



**Berkshire Healthcare**  
NHS Foundation Trust

# **Berkshire Healthcare NHS Foundation Trust Annual Complaints Report**

**April 2024 to March 2025**

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## 1. Introduction and executive Summary

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

This report looks at the application of the Complaints Process within the Trust from 1 April 2024 to 31 March 2025 and uses data captured from the Datix incident reporting system.

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

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

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

The number of Formal Complaints received has reduced from 281 to 230, with the table below reporting the activity over time. This shows that whilst we received the highest number of Formal Complaints this year, it is important to consider this in terms of the number of patient contacts and the % of these contacts that result in a Formal Complaint being made:

Year	Number of Formal Complaints received	% of Patient Contacts
2024/25	230	0.032%
2023/24	281	0.030%
2022/23	240	0.043%

The Trust actively promotes feedback as part of 'Learning from Experience', which within the Complaints Office includes activity such as enquiries, services resolving concerns informally,

working with other Trusts on joint complaints, responding to the office of Members of Parliament who raise concerns on behalf of their constituents, complaints raised via the CQC and through advocacy services. The Trust has continued to achieve a 100% response rate in responding to complainants within an agreed timescale, and continues to monitor an internal target of 25 working days (with the complexity of a number of the complaints that we receive and the availability of operational staff this internal target is not always possible).

There has been a significant decrease in the number of enquiries/concern raised by MPs:

Year	Number of MP enquiries/concerns
2024/25	21
2023/24	73
2022/23	88

CAMHS continues to be the main service MPs contact the Trust about, however activity has increased to 38% from 34% last year (compared with 66% the year before); the main theme of these being waiting times (62.5%). CRHTT received the second highest level of MP activity with 14%, and of these, 67% (n2 out of n3) were about services based in the West of the County.

## 2. Complaints received – activity.

### 2.1 Overview

During 2024/25, 230 Formal Complaints were received into the organisation. Table 1 shows the number of Formal Complaints by service and compares them to the previous financial year.

**Table 1: Formal Complaints received.**

Service	2023/24						2024/25						Comparison to last FY
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Q3	Q4	Total for year	% of Total	
CMHT/Care Pathways	16	6	13	14	49	17.44%	12	13	7	9	41	17.83	↓
CAMHS - Child and Adolescent Mental Health Services	8	11	7	9	35	12.45%	10	13	3	5	31	13.48	↓
Crisis Resolution & Home Treatment Team (CRHTT)	5	10	5	6	26	9.25%	5	3	2	8	18	7.83	↓
Acute Inpatient Admissions – Prospect Park Hospital	10	2	4	7	23	8.19%	8	3	11	5	27	11.74	↑
Community Nursing	3	6	5	3	17	6.05%	6	3	1	1	11	4.78	↓
Community Hospital Inpatient	1	2	5	4	12	4.27%	4	4	4	1	13	5.65	↑
Common Point of Entry	1	3	0	0	4	1.42%	2	3	0	1	6	2.61	↑
Out of Hours GP Services	1	2	7	4	14	4.98%	2	2	3	5	12	5.22	↓

PICU - Psychiatric Intensive Care Unit	0	0	1	0	1	0.36%	0	2	2	0	4	1.74	↑
Urgent Treatment Centre	1	1	2	1	5	1.78%	1	0	0	0	1	0.43	↓
Older Adults Community Mental Health Team	1	2	1	0	4	1.42%	1	0	0	1	2	0.87	↓
Other services during quarter	21	19	25	26	91	32.38%	17	18	17	12	64	27.83	↓
<b>Grand Total</b>	68	64	75	74	281	100	68	64	50	48	230	100	↓

Of the 230 Formal Complaints that were received, 50 were secondary complaints (27 of these were from 11 people). In comparison, of the 281 Formal Complaints that were received the previous year, 38 were secondary complaints (35 of these were from 8 patients). This demonstrates an increase in secondary complaints from 12.5% to 22% of total complaints being secondary.

