

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 13 September 2017
starting at 10.00 am

At Easthampstead Baptist Church, South Hill Road, Bracknell

Followed by the Trust's Annual General Meeting of Members at 2pm

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 – 14 June 2017	Chair	2
5.	Matters Arising	Chair	5
6.	Audit Matters: a) BHFT Annual Report and Accounts 2016/17 (<i>Presentation</i>) b) Report of the Auditors to the Council of Governors (<i>Enclosure</i>)	Chief Executive and Chief Financial Officer Fleur Nieboer, KPMG	15
7.	Presentation on the ASSIST Programme	Natasha Berthollier, ASSIST 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>to follow</i>)	Committee Group Chairs and Members	10
9.	Executive Reports from the Trust 1. Performance Report (<i>Enclosure</i>) 2. Patient Experience Quarter 1 Report (<i>Enclosure</i>)	Julian Emms, Chief Executive Jayne Reynolds, Deputy Director of Nursing	20
10.	Appointment of the Lead Governor and Deputy Lead Governor	Company Secretary	2

11.	Appointment of a new Non-Executive Director – Recommendation from the Appointments and Remuneration Committee (<i>Enclosure</i>)	Chair	2
12.	Forward Schedule of Meetings for 2018 (<i>Enclosure</i>)	Company Secretary	2
13.	Any Other Business	Chair	15
14.	<p>Dates of Next Meetings</p> <p><i>22 November 2017 - Joint Trust Board and Council of Governors meeting</i></p> <p><i>13 December 2017 – Council of Governors meeting</i></p> <p><i>(Meetings held at Easthampstead Baptist Church)</i></p>		
15.	<p>CONFIDENTIAL ISSUE:</p> <p>To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.</p>	Martin Earwicker, Chair	Verbal

Council of Governors

Wednesday 14th June 2017

Minutes

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

1. Welcome & Introductions

The Chair welcomed the Governors to the meeting.

2. Apologies for Absence

Apologies for absence were received and noted above.

3. Declarations of Interest

1. Amendments to the Register – None to note.
2. Agenda items – None to note.

4. Minutes of the previous meeting – 22nd March 2017

The Minutes of the previous meeting were taken as read and agreed as a correct record of discussions.

5. Matters Arising

None to note.

6. NHS Staff survey 2016

Bev Searle, Director of Corporate Affairs presented the NHS Staff Survey 2016 to the Council, stating that the key highlights were an achievement of the best score in the group of Mental Health Trusts and a high score for motivation at work.

Bev noted that the Trust had not particularly improved or deteriorated in terms of the disproportionately high number of BAME staff reporting discrimination and bullying and harassment at work. It was noted that the Trust had a long term commitment to address this issue and was working closely with the Diversity Steering Group and the BAME network.

Andrew Horne, Public Governor said that the number of staff reporting experiencing physical violence at work seemed high. Bev stated that this figure was dependant on where the member of staff worked, for example, the incidence of physical violence was particularly high at Prospect Park Hospital and on Campion Ward.

Julian Emms, Chief Executive advised this indicator was concentrated in 10 areas, with most physical violence happening on the acute and older people wards. It was noted that the majority of incidents were recorded as “low level”.

Julia Prince, Staff Governor questioned what was being done to reduce the number additional hours worked by staff. Julian Emms said that the Trust benefited enormously from the additional discretionary effort staff did and that this was a reflection of a highly motivated workforce which translated into high quality care.

Keith Asser, Public Governor asked what support was in place for staff who had been victims of assaults. Julian Emms advised that it was dependent on the severity of the incident. It was noted that support could include trauma team involvement and counselling with referrals to Occupational Health if necessary.

Bet Tickner, Appointed Governor queried whether the NHS questionnaire could be merged with the Staff Survey in order to improve on the 15% response rate. Bev Searle advised that there may be some confusion and explained that the 15% response rate was in relation to the Family and Friends Test questionnaire regarding

patient treatment. Jayne Reynolds advised that the patient Friends and Family Test questionnaires were now going out with patients' discharge letters in the hope of improving the response rate.

Amrik Banse, Public Governor asked what work was being done to address the areas of concern highlighted by the staff survey results. Bev Searle stated that actions plans were being developed. Bev said that the Trust was working closely with the staff networks to improve the support provided to BAME, disabled and LGBT staff. Specific actions included a mentorship scheme and members of staff networks joining interview panels. Jayne Reynolds stated that recruiting managers were attending unconscious bias training.

