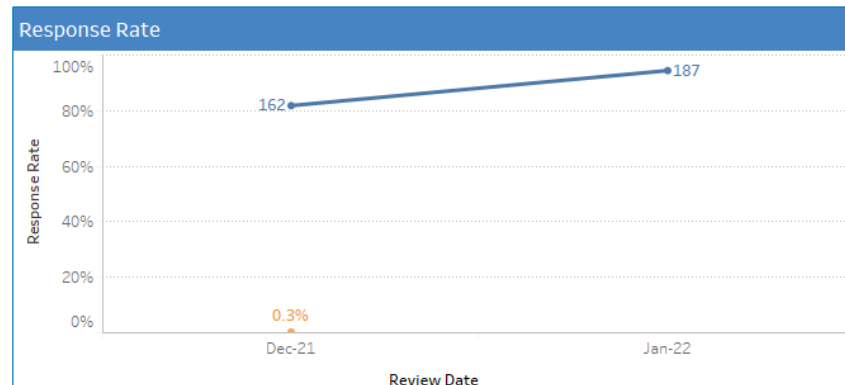
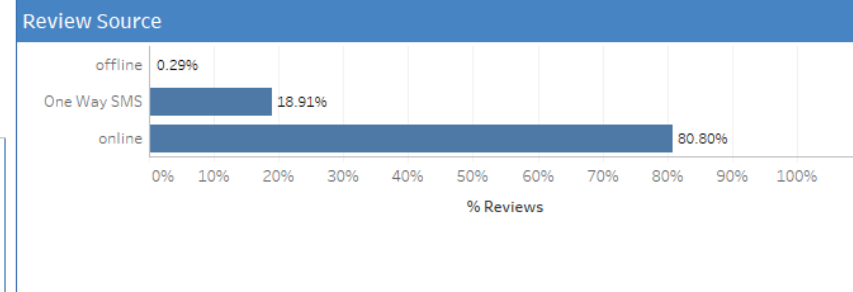
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| Performance Over Filtered Date Range | Performance Previous Month | Performance Current Month |
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| % Negative 3.21% | % Negative 3.70% | % Negative 3.21% |
| Average 5 Star Score (all questions) 4.62 | Average 5 Star Score (all questions) 4.63 | Average 5 Star Score (all questions) 4.62 |
| Review Count 187 | Review Count 162 | Review Count 187 |



Reviews & Replies

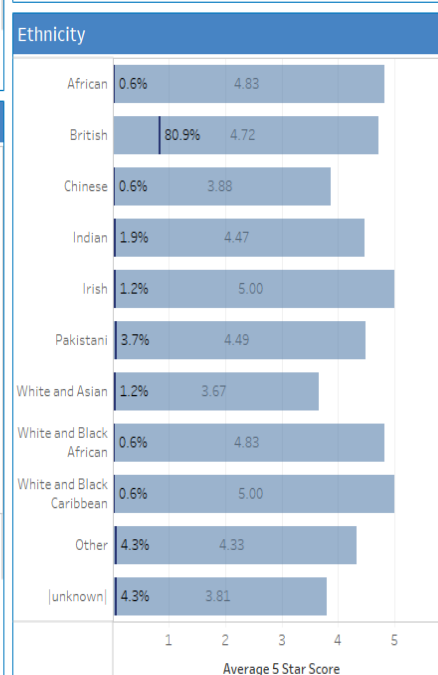
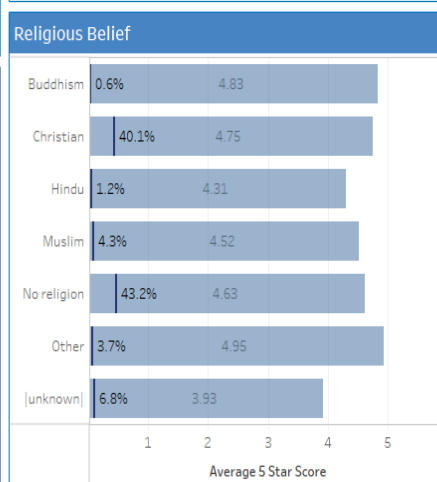
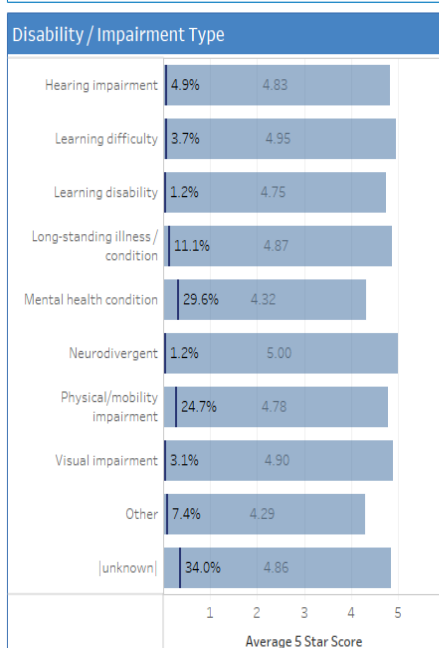
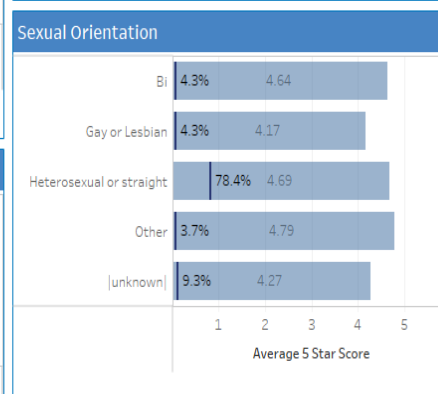
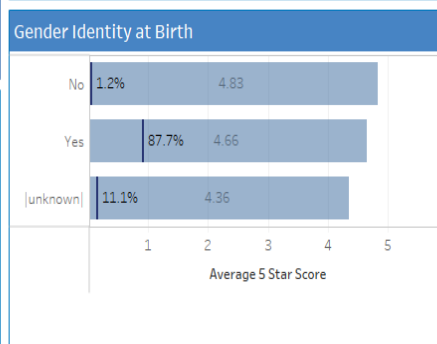
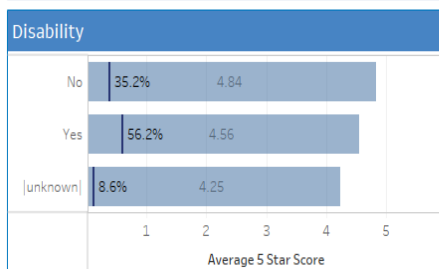
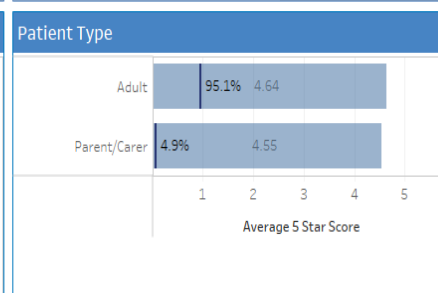
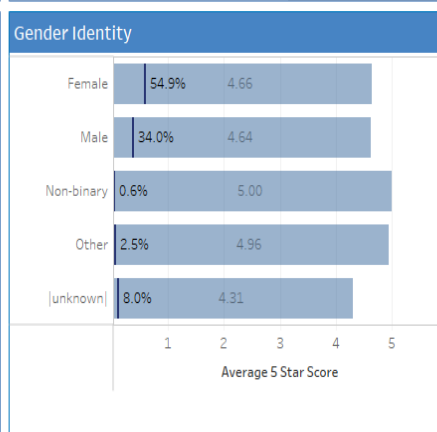
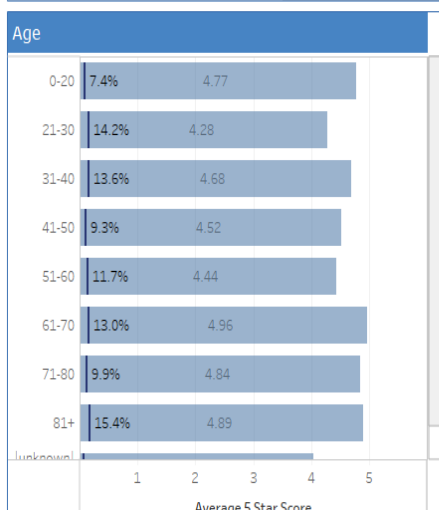
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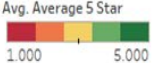
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FILTER(S) IN USE