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

**Table 2: Themes of Complaints received.**

Main subject of complaint	Number of Complaints	% of Complaints
Alleged Abuse, Bullying, Physical, Sexual, Verbal	5	2.17%
Access to Services	6	2.61%
Admission	1	0.43%
Attitude of Staff	28	12.17%
Care and Treatment	120	52.17%
Communication	31	13.48%
Confidentiality	5	2.17%
Discharge Arrangements	6	2.61%
Discrimination, Cultural Issues	2	0.87%
Financial Issues/Policy	2	0.87%
Medical Records	2	0.87%
Medication	9	3.91%
Waiting Times for Treatment	9	3.91%
Support Needs (Including Equipment, Benefits, Social Care)	1	0.43%
Patients Property and Valuables	1	0.43%
Other	2	0.87%
<b>Grand Total</b>	230	100.00%

The main theme of complaints received during 2024/25 was care and treatment with 52.17% an increase from 47.69% the previous year. Communication (with 13.48% shows a slight increase from 11.39%) and attitude of staff (12.17% shows a reduction from 13.88%) remain the other 2 areas with the highest number of Formal Complaints, and these remain the top 3 themes for Formal Complaints year on year.

Complaints received in relation to care and treatment are wide ranging and focus very much on individual circumstances and therefore it has not been possible to pick up themes or areas for specific action by services in relation to these.

The following tables show a breakdown for 2024/25 of the Formal Complaints that have been received and where the service is based.

## 2.2 Mental Health service complaints

**Table 3: Mental Health Service complaints**

Service	Number of Complaints
A Place of Safety - Patient Admitted to POS	1
Adult Acute Admissions - Bluebell Ward	2
Adult Acute Admissions - Daisy Ward	11
Adult Acute Admissions - Rose Ward	5
Adult Acute Admissions - Snowdrop Ward	2
CMHT/Care Pathways	42
CMHTOA/COAMHS - Older Adults Community Mental Health Team	2
Common Point of Entry	6
Crisis Resolution and Home Treatment Team (CRHTT)	18
Early Intervention in Psychosis - (EIP)	1
IMPACTT	2
Mental Health Act Department	1
Mental Health Integrated Community Service	7
Older Adults Inpatient Service - Orchid ward	3
Older Adults Inpatient Service - Rowan Ward	2
Other	3
Out of Area Placements	1
PICU - Psychiatric Intensive Care - Sorrel Ward	4
Psychological Medicine Service	5
Talking Therapies - PWP Team	1
Traumatic Stress Service	1
Grand Total	120

### 2.2.1 Mental Health Complaints by service

The adult mental health services receiving higher numbers of Formal Complaints in 2024/25 are detailed further below.

#### Community Mental Health teams (CMHT)

**Table 4: CMHT complaints**

Main Subject of Complaint	Geographical Locality							Grand Total
	Bracknell	Reading	Slough	Unknown	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Access to Services		1			1			2
Admission	1							1
Attitude of Staff	1		3		2	1		7
Care and Treatment	3	4	4	1	4	4	7	27
Communication	1	1	1			1		4
Discharge Arrangements			1					1
Medical Records						1		1
Medication					1			1
<b>Grand Total</b>	<b>6</b>	<b>6</b>	<b>9</b>	<b>1</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>44</b>

#### Adult mental health inpatients

**Table 5: Adult mental health inpatient ward complaints**

Main subject of complaint	Ward/area									Grand Total
	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	Mental Health Act Department	Orchid ward	Rowan Ward	Historical complaints	Sorrel Ward	
Abuse, Bullying, Physical, Sexual, Verbal		2							1	3
Attitude of Staff		1							1	2
Care and Treatment	2	4	2	1	1	1	2	3	1	17
Communication			2							2
Confidentiality			1							1
Discharge Arrangements		1		1					1	3
Discrimination, Cultural Issues		2								2
Medication		1				1				2
Other						1				1
<b>Grand Total</b>	<b>2</b>	<b>11</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>33</b>

Sorrel ward received 4 Formal Complaints compared to 1 the year before and 7 for both previous 2 years.