7. Presentation on SHaRON

At the request of Governors, Bryony Gibson, the Trust's Perinatal Service Manager and Sara Wise, SHaRON, Project Lead were invited to attend the meeting and present on the Perinatal **S**upport **H**ope and **R**ecovery **O**nline **N**etwork (SHaRON) system.

Bryony said that unfortunately, Emily, a service user was not well enough to attend today; however, she had agreed that Bryony could share her story with the Council. It was noted that Emily had received the 2017 BHFT Volunteer of the Year award. Emily's story highlighted how the SHaRON online forum had provided her with support and help when she experienced severe post natal depression.

The Presenters explained that SHaRON was a safe and secure social network which was moderated by experienced clinicians and ex-service users. It provided 24/7 therapeutic support and advice but it was not a crisis service.

Richard Dolinski, Appointed Governor enquired how the team were supporting women for whom English was their second languages. Bryony advised that the team were reviewing whether it would be possible to make the content of SHaRON translatable into other languages.

Richard Dolinski asked whether service users received help in how to use the SHaRON system. Bryony advised that teaching sessions were available and service users could access training guides within the SHaRON system.

A Governor (*the name has been redacted*) commented that not everyone had access to the internet and/or a mobile phone. Bryony said that in her experience, this particular cohort of patients (women of child bearing age) tended to have a mobile phone. The presenters also stressed that the SHaRON system was not intended to replace any of the clinical services available to support new mothers, but was an additional online support network which had proved to be effective in providing peer support.

The Governor commented that Muslim men did not allow their wives to have mobile phones and to access the internet. The Chair suggested to the Governor that if he was interested in access to web services, such as SHaRON, he should ask the presenters if there were any groups that had difficulty in accessing services. Richard Dolinski expressed concern about a Governor making a sweeping statement about a particular religious group. A number of people present at the meeting, including the Chief Executive, echoed Cllr Dolinski's concerns. The Governor was disrespectful to both Cllr Dolinski and the Chief Executive.

Cllr Dolinski left the meeting.

Tom Lake, Public Governor stated that the SHaRON system seemed like an exciting and innovative project. Bryony said that the Berkshire Eating Disorders service had successfully been using SHaRON for 6 years. Julian Emms confirmed that the project had received backing from NHS England and it was hoped that additional resources would be available as part of the Global Digital Exemplar funding.

Andrew Horne, Public Governor questioned how the moderation worked without causing too much delay. Bryony advised that the system was moderated in real time and that there was a rota in place to cover the evening period until 10pm and although there was a minor delay if someone posted overnight, this was picked up every morning. Sara Wise advised that the peer support was very good and there were various users online to provide support during the night. The clinical moderators did check that the advice given by peers was correct and appropriate for the individual. Sara advised that the longest delay would be from 10pm until 8am.

Suzanna Rose, Appointed Governor asked if there was a plan to develop SHaRON for other services. Sara advised that the team were liaising with the Chronic Pain team. It was highlighted that it took a lot of time to set up a new SHaRON subnet.

June Carmichael, Staff Governor stated that it was nice to see that SHaRON was an extension of self-help and that it did not replace any other therapeutic services. June asked whether there were systems in place to manage any inappropriate usage of the SHaRON system. Bryony said that if someone was too unwell to use safely use SHaRON, there was a protocol in place which allowed a service user's access to be withdrawn for a period of time until they were well enough.

The Chair thanked both Bryony and Sara for their impressive presentation and extended congratulations to Emily on her award win.

8. Committee Steering Groups

8.1 Living Life to the Full

John Barrett, Chair of the Living Life to the Full Group extended his thanks to Tom Lake, Paul Myerscough and Verity Murrice for stepping in and covering the role of Chair whilst he was away from his governor duties.

John advised that during the last meeting, the group had received a professional presentation by Eight Bells which was well received and appreciated.

John noted that Gemma Wilson had agreed to join the group.

John advised that he has met with the Communications Officer for Optalis. Julia Prince, Staff Governor confirmed that staff working within the WAM locality were not transferring to Optalis and that these staff members were still employed by BHFT.

Tom Lake, Public Governor advised that he was impressed with Destiny Support from Slough who go above and beyond to see people and take responsibility to help people get referred onto the correct pathway.

Isabel Mattick, Appointed Governor advised that the Dementia Action Alliance had been working closely with companies, care homes and other businesses to make places more dementia friendly. Isabel advised that there were now car parking spaces for people with dementia and their carers.

