

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 14 June 2017
starting at 10.00 am
At Easthampstead Baptist Church, South Hill Road, Bracknell

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	Welcome & introductions	Chair	2
2.	Apologies for Absence	Company Secretary	1
3.	Declarations of Interest 1. Amendment to the Register 2. Agenda items	All All	1
4.	Minutes of Last Formal Meeting of the Council of Governors – 22 March 2017	Chair	2
5.	Matters Arising	Chair	5
6.	NHS Staff Survey 2016 (<i>Enclosure</i>)	Bev Searle, Director of Corporate Affairs	10
7.	Presentation on SHARoN	Bryony Gibson, Perinatal Service Manager and Sara Wise, SHARoN, Project Lead	30
8.	Committee/Steering Groups Reports: a. Living Life to the Full (<i>Enclosure</i>) b. Membership & Public Engagement (<i>Enclosure</i>) c. Quality Assurance meeting (<i>Verbal</i>)	Committee Group Chairs and Members	10
9.	Review of the Council of Governors	Chair	20
10.	Executive Reports from the Trust 1. Performance Report (<i>Enclosure</i>) 2. Patient Experience Quarter 4 Report (<i>Enclosure</i>)	Julian Emms, Chief Executive Jayne Reynolds, Deputy Director of Nursing	20
11.	Non-Executive Directors: a) Re-appointment of Chris Fisher, Non-Executive Director b) Process for the Appointment of a New Non-Executive Director to replace Mark Lejman, Non-Executive Director	Chair	10

	(Enclosure)		
12.	Lead Governor and Deputy Lead Governor – The Council is asked to extend the current term of office to September 2017 (Verbal)	Chair	2
13.	Any Other Business	Chair	15
14.	Dates of Next Meetings 12 th July 2017 – Council of Governors & Non-Executive Directors 13 th September 2017 – Council of Governors and Annual Members' Meeting <i>(Meetings held at Easthampstead Baptist Church)</i>		

Council of Governors

Wednesday 22nd March 2017

Minutes

Public Governors	Martin Earwicker, Chair Ruffat Ali-Noor Amrik Banse John Barrett Linda Berry Andrew Horne Tom Lake June Leeming Robert Lynch Verity Murrice Paul Myerscough Nigel Oliver Suzanna Rose Gary Stevens Tom O'Kane Pat Rodgers Krupa Patel
Staff Governors	June Carmichael Jeremy Lade Julia Prince Amanda Mollett
Appointed Governors	Adrian Edwards Isabel Mattick Ali Melabie Richard Dolinski Bet Tickner
In attendance:	Jayne Reynolds, Deputy Director of Nursing Mark Day, Non-Executive Director Julie Hill, Company Secretary Amy Jones, Executive Assistant
Apologies:	
Governors:	Mukesh Bansal Keith Asser Craig Steel Victor Rones Natasha Berthollier

1. Welcome & Introductions

Martin Earwicker welcomed the Governors to the meeting.

2. Apologies

Apologies for absence were received and noted above.

3. Declarations of Interest

1. Annual Declaration of Interests (*Enclosure*)

Verity Murrucane and Ruffat Ali-Noor would like the addition of their interest in the Conservative Party. Isabel Mattick would like the addition of her interest in The Federation of Burial and Cremation Authority (FBCA).

Tom Lake questioned whether it was necessary for governors to declare their membership of a political party. Martin Earwicker advised that a declaration of interest was for transparency reasons and said that it was better to declare all interests.

Agenda items

There were no declarations of interest declared in any agenda items.

4. Minutes of the previous meeting – 9th December 2016

The Minutes of the previous meeting were taken as read and agreed as a correct record of discussions with the following amendments:

In the Living Life to the full section, it should read “Recovery Colleges” rather than “Recovery Colleagues.”

It was noted that the whole of section 6.3; Quality Assurance Group where June Leeming’s name was stated, it should in fact read Paul Myerscough.

5. Matters Arising

Martin Earwicker advised that the Governors’ Annual Review Questionnaire was included within the pack of papers sent out to the Governors. Martin stated that this survey had been developed to look into effectiveness and efficiency. Martin said that he would like to make sure that all Governor meetings were productive any duplication avoided.

Julie Hill advised that the survey was the first step and that there would be an opportunity to discuss the key themes from the survey at the Joint Trust Board and Council of Governors meeting on 12 April 2017. Julie encouraged the Governors to complete the survey.

6. Governor Elections Report

Julie Hill informed the Council of the results from the most recent elections. It was noted that June Carmichael would continue in her role as Staff Governor and there was no need for an election because there were no other candidates.

Paul Myerscough and Amrik Banse were both up for re-election and were both successfully re-elected for another three years.

Natasha Berthollier had been elected as a Clinical Staff Governor and replaced Jeremy Lade. Martin advised that he had met Natasha yesterday at Upton Hospital and had introduced himself.

Adrian Edwards commented on the low turnout in the elections. Adrian asked how we consulted with eligible voters. Julie advised that an external company ran the elections on behalf of the Trust.

Paul Myerscough stated that he had requested a list of his constituents in September/October 2016 and the Trust had refused to provide this. Paul said that Governors should have this opportunity. Julie Hill confirmed that the Trust had to abide by the strict Election rules and that the only way to allow this would be to invite all candidates to contact the Electorate.

Isabel Mattick advised that other Trusts she has worked with invited all candidates to complete an Election video/film. Julie advised that she would be happy to liaise with the Trusts if given details.

Verity Murrice described how she had conversations in West Berkshire about what it meant to be a Governor. Verity stated that these had been long and in depth conversations before people realised what the Governor role entailed. Verity felt there were people she knew who had the time and the ability to make good Governors, however there was an impression that the role would be too official and not for them. Conversely there were people who were too busy fulfilling other commitments who would also be good as Governors. Verity stated that she still worked and felt that there were employers who did not support their staff in allowing them time off to attend meetings. It was noted that people on low income may be unable to attend due to travel costs (although Governors could claim back the cost of travel).

Martin Earwicker commented that governors of working age were under-represented on the Council of Governors.

It was suggested that using social media such as Facebook may attract younger constituents. Bet asked if there was a membership group. Tom Lake advised that he chaired the Membership and Engagement Group and said that he would be happy for more Governors to be involved in the work of the group.

Linda Berry suggested that the use of the word Governor may make people less inclined to want to step forward for the position. People were not aware of the role of Governors. Linda said that she would like the Trust to publicise this role more.

Adrian Edwards asked whether there was a way of putting the important information on a small card to give away to highlight the role of a Governors at large events over the county.

7. Committee/Steering Group Reports –

7.1 Living Life to the Full

Verity Murrice welcomed John Barrett back and said that he had been greatly missed. John advised that the Group had decided not to recommend changing the terms of reference at this stage.

Verity advised that there was a section missing within the report; the presentation on Social Prescribing, which was a helpful presentation. Tom Lake had collated this, and was happy for Amy Jones to circulate it to the Council of Governors.

It was highlighted that the group focused on areas of interest that the Trust was involved in or should be involved in by helping people live their lives to the full.

Suzanna Rose asked if the presentation from Brighter Berkshire was well received, Verity advised that it was interesting and the key message was that they were developing a focus and awareness across Berkshire. Suzanna asked if the Trust was looking at a long standing relationship with Brighter Berkshire. Tom Lake advised that Julian Emms had spoken about the Trust's relationship with Brighter Berkshire on the website. It was highlighted that there were no joint projects yet, however should they require any local involvement, it would be something the Trust would look into supporting.

7.2 Membership & Public Engagement

Tom Lake advised that the Trust had met its membership target with nearly 12,000 members. Tom highlighted that members from an Asian background were under-represented and there was also an under-representation of members who resided in West Berkshire. Tom stated that he would like a drive on obtaining younger aged members, however he appreciated that it was difficult for younger members to commit as much time.

Tom advised that the Group's original terms of reference had been based on a membership and public engagement strategy but the Trust did not have public engagement strategy so the Group had amended its terms of reference accordingly.

Jayne Reynolds questioned whether Tom or other members of the group had spoken with the Patient Engagement group in Children's services, as they had a large network which Jayne believed they were not actively involved in recruiting members.

June Carmichael said that the group should have a role in encouraging diversity. Tom advised that diversity was included in the terms of reference as part of the work around developing a representative membership. Both June and Julia Prince would like this to be a little more explicit.

June advised that the Trust had demonstrated that it could recruit members but, questioned whether people understood the purpose of being a member. Tom extended an invitation for June to join the group.

Richard Dolinski advised that he would like to see the yearly plan of engagements as he would like to make time to support the Trust with the community.

The Council of Governors agreed the proposed changes to the Terms of Reference subject to stronger wording on diversity.

Tom highlighted that the group now had use of a slide presentation that the Marketing and Communications team had developed which could be used by any governor attending an external meeting to talk about the Trust.

Tom reported that the group had discussed the following issues:

- The development of the new Trust website.
- Volunteering
- The new membership system.

Tom stated that Jill Barker was previously invited to the group to speak about how the public will know of the Trust's forward planning but this was not what she spoke about. Julian Emms advised that he would like Governors to be really clear about what they wanted staff to talk about.

Paul Myerscough confirmed that after Jill had attended the meeting, there was a proposal to have an integrated East Berkshire wide locality meeting and then break out into the individual locality groups to develop knowledge between the localities.

7.3 Quality Assurance Group

Paul Myerscough advised that since the last report to the Council of Governors, there had been one Quality Assurance Group meeting. It was noted that Tom O'Kane had attended as an observer and that Ali Melabie was now stepping down from the group. Paul extended invites to all Governors and advised that they were welcome to observe before making a decision as to whether to become a permanent member.

Paul advised that Bet Tickner and at least 4 other Governors had expressed an interest in attending a service visit. Paul asked for anyone interested in attending these visits to please contact either himself or June Leeming, and once a provisional date was provided, they would contact and invite interested governors to join them in the visit.

Bet Tickner advised that as a point of accuracy, she was previously attending and completing visits. Bet said that all Governors should attend these visits as it was the best way to ascertain what was going on rather than just reading the report provided afterwards. Bet said that she would like dates fixed and then invite people to attend. John Barrett said that it would be more beneficial to find out who was interested in attending and then confirm a date rather than to arrange visit which no one was interested in attending.

Paul advised that a survey was completed to find out which type of service visits Governors would like to make. The quality assurance visits lasted over two hours and therefore these may not be the best visit for Governors to attend if they only wanted to familiarise themselves with the Trust's services.

8. Quality Account Indicators for External Audit Quarter 2

Amanda Mollett advised that she was presenting the Quarter 3 version of the quality accounts. Amanda said that following feedback about last year's quality accounts, she had met with Tom Lake to discuss the format and a number of presentational changes had been made to make the quality accounts more readable and accessible to members of the public.

Amanda advised that if any Governor wanted to comment on the quality accounts, they should contact Paul Myerscough who was collating responses. Amanda suggested that the comments should be based on Quarter 3 data due to time scales.

Paul Myerscough stated that the format of the quality accounts was much clearer. Julian Emms agreed that the key information was easier to find. Tom Lake said that the report was much easier to read and that the section on improvements was very informative.

Julian noted thanks to Amanda for changing and updating the report. Martin advised that overall the Trust was doing well, whilst looking for continual improvement.

9. Executive Reports from the Trust

1. Performance Report

The performance report was presented by Julian Emms. The report was taken as read. Julian invited the Governors to ask questions.

Adrian Edwards asked about the difference between 6 week and 18 week data for IAPT treatment. Tom Lake explained that the 6 weeks data referred to the number of people treated within 6 weeks and the figures for 18 weeks referred to how many people had been treated after 6 weeks but within 18 weeks.

Tom Lake requested clarity of the terminology used under the Year to Date Surplus/Deficit against Plan graph. The graph stated "actual deficit". Julian advised that this should state "actual surplus".

Julia Prince requested an explanation of the Mental Health User Safety information. Julia asked where the number for assaults on staff were received from and why the Trust was accepting any assaults on staff. Julian Emms explained that it could be difficult to eliminate these and pointed out that the majority of incidents were minor. It was noted that the Trust was benchmarking the number of assaults on staff with other Trusts. It was noted that the quality improvement programme would include focussed work to reduce the number of patient to staff assaults, especially on the dementia wards.

2. Patient Experience Quarter 3 Report

The Patient Experience Q3 Report was presented by Jayne Reynolds. The report was taken as read. Jayne invited the Governors to ask questions.

It was noted that March was the twelfth consecutive month of hitting the target for responding to complaints within the time frame.

Jayne stated that she would like the Friends and Family test to be more representative as of next year. Julia Prince queried why nobody would recommend services to a friend in the Friends and Family tests on Rowan ward

during quarter 3. Jayne stated she was unsure whether this was due to a 0 % response rate, Jayne agreed to take this back and investigate further.

Tom Lake advised that previously, there was a full list of complaints, which was not in this report. Julian advised that this information was in available in the yearly report.

Verity Murrucane stated that there was a mention of Prospect Park Hospital complaints and said that it was traumatic for staff to witness restraint or an assault.

Verity commented that following the reshaping of West Berkshire Council's services, services users were confused about how to access services. Julian advised that the West Berkshire Council was completing a review of how people were accessing and using these services since the changes. It was noted that the Trust would be contributing towards the feedback and Julian invited Verity to email her concerns to him.

Adrian Edwards highlighted that the Trust provided services to a large number of people and within this context, the number of complaints received was very low.

Adrian also stated that he had noticed that the Chief Executives report advised that there were 75% of staff who received flu vaccine this year. Adrian asked whether Julian was looking to increase this next year. Julian advised that there was always a big drive to vaccinate staff and that the staff uptake of the flu vaccination had been higher than in other local Trusts.

3. Annual Plan Summary 2017-18

The Annual Plan Summary was presented by Julian Emms on behalf of Bev Searle. The report was taken as read.

Julian advised that every member of staff received a copy of the plan on a page. It was noted that this was not intended to capture every part of the strategic plan, but a tool that staff were able to set objectives against.

Julian invited the Governors to ask questions.

Paul Myerscough noted that the numbers in the summary were a welcome addition, as there were more than previously included. Paul proposed to put the vision at the top of the page with the goal areas to feed into this.

Richard Dolinski asked when this was sent out to staff; Julian advised this was sent out last week. Richard would like to hear feedback from the staff as to what they believed the annual summary should be. Julian advised that a few of the issues were hot topics throughout the organisation; with agency review being a topic that was spoken about daily.

Paul Myerscough questioned if there was a significant cost for the out of area placements, within the money matters section. Julian advised that this was for people who may require an adult admission bed within the area, but unfortunately there was not be a bed available, resulting in people being admitted out of the local area.

Verity Murrice stated that someone she knew was placed in an out of area placement and that this was their first admission and exacerbated the worry and made it a more traumatic experience.

Andrew Horne stated that some equal amount of responsibility should lie at the other end of the system, regarding the decision to admit someone. Andrew stated that there seemed to be an opportunity to improve things by ensuring a senior Doctor reviewed whether someone needed to be admitted. Julian advised there were gatekeeping options with CRHTT.

Tom Lake said that he would like more information about achieving reductions in admissions. It was noted that this was about inpatient beds and around physical healthcare. This would be looking at managing risk in the patient's own home and providing specialist medical healthcare to prevent people from being admitted. It was noted that the Trust was undertaking work to ensure patient flows and reducing the length of stay.

Bet Tickner asked why in CAMHS, the Trust assessed children for ASD but did not treat them, Julian invited Jayne to speak. Jayne said that most of these referrals had requested an assessment because of behavioural issues. The CAMHS ASD service was only commissioned by the CCG to provide the diagnosis. There was external help through schools and through Autism Berkshire. The Trust also had the SHaRON system, which was an online group/support network for carers and families. Julian advised that there was a gap, noting that in West Berkshire they were looking into how this gap could be filled.

Richard Dolinski said that families were looking for support after an ASD diagnosis. Jayne advised that the Trust does signpost to where families can get help and support.

Julia Prince asked whether there was a plan to close any of the Trust's sites. Julian advised there was no plan to close anywhere permanently, only temporarily to make improvements, e.g. temporary closure in Wokingham to pipe in the oxygen.

10. **Governor Questions**

Q: Tom Lake - Is there a locality structure in East Berkshire or not? I.e. can the locality directors answer questions on any topic for their locality?

A: Julian advised that there was a management structure in East Berkshire, with a manager who oversaw community services and another who oversaw mental health services, and that both of these posts reported into Jill Barker. The locality structure was about how the service was delivered.

Q: Tom Lake - Operational Plan 2017-18; presumably we will get this at next meeting.

A: Julian confirmed that the Operation plan had been provided.

Q: Tom Lake - Membership and Public Engagement ToR to go to next Council. In my report I will also ask for volunteering (not former patients) and website review to be referred to the Group.

A: It was noted that the subject of volunteering has been raised previously in the agenda.

Q: Tom Lake – Questioned the future of Community Hospitals.

A: Julian advised there are no plans to change things at present.

Q: Tom O’Kane – What the waiting times for various services are?

A: It was advised that the information was available on public board papers.

Q: Tom O’Kane – What is the number of events of whistle blowing?

A: It was noted that this information was available in the Quality Accounts.

Q: Tom O’Kane – requested an update of the Chaplin vacancy at PPH.

A: Julian advised that the Chaplin vacancy at PPH had now been filled. The person appointed currently worked in Wiltshire and was due to start in 6 weeks.

Q: Tom O’Kane – requested an update on the appointment of a Governor by RBWM.

A: Julian advised that there had been no appointment of a Governor by the Royal Borough. Julie had liaised again with the Royal Borough and had been trying to get an appointed Governor since July.

Tom O’Kane stated there was a lack of interest in council. June Leeming told the leader of Borough Council that the Governors who came from the area felt that the Borough Council was not supportive enough.

Q: Paul Myerscough - There's around 20 trusts Community and Mental Health trusts signed up to the Carter review of operational productivity. Why is BHFT not among them?

A: Julian advised that Lord Carter had been tasked to look at efficiency savings in back office. The Trust was not part of this review, as 20 community and mental health trust had been selected at random. The intention was to learn from Trusts and to gain better benchmarking data. The Trust was using the original acute Trusts’ Carter targets.

Q: June Leeming - The new plan for Children's' Services and Adult Mental Health involves a company, newly formed, and owned between Maidenhead Council and Wokingham. BHFT staffs are being taken over. It will be launched in April. Apparently the Trust has been involved since the beginning of planning.

A: Julian advised that the Royal Borough’s Children Services and Adult Social Care were transferring to Optalis but said that Trust staff were not being transferred.

Q: Tom Lake - We did agree at some time to demonstrate SHARON at Council - but have not yet done so.

A: Julian advised that he was happy to schedule a demonstration of SHaRON for one of the upcoming meetings.

Q: Krupa Patel – Requested an update against the STP.

A: Julian advised he was happy to provide this information at another time.

11. Trust's New Website - Demonstration

Martin Earwicker advised that there were representatives from the Marketing and Communications team available for the rest of the meeting to demonstrate the website on a one to one basis.

12. Any Other Business

None comments.

13. Dates of next Council meetings

12th April 2017 – Joint Meeting of Council and Trust Board

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the meeting of the Council held on 22nd March 2017.

Signed:.....

(Martin Earwicker, Chair)

Date: 14 June 2017

DRAFT

2016 NHS National Staff Survey

Council of Governors Briefing

Author: Louella Johnson

Title: Director of Human Resources

Presented by: Bev Searle

Title: Director of Corporate Affairs

April 2017

Contents

2016 NHS National Staff Survey	1
Board Briefing.....	1
Introduction.....	3
How the Staff Survey Results are presented.....	3
National staff survey response rate for 2016 compared with the previous year	3
The top 5 ranking scores	4
The bottom 5 ranking scores.....	4
Staff experience - areas of improvement and deterioration from the prior year	5
Key areas of improvement	6
Areas of concern and action plans to address.....	6
Future priorities and targets.....	6

Introduction

This paper provides a summary of the main findings of the 2016 NHS National Staff Survey.

The Council of Governors is asked to note the contents which are summarised below, along with related action in progress.