There was 1 complaint about A Place of Safety (APOS).

Daisy Ward received the highest number of Formal Complaints, however there were no specific themes for these.

## CRHTT

Table 6 below demonstrates that there has been a decrease in the number of Formal Complaints received about CRHTT to 18, from 26 last year and 22 in 2022/23.

**Table: 6 CRHTT complaints**

Main subject of complaint	Geographical Locality				Grand Total
	Bracknell	Reading	Windsor, Ascot and Maidenhead	Wokingham	
Access to Services			1		1
Attitude of Staff	1	1			2
Care and Treatment	2	3	4	1	10
Communication		3	2		5
Grand Total	3	7	7	1	18

## 2.3 Community Health Service Complaints

Community Health Service complaints accounted for 24% a reduction from 27% last year and compared with 16% in 2022/23.

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

**Table 7: Community Health Service Complaints**

Service	Geographical Locality							Grand Total
	Bracknell	Reading	Slough	Unknown	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Acute Dietetics					1			1
Cardiac Rehab		1						1
Community Dental Services					1			1
Ascot Ward							1	1
Donnington Ward					2			2
Henry Tudor Ward						2		2
Highclere Ward					2			2
Jubilee Ward			1					1
Windsor Ward							4	4
Community Matron	2						1	3
Community Physiotherapy	1							1
Continence				1	1		1	3
District Nursing	2	2			1		2	7
Hearing and Balance Services						1		1
Integrated Pain and Spinal Service - IPASS		1			1		4	6
Musculoskeletal Community Specialist Service		1					1	2
Out of Hours GP Services		9			1	1	1	12
Phlebotomy					2			2
Urgent Community Response - UCR		1						1
Urgent Treatment Centre					1			1
Grand Total	5	15	1	1	13	4	15	54



### 2.3.1 Community Health Complaints by service

The top 3 community services receiving Formal Complaints in 2024/25 are detailed further below.

#### Community Nursing

As detailed in Table 8; 8 of the 10 complaints were regarding care and treatment, a review of these has not identified any themes. There were 18 last year a further decrease from 38 2022/23 and the decrease is reflective of the ongoing work underway within the Division.

**Table 8: Community Nursing Service complaints**

Main subject of complaint	Geographical Locality				Grand Total
	Bracknell	Reading	West Berks	Wokingham	
Care and Treatment	4	2		2	8
Communication			1		1
Financial Issues/Policy				1	1
Grand Total	4	2	1	3	10

#### Community Health Inpatient Wards

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

Main subject of complaint	Ward						Grand Total
	Ascot Ward	Donnington Ward	Henry Tudor Ward	Highclere Ward	Jubilee Ward	Windsor Ward	
Care and Treatment	1	2	1	1		4	9
Communication			1		1		2
Medication				1			1
Grand Total	1	2	2	2	1	4	12

There has been targeted work to reduce complaints on the wards, particularly on Oakwood Ward which has previously had a higher number of complaints and received none over the past two years.

#### WestCall Out of Hours GP Service

As shown in the table below, WestCall received 12 Formal Complaints compared to 14 last year and 4 during 2022/23. Care and treatment was the highest subject and there no specific themes of the complaints.