8.2 Membership & Public Engagement Group

Tom Lake, Chair of the Membership and Public Engagement Group advised that the Trust had reached its membership target. Tom said that it would be helpful to look at ways of involving strongly engaged members. It was noted that Marcomms were appreciative of governors helping out at various events in Berkshire.

Tom advised that the group's Terms of Reference now reflected the need to aim for a diverse membership which reflected the composition of the Trust's catchment area.

It was noted that the group had discussed gardening volunteers at Prospect Park Hospital. Tom said that initially the Trust had been concerned that this maybe something which would not be allowed because of the PFI contract, but further research had confirmed that the Trust would be able to use volunteer gardeners. It was noted that Tom was liaising with the Trust's Volunteer Lead.

Tom advised that the Governors' page on the new website was deficient with a lot of the Governors details missing.

Tom encouraged any Governors who would like to offer their help to the group or at events to contact him directly.

8.3 Quality Assurance Group

June Leeming, Public Governor presented the update report on behalf of the group's Chair (Paul Myerscough) who was unable to attend today. June reported that the meeting would normally have a speaker but unfortunately there was no one available on this date.

June highlighted that the Quarter 4 Compliments and Complaints Update Summary report was not ready in time for the group's meeting. The group had agreed to review the schedule of meetings around the timing of the quarterly reports.

June advised that various visits had taken place, including a visit she had attended with Paul Myerscough to the Early Years' service. June advised that there were 13 children's centres in the Reading area and 10 were due to close and commented that these closures would have a direct impact on the service.

June reported that Paul Myerscough was very impressed by the service provided by West Berkshire Mental Health Team following a recent visit.

It was noted that Krupa Patel, Public Governor and Ali Melabie, Appointed Governor had made 3 visits to the IAPT service.

June advised that if Governors would like to attend a visit, to contact Paul or June directly.

June confirmed that Ali Melabie will be stepping down from this group. June stated that Ali would be sorely missed by the group and noted all the time and effort Ali had provided as a member.

June reported that a group of governors had attended the Frimley Health NHS Foundation Trust's Council of Governors meeting. It was noted that Frimley used a PA system with microphones for all Governors. June advised that Frimley had made a decision to reduce the number of Governors they had; the report distributed at the meeting advised that the Governors were in favour of this, however June advised that speaking with some of the Governors this was not the impression June received.

9. Review of Council of Governors

The Chair advised that this review had come about as a result of the comments received from Governors on the returned questionnaires. The Chair highlighted the key areas for improvement, advising that there was more detail within the papers for this meeting.

The Chair asked for Governors to agree the following recommendations:

- 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.

Adrian Edwards, Appointed Governor confirmed that he was in agreement with the recommendations, particularly disbanding the Strategy Group.

June Leeming, Public Governor advised that she was very much in favour of having the Governor sub-group meeting after the morning meeting. June highlighted that she was previously a member of Living Life to the Full, but had to step down as there were too many meetings to attend.

The Chair encouraged the Governors to forward all comments to Paul Myerscough, Lead Governor.

The Council of Governors agreed the recommendations in the report as set out above.

10. Executive Reports from the Trust

1. Performance Report

Julian Emms, Chief Executive presented the report.

Bet Tickner, Appointed Governor asked if it was still too soon to request an update on the Accountable Care System project. Julian advised that he would be happy to provide an update at the Joint Non-Executive Directors and Council of Governors meeting on 12 July 2017.

Tom Lake, Public Governor asked for clarity of the agency spending, as there were two figures in the report (17.5% and also 7.6%). Julian advised that 17.5% was the total spending for the year and the figure of 7.6% was for the quarter.

Tom asked about the ban on using agency Health Care Assistants. Julian advised that over 150 temporary Health Care Assistants who were employed by agencies had now joined the Staff Bank.

2. Patient Experience Quarter 4 Report

The Patient Experience Quarter 4 Report was presented by Jayne Reynolds, Deputy Director of Nursing.

Jayne advised that the Trust continued to deliver a 100% response rate to complaints for nearly 18 consecutive months. It was noted that there had been fewer complaints this year compared to last year.

Jayne advised that the Trust was aiming for a 15% response rate to the Friends and Family Test questionnaire. It was noted that using volunteers to encourage people to complete the forms was being considered along with enclosing the forms with the patient discharge letters.

Jayne invited the Governors to ask questions.