How the Staff Survey Results are presented

The staff survey results are presented as scores for 32 Key Findings (KF) and a staff engagement score. The Key Findings are based on one or more answers to the survey questions. As a general rule the percentages of staff are based on either:

1. The percentage of staff who picked one of two answers (e.g. yes or no); or
2. Where staff are asked to choose one answer from a scale of possible answers (e.g. choose from five possible answers ranging from strongly agree, agree, neither agree nor disagree, disagree or strongly disagree), the percentage would be a combination of the two top or the two bottom choices – i.e. excluding the 'neither agree nor disagree' response as well as the two choices at the other end of the scale.

Some scores are numbers based on responses to a group of questions rather than percentages (e.g. the staff engagement scores). The survey indicates if high or low is best and what the best and average scores were, enabling the Trust to benchmark itself against other similar trusts as well as previous year's scores. Our benchmarking group includes the 29 community, mental health and learning disability trusts in England.

Berkshire Healthcare NHS Foundation Trust undertook the 2016 NHS National Staff Survey between October and December 2016, which was conducted on-line for the third consecutive year, enabling high participation levels.

National staff survey response rate for 2016 compared with the previous year

The table below shows that our response rate has increased considerably and is also higher than the average in our benchmarking group.

Response rate				
	2015/16 (previous)	2016/17 (current year)		Trust improvement/ deterioration
	Berkshire Healthcare	Berkshire Healthcare	Benchmarking group	Improvement
Response rate	38%	46%	44.1%%	Increase in 8 % points

The top 5 ranking scores

- KF1. Staff recommendation of the organisation as a place to work or receive treatment
- KF4. Staff motivation at work
- KF15. Percentage of staff satisfied with the opportunities for flexible working patterns
- KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months
- KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

The table below shows how these scores compare with last year's performance and those of our benchmark group

Top 5 ranking scores				
	2015/16 (previous year)	2016/17 (current year)		Trust improvement/ deterioration
	Berkshire Healthcare	Berkshire Healthcare	Benchmarking group	
KF1	3.84	3.89	3.71	Increase = Improvement
KF4	4.07	4.06	3.94	Decrease = Deterioration
K15	61%	64%	58%	Increase = Improvement
KF22	7%	9%	15%	Increase = Deterioration
KF28	18%	19%	24%	Increase = Deterioration

The bottom 5 ranking scores

The five key findings in which we achieved our lowest scores were:

- KF16 Percentage of staff working extra hours
- KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
- KF24 Percentage of staff / colleagues reporting most recent experience of violence
- KF27 Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse
- KF29 Percentage of staff reporting errors, near misses or incidents witnessed in the last month

The table below shows how these scores compared with last year's performance and those of our benchmarking group

Bottom 5 ranking scores

	2015/16	2016/17		Trust improvement/ deterioration
	Berkshire Healthcare	Berkshire Healthcare	Benchmarking group	
KF 16	79%	75%	71%	Decrease = Improvement
KF 21	88%	86%	88%	Decrease = Deterioration
KF 24	86%	80%	88%	Decrease = Deterioration
KF 27	53%	55%	58%	Increase = Improvement
KF 29	89%	92%	93%	Increase = Improvement

Staff experience - areas of improvement and deterioration from the prior year

The areas of (statistically significant) improvement in staff experience were:

- KF15 Percentage of staff satisfied with the opportunities for flexible working patterns
- KF16 Percentage of staff working extra hours
- KF17 Percentage of staff feeling unwell due to work related stress in the last 12 months

The areas of (statistically significant) deterioration were:

- KF3 Percentage of staff agreeing that their role makes a difference to patients / service users (our score is still significantly better than the average)
- KF9 Effective team working (a very small reduction on last year, and still better than average)
- KF23 Percentage of staff experiencing physical violence from staff in last 12 months

Whilst the evidence above shows other areas where our scores have worsened compared to 2015, our 2016 scores are still above average or close to the best.

Three areas of improved staff experience or deterioration				
	2015/16 (previous year)	2016/17 (current year)		Trust improvement/ deterioration
	Berkshire Healthcare Trust	Berkshire Healthcare Trust	Benchmarking group	
K15	61%	64%	58%	Improvement
KF16 lower is better	79%	75%	71%	Improvement
KF17 lower is better	40%	36%	39%	Improvement
K3	93%	92%	89% (Best score 93%)	Deterioration
KF9	3.99	3.93	3.87 (Best score 4.00)	Deterioration

KF23 lower is better	1%	2%	2% (Best score 1%)	Deterioration
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Key areas of improvement

We have maintained our high performance for overall staff engagement, and we achieved the best score for staff motivation. The overall rating includes:

- KF 1: Staff recommending the Trust as a place to work and receive treatment
- KF 4: Staff motivation at work and
- KF 7: The ability to contribute towards improvements at work.

There are some good improvements in a number of areas including a reduction in the percentage of staff feeling unwell due to work-related stress in the last year, an increase in the percentage of staff satisfied with the opportunities for flexible working patterns and a reduction in the percentage of staff working extra hours

Areas of concern and action plans to address.

We have been doing a lot of work to understand and tackle the differences reported by white, and black, Asian and minority ethnic (BAME) staff about their experience of bullying and harassment, discrimination, and equality of opportunity. However, our scores in these areas have deteriorated or not improved enough. The overall Trust score for Key Finding 21 (percentage of staff believing that the organisation provides equal opportunities for career progression or promotion) went down from 88% to 86%. For white staff the percentage went down from 91% to 90%, but for BAME staff it went down from 74% to 68%, widening the gaps in perceptions of the two groups to 22 percentage points. We know we will need to make a consistent and sustained commitment over time to achieve the progress that we want to see, and we have a programme of work in place to achieve this (see below future priorities and targets).

Whilst the evidence above shows other areas where our scores have worsened compared to 2015, our 2016 scores are still above average or close to the best.

Future priorities and targets

Staff engagement and equality in the workplace remain two key priorities. Both are supported with dedicated subject matter expertise to provide best practice solutions, focus and project leadership, alongside Executive leadership and Trust Board oversight.

Our objective with regard to staff engagement is to maintain our position in the top best similar trusts (those providing mental health, learning disabilities and community health services). The National NHS Staff Survey, the annual PULSE survey, and the Staff Friends and Family Tests provide information on achievement and progress which will continue to guide us in our work to achieve consistently good results across all our service areas. Listening into Action is now commonly used as part of major projects as well as being continued through the annual round of Chief Executive led 'Big Conversations' with staff. Our Brighter Together conference has also enabled us to build staff engagement with regard to innovation, and our Quality Improvement initiative will provide a framework for the engagement of staff in evidence based service improvements over the coming years.

The Trust's Equality Strategy 2016 to 2020 sets out specific objectives and targets for employment:

- 1) Increased representation of Black Asian and Minority Ethnic (BAME) staff in specific senior grades (Agenda for Change bands 7 and 8a-d), aiming for 20% representation at each of these grades. This reflects the Berkshire population
- 2) No difference in perceptions of equal opportunity in career progression between white and BAME staff (as measured by our annual staff survey)
- 3) A reduction of harassment and bullying as reported in the annual staff survey, in particular by BAME staff. We are aiming to reduce experiences of harassment and bullying to lowest quartile rankings compared with other mental health Trusts in the NHS staff survey index. We also wish to achieve equity in reporting between BAME and white staff.
- 4) A significant improvement in the well-being of disabled staff and a continued reduction in the proportion of staff experiencing stress related illness
- 5) Top 100 Workplace Equality Index Employer status with a ranking in the top five health and social care providers
- 6) A strengthened approach to making reasonable adjustments for disabled people – in particular implementation of the NHS Accessible Information Standard.

We have developed locality and corporate action plans to enable the achievement of the above objectives, supported by Executive Director sponsorship of three staff groups: Lesbian Gay Bisexual and Transgender (LGBT), Black, Asian and Minority Ethnic (BAME) and Disabled Staff. A full-time Equality Human Resources Manager has been appointed to provide expertise and support delivery of plans. The Trust has also established an Equality Leads Network, and identified local champions who are actively supporting localities in the development and implementation of local action plans.

Summary of Key Messages

- We have continued to maintain **high staff engagement scores** which is really important to us, given the link between staff engagement and provision of good quality, safe services.
- We achieved the **best score in our group for a number of key findings, including staff motivation at work**
- Our results for **equality of opportunity**, and reducing the number of **staff experiencing discrimination, bullying and harassment have deteriorated or not improved enough**. We have already prioritised taking action on these issues, and have put plans in place to improve

April 2017

Report of Living Life to the Full Group

Council of Governors meeting - Wednesday 11th June 2017

The group met on 5th April 2017 with Paul Myerscough acting as Chair.

1. Presentation by Eight Bells for Mental Health – Kathryn Dundas, Ray Fox & Pam Cooper

A short documentary film introduced the work of this registered charity which opens from 09.30 to 15.30, Monday to Thursday in the Quaker meeting room in Newbury. The film included messages of support from Robert Benyon MP and people telling their own stories of how Eight Bells has helped them. Thames Valley Police PCSO's keep in close contact and described the service as "fantastic" and "it helps them in their job." They also run a drop-in centre 2 days per week.

Kathryn co-ordinates and runs the service with her role being funded for 18 hrs/week. (Previously 24hrs/week – reduced due to lack of funds) Costs are £425K per year. The charity has a dedicated team of volunteers who help with the day to day running of the centre. A cooked lunch is provided for a nominal £3.

There are two partnerships – i) Reading University psychology students have 6 month placements. ii) Newbury College – 5 students helped with work skills project.

There are 98 active members on the books with an average daily attendance of 30 to 35.

One of the key messages was that people are not judged – everyone is who attends is made welcome.

There are close links with many other organisations and people are referred to these if appropriate. This includes CMHT, The Crisis Team and Talking Therapies.

3. Core Membership & Terms of Reference of LLTTF Group

The review of TOR had been put on hold with the absence of John Barrett over the last few months.

Good progress has been made with core membership now including at least 1 Public Governor from each locality, also the regular attendance from both an Appointed and a Partnership Governor.

Staff attendance has been extremely low for the past 2 or 3 meetings. Some staff remits have changed since joining the group and this has resulted in them wishing to leave the group.

Significant progress has been made in trying to maximise staff input including moving our LLTTF meetings to the 1st Wednesday in the month to avoid clashes with several staff monthly reviews on the last Wednesday of the month.

New staff members include Helen Alderman for Children's Services and Sophie Stilton-Brown for Older Peoples Mental Health Services.

Terms of Reference will be considered with these new staff members present at next meeting.

4. Events and Services – Highlights from across the county

Isabel Mattick had attended a Brighter Berkshire event hosted by the Jealott's Hill Community Landshare. It was suggested other Governors would find this social enterprise worth visiting. John Barrett had been to an Open Event a few years ago and saw the WAM Friends In Need plot.

John Barrett had a flier for Men's Matters, aimed at men over 50 who are looking for something to do with others, run by Radian housing in Windsor.

Maidenhead Men in Sheds restarted in April at Braywick Heath Nurseries.

Andrew Horne is involved in running Silvers Workshop in Reading

John Barrett recommended a new Social Health & Wellbeing Activities Calendar, run by WAM Get Involved as a way of getting to know of local events. He presented examples of various searches of the database.

Isabel Mattick said Involve is a similar database for Bracknell and Wokingham.

Tom Lake was not sure about Reading Your Way and agreed to investigate.

John Barrett drew attention to the transfer of RBWM Adult Social Care staff to Optalis, a private company wholly owned by Wokingham Borough Council. RBWM have initially purchased a 45% stake in Optalis. Three councillors from each local authority will have seats on the board of Optalis.

All staff in joint teams within the WAM & Wokingham CMHT's have been transferred to Optalis.

5. Presentation: Destiny Support, Slough – Sue Njuguna, founder & head of operations.

Service has been running for 8 years. Open on Tuesday, Wednesday and Thursday from 09.30 to 16.00. They are an independent organisation based in the Community Centre. Their aim is to empower people and help them with moving to independent living. They employ 4 full time staff, with other people brought in to run specific sessions. Slough has a specific need of people who speak a range of languages. Some volunteers can act as interpreters if required.

Since the Citizens Advice Bureau closed in Slough in 2016 more people are coming to Destiny Support for help. They had 871 one to one appointments last year.

This is not a drop-in service, a referral form has to be completed by the referring body (currently over 34 agencies) to ensure the appointment system works. A support plan is produced to cover all the issues each individual has. Most common themes are housing, benefits entitlement, form filling, IT support.

Destiny Support acts as the co-ordinator to other services. Biggest group are families in 25 to 49 age range.

Destiny Social Club won a national award.

6. Any Other Business

John Barrett thanked Tom and Paul for keeping the LLTTF Group running in his absence. Also Verity for arranging the presentation by Eight Bells For Mental Health at very short notice after a pre-arranged speaker pulled out and Tom for co-ordinating the talk from Destiny Support

The next meeting is on **Wednesday 5th July from 14.00 to 16.00** in the Boardroom

John Barrett - Chair, Living Life to the Full Group – 3rd June 2017.

Report from the Governors' Membership and Public Engagement Group
5th June 2017

Membership:

Recruited 670 new members last year. Typically need 500 to make up for demise, removal, resignation so we are ahead of our target. Still under-representing men, young people, those with Asian background, Eastern part of Berkshire. Will try and recruit more in Maidenhead and Slough to improve the situation.

Recruitment Events for which Governor Assistance is Requested:

22nd July – Bracknell show

22nd/23rd July - Maidenhead Festival

2nd September – Reading Pride

13th September – Trust AGM – Governors' stand

16th/17th September – Berkshire show

10th October – Slough Festival

(Note Newbury Culture Fest is apparently not taking place this year)

If available to help for a couple of hours please contact Jade O'Connor
(Jade.Oconnor@berkshire.nhs.uk) or Tom Lake (tom.lake@glossa.co.uk)

Terms of Reference:

A revision has been proposed to respond to queries about the diversity of the Governors group itself posed by June Carmichael. No responses to our proposal so we will go ahead with the revised Terms of Reference.

Volunteers:

Nathalie Zacharias explained to Governors how the shock over Jimmy Saville prompted a tightening of management of volunteers, with a central database, training and background checks and oversight that useful work is being carried out. There were 112 active volunteers, some recruited for very specific roles. We noted that there were gardening volunteers at West Berks Community Hospital but not at Prospect Park and asked for a view on whether the PFI contract at Prospect Park would allow gardening volunteers. Also more volunteers could help on Oakwood ward. We suggested advertising the volunteering web pages or opportunities in the Membership Magazine.

Website:

The new website went live with a lot of content still missing e.g. the Carers' web page and the details of Governors. We are told that this is being worked on but clinical information not yet included must have priority.

Governors Presentation:

Please let Tom Lake know if you know a group or society that would host a talk about the Trust, membership and Governors, using our new presentation – we can work with you flexibly to make it happen. (tom.lake@glossa.co.uk)

COUNCIL OF GOVERNORS

Meeting – 14 June 2017

Review of the Council of Governors – Draft Proposals for Discussion

Presented by: Martin Earwicker, Chair

Review of the Council of Governors – Draft Proposals for Discussion

1. Key Themes from the Governors Questionnaire and Table Discussions at the Joint Trust Board and Council of Governors Meeting on 12 April 2017

19 Governors completed the Council of Governors questionnaires. Overall, the feedback was positive, but there were a number of areas where the governors felt we needed to improve or do things differently.

The key ideas of improvement were:

- Governors wanted more opportunities to engage with Non-Executive Directors
- Regular refresher training should be provided
- There needed to be more time set aside for Governor questions
- The role of the Strategy Group and the Joint Meetings with the Trust Board and with the Non-Executive Directors needed to be rationalised as the purpose of these separate meetings was not always clear.
- It was suggested that the strategic updates could be given as part of the informal Joint meetings.

The results of the Governor Questionnaire were discussed at the Joint Trust Board and Council of Governors meeting on 12 April 2017. There were a number of areas identified for improvement, including:

- The need to avoid duplication of information presented in the different governor meetings
- A strategic review of the calendar of meetings in order to develop a forward plan or reports and presentations going to the various Governor meetings
- The role of the Governor working groups should be reviewed
- Non-Executive Directors should be invited to attend Governor meetings when there were clinical presentations.

2. Current Governor Meeting Structure and Draft Proposals for Changes

a) Formal Council of Governors Meeting

The formal Council meets four times a year. It is not proposed to make any significant changes to the format of the meeting. Governors may wish to consider whether it would be helpful if we extended the time allocated to meetings so we would have time for more invited internal/external speakers etc.

Informal Meetings

The Council of Governors holds four informal Joint Meetings a year (two with the whole Trust Board and two with the Non-Executive Directors).

It is proposed that we make better use of these meetings with the aim of:

- Maximising the opportunities for Governors and Non-Executive Directors to get to know each other and have informal chats as well as more formal “holding to account” sessions;
- Ensuring that all Governors are kept up to date with key strategic developments;
- Providing more time for governor questions;
- Providing Governors and Non-Executive Directors with more opportunities to hear from front line staff about the services they provide;
- Giving services the opportunity to address a wider audience of both Governors and Non-Executive Directors.

Suggested format for the Joint Meetings

Every meeting would have:

- A strategic update by the Chief Executive
- A Governor question and answer session
- A presentation from a service(s) (this could be internal or external)
- An opportunity for Governors to engage with Non-Executive Directors – this could take the format of a “speed dating” session (eg we ask the NEDs to rotate round each table and spend 15 mins discussing a particular topic etc) or we could ask the Chairs of the Board Sub Committees to present on the work of their Committee etc.

After lunch, we could extend the meeting and invite interested governors to discuss membership and engagement and living life to the full related issues.

Making better use of the Joint Meetings would mean that we could:

a) Disband the Strategy Group meetings because there will be a strategic update at each of the informal meetings.

There are four Strategy Group meetings scheduled during the year but we have had to cancel the February and May meetings due to the non-availability of the Chair and/or the Chief Executive and Executive Directors.

In addition, there has been relatively low Governor Attendance at the last two Strategy Group meetings in July 2016 and October 2016 as set out below:

- July 2016 – only 8 governors + 2 staff governors attended the meeting
- October 2016 – only 7 governors + 3 staff governors attended the meeting

The low attendance means that only a sub-set of governors have the opportunity to be briefed about strategic developments.

b) Membership and Engagement and Living Life to the Full Working Groups

Holding sessions on membership and engagement and Living Life to the Full after the Joint Meetings makes it easier for more governors to participate in these discussions rather than having to attend separate meetings.

It is suggested that any service presentations are made to the whole Council of Governors either as part of the formal meetings or as part of the Joint Meetings. This provides an opportunity for speakers to address a much wider audience and will ensure that Governing body as a whole is better briefed about both internal and external services.

Governors may wish to consider whether we should present the quarterly membership report to the formal meeting of the Council of Governors so we could engage the whole Council in discussions around membership recruitment etc.

- c) **Quality Assurance Group** – it is not proposed to make any changes this group.
- d) **Appointments and Remuneration Committee** – it is not proposed to make any changes to this group.
- e) **Task and Finish Group** – Reducing the number of working groups would provide an opportunity for the Governors to have a rolling programme of task and finish groups on particular issues.

3. Conclusions

The proposals set out above are intended as the basis for further discussion and are intended to balance the Governors requirements for strategic briefings, service presentations and more opportunities to talk to Non-Executive Directors with the need to find cost effective and time efficient ways of managing the interface between the Trust and the Council of Governors.

4. Meeting of the Council of Governors Reference Group on 24 May 2017

The following governors met as a Governor Reference Group with the Trust Chair and the Company Secretary on 24 May 2017 to discuss the draft proposals:

- Paul Myerscough, Lead Governor
- June Leeming, Deputy Lead Governor
- Tom Lake, Chair, Membership and Engagement Working Group
- John Barratt, Chair, Living Life to the Full Working Group
- Verity Murrricane, Deputy Chair, Living Life to the Full Working Group

The Reference Group agreed that it was important that all Governors had the opportunity to receive confidential briefings on strategy and that it would be preferable for this to happen as part of the Joint Meetings rather than holding separate Strategy Group meetings.

The Reference Group were also broadly in favour of the suggested format of the Joint Meetings, but recognised that it would be important not to overcrowd the agenda in order to provide adequate time for questions and discussion.