| Performance Over Filtered Date Range | Performance Previous Month | Performance Current Month |
|---|---|---|
| % Positive 93.83% | % Positive 93.83% | % Positive 93.58% |
| % Negative 3.70% | % Negative 3.70% | % Negative 3.21% |
| Average 5 Star Score (all questions) 4.63 | Average 5 Star Score (all questions) 4.63 | Average 5 Star Score (all questions) 4.62 |
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Improvements Word Cloud

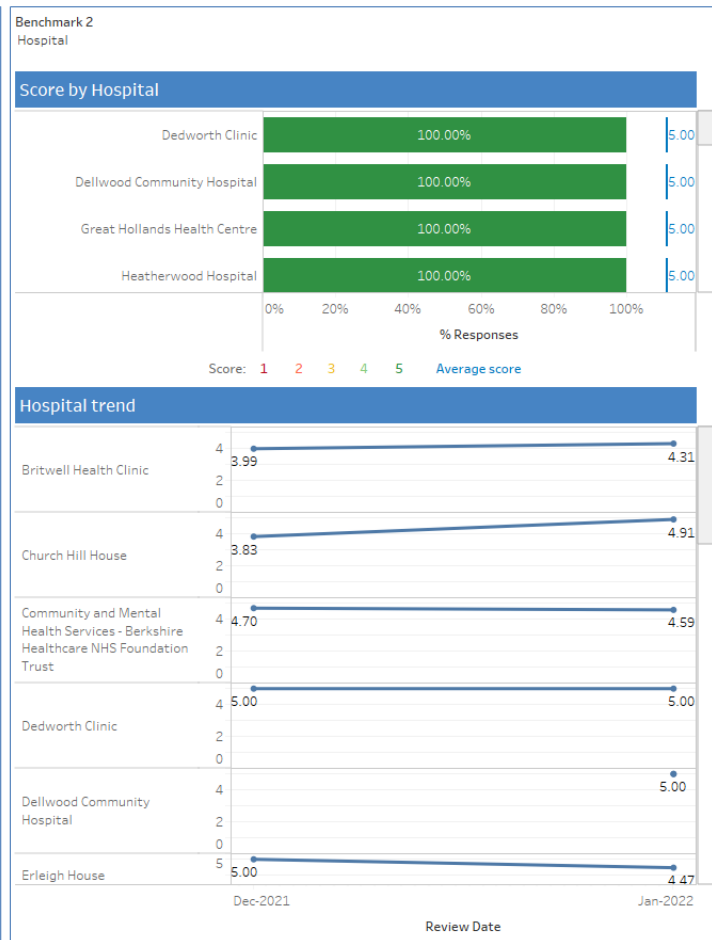
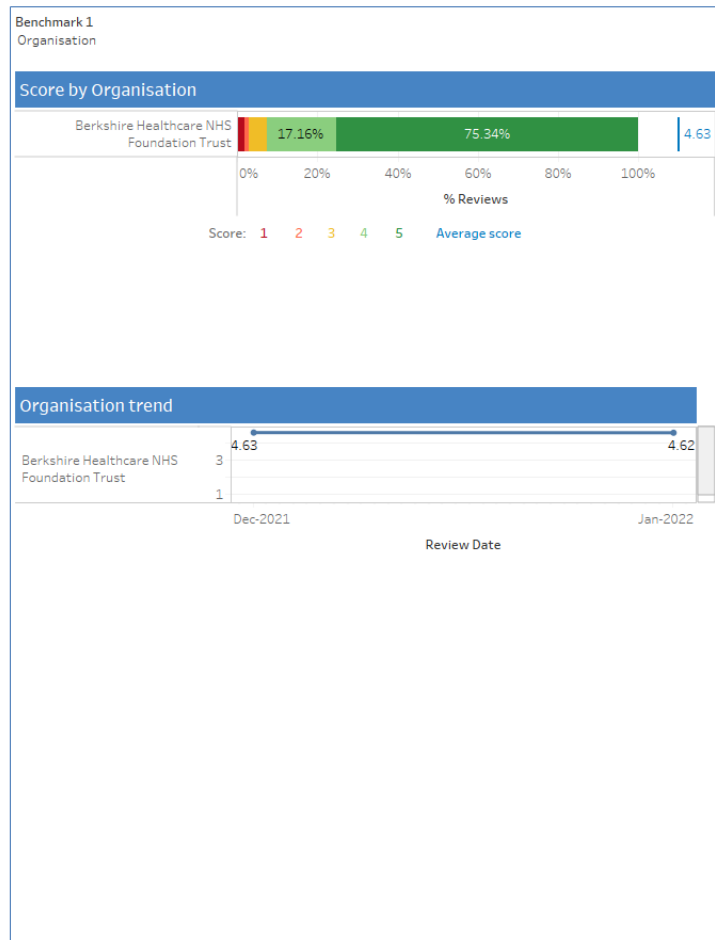