**Table 10: WestCall Out of Hours GP Service complaints**

Main subject of complaint	Geographical Locality				Grand Total
	Reading	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Attitude of Staff	3			1	4
Care and Treatment	4	1	1		6
Medication	2				2
Grand Total	9	1	1	1	12

## 2.4 Children, Young People and Families

**Table 11: Children, Young People and Family Service Complaints**

Service	Geographical Locality							Grand Total
	Bracknell	Reading	Slough	Unknown	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
CAMHS - AAT					1		1	2
CAMHS - ADHD	1	4	2	1	2			10
CAMHS - Anxiety and Depression Pathway						1	1	2
CAMHS - Anxiety Disorder Treatment Team (ADTT)						1		1
CAMHS - Common Point of Entry (Children)							1	1
CAMHS - Learning Disabilities		1						1
CAMHS - Rapid Response		5	1		1			7
CAMHS - Specialist Community Teams		2					1	3
CAMHS General		3	1		1			5
Children's Occupational Therapy - CYPIT						2		2
Community Team for People with Learning Disabilities (CTPLD)		2	1					3
Eating Disorders Service						2		2
Family Safeguarding					1			1
Health Visiting							1	1
Immunisation		1						1
Learning Disability Service Inpatients - Campion Unit - Ward		4						4
Neurodevelopmental Services		2						2
Other		1						1
Phoenix							1	1
School Nursing		1						1
Grand Total	1	26	5	1	6	6	6	51

The remaining 5 Formal Complaints were about site services (parking at West Berkshire Community Hospital and processes for medical records).

**Table 12: CAMHS Complaints**

Service	Main subject of complaint								Grand Total
	Access to Services	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangement	Medication	Waiting Times for Treatment	
CAMHS - AAT		1						1	2
CAMHS - ADHD	1		2			1		6	10
CAMHS - Anxiety and Depression Pathway			2						2
CAMHS - Anxiety Disorder Treatment Team (ADTT)							1		1
CAMHS - Common Point of Entry (Children)				1					1
CAMHS - Learning Disabilities		1							1
CAMHS - Rapid Response		3	3					1	7
CAMHS - Specialist Community Teams	1		2						3
CAMHS General			3	1	1				5
Phoenix			1						1
Grand Total	2	5	13	2	1	1	1	8	33

### 3 Complaints closed – activity.

As part of the process of closing a Formal Complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome). The table below shows the outcome of complaints.

**Table 13: Outcome of closed Formal Complaints**

Outcome	2023/24						2024/25						% totals Compared to 23/24
	Q1	Q2	Q3	Q4	Total	% of 23/24	Q1	Q2	Q3	Q4	Total	% of 24/25	
Locally resolved/not pursued	0	4	1	3	8	3.11	0	1	1	0	2	1.07	↓
Not Upheld	20	25	30	25	100	38.91	19	24	29	14	86	45.99	↑
Partially Upheld	22	26	24	32	104	40.47	9	29	19	13	70	37.43	↓
Upheld	11	9	12	9	41	15.95	12	3	7	3	25	13.37	↓
SUI	0	0	2	2	4	1.56	1	1	1	0	3	1.60	↔
<b>Grand Total</b>	<b>53</b>	<b>64</b>	<b>69</b>	<b>71</b>	<b>257</b>		<b>41</b>	<b>58</b>	<b>57</b>	<b>30</b>			

There was also one formal complaint received this year where the patient declined to give consent.

Complaints can cover several services and issues which are investigated as individual points which contributes towards higher partially upheld outcomes. We are monitoring the

percentage of upheld and partially upheld as a performance measure, aiming to see a reduction.

**Table 14: Outcome of closed Formal Complaints by main subject**

Main subject of complaint	Outcome of investigation							Grand Total
	Not Upheld	Partially Upheld	Upheld	Local Resolution	Patient Safety process	Consent Not Granted	Referred to other organisation	
Abuse, Bullying, Physical, Sexual, Verbal	2	1	1					4
Access to Services	1	2	1					4
Attitude of Staff	12	12		1	1		1	27
Care and Treatment	44	32	14		2			92
Communication	10	10	6					26
Confidentiality	3	1						4
Discharge Arrangements	1	4	1					6
Discrimination, Cultural Issues	1	2						3
Financial Issues/Policy	1		1					2
Medication	2	2	1			1		6
Patients Property and Valuables	2							2
Waiting Times for Treatment	3	4						7
Medical Records	1							1
Support Needs (Including Equipment, Benefits, Social Care)	1							1
Other	2							2
Grand Total	86	70	25	1	3	1	1	187