The Reference Group agreed that the autumn Joint Meeting should be with the whole Trust Board as this focussed on developing the Trust's forward plan for the coming year. It was also agreed that Non-Executive Directors should be invited to attend all the Joint

Meetings, but Executive Directors would only be expected to attend when the subject matter on the agenda was relevant to their individual portfolio.

The Reference Group agreed to work with the Company Secretary to develop a forward programme of topics and service presentations for the Joint Meetings. It was also suggested that there should be an opportunity for governors to feedback relevant information about the Trust from their interactions with external groups/service users and from their own experience.

The Reference Group felt that more time was needed to consider the practicalities of holding Living Life to the Full and Membership and Engagement meetings after the Joint Meetings and agreed that another meeting would be convened to discuss the working groups.

5. Recommendations

The Council of Governors is asked to:

- a) Note the key themes of the Council of Governors self-assessment of effectiveness and the output of the round table discussions at the last Joint Meeting;
- b) Approve the disbandment of the Strategy Group;
- c) Approve the new format of the Joint Meetings;
- d) Note that the Reference Group will consider further the draft proposals in relation to the Living Life to the Full and Membership and Engagement Working Groups.

Martin Earwicker

Chair

Berkshire Healthcare NHS Foundation Trust

Performance Report to Council

June 2017

Chief Executive Highlights Report

As part of the review of the quarterly performance report to Council, the Governor Reference Group asked that future reports include a highlights report from the CEO on key matters of interest/significance to supplement the performance data.

National context

- NHS Five Year Forward View - NHS England and NHS Improvement published *Next steps on the NHS five year forward view* on 31 March 2017. The report sets out four national service improvement priorities for 2017/18 and 2018/19:
 - urgent and emergency care
 - primary care
 - cancer and
 - mental health.
- NHS England has selected Frimley Health and Care Sustainability and Transformation Partnership and Berkshire West Accountable Care System as “national exemplars”.
- NHS England has also selected the Trust to be one of seven Mental Health Global Digital Exemplars. Global Digital Exemplar status brings with it additional funding of around £5m.
- The Trust received an additional bonus of £800k for meeting its sustainability and transformation control total.

Local situation

- **Care Quality Commission** – The CQC published their report of the re-inspection of services in December 2016. The Trust is now rated “good” across all of the Care Quality Commission domains (safe, caring, effective, responsive and well-led). *At the time of writing the CQC had not updated their website to reflect the new rating for the safe domain.*
- **Thames Valley and Wessex Leadership Academy Leadership Recognition Awards** - the Leadership Awards organised by TVWLA provided us with a great opportunity to recognise the achievements of a number of our leaders. Berkshire Healthcare achieved a total of 9 finalists this year, across 8 of the 11 categories.
- **Agency Programme** – a decision was taken by the Agency/Temporary Programme Board in early 2017 to implement a ban on the use of agency Health Care Assistant staff throughout the Trust. The ban came into effect on 1 April 2017.
- **Freedom to Speak Up Guardian** - the Trust has appointed Elaine Williams as its first Freedom to Speak Up Guardian (FTSU). Following his review of the failings at Mid Staffordshire NHS Foundation Trust, Sir Robert Francis recommended the appointment of a FTSU guardian in every NHS provider organisation.
- **Quality Improvement Programme** – the Quality Improvement Programme commenced in April 2017.
- **Annual Accounts** – KPMG, the Trust’s External Auditors presented an unqualified opinion on the Trust’s Accounts at the Audit Committee meeting on 24 May 2017. An unqualified opinion is where the auditor expresses an opinion that financial statements as presented are in all material respects, in accordance with applicable financial reporting framework. The External Auditors informed the Audit Committee that not many NHS provider organisations were given an unqualified opinion.

Performance Report to Council of Governors – Finance January to March 2017

Use of Resources Year to Date

Capital Service Cover	2.2 Times	2
Liquidity	5.2 days	1
I&E Margin	0.6 %	2
I&E Margin variance from plan	0.4 %	2
Agency Spend	17.5%	2
Overall Rating		2

The five metrics above are given equal weighting to give an overall score.

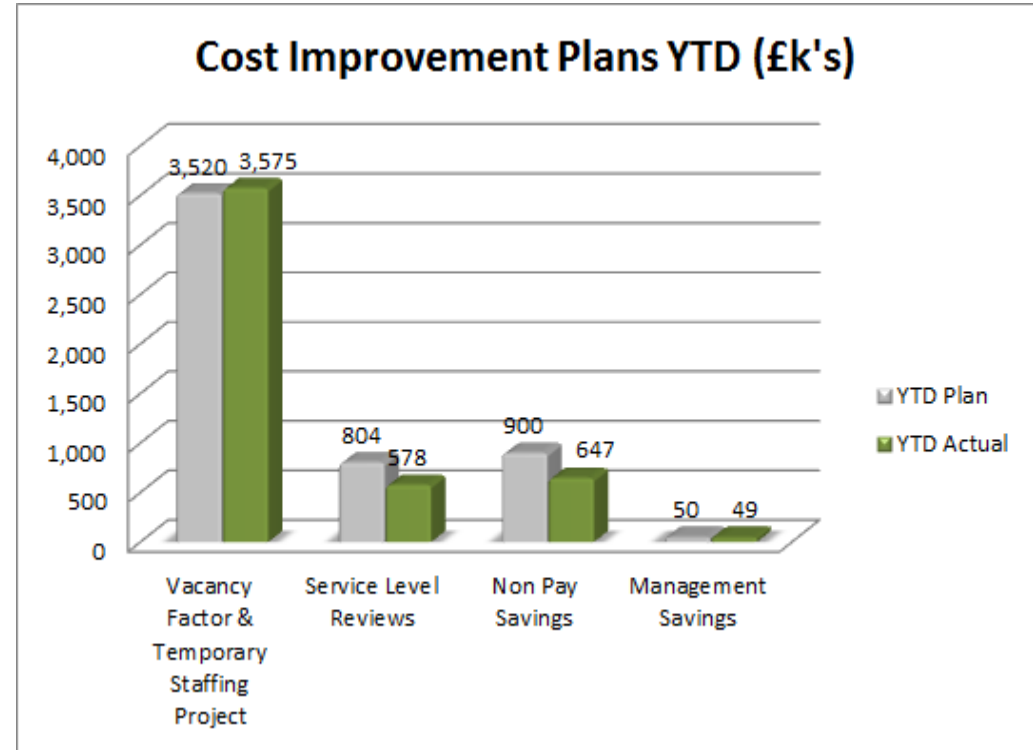
The thresholds (minimums) for each of the measures are as follows:-

Thresholds	1	2	3	4
Capital Service Capacity (times)	>2.5	1.75-2.5	1.25-1.75	<1.25
Liquidity (days) (-)	>0	(7)-0	(14)-(7)	<(14)
I&E Margin (%)	<=-1%	-1%	0%	1%
I&E Margin Variance from plan (%) (-)	>=0%	(1%)-0%	(2%) - (1%)	<=(2%)
Agency Spend (%)	<=0%	0% -25%	25%-50%	>50%

Marked on a scale of 1 to 4 with 1 being the lowest financial risk and 4 being the highest financial risk. Monitor will require the trust to score a "3" or more as terms of the Trust's license.

To note the four metrics are equally weighted to give an overall score rounded to the nearest whole number. However, to note scoring a "1" in any metric would cap the overall score to a "2".

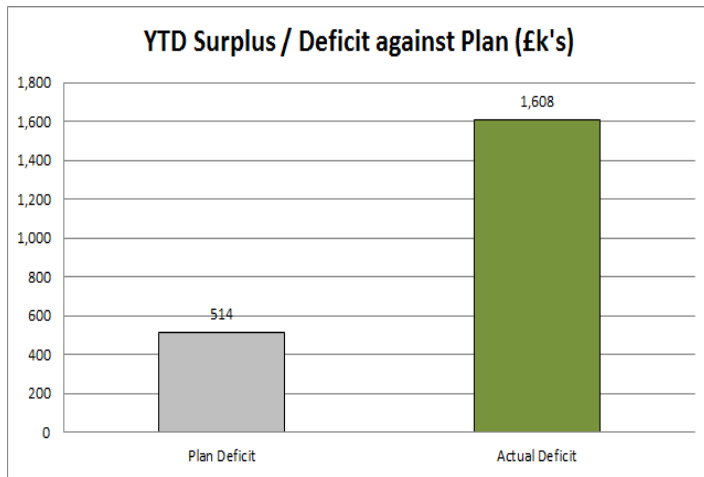
CIP Achievement YTD (£k's)



Overall CIP achievement was £4,849k against a plan of £5,274k. This was 92% of the overall target.

As a public body, it is the trusts duty to look to be efficient in every £ that it spends. An efficiency factor is applied to the Trusts contract prices each year. In 2016/17 the efficiency requirement will be 2%. As part of this, ways of reducing costs are reviewed every year as part of Cost Improvement Plans.

YTD Surplus/Deficit Against Plan (£k's)



The trust ends March 2017 with a surplus of £1,608k, this was above what was expected in the plan of £514k. (Variance of +£1,094k).

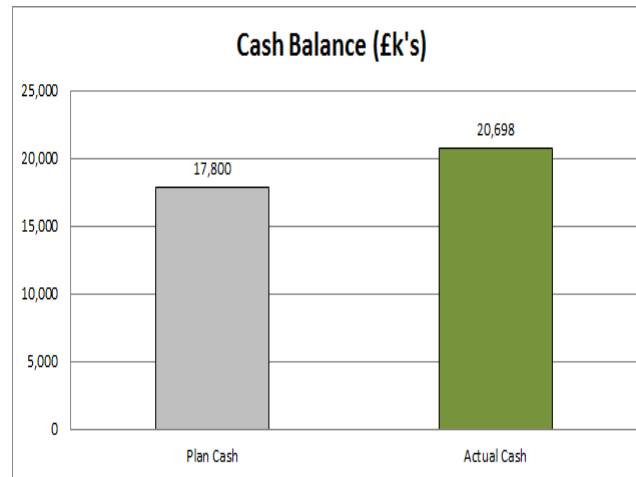
The trust received STF funding in month 12 of 886k and this is the main driver behind the trust surplus over plan.

The main cost pressure so far this year has been acute overspill beds (-£1,535k).

This has been partly offset by a national insurance rebate (+£316k). Other small favourable variances grouped together and the provision release account for the remaining offset.

The Trust's surplus or deficit is how much it is under or over spending against the income it receives.

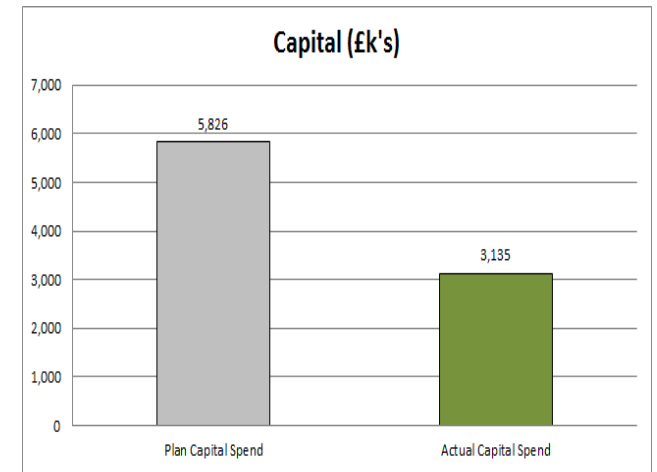
Latest Cash Position (£k's)



The trust ended the financial year £2.9m ahead of its cash forecast, £0.5m was received by RBH in March as well £0.4m from Health Education England.

The cash surplus shown in the graph supports liquidity and capital expenditure.

YTD Capex (£k's)



Capital spend was behind plan £2.691m, the main projects underspends were the replacement of infrastructure (desktop and mobile kit), system replacement costs such as the Finance System.

Capital Spend is cash spent on items that last longer than 1 year and have a value of over £5,000. Examples of this are buildings and networked IT. It is important that the trust re-invests in capital items to provide good facilities and equipment for patient care.

Performance Report to Council of Governors – Performance January to March 2017

Friends and Family Test

Indicator	RAG Rating	Target
Recommendation Rate	96%	85%

The above number shows the number proportion of patients who when surveyed would recommend the Trusts services to friends and family. In Quarter 4 this was 96%

The response rate was 5% against a target of 15%

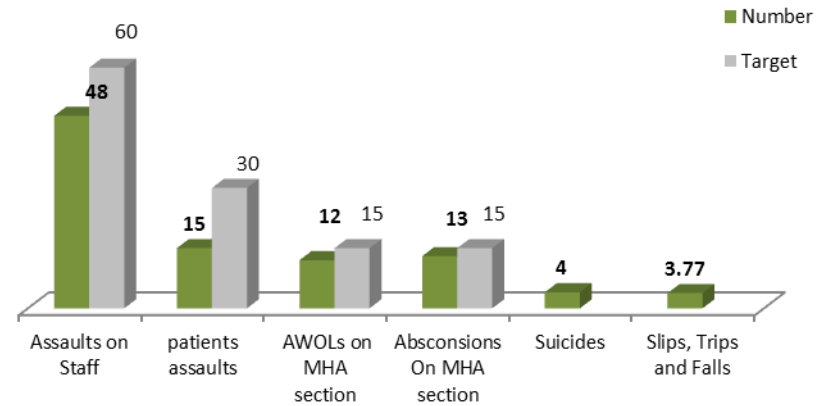
Safer Staffing

Indicator	RAG Rating
Safe Staffing	Green

The Trust is required to submit a return to the Department of Health which shows the staffing levels of all of our inpatient wards. For Quarter 4: the Trust rated itself as compliant based on achieving agreed staffing levels for each ward and the variance from that, this is reflected in the green rating.

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.

Mental Health User Safety



The above chart is showing the rolling quarter Actual Vs local targets for incidents which largely take place in our Mental Health Inpatients area. There has been a decrease in staff assaults by patients, absent without leave (AWOL) and absconsions by patients detained under the mental health act and patient falls. The Trust has rolled out a revised risk assessment tool as part of its Suicide Prevention Strategy in January 2017.

Performance Report to Council of Governors - People January to March 2017



Annual Staff Turnover

Target	Actual
15.20%	17.26%

Agency Cost

Target	Actual
<10%	7.6%

Sickness

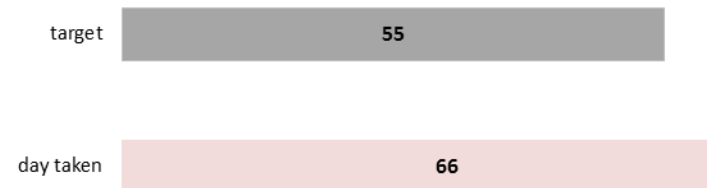
Target	Actual
<3%	3.64%

Note: Lower than the stated target means KPI has achieved its target. **Turnover** is measured by the number of staff leaving the Trust divided by the number of staff in post. **Sickness** is measured by the number of days of staff sickness divided by the number of staff working days available. **Agency Cost** is shown here as a percentage of staff costs. All Trust services are included in each indicator.

Appraisals

Target	Completed %
>95%	86.37%

Days Taken for Recruitment



Note target was achieved in June 2016. These will increase as PDP take place in April to June 2017.

Note: **Equal** or lower than the stated target means KPI has achieved its target of recruiting staff within 55 days. This is measured from the date that the vacancy is approved for recruitment to the date that the new staff member joins the Trust.

The Board Assurance Framework sets out the key risks to the Trust achieving its strategy.

Each risk has an action plan, key control and sources of assurance.

The risk summary sets out the risk description and key mitigations.

Risk Description	Mitigations
<p>Risk 1 Failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care to our service users</p>	<p>The Workforce Implementation Strategy was submitted and approved at the April 2017 Trust Board meeting. A Strategic Workforce Steering Group has been established, training in workforce planning secured, the piloting of a NHS workforce planning tool confirmed, and specific Human Resources expertise engaged to support the implementation of the Workforce Strategy.</p>
<p>Risk 2 Failure to involve clinicians and patients in the development of new pathways of care could result in less clinically effective services and poorer patient experience</p>	<p>Clinical involvement is a key component in the Quality Improvement methodology. Patients and carers are involved in any proposed service redesigns.</p>
<p>Risk 3 Failure to achieve national efficiency benchmarks could impact on the Trust's future sustainability and lead to increased regulatory scrutiny</p>	<p>The Trust is developing a system of patient level costings. The Trust is developing a financial sustainability programme aligned to the national efficiency review by Lord Carter.</p>
<p>Risk 4 Failure of the Sustainability and Transformation Plans to deliver transformational change and required investment in mandated national priorities, including in the mental health five year forward view, could result in the local health economy not being able to safely keep pace with the rising costs and demand for services.</p>	<p>The Trust is proactively working to influence and to maximise the opportunities presented by the Sustainability and Transformation Plans and Accountable Care System working.</p>
<p>Risk 5 Failure to maintain clinical standards could put patients at risk of poor quality care and could lead to reputational damage and a loss of commissioner and public confidence in the quality of the Trust's services.</p>	<p>The Trust has developed a new focussed internal CQC inspection process to ensure that clinical standards are met and maintained. The Quality Improvement Programme started in April 2017. Three work streams are in progress: management systems; improvement projects; and leadership culture.</p>
<p>Risk 6 There is a risk that other providers may acquire the Trust's adult and children's community services which would impact organisational sustainability and reduce the Trust's scope to develop new models of out of hospital care</p>	<p>The Trust has robust business and development and horizon scanning processes in place. The Trust has regular meetings with the Commissioners and plays an active role in both the Berkshire West ACS and Frimley Health and Care STP.</p>
<p>Risk 7 Failure to develop collaborative working relationships with key strategic partners could result in the Trust losing influence in key decisions leading to less effective services for local people</p>	<p>The Trust has a stakeholder relationship management process in place and has developed positive working relationships with Commissioners and partner organisations. The Berkshire West Accountable Care System and Frimley Health and Care Sustainability and Transformation Partnership have been selected by NHS England as national exemplars.</p>
<p>Risk 8 Failure of other Providers and Commissioners to deliver their services to the required standard due to financial constraints could impact on the Trust's ability to deliver high quality services</p>	<p>The Trust was fully involved in the development of the Sustainability and Transformation Plans and the Accountable Care System. The Trust is also represented at a number of system wide meetings, for example, the Emergency Care Board and the Learning Disability Transformation Steering Group.</p>

Performance Report to Council of Governors - Monitor Requirements January to March 2017

KPI	Target	Actual
Mental Health 7 day follow up from hospital discharge	95%	98.02%
People with common mental health conditions referred to IAPT will be assessed within 6 weeks from referral	>75%	99%
People with common mental health conditions referred to IAPT will be treated within 18 weeks	95.00%	100%
Early Intervention in Psychosis: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral	50%	66.67%
Crisis Resolution/Home Treatment Team Gate Keeping Of Mental Health Inpatient Admissions	95%	98.64%
A&E: maximum wait of four hours from arrival to admission/transfer /discharge : Percent	95.00%	99.58%
Referral to Treatment Community: incomplete	92.00%	100%

The regulator NHS Improvement has issued guidance for monitoring Performance from Quarter 3 2016/2017, the above indicators are included and these were the positions in Quarter 4.

Patient Experience

Quarter Four 2016/17

Presented by Jayne Reynolds, Deputy Director of Nursing

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Disclaimer

Patient Experience Quarter 4 Report

Overview

This overview report is written by the Director of Nursing and Governance so that Board Members are able to gain her view of services in light of the information contained in the quarter four patient experience report. In my overview I have considered elements of the feedback received by the organisation and drawn conclusions.

The Board is required to consider detailed patient feedback because it provides insight into how patients, families and carers experience our services.

During quarter four, the trust continued to achieve a complaint response rate of 100%. The average number of days taken to resolve a complaint was 24 with only one complaint taking longer than 40 days. Days to response are an important indicator for the responsiveness CQC key line of enquiry. Just over 64% of complaints were upheld or partially upheld over 2016/17 which enables us to conclude that our complaint investigation is objective. For the 2016/17 year the trust received 209 complaints, a decreasing trend compared with the previous two years.

In quarter four the trust saw a slight increase in the number of complaints received.