John Barrett, Public Governor said that including the Friend and Family Test questionnaire within the discharge letter was a good idea. John advised that at WAM CMHT, the Friends and Family questionnaire was on the Reception desk, and suggested that if the questionnaire was moved to a more accessible location, maybe more patients would complete the form. John also advised that the boxes to return these questionnaires were not well labelled with carers and services user boxes next to each other. Jayne advised that she would look into where these were situated.

Keith Asser, Public Governor advised that the total number of formal complaints received was to some degree meaningless as there was information about the number of patients receiving treatment by the individual services. Jayne Reynolds advised that the number of complaints was less than 1% of the number of patients.

11. Non-Executive Directors:

a. Re-appointment of Chris Fisher, Non-Executive Director

The Chair advised that Chris Fisher's first term of office would end on 30th September 2017. It was noted that the Council of Governors' Appointments and Remuneration Committee had met to discuss his re-appointment and had made a recommendation to the Council that Mr Fisher be invited to serve another three year term of office from 1 October 2017.

The Council of Governors agreed that Chris Fisher be invited to serve another three year term of office from 1 October 2017.

b. Process for the Appointment of a New Non-Executive Director to replace Mark Lejman, Non-Executive Director

The Chair confirmed that Mark Lejman's current term of office will end on 12th December 2017. Mark was currently the Trust's Vice Chairman and was the Chair of the Finance, Investment and Performance Committee (FIP).

The Chair reported that the Council of Governors' Appointments and Remuneration Committee had met and had started the recruitment process to appoint a new Non-Executive Director. It was noted that the Committee had reviewed the skills and experience of the current Trust Board and had agreed to advertise for a Non-Executive Director with a strong background in finance and business.

The Council of Governors noted the recruitment process for the new Non-Executive Director to replace Mark Lejman.

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

The Chair reported that the Governors' Appointments and Remuneration Committee had discussed an anomaly which meant that Non-Executive Directors who also served as Mental Health Act Managers did not receive the attendance allowance (£60 per half day hearing) as the other Mental Health Act Managers.

The Chair reported that the Committee had discussed the issue and had recommended to the Council that Non-Executive Directors receive the same attendance allowance as other Mental Health Act Managers.

The Council of Governors agreed that Non-Executive Directors serving as Mental Health Act Managers would be entitled to claim the attendance allowance as the other Mental Health Act Managers for attended panel hearings.

12. Lead Governor and Deputy Lead Governor

The Chair asked the Council to agree to extend the appointment of the current Lead Governor (Paul Myerscough) and Deputy Lead Governor (June Leeming) until the September meeting.

It was noted that the Council are in agreement.

13. Any Other Business

None comments.
13. Dates of next Council meetings

13th September 2017 – Council of Governors

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 14 June 2017.

Signed:.....
(Martin Earwicker, Chair)

Date: 13 September 2017

DRAFT



Annual Audit Letter 2016-17

**Berkshire Healthcare NHS
Foundation Trust**

13 September 2017

Contents

**The contacts at KPMG
in connection with this
report are:**

Fleur Nieboer

Partner, London

Tel: +44 (0)77 6848 5532

fleur.nieboer@kpmg.co.uk

Satinder Jas

Manager, London

Tel: +44 (0)7979 612 771

satinder.jas@kpmg.co.uk

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This report is addressed to Berkshire Healthcare NHS Foundation Trust (the Trust) and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

We are committed to providing you with a high quality service. If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Fleur Nieboer, the engagement lead to the Trust, who will try to resolve your complaint. If you are dissatisfied with your response please contact the national lead partner, Andrew Sayers (on 0207 6948981, or by email to andrew.sayers@kpmg.co.uk).

Introduction

Background

This Annual Audit Letter (the letter) summarises the key issues arising from our 2016-17 audit at Berkshire Healthcare NHS Foundation Trust (the Trust).

In this letter we highlight areas of good performance and provide recommendations to help improve performance. We have included a summary of our key recommendations in Appendix A. We have reported all the issues in this letter to the Trust during the year and we have provided a list of our reports in Appendix B.