**Table 15: Outcome of closed Formal Complaints by main subject and percentage**

Main subject of complaint	Outcome of investigation							Grand Total
	Not Upheld	Partially Upheld	Upheld	Local Resolution	Serious Untoward Incident Investigation	Consent Not Granted	Referred to other organisation	
Abuse, Bullying, Physical, Sexual, Verbal	50.00%	25.00%	25.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Access to Services	25.00%	50.00%	25.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Attitude of Staff	44.44%	44.44%	0.00%	3.70%	3.70%	0.00%	3.70%	100.00%
Care and Treatment	47.83%	34.78%	15.22%	0.00%	2.17%	0.00%	0.00%	100.00%
Communication	38.46%	38.46%	23.08%	0.00%	0.00%	0.00%	0.00%	100.00%
Confidentiality	75.00%	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Discharge Arrangements	16.67%	66.67%	16.67%	0.00%	0.00%	0.00%	0.00%	100.00%
Discrimination, Cultural Issues	33.33%	66.67%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Financial Issues/Policy	50.00%	0.00%	50.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Medication	33.33%	33.33%	16.67%	0.00%	0.00%	16.67%	0.00%	100.00%
Patients Property and Valuables	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Waiting Times for Treatment	42.86%	57.14%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Medical Records	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Support Needs (Including Equipment, Benefits, Social Care)	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Other	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Grand Total	45.99%	37.43%	13.37%	0.53%	1.60%	0.53%	0.53%	100.00%

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

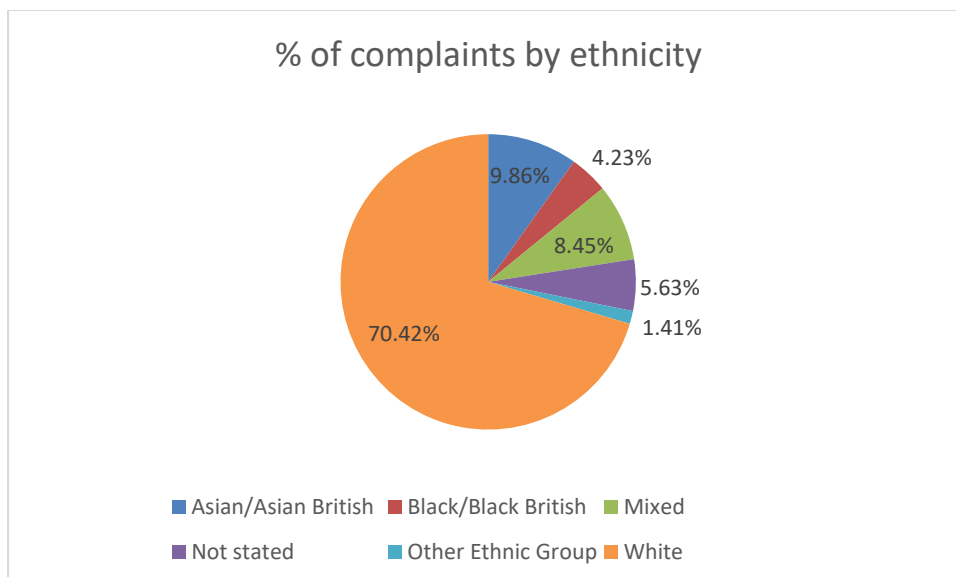
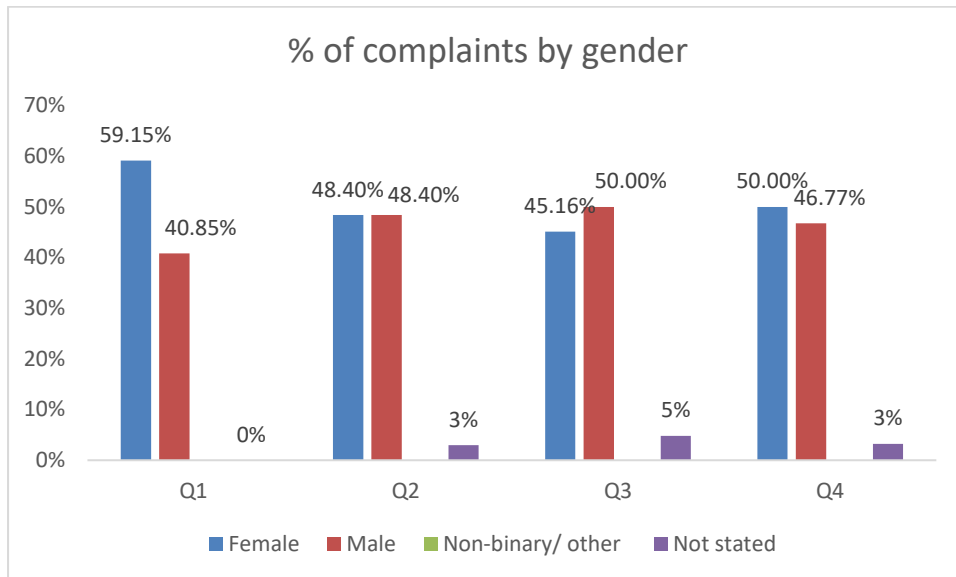
**Table 16– Response rate within timescale agreed with the complainant.**