During 2016/17 the services that continued to see the highest number of complaints were:

- **Community Mental Health Teams** – themes associated with clinical care. I wrote in the last summary that I was concerned that patients did not know how to complaint because the Windsor and Maidenhead team had not receiving any complaints. The clinical director explained that she was involved in managing a number of complaints through local resolution however that she was checking that complaint posters and leaflets were available locally.
- **Crisis Resolution Home Treatment Team (CRHTT)** - Although the service has seen an overall increase in complaints during the year they were all associated with the West team apart from one. I met with the new West service manager as part of a quality visit and was assured that he was aware of the issues and putting the right foundations to improve care and attention.
- **Child and Adolescent Mental Health Services** - Since the increased funding for the service the level of complaints are much lower than in the previous two years with a positive reduction in the number relating to access to services.
- **Acute Mental Health Inpatients** – All wards received complaints and attitude of staff was highlighted in the majority. The increased recruitment campaigns to address staffing shortages will support improvements and the new locality director for Prospect Park Hospital Mental Health inpatients is implementing new ways of working. Compared with quarter three there were no complaints in quarter four categorised as 'alleged abuse, this would include allegations of bullying, physical, sexual and verbal'.
- **Community Health Inpatients** – Henry Tudor, Highclere and Oakwood Wards have received the highest number of complaints over the year predominantly relating to clinical care. All three clinical directors overseeing these wards are reviewing the details of the complaints to see if there are common themes.

These services will continue to be monitored closely in 2017/18.

MP enquiries during quarter four related to the mental health services noted above continuing the themes noted.

There was an increase in complaints for Slough Walk-In Centre in quarter four. The centre was recently re-inspected by the Care Quality Commission (CQC) so it will be interesting to see their assessment of how complaints are managed.

This information is correlated with other quality information, particularly vacancy levels to inform our quality concerns and from this quarter it can be concluded that CRHTT and our acute mental health wards continue to cause some concern. The levels of vacancies in these services continue to cause concern because it results in the use of high levels of agency staff. Both services were rated 'good' by the CQC in the comprehensive inspection in December 2015.

The top reasons for complaints being made during 2015/16 and 2016/17 were:

- Care and treatment
- Attitude of staff
- Communication

Each service takes complaints seriously and implements new ways of working if appropriate. The service and staff directly involved in the complaint are asked to reflect on the issues raised and consider how they will change their practice.

The Trust has received notification from the Parliamentary Health Ombudsman Service (PHSO) that they are intending to investigate complaints associated with district nursing and the psychological medicines services. The trust tries to avoid referrals to the PHSO by giving patients the opportunity to come back to the trust if they are unhappy with the response they receive initially. The trust also received notice that they have not upheld two complaints relating to talking therapies and district nursing services. This provides the board assurance that our complaints process regarding these two services has been robust.

The deep dive into the patient experience of CRHTT consolidates our knowledge of the service and where we need to focus to improve patient experience. No new themes or trends were found by this independently commissioned survey including:

- Continuity of staff
- Carers feeling out of loop/not knowing diagnosis or how to help
- System failures beyond CRHTT
- Different people asking same questions

The overall response rate Friends and Family Test for the trust in quarter four was 5.1% so there is a long way to go to achieve our target of 15%. Community hospital inpatient wards except Oakwood have achieved over 15% response rates with recommendation rates of over 85%, this is valid and assuring that these are providing good care. Our mental health inpatient wards have an increased response rate of 11% and an increased recommendation rate of 74%. The national benchmarking for the Friends and Family Test (FFT) with local similar trusts indicates a good performance however without a 15% response rate the results are not robust. Actions are in progress to increase our response rate.

The patient and public involvement information collection is our long standing internal patient survey which asks patients how they rate their experience, 91% reported the service they received as good or better.

Conclusion

Patient experience is an important indicator of quality and this report provides good intelligence when considering quality concerns. In terms of volume, the level of positive feedback received by services far outweighs the negative feedback received. At this point of the year there are no new emerging trends with communication being an absolute and underlying issue in most complaints.

I believe that services and individuals strive to provide the best possible care and generally patients have a good experience in our services but as a result of a number of variables, for some patients their experience is not good and care falls below the standard of care expected.

I do not take these lapses in care lightly and it is important services recognise and take steps to prevent similar incidents and that this is shared across the organisation. This continues to be work in progress.

Helen Mackenzie, Director of Nursing and Governance

Introduction

Berkshire Healthcare NHS Foundation Trust is committed to improving patient experience through the use of feedback, to better understand the areas where we perform well and those areas where we need to do better.

This report details feedback from a number of sources including complaints, Patient Advice and Liaison Service (PALS), compliments, NHS choices and the Friends and Family Test data received during quarter four (January to March 2017). The report also compares this data with that of previous quarters allowing trends and themes to be identified which helps both the Trust and individual services better understand the experience of patients and enables the monitoring of the impact of changes made as a result of feedback received.

1. Formal Complaints

1.1 Formal complaints received

The Trust has received 51 formal complaints in quarter four; as detailed in table one, this is an increase in comparison to the previous quarter, but continues to be lower than those reported in quarters one and two.

In addition to the complaints detailed in this section of the report, the Trust monitors the number of multi-agency complaints where they contribute but are not the lead organisation (such as NHS England and Acute Trusts). There were no new complaints during quarter four that were led by another organisation, compared with four in quarter three, three in quarter two, and two in quarter one.

Table One: Formal complaints received by Locality tables

	2016/17				2015/16				2016/17 Annual	2015/16 Annual	2014/15 Annual
	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1			
Mental Health Inpatients	4	5	11	10	8	15	3	10	30	36	47
Bracknell	6	6	7	4	10	4	6	8	23	28	37
West Berkshire	7	8	2	5	3	2	6	7	22	18	28
Reading	9	7	12	13	16	9	12	9	41	46	28
Slough	4	4	4	7	5	3	3	3	19	14	19
Windsor, Ascot and Maidenhead	8	2	10	9	8	3	13	11	29	35	36
Wokingham	10	4	10	17	13	10	8	9	41	40	41
Other inc Corporate	3	0	0	1	0	1	0	0	4	1	8
Total	51	36	56	66	63	47	51	57	209	218	244

during April the Crisis Resolution/Home Treatment Team was reported under Mental Health Inpatients and Urgent Care. This changed to Reading from May

When comparing 2015/16 and 2016/17 quarterly information, there is a trend emerging of a decrease in the number of formal complaints being received In Quarter 3 in both years. The potential impact of the festival period has been explored and there was a decrease in the number of complaints leading up to December in 2016 however this was not as notable during 2017

For reporting purposes a complaint is logged under the Locality that the service receive their line management from, therefore services that operate trust wide, for example Child and Adolescent Mental Health Services (CAMHS), although providing services in all localities, will have any complaints about their services logged under Windsor & Maidenhead, The Children Young People and Families (CYPF) locality and not the locality where the services were received.

Table Three shows formal complaints received grouped by service. By showing the information in this way, we are able to draw comparisons across our inpatient and community health services.

Table Three: Number of formal complaints received by individual services

Service	2016/17						2015/16				
	Q4	Q3	Q2	Q1	Total	% of total received	Q4	Q3	Q2	Q1	Total
CMHT/Care Pathways	8	7	8	9	32	15.31	11	6	6	7	30
Crisis Resolution & Home Treatment Team (CRHTT)	4	3	4	10	21	10.05	2	7	2	2	13
Adult Acute Mental Health Admissions	4	4	7	5	20	9.57	4	7	1	6	18
CAMHS - Child and Adolescent Mental Health Services	5	2	5	6	18	8.61	5	2	11	10	28
Community Hospital Inpatient	4	3	3	7	17	8.13	5	2	2	7	16
Walk in Centre	4	0	0	3	7	3.35	1	0	0	1	2
Common Point of Entry	4	0	1	0	5	2.39	2	2	0	1	5
GP - General Practice	0	1	4	4	9	4.31	7	1	5	6	19
Out of Hours GP Services	1	1	3	4	9	4.31	5	1	5	3	14
Community Nursing	1	3	2	3	9	4.31	3	7	3	0	13
PICU - Psychiatric Intensive Care Unit	0	1	3	1	5	2.39	1	0	0	2	3
Minor Injuries Unit (MIU)	0	0	1	2	3	1.44	1	2	0	2	5
10 other services – no trends identified	16	11	16	15	58		19	12	16	12	59
Grand Total	51	36	56	66	209		63	47	51	57	218

As with quarter three, the services with the highest number of formal complaints during quarter four were CMHT/Care Pathways; Acute Adult Mental Health inpatients; Crisis Resolution/Home Treatment Team (CRHTT) and Community Hospital inpatients. In addition, there was an increase for the Slough Walk in Health Centre; Common Point of Entry Service and Child and Adolescent Mental Health Service (CAMHS).

The complaints relating to the Slough Walk in Centre were all relating to staff attitude and alleged verbal abuse. These were about both clinical and administrative staff and the Clinical Director is monitoring and working with the service to identify any specific themes and necessary actions to rectify.

The number of complaints for CRHTT continue to remain at a lower level than the original peak noted in quarter one, but are higher overall that in 2015/16 at a total of 21 compared to 13 for the

previous year. The Clinical Director for CRHTT continues to review all of the complaints received to ensure that there are no particular themes or trends that require specific action.

For CMHT and Community Hospital inpatients the number of complaints was similar to the number received in quarters two and three and the number for Adult Acute Mental Health inpatients remained the same.

During 2016/17 a number of services are being specifically highlighted within this report because they received a higher number of complaints and/or there have been quality concerns. The services identified are CMHT; Community Inpatient wards; CRHTT and CAMHS.

For these services the graphs below detail the total number of complaints by reason for 2015/16 and for complaints in 2016/17.

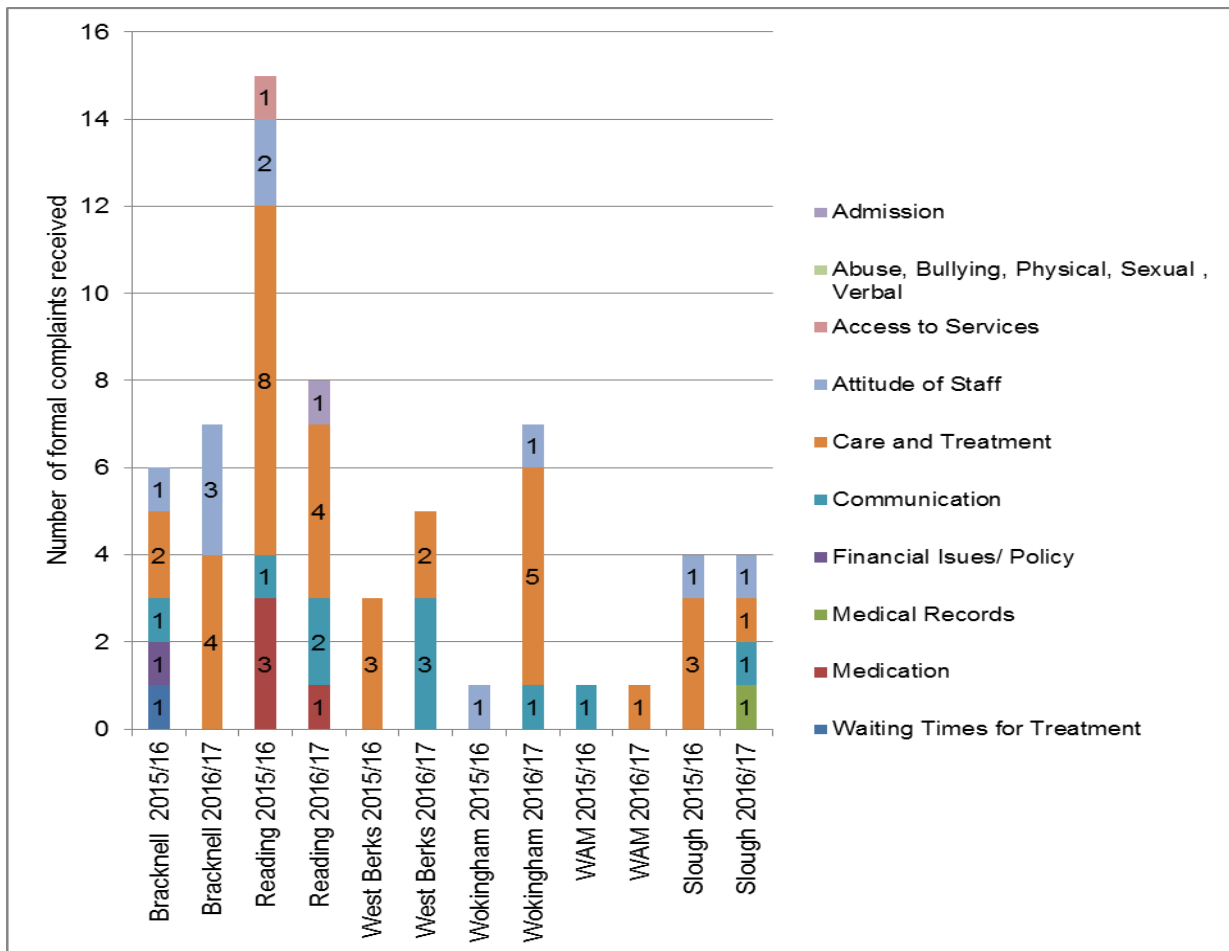
Following a review of the patient experience information received during quarters one and two 2016/17, the mental health inpatient wards at Prospect Park Hospital are also highlighted from quarter three.

CMHT/Care Pathways

During quarter four, CMHTs received 8 formal complaints compared to 7 in quarter three, 8 in quarter two, 9 in quarter one and 11 in quarter four 2015/16. This equates to three about the Reading team, two for both the Bracknell and Wokingham teams, and one for the team in West Berkshire.

Overall in 2016/17 there were 32 complaints for CMHT's compared to 30 in 2015/16.

Graph One: Number of formal complaints received for CMHT/Care Pathways by location of the service comparing 2015/16 with 2016/17



This shows that the Reading and West Berkshire localities saw a 50% decrease (from six to three and two to one respectively) whilst Bracknell and Wokingham saw an increase. The team covering Windsor, Ascot and Maidenhead did not receive any complaints during quarter four in either 2015/16 or 2016/17 year, and Slough did not receive any during quarter four 2016/17 compared to one in 2015/16. There increase in Wokingham team complaints was attributed to care and treatment, with two complaints in quarter four 2016/17 compared to none in quarter four 2015/16. The Reading based team went from five complaints in quarter four 2015/16 to two in quarter four 2016/17 relating to care and treatment.

The table below compares the theme and location of complaints during quarter four 2015/16 and quarter four 2016/17.

Table Four: Comparison of complaints received during quarter four 2015/16 and quarter four 2016/17

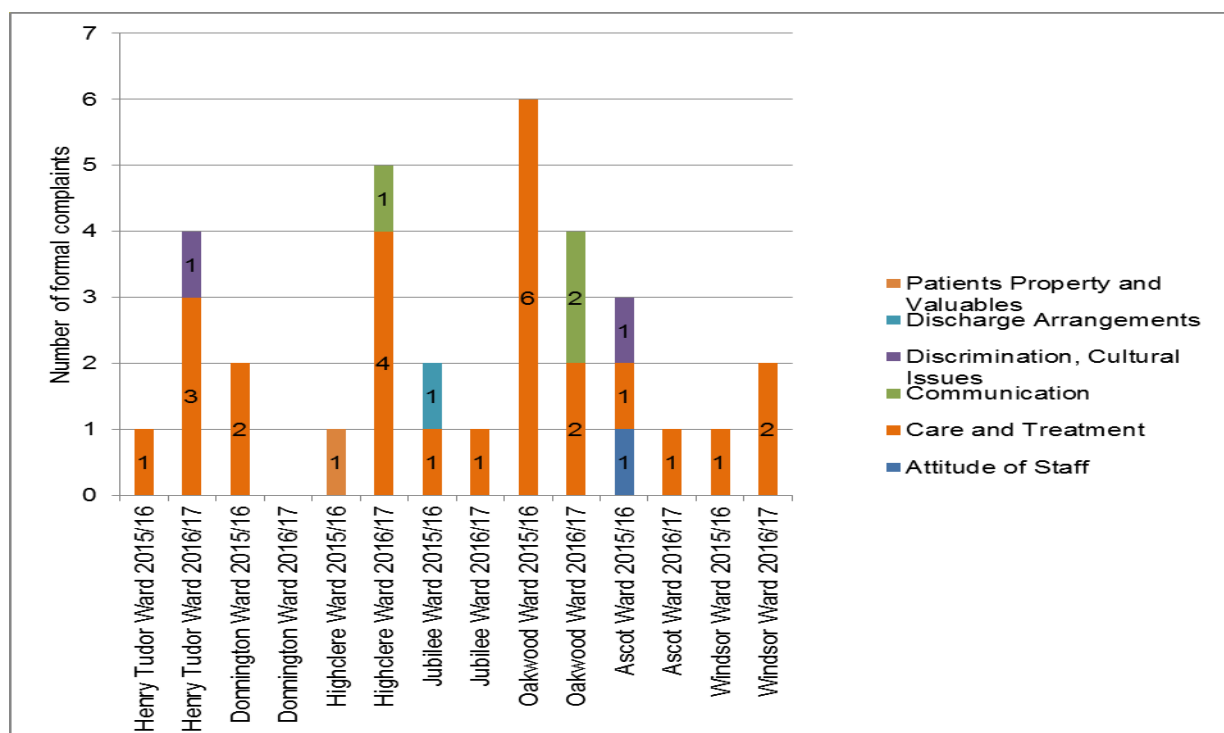
Theme of complaint	Quarter Four comparison									
	Bracknell		Reading		Slough		West Berks		Wokingham	
	15/16	16/17	15/16	16/17	15/16	16/17	15/16	16/17	15/16	16/17
Attitude of Staff		1	1						1	
Care and Treatment	1	1	5	2	1		2	1		2
Communication				1						
Grand Total	1	2	6	3	1	0	2	1	1	2

Community Hospital Inpatient Wards

During quarter four there were 4 formal complaints received about the community wards, this is an increase from 3 received in both quarters two and three and a sustained decrease compared with 7 in quarter one.

These were about the clinical care received on Highclere Ward at West Berkshire Community Hospital and Henry Tudor Ward at St Marks Hospital. Two of the complaints about Highclere Ward were about the clinical care received, and communication. The investigation was on-going for both of these complaints at the end of quarter four. The third complaint was about access to an external clinic during the patient's stay in hospital.