Scope of our audit

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. Our main responsibility is to carry out an audit that meets the requirements of the National Audit Office's Code of Audit Practice (the Code) which requires us to report on:

Financial Statements including the Annual Governance Statement	<p>We provide an opinion on the Trust's accounts. That is whether we believe the accounts give a true and fair view of the financial affairs of the Trust and of the income and expenditure recorded during the year.</p> <p>We confirm that the Trust has complied with the Department of Health (DoH) requirements in the preparation of its Annual Governance Statement. We confirm that the balances prepared for consolidation into the Whole of Government Accounts (WGA) are not inconsistent with our other work.</p>
Value for Money (VFM) arrangements	<p>We conclude on the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources.</p>

Adding value from the External Audit service

We have added value to the Trust from our service throughout the year through our:

- Attendance at meetings with members of the Executive Team and Audit Committee to present our audit findings, broaden our knowledge of the Trust and to provide insight from sector developments and examples of best practice;
- A proactive and pragmatic approach to issues arising in the production of the financial statements to ensure that our opinion is delivered on time;
- A review of general IT controls in place at the Trust highlighting any control weaknesses and areas for improvement; and
- Building a strong and effective working relationship with Internal Audit to maximise assurance to the Audit Committee, avoid duplication and provide value for money.

Introduction (cont.)

Fees

Our fee for the external audit of the Trust for 2016-17 was £65,721 excluding VAT (2015-16: £65,721). This was in line with the fee agreed at the start of the year with the Trust's Audit Committee.

We have also completed the following pieces of work at the Trust during the year:

Quality Accounts Audit	External assurance on the Quality Accounts The fee for this work was £10,555 excl. VAT
Charitable funds audit	External audit of the Berkshire Healthcare Charitable fund. The fee for this work was £5,000 excl. VAT

Acknowledgement

We thank the officers of the Trust for their continued support throughout the year.

Headlines

This section summarises the key messages from our work during 2016-17.

Financial Statements audit opinion	<p>We issued an unqualified opinion on the Trust's accounts on 26 May 2017. This means that we believe the accounts give a true and fair view of the financial affairs of the Trust and of the income and expenditure recorded during the year.</p> <p>There were no significant matters which we were required to report to 'those charged with governance' as a result of our audit.</p>
Value for Money (VFM) conclusion	<p>We are required to report to you if we are not satisfied that the Trust has made proper arrangements to secure economy, efficiency and effectiveness in its use of resources.</p>
Value for Money – areas of audit focus	<p>We undertook a risk assessment as part of our VFM audit work to identify the key areas impacting on our VFM conclusion and considered the arrangements you have put in place to mitigate these risks.</p> <p>Our work identified the following areas of audit focus:</p> <p>Sustainable resource deployment - financial stability:</p> <p>We formally consider management's assessment of the Trust's ability to continue as a going concern, and management's specific consideration of the Trust's financial sustainability. We also reviewed the future financial forecasts for the Trust by performing an analysis of the forecast run rate position and considered the cost improvement plan schemes in both 2016/17 and 2017/18..</p> <p>Working with partners and third parties – STP working:</p> <p>We considered the Trust's collaboration in these plans and their future delivery. We also reviewed the Board's consideration of STP governance in the context of its own governance structures. .</p> <p>Working with partners and third parties – regulatory review:</p> <p>We reviewed and considered the recent communication between the Trust and CQC. The Trust continues to be rated as 'Good' by the CQC and is committed to maintaining and improving on this rating. No CQC enforcement actions were taken against the Trust during 2016/17.</p> <p>The Trust is subject to periodic reviews by the CQC and the last review was in December 2016. The results of this review were published by the CQC on 27 March 2017. During this inspection, the CQC found that the services had addressed the compliance issues raised during the previous December 2015 comprehensive inspection.</p> <p>Our overall assessment of the Trust's responses to the areas of focus for VFM did not raise any significant matters which we wish to raise to you.</p>

Headlines (cont.)