Review Word Cloud



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| Experience Score | Question | Has Reply? | Publishable? | Review Source |
| All | All | All | Yes | All |
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| Performance Over Filtered Date Range | Performance Previous Month | Performance Current Month |
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| % Positive 93.58% | % Positive 93.83% | % Positive 93.58% |
| % Negative 3.21% | % Negative 3.70% | % Negative 3.21% |
| Average 5 Star Score (all questions) 4.62 | Average 5 Star Score (all questions) 4.63 | Average 5 Star Score (all questions) 4.62 |
| Review Count 187 | Review Count 162 | Review Count 187 |



Report to Council of Governors For Quarter 3 2021/22

March 2022



Other detail (presenter)

Chief Executive Highlights Update

Local

- **The Trust has been accredited as a 2021 Global Digital Exemplar (GDE).** As a GDE Trust, we are using new and innovative technology to empower our staff and patients, to continue providing outstanding care and further accelerate our digital maturity. We are the first of the seven Community and Mental Health NHS trusts in England to achieve GDE accreditation.
- **Expansion of the Children and Adolescent Mental Health Crisis Team** – the Trust is expanding its crisis provision by developing a Children and Young People’s intensive community and home treatment crisis function in line with the ambition in the NHS Long Term Plan.
- **“All Staff Awards”** – the Trust Staff Awards is taking place on 24 March 2022 between 2pm-3.3pm. The hybrid event will be a mix of virtual, in person and pre-recorded footage. A team of 22 judges had a tough task of whittling down more than 300 quality, creative and thought-providing entries to just 43 finalists. Each entry was marked and scored against a specific set of criteria

Chief Executive Highlights Update

National

- **COVID-19 Vaccination as a Condition of Employment** – on 6 January 2022, Parliament approved new legislation which extended the scope of mandatory vaccination requirements for staff beyond registered care homes to health and wider social care settings in England. The vaccination as a condition of deployment (VCOD) requirements include front-line workers, as well as non-clinical workers not directly involved in patient care but who may have face to face contact with patients, including ancillary staff such as porters, cleaners or receptionists. It also includes staff entering areas which are utilised for the provision of a CQC-regulated activity which may result in incidental face to face contact with patients or service users and therefore we have assessed that most of our staff are within scope of these regulations.
- On 31 January 2022, the Secretary of State announced that the legislation was now being reconsidered. The Government's decision was subject to the Parliamentary process and will require further consultation and a vote to be passed into legislation. As a result of this NHS England have requested that employers do not serve notice of termination to employees affected by the VCOD regulations. They do however remain clear that vaccination is the best way to protect yourself, your family, your colleagues and, of course, your patients from the virus and that staff have a professional duty to do so

Chief Executive Highlights Update

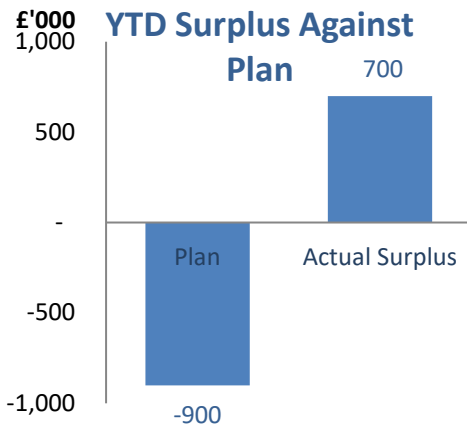
National

- **NHS England and the Care Quality Commission** will put more emphasis on trusts' 'leadership and culture' in their oversight and regulation, the government has revealed. It comes as ministers responded to the health and social care committee's report published last June on workforce burnout and the impact of resilience in both the NHS and social care. Among its 18 recommendations, the committee urged NHS England to review the role of targets across the NHS that seek to balance the "operational grip" given to senior managers against risks of inadvertently creating a culture that "deprioritises" care of patients and staff.
- **Social Care Reform White Paper – People at the Heart of Care** – the white paper was published on 1 December 2021 and sets out a 10 year vision for transforming and supporting care in England. This vision was developed following engagement with the social care sector, and the government will continue to engage with partners to support its delivery. Key points to note are as follows:
 - The White Paper follows several recently announced changes to the social care system, including a £86,000 cap on lifetime care costs, a more generous means test, and £5.4bn of additional funding for three years (raised by the new health and social care levy).