Graph Two: Number of formal complaints received for Community Hospital Inpatient wards by location of the complaint and theme comparing 2015/16 with 2016/17



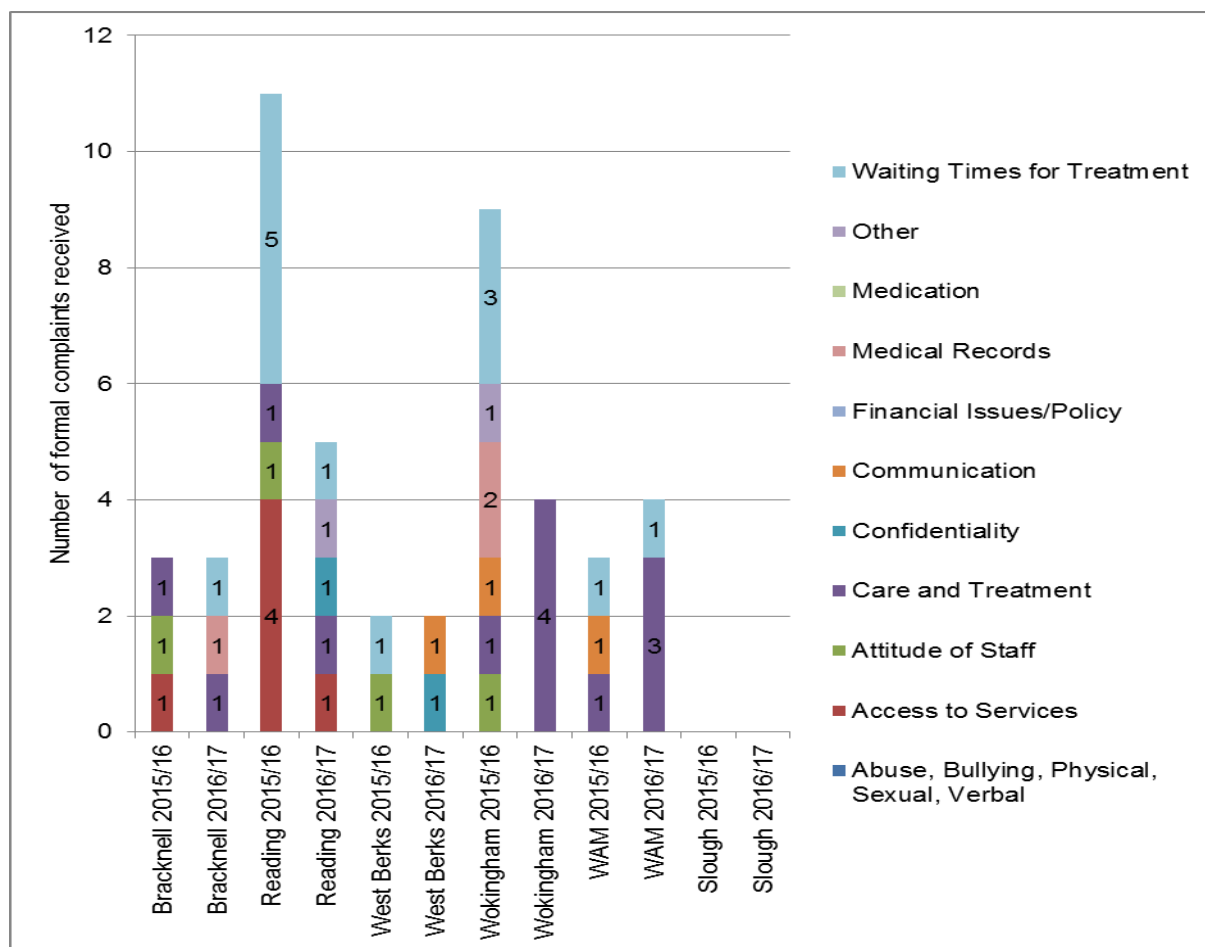
CAMHS - Child and Adolescent Mental Health Services

CAMHS has seen an increase in formal complaints in Quarter 4 (5), compared to 2 in quarter three. This is in comparison to 5 in quarter two and 6 in quarter one; the number of complaints received remains lower than those received during quarters one and two in 2015/16.

Although for reporting purposes in table 1, CAMHS is reported under the Windsor, Ascot and Maidenhead Locality. Graph three shows the geographical locality where the service is based.

There was no specific theme to the complaints received during quarter four; these consisted of 2 about care and treatment, 1 about communication, 1 about medical records and 1 about waiting time. The complaint about waiting times was about access to the service in Bracknell.

Graph Three: Number of formal complaints received for CAMHS by location of the service comparing 2015/16 with 2016/17

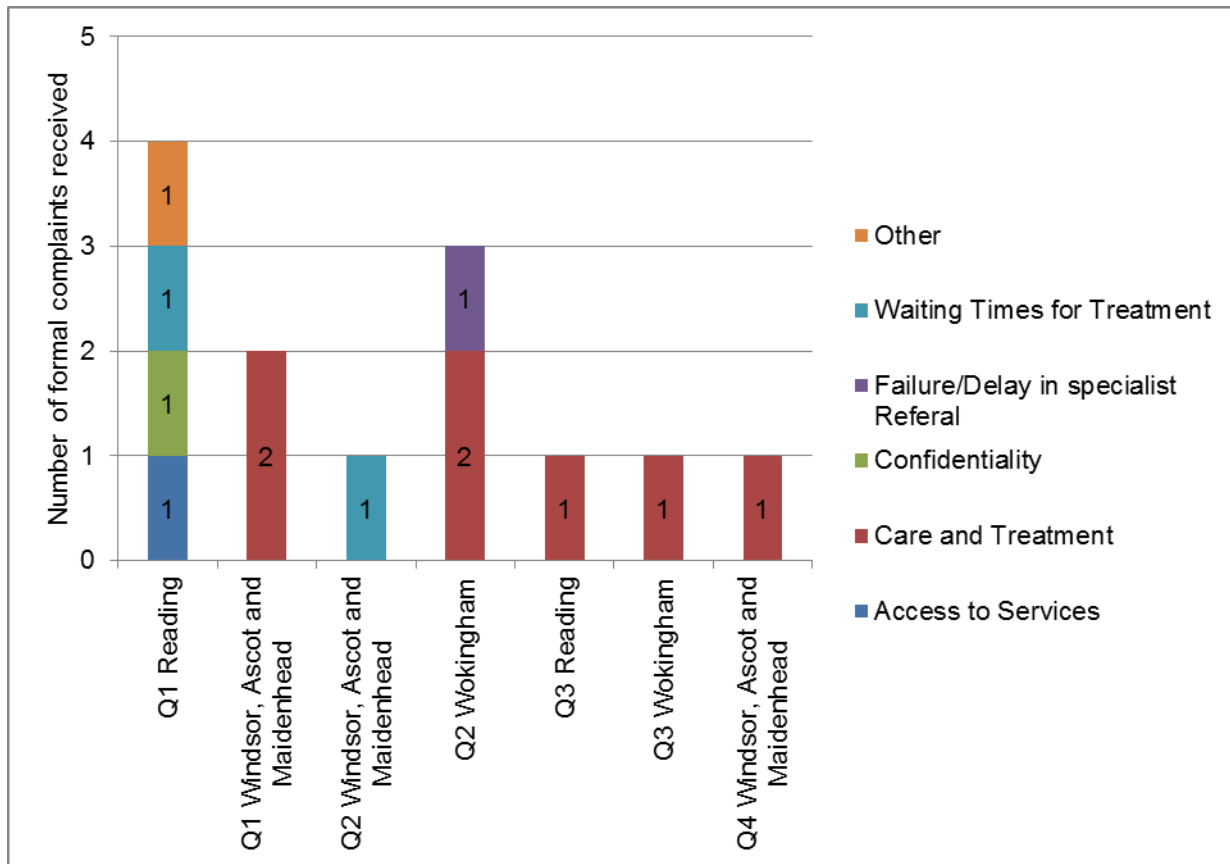


The services based in Reading, Wokingham and Windsor, Ascot and Maidenhead are showing as outliers against the other areas for 2016/17. During quarter four however, there were no complaints received for either Wokingham or Reading, and one complaint was received about the Bracknell Service.

All of the complaints about Bracknell CAMHS were received during quarter four and there is no recurring theme; as the complaints refer to care and treatment, medical records and waiting times.

The service based in Slough has consistently not received any formal complaints for the last two financial years.

Graph Four: Number of formal complaints received for top three services, by quarter received and theme



It is encouraging to see the overall number of formal complaints for CAMHS reduce in comparison with 2015/16. There were 28 formal complaints received in 2015/16, equating to 13% of complaints, compared to 18 in 2016/17, which is 8% of the overall activity. This is a reflection of the continued targeted service improvements underway within CAMHS.

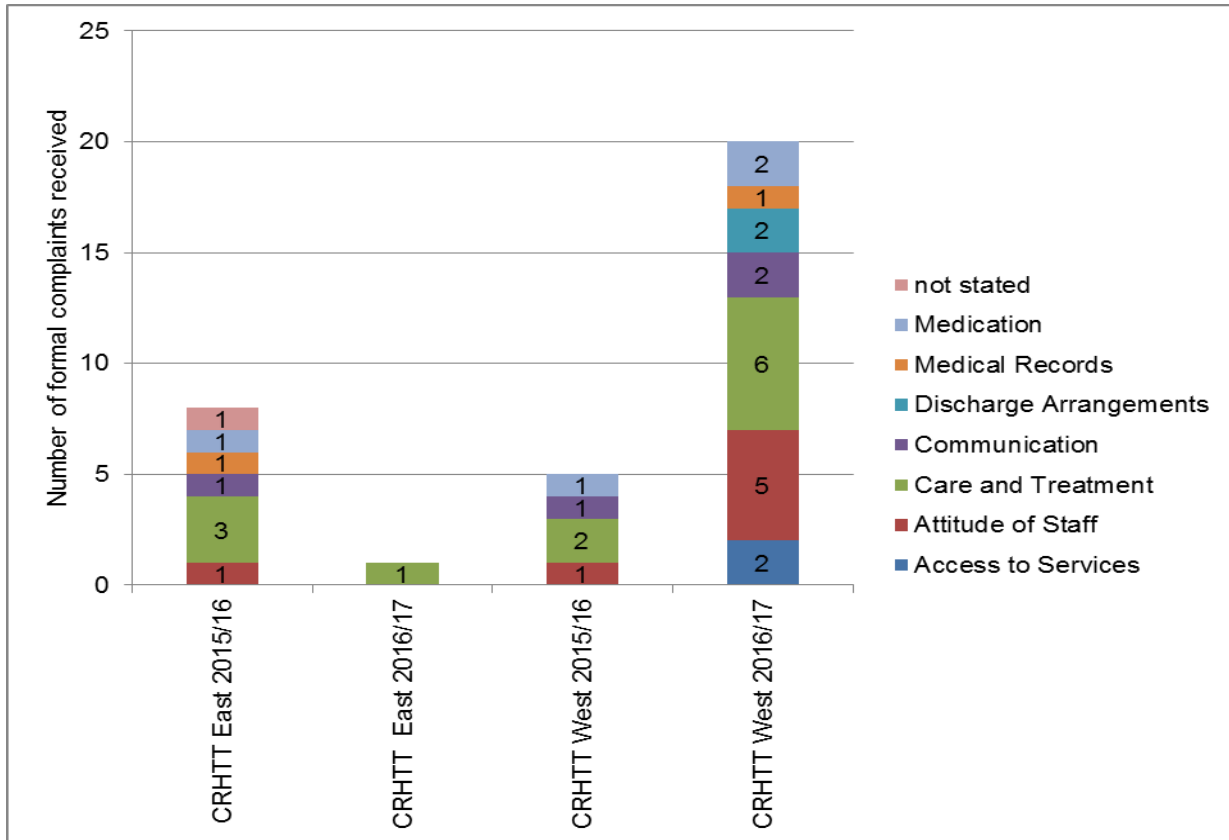
Themes within CAMHS continue to be monitored to ensure that this positive reduction in complaints around wait times and access, continues.

Crisis Resolution/Home Treatment Team (CRHTT)

CRHTT received 4 formal complaints in quarter four, a sustained improvement over the year against 10 in quarter one; receiving 3 in quarter three and 4 in quarter two.

Three of the four complaints were about the Reading based service. The Clinical Director is monitoring the themes and working with the service as part of wider plan for service improvement.

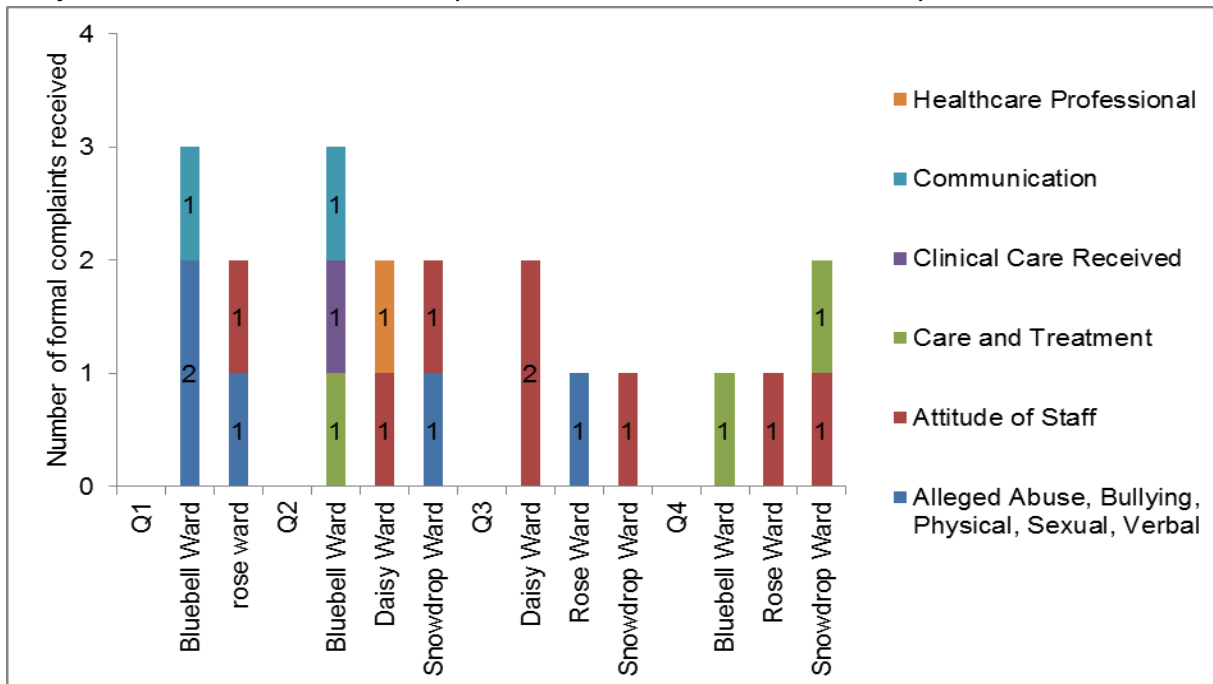
Graph Five: Number of formal complaints received for CRHTT by location of the service (East and West) comparing 2015/16 with 2016/17



Mental Health Inpatients - Adult

All of our mental health inpatient wards are based at Prospect Park Hospital in Reading.

Graph Six: Number of formal complaints received for mental health inpatient wards



The graph below shows the number of formal complaints received by ward over 2016/17 by quarter. Bluebell Ward has seen a decrease whilst Snowdrop Ward has seen an increase in complaints since quarter one.

Graph Seven: Number of formal complaints received by quarter and ward

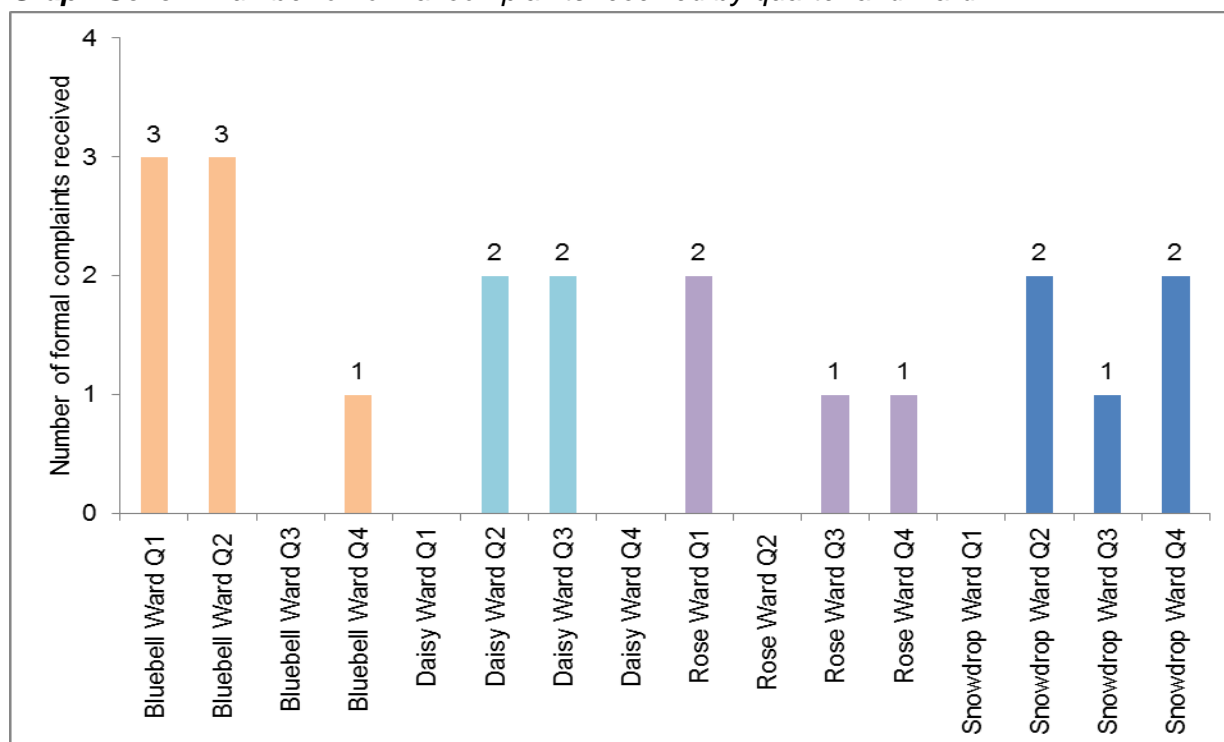


Table Five: Themes of all formal complaints received

Theme	2016/17					2015/16				
	Q4	Q3	Q2	Q1	Total	Q4	Q3	Q2	Q1	Total
Care and Treatment	26	19	22	26	93	27	17	15	19	78
Attitude of Staff	8	7	12	14	41	16	11	10	9	46
Communication	7	7	4	8	26	4	3	2	9	18
Alleged Abuse, Bullying, Physical, Sexual, Verbal	2	2	3	4	11	0	1	1	2	4
Access to Services	3	0	0	4	7	4	2	6	5	17
Medical Records	3	0	0	4	7	0	1	4	0	5
Medication	0	0	2	2	4	4	3	1	1	9
Confidentiality	0	0	3	1	4	3	0	1	0	4
Discharge Arrangements	0	0	3	1	4	0	0	2	0	2
Waiting Times for Treatment	1	0	3	1	5	1	0	7	8	16
Support Needs (Including Equipment, Benefits, Social Care)	0	1	0	0	1	0	0	0	0	0
Management and Administration	1	0	0	0	1	0	0	0	0	0
Other/not stated	0	0	4	1	5	4	9	2	4	19
Grand Total	51	36	56	66	209	63	47	51	57	218

The top reasons for complaints being made during 2015/16 and 2016/17 were:

- Care and treatment
- Attitude of staff
- Communication

More detail about complaints received can be found in appendix one.

1.2 Formal complaints closed and action taken

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld (referred to as an outcome). The table below shows the outcome of complaints over time.

Table Six: Outcome of formal complaints closed

Outcome	2016/17						2015/16					% of 2015/16
	Q4	Q3	Q2	Q1	Total	% of 2016/17	Q4	Q3	Q2	Q1	Total	
Case not pursued by complainant	1	5	1	4	11	5.19	4	1	1	6	12	5.43
Consent not granted	3	4	1	1	9	4.25	2		1	1	4	1.81
Local Resolution	4	0	1	4	9	4.25	3	3	3	5	14	6.33
Not Upheld	9	7	16	14	46	21.70	15	16	21	17	69	31.22
Partially Upheld	14	18	24	22	78	36.79	17	11	17	19	64	28.96
Referred to other organisation	0	0	0	0	0	0.00	1	0	0	2	3	1.36
Upheld	14	7	18	20	59	27.83	19	17	12	7	55	24.89
Grand Total	45	41	61	65	212		61	48	55	57	221	

The percentage of complaints upheld has continued to decrease over 2016/17. Partially upheld complaints have decreased slightly from 38.32% in quarter three to 36.79% in quarter four.

The main themes of complaints found to be upheld or partially upheld are:

- Care and treatment (64%) – consistent with quarter three
- Attitude of staff (7%) – a decrease from 12%
- Communication (14%) – an increase from 8%
- Medical records (7%)
- There were no upheld or partially upheld complaints closed during quarter four relating to access to services. These accounted for 8% of complaints in quarter three.

Table Seven below shows the services with upheld or partially upheld complaints during quarter four.