Financial statements audit work undertaken	<ul style="list-style-type: none"> — We are required to apply the concept of materiality in planning and performing our audit. We are required to plan our audit to determine with reasonable confidence whether or not the financial statements are free from material misstatement. An omission or misstatement is regarded as material if it would reasonably influence the user of the financial statements. Our materiality for the audit was £4.75million (2015/16: £4.5million). — We identified the following risks of material misstatement in the financial statements as part of our External Audit Plan for 2016/17: <ul style="list-style-type: none"> — Valuation of Land and Buildings - We recognised the valuation as a significant risk due to the assumptions and judgements involved in determining the revalued amounts, for which the Trust engaged an external valuer, and the overall materiality of the asset values for land and buildings. Our testing included reviewing the valuation by management's expert, confirming all figures were correctly included within the financial statements and testing the balance on a sample basis for any other changes such as additions and disposals. We have no matters to report as a result of our work. — Recognition of NHS and non-NHS income and existence and valuation of receivables – We tested the completeness, existence and accuracy of the income balances recorded with the financial statements and have no matters to report. — Fraud risk from revenue recognition – We did not identify any evidence of fraud. — Fraud risk from management override of controls – Our procedures, including testing of journal entries, accounting estimates and significant transaction outside the normal course of business, no instances of fraud were identified.
Annual Governance Statement	<ul style="list-style-type: none"> — We confirmed that the Trust complied with the DoH requirements in the preparation of the Trust's Annual Governance Statement (AGS). — No significant adjustments were required to the AGS.
Whole of Government Accounts	<ul style="list-style-type: none"> — We issued an unqualified Group Audit Assurance Certificate to the National Audit Office regarding the Whole of Government accounts submission with no exceptions.
Quality accounts work	<ul style="list-style-type: none"> — We have issued a clean limited assurance opinion on the content of the quality report (2015-16 clean opinion). This year we tested the two mandated indicators 'Admissions to inpatient services had access to crisis resolution home treatment teams' and '100% enhanced Care Programme Approach (CPA) patients receive follow-up contact within seven days of discharge from hospital'. The results of our testing allowed us to give a clean limited assurance opinion on the presentation and recording of these indicators. — In addition, we carried out work on a locally selected indicator chosen by your Council of Governors. The indicator selected was the Delayed Transfers of Care. This indicator is not subject to a limited assurance opinion.
Recommendations	<ul style="list-style-type: none"> — We raised two medium risk recommendations as a result of our 2016-17 audit work in relation to our quality accounts work. These are summarised in Appendix A. — The Trust has been good at implementing agreed audit recommendations from prior years.
Public Interest Reporting	<p>We have a responsibility to consider whether there is a need to issue a public interest report or whether there are any issues which require referral to the Secretary of State. Our work has not identified any issues which would require us to issue a public interest report.</p>