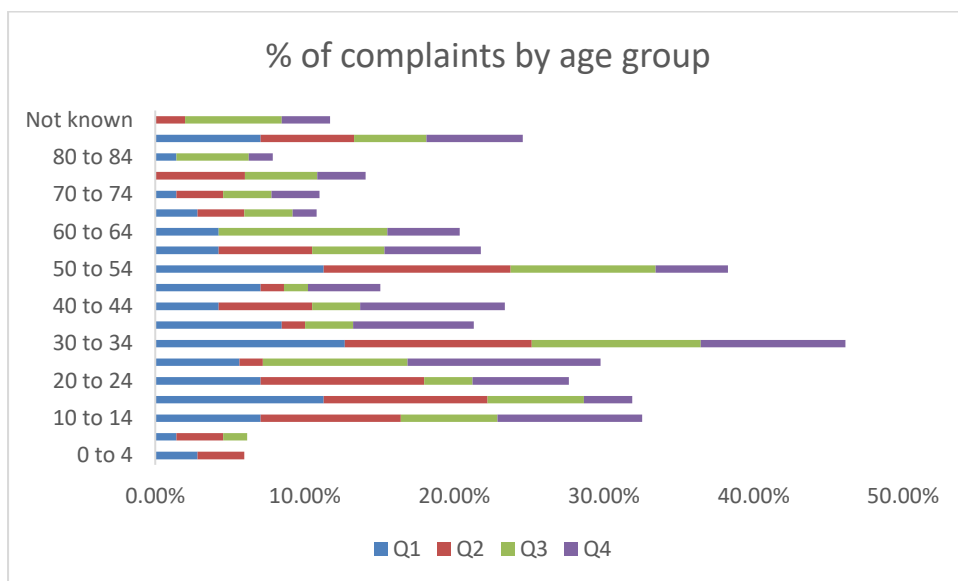
2023/24				2024/25			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
100	100	100	100	100	100	100	100

## 4 Understanding the demographics

During this year we have started to monitor the demographics of people who give us feedback, through both the patient feedback survey (iWGC) and formal complaints and we compare this to the demographics of the people who have received a service from the Trust. The demographics we currently review are age, gender and ethnicity.

The graphs below show the demographic for complaints over the year.