Table Seven: Upheld and Partially Upheld formal complaints

Service	Outcome of complaint		Grand Total
	Partially Upheld	Upheld	
Adult Acute Admissions	1		1
CAMHS - Child and Adolescent Mental Health Services	2	3	5
CMHT/Care Pathways	4		4
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1		1
Common Point of Entry		1	1
Community Hospital Inpatient	2	1	3
Crisis Resolution & Home Treatment Team (CRHTT)	2	3	5
District Nursing		3	3
GP General Practice		1	1
Health Visiting	1	1	2
Phlebotomy		1	1
Talking Therapies	1		1
Grand Total	14	14	28

Further information about the outcome of complaints about our mental health inpatient wards, community mental health teams and Crisis Resolution/Home Treatment service can be found below:

Table Eight: Outcome of formal complaints by service

Service	Outcome of complaint				Grand Total
	Consent Not Granted	Partially Upheld	Upheld	Case not pursued by complainant	
Adult Acute Admissions	1	1			2
CMHT/Care Pathways		4		1	5
- Source of complaint: Advocate		4		1	5
Crisis Resolution & Home Treatment Team (CRHTT)		2	3		5
Grand Total	1	7	3	1	12

As part of our complaints process, the Trust promotes the use of advocacy services to support complainants. Interestingly, all of the complaints about the CMHT (two in West Berkshire, one in Wokingham, Reading and Bracknell) were raised by Advocates and one of these was not pursued by the complainant due to their current mental health. The option of returning to the Trust with their concerns remains open.

All services review the findings from complaint investigations and these are discussed in the locality patient safety and quality meetings with actions identified and monitored to affect positive change.

1.3 Response rate for formal complaints

Whilst the Complaint Regulations 2009 state that the timescales for complaint resolution are to be negotiated with the complainant, the Trust monitors performance internally against both a 25 working day timeframe and the renegotiated timescale. The investigating managers continue to make contact with complainants directly to renegotiate timescales for complaints where there has been a delay and these are recorded on the online complaints monitoring system.

The table below shows the response within re-negotiated timescale as a percentage total, it demonstrates the commitment of both the complaints office and clinical staff to work alongside complainants. There are weekly open complaints situation reports sent to Clinical Directors and Service Managers, as well as ongoing communication with the complaints office throughout the span of open complaints to keep them on track as much as possible.

This is reflected in the 100% cumulative percentage achieved for the 2016/17 and the sustained 13 month 100% response rate achieved to date.

Table Nine: Response rate within timescale negotiated with complainant

2016/17				2015/16			
100%				2015/16			
Q4 Cumulative	Q3 Cumulative	Q2 Cumulative	Q1 Cumulative	Q4 Cumulative	Q3 Cumulative	Q2 Cumulative	Q1 Cumulative
100%	100%	100%	100%	97%	85%	92%	95%

The average number of days taken to resolve formal complaints during quarter four was 24. This was a significant decrease in comparison with 33 in quarter three and a sustained decrease from 28 in quarter two and 29 in quarter one.

There was one formal complaint closed that took longer than 40 working days, a reduction from nine in quarter three, eight in quarter two, ten in quarter one 2016/17 and fifteen in quarter four 2015/16.

1.4 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. A review of the activity has been included in this report.

During quarter four we received 16 enquiries from MPs, compared to 13 enquiries in quarter three and 11 enquiries during quarters one and two combined.

All of the enquiries in quarter four were about mental health services. Ten of the enquiries in quarter three were about mental health services, which is a continued trend as the majority of enquiries (8) were about mental health services in quarter two, whilst there were 2 enquiries related to these services in quarter one.

Table Ten: Subject of MP enquiries received during quarter four

Service	Subject of complaint					Grand Total
	Alleged Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Care and Treatment	Financial Issues/Policy	Waiting Times for Treatment	
Adult Acute Admissions	1	1				2
CAMHS - Child and Adolescent Mental Health Services			3		3	6
CMHT/Care Pathways		2	3	1		6
Crisis Resolution & Home Treatment Team (CRHTT)			1			1
Psychological Medicine Service			1			1
Grand Total	1	3	8	1	3	16

2. Parliamentary and Health Service Ombudsman (PHSO)

The Trust continues to work with the PHSO as the second stage within the complaints process. The table below shows the Trust activity with the PHSO as at the end of quarter four 2016/17.

Table Eleven: PHSO Activity

Month open	Service	Month closed	Current Stage
Dec-15	District Nursing	Jan-17	Not a BHFT complaint - community nursing records requested to inform investigation about a different Trust.
Jan-16	Talking Therapies	Jan-17	Not Upheld.
Jun-16	GP General Practice	Dec-16	Not Upheld.
Sep-16	CAMHS	n/a	Investigation underway.
Oct-16	District Nursing	n/a	Investigation underway.
Oct-16	Community Inpatient ward	n/a	Investigation underway.
Jan-17	District Nursing	n/a	Investigation underway.
Feb-17	Psychological Medicine Service	n/a	Investigation underway.

The Patient Experience and Engagement Group monitor the action plans that arise from PHSO investigations on a quarterly basis, this provides a forum to share practice and learning across the different specialities and geographical localities.

3. Informal Complaints/Local Resolution

The complaints office will discuss the options for complaint management when people contact the service, to give them the opportunity to make an informed decision if they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint informally. Nine informal complaints were received during quarter three, an increase from three during quarter two.

The complaints office has been working with services to devise ways of resolving complaints in a way that meets the expectation of patients and their families whilst capturing the information for staff to use in a friendly and manageable way. It is recognised that services are managing concerns effectively on a daily basis and an online form has been created as a mechanism for these concerns and any actions taken as a result, being captured.

The number of local resolution complaints that the Patient Experience team have been notified about has decreased slightly to 48 in quarter four compared to 53 in quarter three, 42 in quarter two, 67 in quarter one and 52 in quarter four 2015/16. This does not necessarily mean that there have been fewer complaints locally resolved just that staff are continuing to improve the reporting of these.

4. NHS Choices

The internal monitoring of NHS Choices postings is an additional way of gathering feedback about our services. Similar to complaints, for an individual to take the time to post on our website about their experience, means they feel very strongly about their position and therefore the Trust needs to take these comments seriously and respond appropriately.

19 negative comments were received in quarter four. Seven of these were about mental health services across inpatient and community based teams and two were about parking at Upton Hospital and King Edward VII Hospital. Communication was a theme including a lack of/ poor communication between families and staff. Each posting has received a response apologising for the experience and offering the opportunity to speak with our PALS or Healthwatch organisation. There were parking problems on sites in East Berkshire but this is due to the lack of capacity. Alternative options are provided where possible. There was a lack of accurate information about services for example when do services start and the definition of a walk in service. People were dissatisfied with the care from mental health services at PPH, Hillcroft House, West Berkshire CRHTT and Reading CMHT.

There have been 17 positive posts during quarter four. All of these were about physical health services including audiology (who had the highest number with 4) and two were about stays on community inpatient wards, Jubilee Ward and Ascot Ward.

5. Compliments

Graph eight shows the number of compliments received since quarter one 2014/15 by Locality. Since quarter four 2012/13 compliments have been routinely reported directly by services through the web based Datix system. This method of collating feedback enables the Trust to capture compliments, by means other than the traditional thank you card. We have listened to what staff

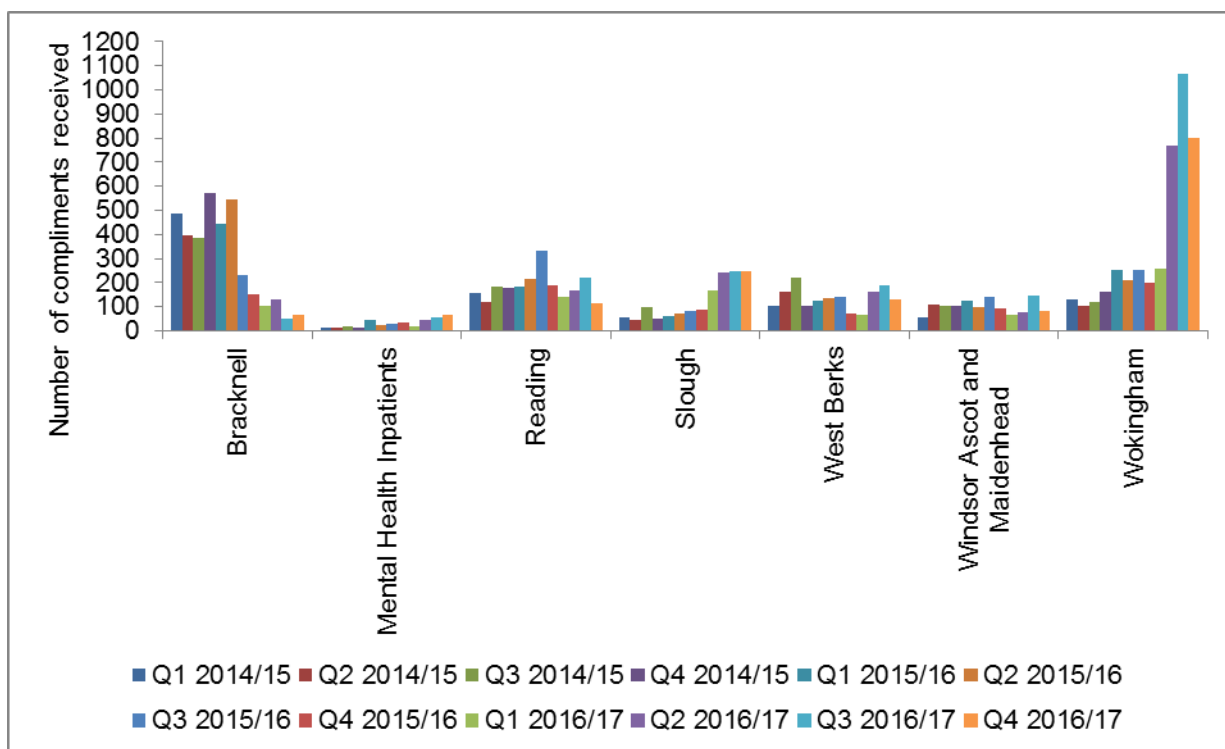
have said about improving the way this system works and there is now a batch upload option for multiple compliments to be entered into the system.

The majority of the compliments that we receive are thanking staff for their time and care and are not specific about what made the difference.

The number of compliments received continues to increase on an annual basis:

2013/14: 3050
 2014/15: 4359
 2015/16: 4620
 2016/17: 5950

Graph Eight: Number of compliments received since quarter one 2014/15



There were 1534 compliments reported in quarter four of 2016/17, in comparison with 1993 in quarter three, 1602 in quarter two, 821 in quarter one, 826 in quarter four, 1219 in quarter three, 1313 in quarter two and 1262 in quarter one of 2015/16. Our IAPT (Talking Therapies Service) moved from the Bracknell locality to the Wokingham locality which has contributed to the change in activity.

The online compliment form enables people to add information such as staff group the compliment was received for and the theme. As this is not a mandatory part of the form, and you can add more than one for each compliment it needs to be remembered that this will not make up 100% of the compliments reported.

Table Twelve: Top services to report compliments in quarter four

Service	Number of compliments
Talking Therapies	618
ASSiST	194
Community Hospital Inpatient	82
District Nursing	49
Mobility Service	46
Older Peoples Mental Health (Ward Based)	46
Community Based Neuro Rehab	37
Continence	32
Diabetes	29
CMHTOA/COAMHS - Older Adults Community Mental Health Team	29

In addition, there were 144 compliments logged that were from sources other than patients, carers and the public. These include students on placements, other organisations and services.

6. Complaint Department observational visit

During quarter four, the CCG carried out an observational visit to the complaints office. There has been positive feedback about both the way the complaints process is carried out and the Trustwide approach to complaint handling and responsiveness.

The visiting team commented that:

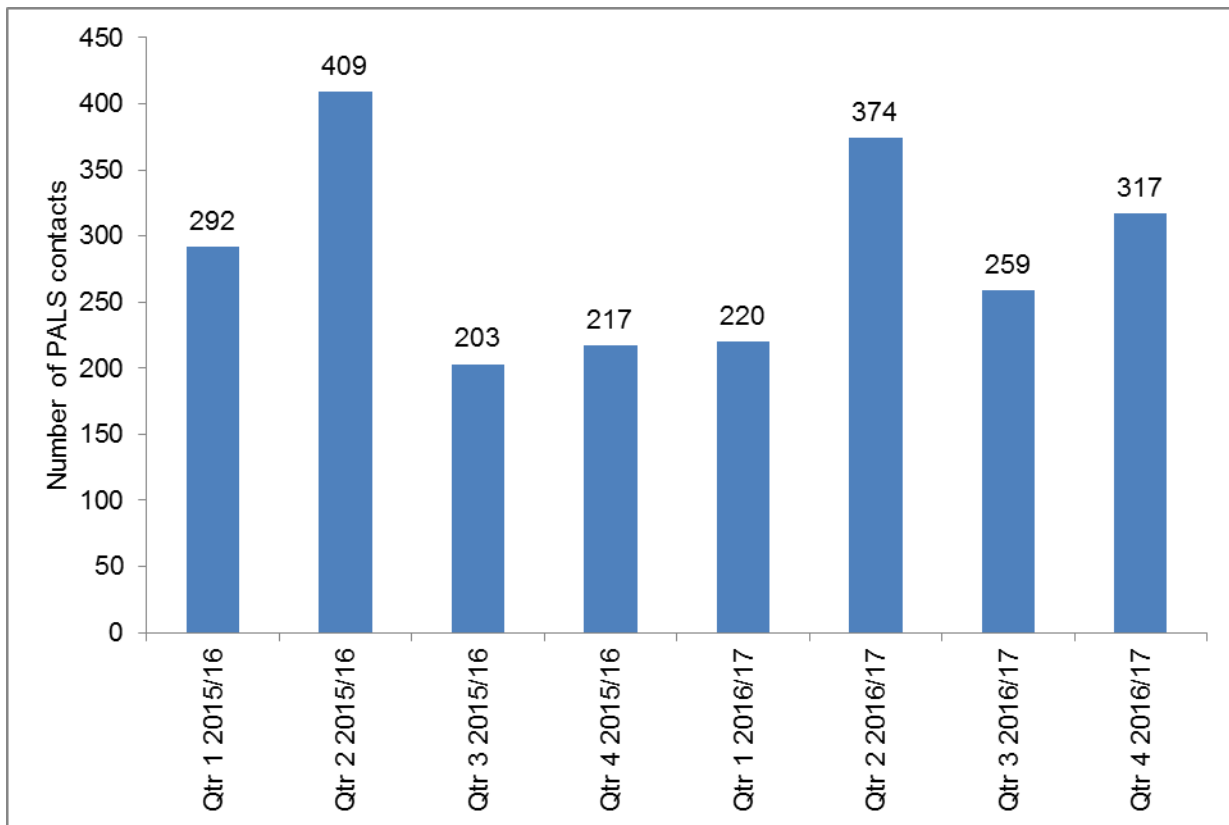
The complaints department was able to give some good examples of best practice. The service is responsive to the complaint and this is illustrated by the service hitting the time-scales for a reply to the complaint. The service was seen as part of an integrated patient experience team. The complaints team is small but the processes in place ensure that there is clear responsibility and accountability throughout the whole organization.

There were no recommendations for the service from this report.

7. Patient Advice and Liaison Service

The role of PALS is to offer a signposting service as well as to facilitate the resolution of concerns with services at the first stage of the complaints process. PALS have established drop in clinics in sites across the localities and continue to promote these to raise further awareness and increase accessibility.

Graph Nine: PALS contacts



There are still a large proportion of people contacting our PALS office about issues relating to their GPs, external groups and organisations and education; 33 in quarter four. PALS are signposting these queries to the appropriate people.

Review of the data shows the themes which have attracted the highest number of queries/concerns continues to be:

- Communication
- Care and treatment
- Information requests

These have consistently remained the top reasons for contacting PALS over 2016/17. Many of the enquiries are, for example wanting a message to be passed to a service, advice and information on how to access services. There are no particular themes and the reason for calls into PALS is very variable

As with formal complaints, a pattern is showing of a reduced number of contacts between October and December (quarter three).

Patient and Public Involvement

Deep Dives

- **The experience of patients with Schizophrenia**

We commissioned this deep dive has been commissioned to understand the experience of people with schizophrenia in our services. Evidence shows that people with a diagnosis of schizophrenia have poor physical health, suffer from increased rates of cardiovascular disease and type 2 diabetes and, as a consequence, suffer from premature mortality. The economic cost of schizophrenia is considerable; treating a patient with schizophrenia through their life is about six times the cost of treating a patient with heart disease. The fieldwork for this survey will close on 5th May.

- **Crisis Resolution/Home Treatment Team**

The aim of the Deep Dive into the Crisis Resolution/Home Treatment Team was to objectively assess the patient experience and levels of satisfaction amongst patients who use and are currently receiving care from CRHTT services across Berkshire.

In-depth feedback was obtained using a mixed methodology comprising desk research, data analysis, telephone interviews, face-to-face interviews, focus groups at carer meetings and printed surveys. The CRHTT teams, management and administrators were vital in engaging people for interview, especially via carer groups/contacts.

There were 1,582 service users between January and March 2017. Whilst the response rate was low, the feedback generated was rich.

41 Patients and carers were consulted using a mixed methodology:

1. Desk research and data analysis – this informed the topic guide development.
2. Qualitative research – this topic guide enabled us to identify key questions that provoked discussion.
Surveys were distributed over three two week periods, given relatively low service volume at the time. 10 surveys were distributed each week to patients, with an additional 10 surveys for carers handed out. An incentive was offered to patients to return the survey, which varied so we could evaluate impact on response. Online surveys were offered as an alternative to the printed versions.
3. Quantitative research – a survey captured a consistent response over a six week period to a tested and refined topic guide.

There were responses from all localities in the survey with the following results:

- Satisfaction with the CRHTT service is high. There have been issues in the past, with a clear link to high service use volume (well above national averages) and understaffing, but now as the volume of users has diminished (by one third 2014-16) and continuity of care has been addressed, service experience has improved. There has been significant 'scope creep' for the teams, as service bottlenecks beyond CRHTT mean that patients return to their care and people know they can be relied upon for support.
- 100% of patients and carers would recommend CRHTT to a relative or friend needing such treatment. This compares to 89% of patients and 91% of carers responding to on-going patient feedback.

- The overall service experience is considered good. No patients in this survey rated it badly, but one carer did. This compares to 87% of patients and 91% of carers who ranked their experience as good or excellent in the trust on-going patient feedback.

The CQC community mental health survey reported in November 2016 which stated that only 14% of patients say that they receive appropriate care in a crisis, as well as increasing reports of poor experience in community mental health care, these results are very positive. Complaints have increased by 30% from 2015-16 but in the same time period, compliments have doubled. Increased complaints were about attitude of staff, service access and discharge arrangements. Conversely, compliments analysis by number of mentions speaks of supportive, helpful and enabling staff, as well as general commentary around quality of service.

Key issues and recommendations

1. Continuity of staff – this has been addressed by increasing staff capacity, but further improvements to personalise the service, irrespective of personnel include:
 - Clarify whether patient responds better to male/female staff (where feasible, given a busy team)
 - Ensure preferred name for patient is captured early on, flagged in notes and used by all staff.
 - Ensure condition is flagged more prominently so that all staff (even during peak times) can respond in a relevant way, avoiding suggestions that are inappropriate to the condition.
 - Ensure prominent flagging of carer involvement and associated permissions, to help support a sustainable approach to recovery.
2. A system that enables recapping to patients to avoid repetition, which patients can find distressing, will help support the feeling of forward movement and lack of information sharing.
3. Improving the links between services – and information sharing – would make a big difference. But in the context of insufficient funding, which clearly imposes limits, more clarity on what happens next would be appreciated.
4. Carers:
 - Expand the carer groups by offering information packs to all carers, friends and family at first meeting
 - Set up a peer support network.
 - Offer handover information at point of discharge.
 - Engage carers proactively, especially where they may be absent from meetings due to work.

The actions will be monitored through the quarterly Patient Experience and Engagement Group.

15 Steps

Six visits have taken place during quarter three; three clinic visits and three inpatient visits.

Appendix Two contains the full quarterly report showing the feedback and themes from the 15 Steps visits which took place during quarter four.

8. The Friends and Family Test

The NHS Friends and Family Test (FFT) give an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has set an aspiration of 15% response rate for the FFT in both physical and mental health service as one of our strategic objectives.