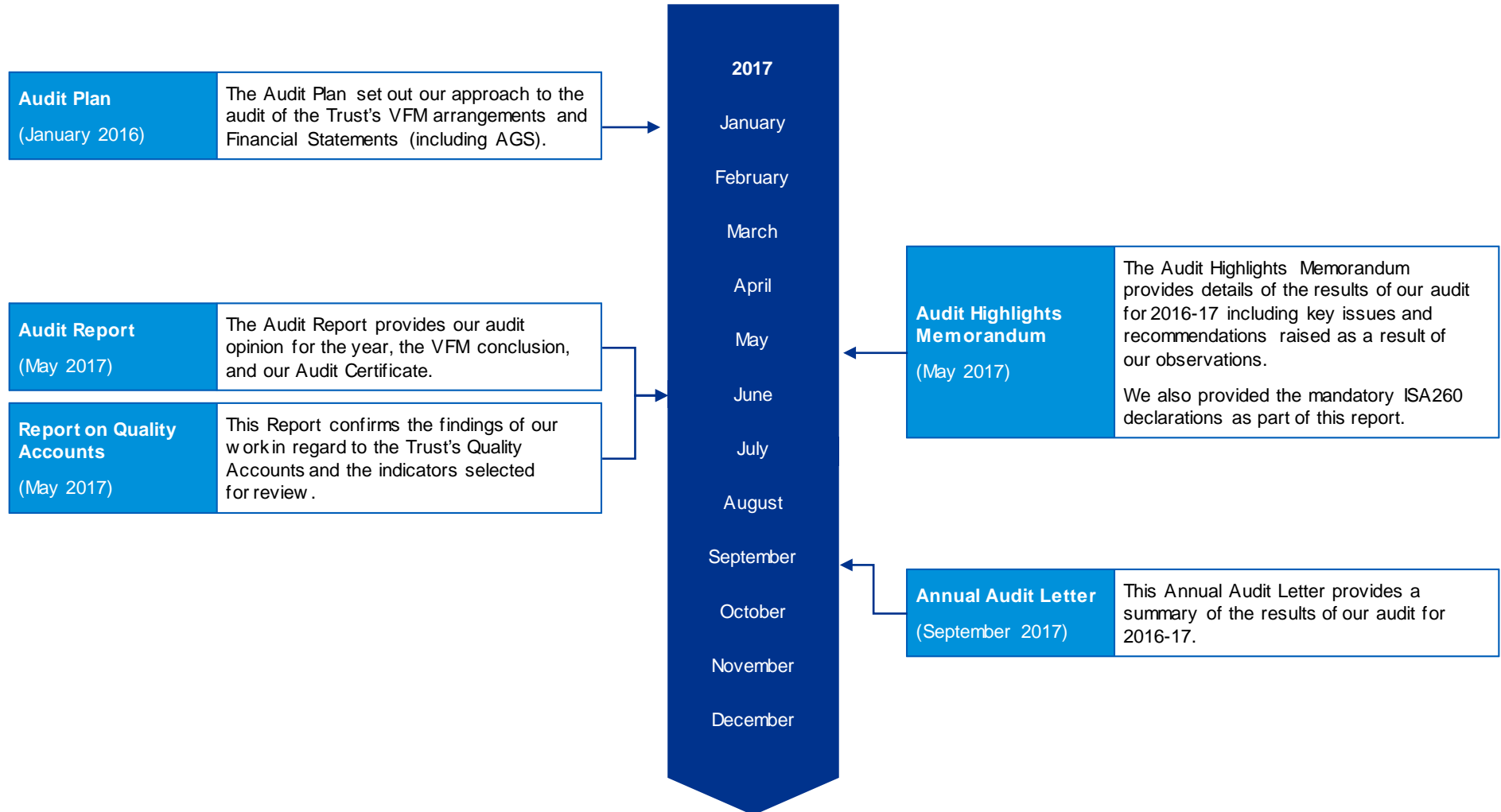
Key recommendations

Recommendations raised in 2016-17

No.	Risk	Issue, impact and recommendation	Management response/responsible officer/due date
1	2	<p>Delayed transfers of care: discharge/admission dates on RiO inconsistent with patient notes</p> <p>Our sample identified five patients where either the discharge or admission dates recorded on RiO could not be agreed to the date recorded in the patients' notes. In each of these cases, the identified discrepancy had impact on the indicator underlying data and therefore there had an overall impact on the reported indicator.</p> <p>The identified cases suggested that the RiO system was updated with the date on which the patient note has been uploaded to the system instead of the actual discharge/admission date which has been stated within the note as required by the guidance.</p> <p>It is important the correct discharge/admission dates are used when completing the Delayed transfers of care assessment to ensure accurate calculation of the indicator</p> <p>We recommend that the relevant staff should be reminded of the indicator reporting requirements and spot checks of data accuracy should be implemented to ensure the correct date is uploaded onto the system.</p>	<p>Agreed</p> <p>Immediate implantation of guidance reminder to services, with follow up assurance data quality audits via the IAF.</p> <p>Responsible officer: Ian Hayward and David Townsend</p> <p>Due date: Immediate</p>
2	2	<p>7-day follow-up: patient follow up via phone</p> <p>Our testing identified one case where the follow up which occurred via phone resulted in a staff member only discussing the follow up with a relative of the patient, which was subsequently recorded as compliant for the indicator. Per the guidance, as the follow up did not occur directly with the patient, the case should have been recorded as a breach.</p> <p>We recommend that staff are reminded of the guidance to ensure that the guidance is followed when such instances occur.</p>	<p>Agreed</p> <p>Immediate implantation of guidance reminder to services. IAF to test specific data quality risks identified.</p> <p>Responsible officer: Ian Hayward and David Townsend</p> <p>Due date: Immediate</p>

Appendix B

Summary of our reports issued





The information contained herein is of a general nature and is not intended to address the circumstances of any particular individual or entity. Although we endeavour to provide accurate and timely information, there can be no guarantee that such information is accurate as of the date it is received or that it will continue to be accurate in the future. No one should act on such information without appropriate professional advice after a thorough examination of the particular situation.

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Report of Living Life to the Full Group

Council of Governors meeting - Wednesday 13th September 2017

The group met on 5th July 2017

1. Presentation by Gemma Wilson – Prospect Park Development Programme Manager

Gemma is currently on secondment at Prospect Park as Project Manager on staffing. She is working alongside Erif Newman, who is working on bed optimisation, focussing on patient flow and how the Trusts patients are admitted and discharged.

The current focus for Gemma is keeping the wards safely staffed and retaining good quality staff within the Trust. This Executive Board project was designed to cut to staff turnover, which has been high in the past few years, due to competition from other Trusts and private hospitals, such as Broadmoor. It is also looking at reducing agency costs and giving our patients a better overall experience. Several recruitment drives across multiple locations have resulted in PPH being fully permanently staffed as of July 2017.