Chief Executive Highlights Update

- The Government's 10-year vision for social care provides a number of objectives including: choice, control and independence; high-quality personalised care; and a fair and accessible system.
- At this stage, there is no new funding recurrently underpinning the proposals. With £3.6bn of the £5.4bn raised for social care by the levy going towards funding the cap and means test, the White Paper sets out how the remaining £1.7bn will be spent over three years. This includes £300m to increase the range of supported housing options, and £150m to improve digital technology.

The White Paper sets out some proposals to address recruitment and retention of the social care workforce, including a skills framework and digital hub, and repeats the previously announced £500m for workforce training and development



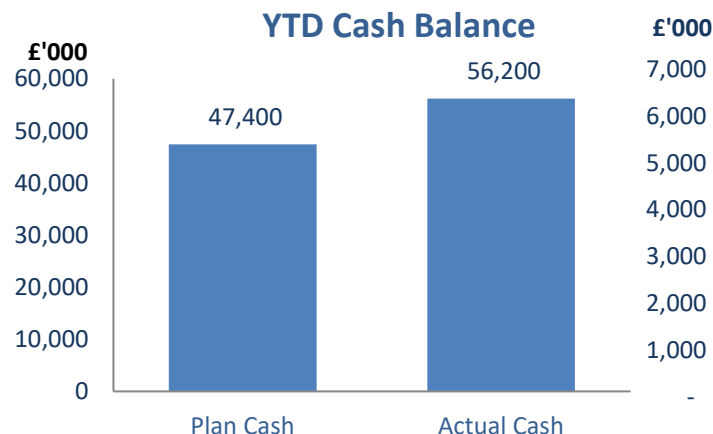
Year to Date

The Trust is ahead of plan with a year to date surplus of £0.7m against a year to date plan for a £0.9m deficit. The Trust has a plan to breakeven for the year and is currently forecasting a £1m surplus.

Marginal costs attributable to COVID19 continue to be lower than anticipated.

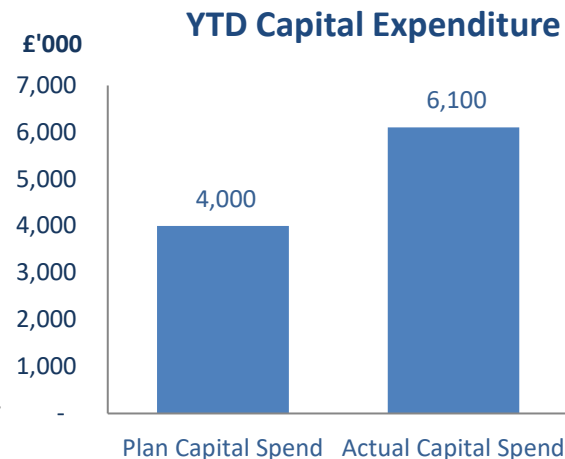
Costs have not materialised as planned in relation to the Service Development and Spending Review Funding, which has resulted in income being deferred.

We have been set an efficiency target of 0.78% for the second half of the year and we have efficiency plans to cover this.



Cash

Our cash balance at the end of December was £56.2m, £8.8m ahead of plan. This is the result of slippage on the capital programme, the year to date surplus, low working capital balances and deferred income. It is expected that this strong position will be maintained throughout the remainder of the year.



Capital Spend

The year to date underspend against the planned capital programme is £2.1m. This is due to several factors including late agreement of the plan, the phasing of the plan and the availability of materials and IT equipment. The forecast for the year is for a small underspend against the capital control total.

Friends and Family Test

| Indicator | Target | |
|---------------------|--------|-----|
| Recommendation Rate | 90% | 85% |

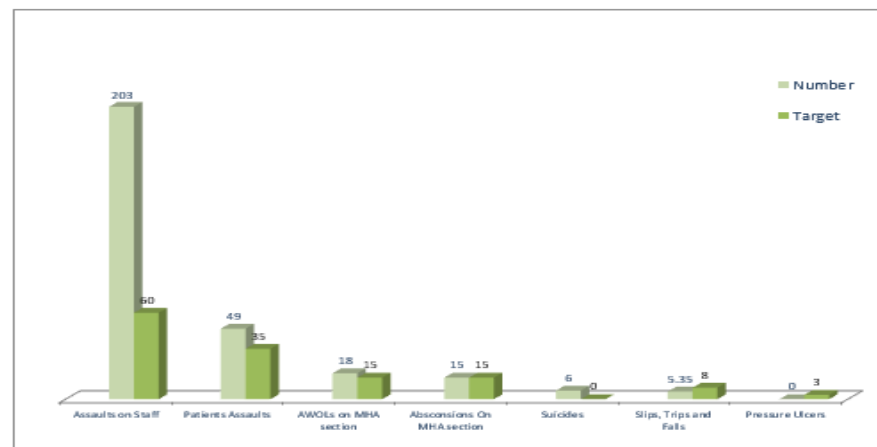
The response rate in Quarter 3 2021/22 was 4.53% against a target of 15%

Safer Staffing

| Indicator | RAG Rating |
|---------------|------------|
| Safe Staffing | Green |

There is a shortage of registered nursing staff available in the Thames Valley area and therefore registered nursing vacancies are hard to fill and good registered temporary nursing staff are equally hard to find. While we continue to actively advertise and take steps to recruit into the registered nursing vacancies on the wards we are using good temporary care staff who are available and know the wards to fill shift gaps because it is safer for patients. Whilst filling shifts with care staff maintains patient safety, having more registered nursing staff once recruited will improve staff morale as there will be greater peer support, more supervision of care staff and ultimately improved patient care.