The monthly FFT results, for each service and reporting locality, are shared on our intranet to make them accessible to all staff. The comments are also available online and the patient experience team are currently exploring how to share these more visually, as 'wordles' or No Way Events (attitudes and actions that a patient should never experience) and Always Events (attitudes and actions that patients should always experience).

Table Thirteen: Number of Friends and Family Test responses

		Number of responses	Response Rate
2016/17	Q4	3696	5.1%
	Q3	4024	5.1%
	Q2	5357	2.2%
	Q1	6697	2.7%
2015/16	Q4	4793	2.1%
	Q3	5844	4.2%
	Q2	6130	4.5%
	Q1	7441	6.6%

The tables below show the percentage of patients that would recommend the service they received to friends or family

Table Fourteen: FFT results for Inpatient Wards showing percentage that would recommend to Friends and Family

Ward	Ward type	2016/17				2015/16			
		Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1%
Oakwood Ward	Community Inpatient	100	-	85.7	89.47	95.16	94.55	88.71	91.94
Highclere Ward	Community Inpatient	96.6*	90	100	96.3	96.88	81.48	85.19	90.32
Donnington Ward	Community Inpatient		75.7	100	90.91	89.47	95.83	94.87	96.15
Henry Tudor Ward	Community Inpatient	97.14	89.3	95.7	95.92	87.27	95.71	100	86.49
Windsor Ward	Community Inpatient	100	92	94.7	93.94	100	96.61	98.08	100

Ward	Ward type	2016/17				2015/16			
		Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1%
Ascot Ward	Community Inpatient	100	80	100	88.89	90	93.55	97.14	100
Jubilee Ward	Community Inpatient	100	90	100	97.78	97.44	95	97.22	92.73
Bluebell Ward	Mental Health	80	60	100	78.79	80	75	0**	66.67
Daisy Ward	Mental Health	50	-	66.7	85.71	68.42	75	71.43	77.78
Snowdrop Ward	Mental Health	78.57	66.7	50	66.67	85.71	0**	100	75
Orchid Ward	Mental Health	-	0**	100	-	100	0**	100	66.67
Rose Ward	Mental Health	66.67	0**	80	33.33	54.55	58.82	100	75
Rowan Ward	Mental Health	-	0	-	72.73	100	-	-	-

* Highclere Ward and Donnington Ward collected the Friends and Family Test as West Berkshire Community Hospital Inpatients during quarter four.

** Where an - is shown, there were no responses reported for the quarter. 0 means that there were responses but that 0% would recommend the ward to a friend.

From the Community Services that have responded, 94% have a recommendation rate of 85% or above, with the lowest being 0% for Phlebotomy (based on one response).

Community inpatient wards have been consistent throughout this quarter with responses received. At the end of Quarter 4, the overall response rate is 41% and the overall recommendation rate is 98%. All community inpatient wards, except Oakwood ward, have a response rate of 15% or above and all have recommendation rates above 85%.

From the Mental Health Services that have responded, 50% have a recommendation rate of 85% or above, with the lowest being 0% for ECT (based on one response). Responses received from mental health inpatient wards have increased somewhat. At the end of Quarter 4, the overall response rate is 11% (8% in Q3) and the overall recommendation rate is 74% (52% in Q3). Only Snowdrop ward has a response rate above 15% and no wards have a recommendation rate of 85% or above.

Table Fifteen: FFT for Walk-in services showing percentage that would recommend to Friends and Family

Walk-in Services	2016/17				2015/16			
	Q4%	Q3%	Q2%	Q1 %	Q4 %	Q3%	Q2%	Q1 %
MIU: West Berks	98.36	91.03	96.92	97.37	96.54%	95.81	93.29	93.04
SWIHC: Walk-in	96.35	79.54	89.69	88.45	81.23%	77.69	84.94	93

Table Sixteen: FFT for GPs showing percentage that would recommend to Friends and Family

General Practice	2016/17				2015/16			
	Q4%	Q3%	Q2%	Q1%	Q4 %	Q3%	Q2%	Q1 %
Circuit Lane Surgery*	-	-	-	-	33.33	-	66.67	60.78
Priory Avenue Surgery*	-	-	81.34	73.87	73.42	69.57	-	-
SWIHC - GP	96.27	70.09	74.75	41.67	58.0%	58.87	58.21	63.01

*no longer managed by the Trust

A review of the national results for February 2017 shows that the collective percentage recommendation rate for GPs in Slough is 82%, slightly lower than the national GP rate of 89%. In quarter four. The percentage of patients who would not recommend the GPs in Slough was 10% compared to the national rate of 6%.

The combined community based physical health services recommendation rate for the services that have been reported on, and are not detailed above, was 97% for quarter four, 90% for quarter three, 96% for quarter two, an increase from 90% in quarter one.

The patient experience team have recruited a volunteer to help with collecting feedback, based at St Marks Hospital in Maidenhead.

However, the response rates for Prospect Park Hospital in particular are disappointing, especially as our Patient Advice and Liaison Service (PALS) manager has been supporting the wards with promoting and collecting the Friends and Family Test. The challenge around collecting this feedback was discussed at our Patient Experience and Engagement Group, and a potential reason for this was explained by a member with a lived experience of being an inpatient on one of our wards. They explained that once they knew that they were going home, that was their focus and that from their experience, completing feedback would not have been a priority or something that they would value at that time. This insight brought the opportunity to explore alternative options such as offering the Friends and Family Test as part of the seven day follow up after discharge. Following discussion, support will continue to be offered through the PALS Manager onsite at Prospect Park Hospital at the moment with a more defined process being made clear in the first instance.

There are a number of ways that the Patient Experience Team is supporting services with increasing the response rate. These include:

- Slough Walk in Health Centre to reinstate a kiosk back as responses have declined significantly
- Possibility of Westcall using SMS
- Ensure Friends and Family Test responses are discussed at PSQ (Monthly reports/comments)
- Revising the Friends and Family Test cards; one card for all with patient/carer question
- Business Managers holding more operational responsibility for their services and acting as a point of contact for responses
- Email reminders to ensure cards are received in time for analysis
- Monthly email to services to include the 'services table – this shows response/recommendation rates for all services. Some may not be checking Teamnet so emailing might be more effective.
- Suggest all services use stamps/labels on all cards to avoid blank cards being sent back to us
- Encourage services to display results/comments – patients might see and be more willing to provide feedback as well.
- Posters/signs for services to encourage providing Friends and Family Test feedback
- Meet with Business Managers to support the Friends and Family Test

Table Seventeen: Number of Carer Friends and Family Test responses

	Number of responses
2016/17	
Q4	74
Q3	57
Q2	54
Q1	22
2015/16	
Q4	15
Q3	15
Q2	73
Q1	29

The responses received are generally positive; however response rates are low and we are aiming for 100 per locality per quarter. We are working on increasing awareness of Carer FFT cards within the trust and potential impact of the FFT on other carer feedback e.g. memory clinic accreditation.

8.1 FFT national benchmarking

Each month health services (both NHS and independent providing NHS services) submit a report to the Department of Health on their FFT results and activity. As each organisation differs in the services that they provide, and the guidance for calculating the response rate differs substantially.

Table Eighteen: Number of Friends and Family Test responses
Community health services FFT data for February 2017

Trust Name	Feb-17				Oct-16	
	Total Responses	Total Eligible	Response Rate	Percentage Recommended	Response Rate	Percentage Recommended
Berkshire Healthcare	855	19,689	4%	98%	5%	94%
Solent NHS Trust	916	45,081	2%	97%	2%	96%
Southern Health NHS FT	3,139	40,396	8%	95%	7%	96%
Oxford Health NHS FT	301	34,136	1%	96%	2%	94%

Table Nineteen: Number of Friends and Family Test responses
Mental health services FFT data for February 2017

Trust Name	Feb-17				Oct-16	
	Total Responses	Total Eligible	Response Rate	Percentage Recommended	Response Rate	Percentage Recommended
Berkshire Healthcare	190	8,089	2%	88%	9%	92%
Solent NHS Trust	133	2,310	6%	92%	4%	89%
Southern Health NHS FT	361	11,728	3%	91%	3%	80%
Avon and Wiltshire MH Partnership	843	5,715	15%	89%	15%	88%
Oxford Health NHS FT	120	10,139	1%	79%	3%	90%

There has been a notable decrease in both the response rate and recommendation rate within mental health services. We are in contact with Avon and Wiltshire Partnership Mental Health Partnership Trust to see how we can learn from their practice and response rates. They predominantly send a paper survey out to people at home which is different to the more face to face approach that is used within the Trust.

The available information demonstrates that the collection methodology with the highest response continues to be paper/postcard at point of discharge.

9. Other Patient Feedback

We continue to work closely with Healthwatch organisations to gather feedback on the services we provide and explore ways that we can improve this further. The Patient Engagement and Experience team hold a meeting every three months where we give an update on patient experience and incidents, and invite services that Healthwatch have asked for further information on. Localities also meet directly with their associated Healthwatch organisation.

Complaints review

During quarter four, Healthwatch Slough published the findings of their multi-agency project 'How Slough organisations can learn from feedback and complaints'. Berkshire Healthcare was represented as part of a panel to share the findings of the report and to discuss how to work together as part of the wider complaint management system.

An example of good practice from Berkshire Healthcare, included in the published report, was how our Head of Service Engagement and Experience 'doesn't just wait for complaints to come to the Trust, but endeavours to get out and about as much as possible, such as visiting wards and speaking to people about their experience'.

Recommendation: Treat every bit of feedback and information as an asset

Recommendation: Actively encourage both positive and negative feedback about services. Complaints should be seen as essential and helpful information and welcomed as necessary for continuous service improvement.

Healthwatch Slough will be drawing together the recommendations identified as a result of this project; a major theme being around addressing multi-agency complaint management.

Complainant survey

We have reviewed the way that we collect feedback on our complaints process. From April 2017, we will be sending out an in-house survey, using the complainant's preferred method of communication. We have chosen this as it is hoped that a survey that is more tailored to our organisation will obtain a higher response rate and richer feedback, In addition, this means that we will be able to adapt what and how we ask people based on what we are told throughout the year.

Good or Better results

Total feedback relevant to the good or better rating has been received from **2,754** patients and carers, compared to 2,245 in the last quarter. Of those that provided feedback **91%** reported the service they received as good or better. **22** of the services carrying out the internal patient survey were rated 100% for good and better with a further **13** services rating 85% or above.

It is promising to see an increase in data collection as we have been working with a number of services. We also know that some services have worked hard to increase their numbers which is reflected in their results. An increase in awareness at PSQ meetings has also resulted in a positive outcome. This is a marked improvement to the previous quarter where only 8 rated 100% and 1 85% or above. MSK Physio has had a significant increase in responses as a result of focusing their efforts to gain more feedback. Inpatient wards, both community and mental health have also increased.

Formal Complaints received during quarter four 2016/17

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Bracknell	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	04/01/2017	15/9 Mother worried for her son due to drug use leading to paranoia she asked if he could be sectioned, the MHP, who previously said if she needed extra support and wasn't coping then the pt could be sectioned, allegedly said 'I cannot section him, this is way out of my league' 20/9 Pt took 4 grams of cocaine and mother was worried for his safety so she called the police. MHP arrived and he was sectioned. Mother says son hated her for doing that and she has struggled emotionally as a result, she wants to know why the MHP was given her son to care when he was obviously 'out of his depth' as a result she felt very unsupported. She does not want other parents to go through this in the future.	Partially Upheld	There were elements of how we handled her son's care that could have been better. Communication about the role of the SMHP could have been better and would not have left her feeling unsupported.	Care and Treatment
West Berks	Community Hospital Inpatient	West Berks	04/01/2017	Pt's family feel the Matron was aggressive and that the staff were unaware of the pt's long term condition and thus did not treat her accordingly	Partially Upheld	The level of communication between ward staff and family was lacking and the findings from the investigation show clear learning points. However, the records show that the ward were aware of patient's history and she was clinically treated appropriately.	Care and Treatment
West Berks	Phlebotomy	West Berks	05/01/2017	Nurse could not take blood on the 2/12/16 as pt had eaten despite the fact Dr had allegedly denied the need to fast when asked. Pt feel nurse should have called the Dr to confirm, unhappy that she had to wait a further 6 days for the test. Letter of complaint hand delivered to Phlebotomist on the 8/12/16 which allegedly did not reach the correct person until the 29th Dec, pt wishes to know why this was not delivered promptly and feels it is a breach of confidentiality.	Upheld	Phlebotomy staff could have offered patient a non-fasting test on the day and staff will be remind to offer that choice should a similar issue arise. Also it is acknowledged that the first complaint raised, on 8 December, was not acted upon by the service.	Care and Treatment
Slough	Health Visiting	Windsor, Ascot and Maidenhead	05/01/2017	HV visited mother following a recent C-section delivery and commented on a previous care regarding her 5 yr old which the Police allegedly found as untrue. Mother feels HV purposely disrespected her dignity and psychologically traumatised her with a grin on her face.	Partially Upheld		Communication

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Slough	Walk in Centre	Bracknell	06/01/2017	Pt's mother alleges that the 2 reception staff and the female Dr on duty on the 27th Dec were extremely rude to her in front of her son. Reception staff said there were no more appointments when the mother asked why when the reception is empty the reception staff and Female Dr allegedly became very aggressive and abusive toward the Mother and the Female Dr refused to see the 4 yr old, the Male Dr however did see pt and prescribed medication.	Not Upheld	Complainant left SWIC despite being told not to and therefore missed the triage slot. Investigation report is that he became abusive to staff and was videoing them on his phone.	Abuse, Bullying, Physical, Sexual, Verbal
Reading	Health Visiting	Reading	09/01/2017	Baby born in the RBH, mother believed had tongue tie from the outset, hospital did not look into this, midwife did an examination and said they could not find anything, HV advised the patient to persevere with feeding, GP said they did not know anything about tongue tie and said to refer to HV. HV only documented mother's beliefs once in the Red book despite her repeated saying it at every meeting. Mother eventually went private, diagnosed with tongue tie, sorted at the apt and baby now a different happy baby	Upheld	Upheld as the tongue tie was not diagnosed by RBH, GP or BHFT.	Care and Treatment
Reading	CMHT/Care Pathways	Slough	10/01/2017	Large issues centred around funding through the CCG. BHFT to answer the lack of action and assessment of needs and the unsatisfactory treatment/support by Winterbourne House.	Partially Upheld	Not been able to find evidence to support some aspects of the complaint but we have acknowledged and apologised that some of the clinical decisions made were not as clear as they could have been.	Care and Treatment
Windsor, Ascot and Maidenhead	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Slough	13/01/2017	Daughter wishes to raise a complaint regarding the conduct and professional competence of a Memory Clinic Nurse due to the fact she has received a report on her mother which she states is factually inaccurate. Having called to chase this up she was assured the staff member would call her back and failed to do so on more than one occasion.	Partially Upheld	Learning identified with aspects of report writing, which wasn't comprehensive.	Medical Records
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	13/01/2017	Family feel the Dr failed to inform NOK of the care plan going forward in spite of messages left. The family feel they should be involved in care planning for the patient as they feel she is abusive to her parents whom they feel are at risk of harming them physically and psychologically	Consent Not Granted	Formal complaint not continued as patient does not give consent. However, clinical team are continuing to have contact with family to give assurance of patient care.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	13/01/2017	Mother called Maidenhead CAMHS and was advised by staff member that 'the list was currently on hold and not moving' Mother wishes to know 1. why can pt not be on 2 lists 2. why is the list on hold 3. Wants a timeline as to when son will be seen 4. has her son been waiting longer than most	Upheld	Incorrect information was given to mother regarding his assessment and the waiting time has been elongated. An appointment has now been offered.	Waiting Times for Treatment
West Berks	Common Point of Entry	Wokingham	13/01/2017	Pt unhappy with the attitude of 2 members of staff from the Service, feels they were not listening to him and they have discriminated and he feels an injustice has been caused against him	Not Upheld	The complaint is primarily about a meeting on 4 January. The investigation has shown that the meeting broke down and was terminated when patient starting throwing papers around the room. Staff terminated the meeting for their own safety.	Attitude of Staff
Bracknell	Health Visiting	Windsor, Ascot and Maidenhead	16/01/2017	Mother unhappy that, having spent a considerable amount of time with Community Paediatric nurse discussing difficulties with her son, an assessment for ASD was not identified sooner.	Not Upheld	Due to length of time that has elapsed, it has not been possible to review all documentation or speak to staff concerned. However, what docs were reviewed, did not show a failing on our part and a letter was sent to Children's Social Care back in August 2012.	Care and Treatment
Wokingham	CMHT/Care Pathways	Wokingham	16/01/2017	Mother feels her son's consultant psychiatrist has neglected her son's wellbeing and has failed to give him the correct care and medication that he had required. She feels the cocktail of drugs he was on led to his nervous breakdown and she feels she questioned the pt in an inappropriate manner.	Partially Upheld	1.Dr will discuss with colleagues recently involved in Stephen's care about the issues raised in the complaint and will reflect on any learning points. 2.Dr will continue having reflective notes and case based discussions as part of her annual appraisal. 3.The importance of involving and working together with patients families and carers will be shared with all team managers in the monthly patient safety and quality meetings at Wokingham locality meeting and discussed in the wider trust clinical governance meeting.	Care and Treatment
Reading	District Nursing	Reading	18/01/2017	DN booked on 2 occasions to see pt but did not come. Pt due op on 2/12/16 DN due 1/12/16, called to say not coming RBH can flush pict line, which they did not have time to do before the op. 5/1/17 DN due out and didn't show up, pt called 6/1/17 to ask when they are coming. Stressful time for pt and partner as he is going through Radiotherapy and Chemo so having the chase DN's is felt to be unacceptable.	Upheld	It is acknowledged that care fell below standard. Learning outcomes identified with training in communication and PICC line care.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Bracknell	CMHT/Care Pathways	Slough	19/01/2017	Mother unhappy about the care her daughter has been receiving from her CPN and would therefore like to have a new one	Investigation currently underway		Care and Treatment
Bracknell	Corporate/Policy	Corporate	25/01/2017	Pt unhappy with the time taken to process 3rd Section 10 notice.	Not Upheld		Medical Records
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	31/01/2017	Pt feels she is unable to communicate directly with her consultant and has stated that she finds he lacks compassion and understanding and she feels she is not cared for properly. Separate incident, pt states she was allowed to finish self harming and she is concerned the that report for her tribunal, which is due on the 7th March has already been written.	Investigation currently underway		Attitude of Staff
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	02/02/2017	Pt states she was discharged over the phone when she thought she was arranging a discharge meeting. Her discharge summary has BPD on and she wants a correct discharge summary issued which states she has PTSD & BDD. Also requires help from CMHT with her funding application with the CCG for her treatment in London	Partially Upheld	The team had made decisions based on clinical grounds. In spite of detailed entries about meeting with patient, there is not much record of explaining her the rationale for referral to IAPT. Though the rationale for referral is clear in the record of team discussions, there is no record of having same detailed discussion with her.	Care and Treatment
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	02/02/2017	Mother has raised 4 points 1. Lack of consent for meeting between son and clinician 2. Incorrect documentation in discharge letter which the mother suggests the Police have been called inappropriately for assistance during the pt's meltdowns. 3. Mother believes CAMHS should have identified or explored inconsistencies in statements from the pt regarding self harm. 4. Discharge letter sent to pt's junior school breaching confidentiality	Partially Upheld	Point one upheld as lack of consent and poor communication with clinician. Point two upheld as letter could and should have been clearer. Point three not upheld as no evidence at that time. Point 4 upheld as there was a breach in confidentiality when writing to the school.	Medical Records