Most recently in quarter 4, we started to monitor the outcome of Formal Complaint by gender. This is shown in the table below and will continue to be monitored during 2025/26 in the quarterly report.

Gender - as stated	Not Upheld	Partially Upheld	Upheld	Grand Total
Female	33.33% (reduction from 55%)	61.11% (increase from 45%)	5.56% (increase from 0%)	100.00%
Male	68.75% (reduction from 75%)	18.75% (increase from 13%)	12.50% (stayed the same as Q3)	100.00%
Not stated	50.00%	41.67%	8.33%	100.00%
Grand Total	50.00% (decrease from 67%)	41.30% (increase from 26%)	8.70% (increase from 7.4%)	100.00%

## 5 Complaints as a mechanism for change – learning

The Divisions monitor the outcomes and learning from complaints within their Patient Safety and Quality Meetings. A Patient Safety, Experience and Learning Group takes place on a weekly basis, and further learning is shared and disseminated in a Trust wide newsletter called Circulation.

## 6 Parliamentary and Health Service Ombudsman

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

**Table 17: PHSO activity**

Month opened	Service	Month closed	Current stage
Feb-24	CAMHS - Specialist Community Team	Awaiting update	PHSO have requested further information
Sept-24	Community Dental Service	Ongoing	Documents sent to PHSO
Sept-24	CMHT/Care Pathways	Ongoing	Documents sent to PHSO
Oct-24	Older Adults Inpatient Service - Rowan Ward	Ongoing	Documents sent to PHSO
Oct-24	IPS - Individual Placement support	Ongoing	Small financial remedy offered
Dec-24	District Nursing	Ongoing	Documents requested by PHSO

## 7 Multi-agency working

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

There were 14 multi-agency complaints responded to in 2024/25, which is a significant increase from 3 the previous year and compared to 14 in 2022/23. 2 of these were about our Children, Families and All Age services, 6 were about our physical health services and 6 were about mental health services.



**Table 18: Formal Complaints led by other organisations**

Lead organisation	2021/22	2022/23	2023/24	2024/25
Berk West CCG/ICB	1	1	1	3
CCG - Frimley/ICB	2	0	1	2
EBPCC OOH	1	0		0
Frimley health	2	0		2
GP	1	0		0
Local Authority	1	1		0
NHSE	4	1		0
Oxford University Hospitals				1
RBH	3	3	1	2
SCAS	10	8		1
Wexham Park	2	0		3
Grand Total	27	14	3	14

## 8 Complaints training

Our complaint handling and response writing training available to staff continues to be delivered online over MS Teams and takes place on a regular basis (with a waiting list) across the different Divisions, in addition to bespoke, tailored training for specific teams which has taken place to staff groups and teams.

## 9 Mortality Review Group

Our complaints process works alongside our patient safety and Mortality Review Group (linking in as part of the Patient Safety Incident Response Framework; PSIRF) having a direct link to ensure that any complaint involving a patient death is reviewed. Weekly and monthly meetings with the Patient Safety Team take place to ensure that we are working effectively and identifying any themes or emerging patterns.

The Trust Mortality and Patient Safety Group (MAPS) met twice monthly, and the Complaints Office provided information into this group. There were 11 Formal Complaints forwarded to MAPS this year, compared with 16 in 2023/24 and 22 in 2022/23.

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

**Table 19: Complaints forwarded to Mortality and Patient Safety Group**

Service	Number of complaints
Adult Acute Admissions - Rose Ward	1
Community Hospital Inpatient Service - Donnington Ward	1
Community Hospital Inpatient Service - Highclere Ward	1
Community Hospital Inpatient Service - Jubilee Ward	1
Community Matron	2
Crisis Resolution and Home Treatment Team (CRHTT)	1
District Nursing	1
Older Adults Inpatient Service - Orchid ward	1
Out of Hours GP Services	1
Urgent Community Response - UCR	1
Grand Total	11