User Safety



The above chart is showing the December 2021 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been an decrease in Assaults on Staff, Patient to Patient Assaults, AWOLs and Absconsions. There also has been a reduction in the number of apparent Suicides but an increase in Slips Trips and Falls per 10,000 occupied bed days. There have been no reported Category 3 and 4 pressure ulcers due to lapse in care in Quarter 3 2020/21.

Staff Turnover

Target
15.2%

Actual
15.3%

Agency Position

Target
< 6%

Actual
2.5%

No target during Q3 2021/22

Sickness

Target
< 3.5%

Actual
4.5%

Note: lower than the stated target means
KPI has achieved its target

Appraisals

Target
> 95%

Completed %
91.4%

The target of 95% was achieved
in July 2021

Days Taken For Recruitment

Target  55

Days Taken Q3  80.5

Board Assurance Framework Risk 2021/22 Summary

| Risk Description | Update |
|---|---|
| <p>Risk 1 Due to national workforce shortage and increasing scarce supply, pressure driven by new funding to meet demand and service development, there is a risk of failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost which could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users</p> | <ul style="list-style-type: none"> Using a quality improvement programme approach the Trust was focussing on areas of greatest staff turnover. This included: <ul style="list-style-type: none"> Achieving high levels of staff engagement across all of our services and increasing the number of staff who feel they have an influence on how we work and make decisions Enhancing career development opportunities, including learning and development Supporting staff as we come out of the pandemic and helping staff to adapt to new ways of working Strengthening our Patient Safety Culture to empower staff and patients to raise safety concerns and to facilitate learning from complaints The Trust was increasing the number of international nurses |
| <p>Risk 2 Failure to achieve system defined target efficiency and cost base benchmarks lead to an impact on funding flows to the Trust, and underlying cost base exceeding funding. Risk is described in the context of system funding allocations (CCG, spec comm budgets etc) being allocated and controlled at ICS level, flowing to providers on a risk share and/or relative efficiency basis.</p> | <ul style="list-style-type: none"> The Trust was forecasting a year end surplus of £1m Work was underway to develop the financial plan for 2022-23 |

Board Assurance Framework Risk 2021/22 Summary Continued

| Risk Description | Update |
|---|--|
| <p>New Risk 3 There is a risk that with advent of Integrated Care Boards, placing our two Integrated Care Systems on a statutory footing from April 2022 (subject to passing of the Bill), the Trust's position of influence in our systems is eroded, system partners may seek to position for opportunities around us, and our capacity to transform mental health and community services for our Berkshire Population will be constrained.</p> | <ul style="list-style-type: none"> • The Trust has held Executive to Executive meetings with Surrey and Borders and with Oxford Health NHS foundation trusts to discuss provider collaborative opportunities • The Trust is established as provider collaborative lead sponsor for Pain and Ageing Well initiatives in Frimley ICS, further opportunities being scoped by system group. • Trust CEO and other directors involved directly in ICS / ICB governance design. • Development of the wider Integrated Care Partnerships with local authority and Primary Care Network representation will be critical to shaping and agreeing priorities for each ICS. This is where the Trust will need to develop its influence, alongside ensuring representation of the provider voice on the ICB through its likely one or two members. |
| <p>Risks 4 and 5 have been amalgamated into the new Risk 3</p> | |
| <p>Risk 6 There is a risk of a rise in demand for community and mental health services and a lack of available capacity will have a significant adverse impact on some services. Services have been impacted by the pandemic which has led to an increase in the number of services with demand challenges and the need for response to unmet and increased activity. The services with the greatest risk are Mental Health Inpatient, Community Nursing, Neurodiversity (ASD & ADHD) and Common Point of Entry currently.</p> | <ul style="list-style-type: none"> • The Trust has good engagement with the developing Primary Care Networks. • The QI team has been involved in multiple projects across the organisation at front line level, divisional level, trust wide level. The QI team has also been supporting large trust wide projects such as Organisational development, leadership, medication initiation in CYPF, Serious incidents approach plus the trust Breakthrough objectives such as self-harm, physical assaults against staff and falls. • Bed Pressures team has been established and action plan developed. • External consultancy to be commissioned to review the demand for mental health beds |

Board Assurance Framework Risk

2021/22 Summary Continued



Berkshire Healthcare
NHS Foundation Trust

| Risk Description | Update |
|---|---|
| <p>Risk 7 Trust network and infrastructure at risk of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption.</p> | <ul style="list-style-type: none"> ISO27001 accreditation and annual external verification retained |
| <p>Risk 8 A COVID 19 and planning for potential future infection surge</p> <ul style="list-style-type: none"> There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of responding to potential further waves of COVID-19 alongside other viruses such as Norovirus and Flu over the winter period. There is a risk that there may be insufficient staff to provide safe care due to staff acquiring Covid 19 infection and other viruses more common over the winter months like Norovirus and Flu There is a risk that staff who could potentially transmit infection to patients and other staff in the trust where they are asymptomatic. There is a risk that lessons from previous Covid infection surges will not be fully learned, and essential improvements may not be implemented as population infection rates reduce There is a risk that patients have an adverse outcome resulting from unmet healthcare needs and waiting times as a result of Covid 19 and other viruses more common in the winter causing surge pressure on services. | <ul style="list-style-type: none"> All staff whether vaccinated or not must continue to adhere to all IPC measures put into place to mitigate transmission risk Adherence to national guidance around return to work following close contact or positive covid test including the development of a flow chart and check list available on the Trust's staff intranet to explain the current national guidance |