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	03/02/2017	Pt went to Peach Street to see services and change her address details. Was told she would receive a call from CRHTT over the w/e as she was unwell - No call. Appt arranged but Pt called to cancel as was distressed that she had to go to a physical health clinic appt. - re-arranged but staff member did not turn up - records state they visited the house which was in darkness. - Pt wants this looked into, the same thing happened a second time. Pt called, staff were going to the wrong address, agreed to come out again - again they did not come, despite being told again the staff had gone to the wrong address. Pt wand her mother want to know why the staff went to the wrong address when she had told the service the new address. Why they did not call her or other contact numbers when outside the house to check the pt was ok as in Crisis. Service do not seem to care.	Upheld	All aspects upheld. Had consent form been dealt with appropriately in the first instance, the clinician would not have gone to the wrong address and the trust would not have needed to call her mother.	Care and Treatment
Reading	Out of Hours GP Services	Wokingham	06/02/2017	patient who worked at the RBH was refused by WestCall to be seen having just turned up, they suggested he go to A&E	Not Upheld	Patient did not attend WestCall in the correct manner and had an informal conversation with a nurse on her way to work.	Access to Services
Windsor, Ascot and Maidenhead	Common Point of Entry	Wokingham	07/02/2017	Pt requested copy of review on 30/1/17, still not received. Pt feels assumptions have been made based upon a phone assessment, not seen in person. She states this has caused undue distress and has contributed to her sense of worthlessness and she feels this is unsafe practice.	Upheld	Patient complains she was not involved in the plans to change her treatment and investigation apologises that this was the case. Learning has been shared with the team.	Care and Treatment
Slough	Early Intervention in Psychosis	West Berks	07/02/2017	Sister of pt feels the fact she has been threatened and in danger from her brother is due to his care co-ordinator allegedly neglecting his cry's for help. Pt became extremely abusive on the 24th Jan and complainant had to call the police resulting his arrested. Sister feels he does not deserve to be arrested but needs help.	Consent Not Granted		Care and Treatment
Bracknell	Corporate/Policy	Corporate	08/02/2017	Complaint about unlawful sharing of sensitive information	Not Upheld	Not BHFT issue. Should direct to BACP.	Communication
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	10/02/2017	Mother wishes to complain about the assessment appointment which turned out to be a risk assessment and the subsequent decision not to provide treatment for the patient through CAMHS.	Partially Upheld	Communication with services and individual clinicians issues are upheld as it has been acknowledged they could have been better. However, there are clear explanations of why decisions were made and the course of action being taken.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Bracknell	Corporate/Policy	Corporate	13/02/2017	<p>Pt wrote on the 11th Feb that he feels the Trust have not followed the procedure properly when responding to his complaint of the 3rd Feb by allowing the caldicott guardian to sign the final response. He also feels we have failed to comply with a duty to care for him and that we have contravened the Equality Act of 2010 in our communication with him.</p> <p>Pt wrote again on the 13th Feb that he is unhappy that a psychotherapist disclosed information about him at a BACP hearing bought by the pt.</p>	Not Upheld	Not upheld. Issues have already been addressed in previous complaints.	Communication
Reading	CMHT/Care Pathways	Reading	13/02/2017	<p>Pt unhappy with the complaints process and the fact her CPN does not know how to apply for funding, which is the second time.</p> <p>She is upset that no one communicated that her CPN was on extended annual leave and is unhappy that BHFT liaised with SEAP and not directly with her.</p>	Investigation currently underway		Communication
Wokingham	Talking Therapies	Wokingham	13/02/2017	<p>Pt self referred into TT last year and was referred to Eating Disorders clinic, who have not received the referral.</p> <p>After much chasing referral eventually received and EDS sent a questionnaire, which has not arrived. Pt feels the minor errors that are being made are having a massive impact on her.</p> <p>Pt wishes TT/EDS to contact her to book apt and re-send questionnaire</p>	Partially Upheld	Partially upheld as there was a delay with the talking therapies referral being sent incorrectly but once received it was processed timely and back dated to when it should have been received.	Communication
West Berks	CMHT/Care Pathways	West Berks	16/02/2017	<p>Pt wishes his memory problems to be further investigated but has 9 points he wishes addressed in a local resolution meeting. Points 1-3 relate to Crisis 4-9 relate to psychiatrists</p>	No Further Action	Patient too unwell to deal with this at present. Agreed with SEAP to close until he is well enough.	Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
West Berks	Community Hospital Inpatient	West Berks	16/02/2017	Wife concerned there were no Drs on the ward and felt the Ward sister had a brusque attitude. Wife left the ward for 30 mins on the 16th sept asking nurse to watch her husband in her absence, the pt called a friend in a distressed state as he felt his oxygen was low, friend called the ward to sort, when his wife returned his breathing machine was switched off and the oxygen was not connected correctly. On 19th Sept pt was moved to a side room but the portable oxygen did not move with him. wife noticed and tried to reconnect. pt died. Wife feels the actions of that day hastened her husbands death leaving him to gasp for air, she feels no one understood his condition. Complainant wants palliative pts to be treated with care and compassion in the future.	Investigation currently underway		Care and Treatment
Reading	Diabetic Eye Screening	Wokingham	21/02/2017	Pt unhappy that our envelopes say 'UK Mail Ltd' on the back of them, he feels this goes against our duty of care as the recipient does not know who t is from without opening it. Pt also states he lives in Reading and wants an apt there not Wokingham	Not Upheld	Patient declined eye drops so was referred to BHFT services, which the locations do not suit patient. There is an option for him to return to RBH, if he wishes or to get GP to refer.	Management and Administration
Slough	Walk in Centre	Bracknell	24/02/2017	Pt saw GP and feels he was very rude and inpatient, he said she should have booked a double apt as she had so many questions. Pt wanted blood test to check possible pregnancy but GP said he thought it was early onset menopause. Pt very unhappy and wants blood test to check both things	Local Resolution		Attitude of Staff
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	02/03/2017	Pt suffering with anxiety, on the Rose ward since 18th January. Husband feels she is not making any progress questioning whether Rose Ward is the best place for her. He states the Dr is very dismissive and feels generally that there is a lack of care.	Investigation currently underway		Attitude of Staff
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	03/03/2017	Telephone handler appeared not to be listening to pt, then he said he couldn't help her as the shift was about to end. Pt said this is not the first time she has been told that and feels it is inappropriate and thus wishes to raise it formally.	Upheld	Investigation showed that call handler did not act professionally whilst on the phone to patient. Learning identified and will be implemented.	Attitude of Staff
Wokingham	CMHT/Care Pathways	Wokingham	03/03/2017	Pt feels that care has been done to her instead of with her. She feels the Positive Risk Panel has caused undue stress, she would like to appeal against the decisions made on the 24th Feb and complain that she felt excluded from the process leaving her at risk.	Investigation currently underway		Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Reading	Neuro Rehab (CHC)	West Berks	06/03/2017	Husband unhappy with his wife's care and the decision to discharge her from the CBNRT service. Also the lack of therapy received whilst on Oakwood ward.	Partially Upheld	Clinical care was appropriate, however the expectation of what the service can offer should have been made clearer.	Care and Treatment
West Berks	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	06/03/2017	Pt seen by clinician in November 2016. Observation required which was due to be done before the end of November 2016 but did not happen till Feb 17. Mother has had many problems being able to speak to clinician who assured her the report would be sorted by 3/3/17. Mother feels very let down by services and feels no one is communicating with her.	Upheld	Acknowledgement and apology for the lack of communication with the delay in the assessment. Staff member also apologises for delay in returning calls.	Communication
Slough	Walk in Centre	Bracknell	06/03/2017	Father is very upset at the way his daughter was spoken to by the Dr she saw.	Investigation currently underway		Attitude of Staff
Bracknell	Common Point of Entry	Wokingham	06/03/2017	Pt diagnosed with Asperger's wants to know why therapy has been refused by CMHT as this goes against the Autism Act and is not making reasonable adjustment under the equality act. Why do the Trust not provide ASD Pathway on a diagnosis service? Why can't services communicate with each other when using different systems?	Partially Upheld	No clinical failings identified. Care has been appropriate but patient cannot have the therapy she wants. However, PALS have apologised for the lack of responsiveness so this element upheld.	Care and Treatment
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	06/03/2017	Pt previously on a section now voluntary has been going out of the ward buying tablets / knives and bleach from Boots and Asda. Father believes pt is at high risk of self harm and suicide. Father does not understand why PPH are talking about discharge and feels we are neglecting our duty of care.	Investigation currently underway		Care and Treatment
Windsor, Ascot and Maidenhead	Hearing and Balance Services	Bracknell	10/03/2017	Pt unhappy with the way they were spoken to by the Audiology consultant in Windsor	Upheld	Staff member admitted being abrupt with patient due to tiredness. Training to be undertaken that includes looking at one's behaviours and the impact on others.	Attitude of Staff

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Slough	Walk in Centre	Bracknell	10/03/2017	<p>Father has come back to say he wishes to appeal against our response as he feel we have not looked at CCTV footage as he would never swear in front of his son</p> <p>ORIGINAL COMPLAINT</p> <p>Pt's father alleges that the 2 reception staff and the female Dr on duty on the 27th Dec were extremely rude to her in front of her son. Reception staff said there were no more appointments when the mother ask why when the reception is empty the reception staff and Female Dr allegedly became very aggressive and abusive toward the Mother and the Female Dr refused to see the 4 yr old, the Male Dr however did see pt and prescribed medication.</p>	Not Upheld	Complainant left SWIC despite being told not to and therefore missed the triage slot. Investigation report is that he became abusive to staff and was videoing them on his phone.	Abuse, Bullying, Physical, Sexual, Verbal
Windsor, Ascot and Maidenhead	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	14/03/2017	Pt of 9 yrs old attempted suicide 4 times last summer, mother desperate for help from CAMHS and is struggling to cope as it is all taking such a long time. Mother has 2 other SEN Children and she has had a nervous breakdown as a result of everything.	Investigation currently underway		Care and Treatment
West Berks	Children's Speech & Language Therapy - CYPIT	Windsor, Ascot and Maidenhead	15/03/2017	<p>Pt had his name removed from the SALT list and as such has not been receiving therapy which has been needed.</p> <p>Parents feel an apology is not enough and want 1:1 sessions in addition to his restored and ongoing SaLT</p>	Investigation currently underway		Care and Treatment
Slough	Common Point of Entry	Wokingham	21/03/2017	Pt tried to access help from CPE and New Horizons. On filling out the forms was advised that he must have a GP. When speaking to CPE to try to sort the group therapy he was previously instructed he needed he received a discharge letter.	Investigation currently underway		Access to Services
Windsor, Ascot and Maidenhead	Community Hospital Inpatient	Bracknell	21/03/2017	<p>Family unhappy with our response they wish</p> <ol style="list-style-type: none"> 1. statement around pt being fully weight bearing 2. Mental capacity family were unaware their mother had been assessed as have not seen any documentation around this. 3. Pt was hearing impaired so feel she was not always listening 4. family wish clarity on why pt had to attend apt at WPH as they say it was for her shoulder, not her leg <p>The family are adamant that BHFT did not treat their mothers knee wound appropriately and that complications from the infected wound caused the pts death. They believe we have failed in our duty of care and as such are frustrated and angry.</p>	Investigation currently underway		Care and Treatment

Locality	Service	Business Group	First received	Description	Outcome code	Outcome	Subjects
Reading	Talking Therapies	Wokingham	22/03/2017	Pt feels she has wasted her time going through several referrals and many sessions of TT. She especially feels that she should not have to answer the same question regarding suicide in every questionnaire or discussion and as a result she wishes the process to change. Pt has requested copies of the referral process along with other information.	Investigation	currently underway	Communication
Windsor, Ascot and Maidenhead	District Nursing Out of Hours Service	Reading	23/03/2017	Pt has been told the service plan to stop the morning (OOH) nurse visits for the administration of suppositories. The patient feel this will greatly affect his life going forward	Investigation	currently underway	Access to Services
West Berks	Community Hospital Inpatient	West Berks	24/03/2017	Partner of patient wishes to know why the pt was not taken to the eye clinic during her admission. If there is a specific clinical reason for this they wish to know why it was not communicated to them.	Investigation	currently underway	Care and Treatment
Reading	CMHT/Care Pathways	Reading	30/03/2017	Patient feels there has been a lack of provision of adequate and appropriate treatment for his MH and psychological condition from 2014 to the present day. Pt wishes to receive adequate and relevant treatment at Castle Craig Hospital and redress for damage to health and life and expense of alternative support.	Investigation	currently underway	Care and Treatment
Bracknell	CMHT/Care Pathways	Slough	03/04/2017	Re-opened from 5440 Pt now able to identify staff member to which she raises 27 points to be addressed. several other points raised about various members of staff and questions regarding the previous investigation into CMHT	Investigation	currently underway	Attitude of Staff

15 Steps Challenge

Quarter 4 2016/17

During the fourth quarter of 2016/17 a total of 6 visits were carried out which means that the 15 Steps programme has been achieved its target of visiting all high risk areas within the year. A new member of the public has been recruited for the programme bringing our pool of volunteers up to four. Some of the new Non-Executive Directors and the new Chairman, have joined the team on visits during the year and are scheduled to do more in the coming year.

Looking forward to 2017/18

The Professional Development Nurses attended one of the Healthwatch meetings to promote the 15 Steps Challenge to enlist the Healthwatch volunteers in participating in the 15 Steps programme for the coming year. Dates for visits have been passed to Healthwatch and we are awaiting confirmation of when they can join the team on visits.

During 2016/17 there were a high proportion of clinics visited, as these are scheduled for bi annual visits the coming year will show a drop in the number of visits.

The toolkits used on the visits will be updated to more accurately reflect the services within BHFT.

Information and the role descriptor for volunteering on 15 Steps programme has been updated for both the new teamnet site and public website, in preparation of when they go live, with the aim of promoting the programme and attracting more volunteers.

Of the six visits that were carried out the overall impression was positive with only minor observations for improvement.

Daisy Ward

The team had a good visit to the ward which felt calm and relaxed. All the staff were friendly and helpful especially one of the support workers who showed the team around the ward. All the patients seen appeared content and happy.

Physiotherapy – Churchill House

A well run clinic with excellent facilities and a professional, courteous, patient focused team.

Physiotherapy – Upton

A particularly enjoyable visit to this friendly and well organised clinic. There was a great atmosphere with a positive and energised vibe.

Podiatry – Upton

The team were impressed by the engaging and welcoming attitude of the staff and the department had a good feel.

Rose Ward

The well-established team of staff members on the ward work well together and this promoted a good positive feel to the ward which was calm and organised. All the patients seen seemed content and happy.

Ascot Ward

The team were impressed by the multidisciplinary working of the ward. This was a good visit at a busy time yet the ward felt calm, relaxed and the patients appeared content and well looked after.

Friends & family team discussion: In all areas visited, the teams were confident in the safe care being delivered should a family member or friend be admitted to the care of the ward or clinic.

Pam Mohomed-Hossen and Kate Mellor
Professional Development Nurses
March 2017

COUNCIL OF GOVERNORS

Meeting – 14 June 2017

REPORT OF THE APPOINTMENTS AND REMUNERATION COMMITTEE HELD ON 18 MAY 2017

This report covers the following issues:

- The recruitment and selection process for a new Non-Executive Director to replace Mark Lejman whose term of office ends in December 2017;
- A proposal to re-appoint Chris Fisher, Non-Executive Director for a further term of three years; and
- A proposal for Non-Executive Directors who serve as Mental Health Act Managers to receive the same attendance fees as the Trust's other Mental Health Act Managers.

Membership of the Appointments and Remuneration Committee

- Martin Earwicker, Chair
- Paul Myerscough, Lead Governor
- June Leeming, Deputy Lead Governor
- Amanda Mollett, Staff Governor
- Bet Tickner, Appointed Governor (*not present at the meeting on 18 May 2017*)

Recruitment and Selection Process for a New Non-Executive Director

Introduction

Mark Lejman's current term of office as a Non-Executive Director will end on 12 December 2017. Mark will have served seven years when his term of office ended (two terms of three years and a one year extension). Mark is currently the Trust's Vice Chairman, Chair of the Finance, Investment and Performance Committee and a member of the Audit Committee. Mark has made a significant contribution to the work of the Trust having brought extensive financial, strategic and commercial experience to the Board.

Securing a strong field of suitable candidates and undertaking an initial long listing assessment process is a complex task and one that requires specialist expertise. For this reason, and on the basis of past performance, it was agreed that Gatenby Sanderson would fulfil this function. Melanie Shearer, Gatenby Sanderson attended the meeting and explained her role in encouraging suitable candidates to apply, long listing candidates; conducting initial interviews; drawing up a recommended shortlist and supporting the Committee during the interview stage.

The Chair informed the Committee that he had asked Non-Executive Directors for their views on the preferred background and experience for the new Non-Executive Director. The Chair said that there was unanimous support for a Non-Executive Director with financial acumen who would be able to Chair the Finance, Investment and Performance Committee and who would support the Chair of Audit.

The Appointments and Remuneration Committee reviewed the skills matrix for the current individual members of the Trust Board, took account of the views of the Non-Executive Directors and agreed that the ideal candidate would be an individual who had held senior positions in large corporate organisations and who would be able to think strategically and have the ability to challenge, influence and build consensus on a wide range of issues.

The Appointments and Remuneration Committee also reviewed the gender balance and diversity of the Board. The Recruitment Consultant was asked to take steps to encourage applications from women and from people from Black and Asian Minority Ethnic groups.

The Appointments and Remuneration Committee agreed the timetable for the recruitment process with the aim of making a recommendation on the appointment of a new Non-Executive Director to the Council of Governors meeting on 13 September 2017. This would allow the new Non-Executive Director to be inducted into the Trust prior to taking up the position on 13 December 2017.

Re-appointment of Chris Fisher, Non-Executive Director

Chris Fisher, Non-Executive Director's first term of office will end on 30 September 2017. Chris has confirmed his wish to continue as a Non-Executive Director. The Trust's Constitution recognises that Non-Executive Directors who have performed well and express a wish to continue in office can be re-appointed by the Council of Governors on the recommendation of the Appointments and Remuneration Committee.

The Constitution (Annex 9, Appendix 3) states:

“1.2.2where the Appointment Committee considers that the non-executive Director coming to the end of his term of office should be reappointed for a further term, the Appointment Committee shall make a recommendation to the Council of Governors to this effect.”

Chris has chaired the Audit Committee since September 2016 following the departure of Keith Arundale. Chris is financially qualified and has extensive NHS experience and brings a depth of knowledge to his role.

The Appointments and Remuneration Committee agreed to recommend to the Council of Governors that Chris Fisher, Non-Executive Director be re-appointed for a further three year term of office on the expiry of his current term. If approved, Mr Fisher's new term of office would start from 1 October 2017 and will end on 30 September 2020.

3. Non-Executive Directors who serve as Mental Health Act Managers

The Mental Health Act 1983 requires the Trust to appoint Mental Health Act Managers to serve as independent panels of three to review individual patient's detention in hospital or their community treatment orders. The Trust currently has 19 Mental Health Act Managers.

BHFT's Mental Health Act Managers are a mix of current and former governors, current and former Non-Executive Directors and other lay people. At present, two of the Non-Executive Directors also serve as Mental Health Act Managers.

With the exception of the currently serving Non-Executive Directors, the Trust pays Mental Health Act Managers a fee of £60 per half day appeal hearing (£120 for a full day's hearing) plus mileage from their homes to the hearing venue. The fee applies only to the duration of the actual appeal hearing. No allowance is made for the required pre-hearing reading of the paperwork (which is often lengthy and complex).

The Council of Governors is responsible for determining the remuneration of the Non-Executive Directors. The Appointments and Remuneration Committee discussed the role of the Mental Health Act Managers and in particular the time commitment which involved pre-hearing reading of the paperwork, attendance at the hearings and the requirement for regular training and briefings.

The Appointments and Remuneration Committee noted that Non-Executive Directors were expected to spend around 3 days per month on their Non-Executive Director duties. After considering the issue, the Committee agreed to recommend to the Council of Governors that Non-Executive Directors serving as Mental Health Act Managers should receive the same fee for attending hearings as the other Mental Health Care Managers.

4. Recommendations

Appointments and Remuneration Committee recommends that the Council of Governors:

- a) Approves the recruitment and selection process for a new Non-Executive Director to replace Mark Lejman, Non-Executive Director when his current term of office ends on 12 December 2017.
- b) Approves the re-appointment Chris Fisher, Non-Executive Director for a further three year term of office upon the expiry of his current term of office on 30 September 2017 (the new term of office will start from 1 October 2017 to 30 October 2020).

- c) Approves that Non-Executive Directors also serving as Mental Health Act Managers will receive the same attendance fee (£60 for a half day hearing session and £120 for a full day hearing session) as other Mental Health Act Mangers.