Board Assurance Framework Risk

2021/22 Summary Continued

| Risk Description | Update |
|--|---|
| <p>Risk 8B COVID 19 Recovery</p> <p>There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of managing services during future waves of the COVID-19 pandemic where staff in medium and low priority services may have to be redeployed to support critical and high priority services.</p> <p>Routine face to face appointments have been replaced with remote consultations where appropriate. Urgent face to face and crisis appointments have continued throughout where needed.</p> <p>There is a risk that workforce pressures and constraints may impact on decision making about appropriateness of undertaking virtual/ telephone contact versus face-to-face contact.</p> <p>The impact of COVID-19 on services and staff and their ability to remain resilient and at work needs to be a continued focus.</p> | <ul style="list-style-type: none"> • BHFT website is regularly updated with the latest service provision information and is also shared with Healthwatch • A demand modelling tool has been built and it currently being populated with community services activity data • Working well with system partners and having conversations of around recovery demand & capacity mapping in preparation for system recovery. • Reducing Health Inequalities action plan drafted & Quality Improvement workshop held |

Key Performance Indicators – Oversight Framework



| <u>KPI</u> | <u>Target</u> | <u>Actual</u> | <u>Definition</u> |
|---|---------------|---------------|--|
| 72 hours Follow Up | 80% | 94% | This is the percentage of Mental Health Patients discharged from our wards who were seen within 3 days of discharge. |
| DM01 Diagnostics Audiology - 6 weeks | 99% | 99.59% | This is the percentage of patients waiting 6 weeks or less for Audiology diagnostic tests. |
| A&E 4 Hour Waits | 95% | 99.39% | This is the percentage of patients waiting in the Trust's Minor Injury Unit to treat/discharge or transfer within 4 hours. |
| RTT Community: incomplete pathways | 92% | 99.90% | This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams. |
| | | 63 | |

Key Performance Indicators - Oversight Framework Continued

| KPI | Target | Actual | Definition |
|---|--------|--------|---|
| Urgent Community Response | TBC | 87.70% | This is an indicator for our Community Health Services which measures the percentage of urgent referrals seen within 2 hours. A 70% national target will be in place from 2021/2022 |
| Early Intervention in Psychosis New Cases - 2 week wait | 60% | 83.30% | This is the percentage of patients who present with first episode psychosis, who are assessed and accepted onto a caseload and receive a NICE Concordant package of care. |
| Out of Area Placements occupied bed days - East CCGs | 110 | 175 | The number of occupied bed days for acute and older adult from Frimley CCGs who were sent out of area as there was no bed available within the Trust. |

Key Performance Indicators Oversight Framework Continued

| KPI | Target | Actual | Definition |
|---|-------------------|-----------------------|--|
| Out of Area Placements occupied bed days - West | 110 | 230 | The number of occupied bed days for acute and older adult patients, from West CCGs who were sent out of area as there was no bed available within the Trust. |
| Improving Access to Psvchological Assessment Treatment and Recovery | 75% 95% 50% | 97% 100% 54.00% | This measures the percentage of IAPT patients who were assessed within 6 weeks, started treatment within 18 weeks, and the percentage of those who have recovered. |
| Clostridium Difficile due to Lapse In Care - Year to Date | 6 | 2 | This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services. 2 Cases - 1 each for Orchid ward and Windsor ward were identified in Quarter 3 2021/22. |

Key Performance Indicators – Oversight Framework Continued



| <u>KPI</u> | <u>Target</u> | <u>Actual</u> | <u>Definition</u> |
|---------------------------|---------------|---------------|--|
| MRSA | 0 | 0 | This is the number of cases of the infection methicillin-resistant Staphylococcus aureus identified on our wards as occurring due to lapse in care. |
| Gram Negative Bacteraemia | 0 | 0 | This is the number of cases of infection Gram Negative Bacteraemia cases including, E coli , Pseudomonas and Klebsiella identified on our wards as occurring due to lapse in care. Whilst 11 cases have been reported, none have been identified as lapse in care. |
| MSSA | 0 | 0 | This is the number of cases of the infection Methicillin-sensitive Staphylococcus aureus identified on our wards as occurring due to lapse in care. |

Annual Plan on a Page 2022/23



Berkshire Healthcare
NHS Foundation Trust

Our vision: To be recognised as the leading community and mental health service provider by our staff, patients and partners.



Harm-free care

Providing safe services

- We will protect our patients and staff from getting COVID-19 by using appropriate infection control measures
- We will identify and prioritise patients at risk of harm resulting from waiting times, and always ensure face to face care where clinically indicated
- We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all of our services
- We will recognise and respond promptly to physical health deterioration on our in-patient wards
- We will improve the physical health of people with serious mental illnesses
- We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents



Good patient experience

Improving outcomes

- We will reduce the number of patients waiting for our services
- We will identify and address inequality of access to services and improve outcomes
- We will collect more patient and carer feedback and use this to deliver improvements in our services



Supporting our people

A great place to work

- We will ensure our teams have access to effective health and wellbeing support
- We will promote a culture of respect, compassion and kindness
- We will not tolerate bullying, harassment or abuse of any kind
- We will support staff to work flexibly and connect with their teams
- We will act on feedback from staff in order to further improve satisfaction and address any identified inequalities
- We will provide opportunities for staff to show initiative and make improvements through great team working, Quality Improvement and Bright Ideas
- We will support staff to achieve their career aspirations



Money matters

A financially sustainable organisation

- We will work as a team to manage within the financial plan for our service
- We will work as a team to identify and deliver improved productivity

With our health and care partners: We will work in partnership with our health and social care partners to address Health Inequalities and to collaborate on the redesign of services to provide better and more efficient care.

Update on our Quality Improvement (QI) programme 2022

Council of Governors – March 2022



GDE
Digital solutions for
outstanding healthcare

QI team

9 team members work full time in the QI team.

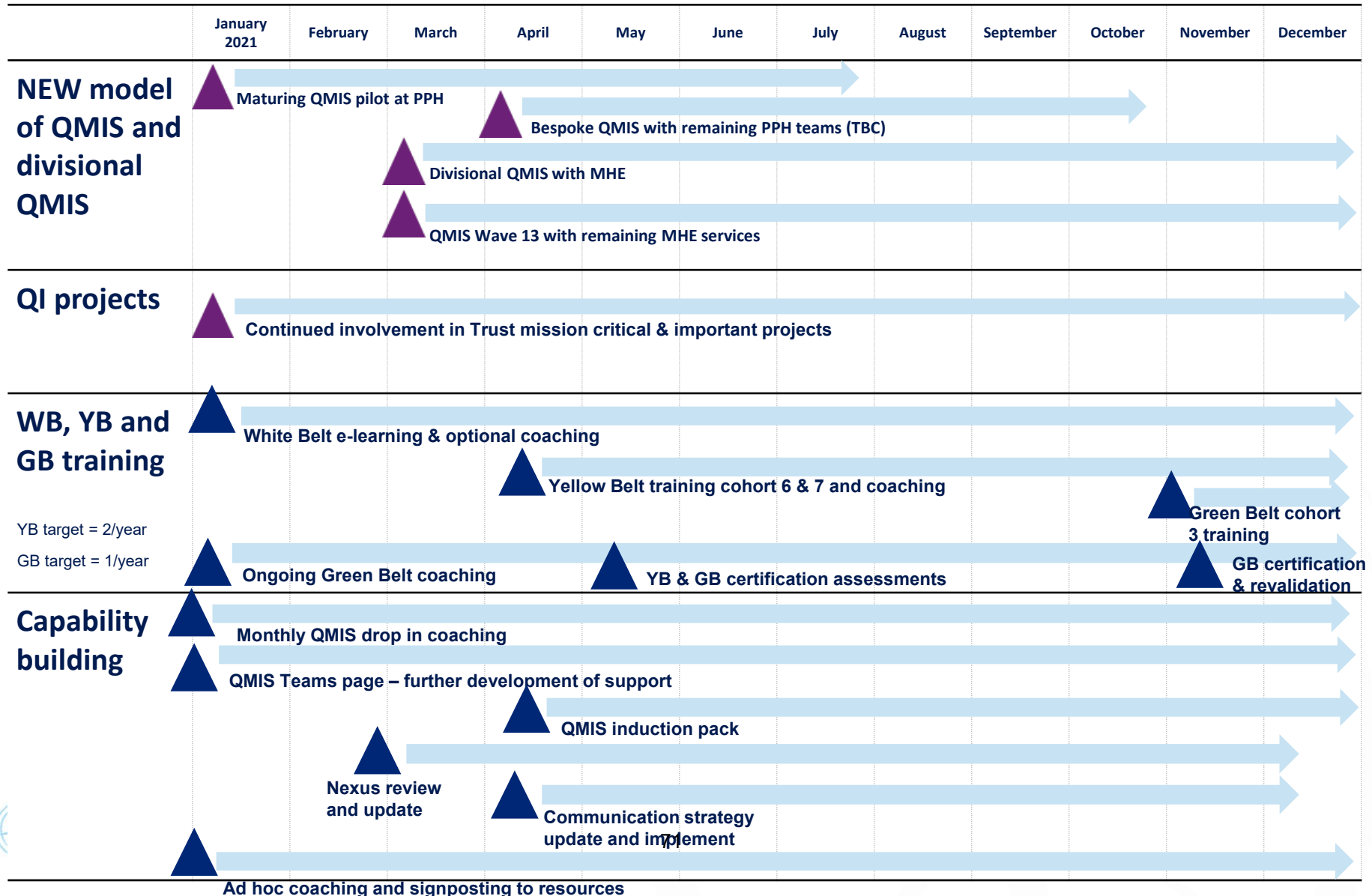
- ❑ There has been some staff turnover in the last year but we are now fully recruited to all posts. 2 team members have been recruited from a business/ commercial (non NHS) background which has add a new objectivity and challenge to the teams usual ways of working.

- ❑ There are 4 main branches of the work which the team continue to lead:
 - ❖ Quality management improvement training (QMIS) – divisional and frontline
 - ❖ Strategy deployment
 - ❖ Project leadership
 - ❖ Capability building

Quality management improvement system (QMIS) training

- Just over 53% of clinical and 38% of corporate teams are now trained and we are about to (March) roll out wave 15 to 5 teams in the mental health west division.
- Wave 16 is also planned for August when the remainder of this division will be completed along with 1 or 2 Corporate teams.
- Bespoke training is also underway (POS and CJLD) for those teams that don't quite fit into the traditional model of training.
- The road map of training will continue for the next 2 years (delayed slightly due to Covid).

QI Programme Road Map 2021



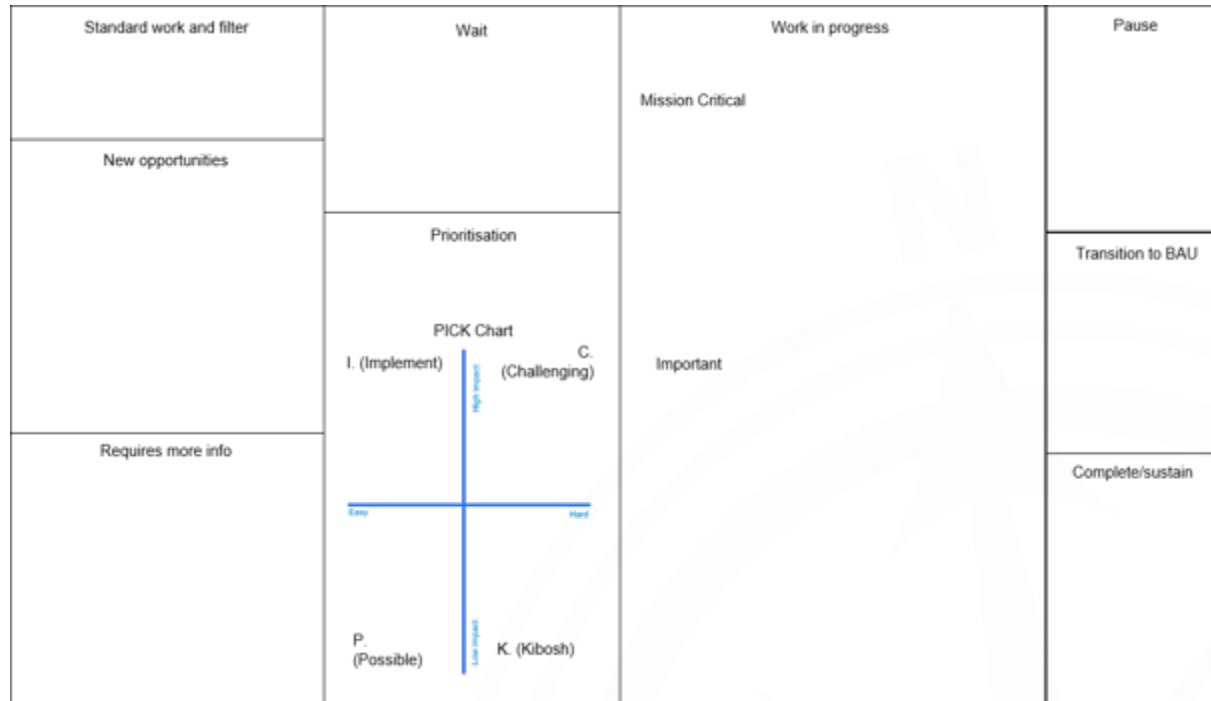
Strategy deployment

Our True North, strategic priorities are cascaded to the organisation through the annual plan on a page so that all are aware of the improvement outcomes that we want to achieve in the coming year.

We do this with:

1. **Breakthrough objectives**- e.g. reduction in falls, reduction in self harm, reduction in staff assaults, increase in the percentage of people with an SMI diagnosis receiving physical health checks.
2. **Objective dialogue with each division** on project prioritisation
3. **Objective dialogue with each division** on performance metrics
4. Trust wide **project prioritisation** through Business and Finance executive committee.

Original Trust project prioritisation board v1



Trust project prioritisation board now– virtual

Project leadership

We train our staff in **yellow belt** and **green belt** accredited QI qualifications (through Cardiff university) – who then lead projects in their own divisions (trained **250** and **29**).

The QI team lead on larger more complex projects that cannot be resolved using QMIS.

- ❖ EUPD pathway development (18 month project)
- ❖ CYPF referrals and processes
- ❖ Serious incident review process.

Rapid Improvement Events (RIEs) led by green belts
e.g. Racial abuse at PPH, reducing prone restraint (PPH), reducing waiting times for wheelchairs (Mobility service)

How do we keep this all going?

4th arm of the work – sustainability and maturity.

Eventually the QI team will not be a training team, it will be a coaching, supporting and leading team for continuous improvement across the Trust with a business partnering model for each division.

We are developing a maturity assessment tool that each division will be able to use, rate themselves and then the QI team can target support in specific areas/teams.

What have we learnt ?

- Training a new way of problem solving and improvement across the whole of the Trust in a multitude of complex, different teams with large operational challenges is hard.
- Embedding QI is no quick fix.
- It takes a lot of time, energy, passion and credibility to support teams to change their behaviour and not revert back to old ways of working.
- Having Executive support is crucial, the COO, Deputy CEO and CEO in particular has been very supportive of the programme.
- A breakthrough objective strategy and review of current position of these is under review. Clear strategy and dates are fundamental to measurement of success.
- Embedding a new way of working across the Executive committees is beginning to develop (patient safety strategy, serious incidents, Transformation delivery group) so that the golden thread of information and ways of working is linked from the ground floor up and the Exec team down.
- Maintaining a stable QI team has been a real challenge, the team have constantly been training new colleagues to deliver the programme. It's not an easy job!
- Covid delayed the programme by 18 months however virtual ways of working for QI have been recognised as ground-breaking and an exciting development.

Real successes:

- ✓ Rapid improvement events have been used to tackle really challenging, longstanding issues – in the last year -racial abuse experienced by staff at PPH (4 days) and falls across the community teams and mental health wards (3 days) have been held face to face facilitated by the QI team with great staff engagement.
- ✓ With focus and designated time, staff using the QI methodology can make major differences to patients lives – this year the continuing stability in the reduction in prone restraint at PPH (where once we were a major outlier nationally) and the major increase in the uptake of physical health checks for people with serious mental ill health have been driven by QI Green belt senior staff using QI methodology.
- ✓ Virtual QMIS (forced by Covid but seen now, as a very time saving way of working) has been a real success across many teams.
- ✓ Excitement continues across many teams to reduce wasteful activities, do many things in a more “lean” way and personally tackle long standing problems.

Any questions?



Thank you