The Trust is working on offering greater development opportunities for individuals as an incentive for staff to be loyal and stay with the Trust. Programmes have been developed for banding 1-4 which map out development pathways, helping staff with no clinical background, to develop and transfer into other areas of work. These staff will spend 20% of their time on training with costs recovered from the recently introduced apprenticeship levy. This programme is designed to teach staff on the wards rather than in a classroom and will be an alternative option to the bursary training which has been removed.

Gemma noted that the Mental Health Nurses are currently extremely hard to recruit due to less people training in this specialty. There will be options involving the apprenticeship levy. Jayne Reynolds gave more details at the Joint NED & CoG on 12th July 2017.

When questioned Gemma confirmed the transfer of staff onto the NHSP Bank system did create a churn which has caused challenges, however, having substantive staff predominantly in the services is proving its benefits already.

The priority is to recruit permanent staff to develop internally as opposed to have more staff on the bank. There have been recruitment drives at the local universities such as Thames Valley and Oxford Brooks to target graduates in the area. It is thought that students share and challenge practice which can improve the services.

2. Liz Chapman – Patient Experience & Engagement Group (PEEG).

A patient experience group has been recently created to discuss all types of information and share good practice. There are also additional meetings which discuss patient engagement, complaints and soft intelligence from the patients view point.

There is a proposal to merge all of these groups into a more dynamic and active group and name it Patient Experience & Engagement Group **(PEEG)**.

Liz noted that the Trust is transparent and honest with Healthwatch and this meeting has therefore been well accepted by them. Usually all attend, except the Reading locality. Historically the meetings have taken place on Friday afternoon's but this is going to be amended. It is noted that there is an open invitation and any community patients would be welcomed to attend.

Liz Chapman explained that the groups aim is to look at how to improve services for the current patients and also reach out to patients who are secluded.

John Barrett requested that the two page summary which is written in relation to this meeting is taken to the formal Council of Governors as information.

It was agreed that Andrew Horne would endeavour to attend the next meeting on Tuesday 15th August 2017 as a link with the LLTTF Group.

3. Events and Services – A few of the many items discussed. (Full minutes for more)

1 Men's Matters – Windsor – run by Radian Housing – WAM – John Barrett

Weekly drop-in session: Monday at All Saints Church in Dedworth. They became a registered charity in May 2017, so now eligible to apply for a greater range of grants and funding. Recently had some additional monies from the Louis Baylis Charitable Trust and the Aviva Community Foundation so can develop new ideas and greater partnership working.

2 Scams Awareness Month – WAM – John Barrett

July 2017 is scams awareness month and each week during the month the RBWM Trading Standards are targeting a different age group.

3 Brighter Berkshire – 2017 Year of Mental Health – John Barrett

The Trust has pledged its support for this on their Website. E-Newsletters have been circulated to Service Users by Zena Pike, Community Development Lead, for WAM CMHT.

4 Friends in Need – WAM – John Barrett

Depression Alliance has merged with MIND as it became non-financially viable. WAM Friends in Need now come under Buckinghamshire Mind. Now very difficult to navigate the MIND website and find local events and how to stay in the loop.

5 Self-Care Week – Bracknell – Isabel Mattick

These events are being held in Bracknell and they acknowledge that self-care means different things to different people. Isabel Mattick noted that the purpose of this is to ensure that the general public are aware of their options when they have a problem.

6 Closure of Focus House – Reading – Tom Lake

Focus House, which supports patients between acute wards and their home, is to be closed by Reading Council due to lack of funds to continue to support it. Verity Murrice informed us that Fountains Gardens, which provided a similar service in West Berks, closed last year. It was acknowledged that these closures may result in additional patient care for the Trust CMHT teams.

7 Reading Voluntary Action – Reading – Tom Lake

Reading Your Way has received another years' funding from CCG. There is a workshop on 13th July to target loneliness champions and to become more active in their areas.

8 Patient Conference with Slough CCG – Amrik Banse

Slough has a patient conference which takes place quarterly, most recent in June. All 21 GP surgeries patients will be given a questionnaire around surgery changes: 600-700 responses are expected. Information will be collated into a report to review support in the area.

9 Red Cross – Reading- Andrew Horne

The Red Cross have £5M funding to combat loneliness. A trained volunteer has visited a referral service in Reading. Also covers Tilehurst and Woodley.

All Governors are welcome at next LLTTF on **Wednesday 5th October from 10.00 to 12.00** in the Boardroom.

John Barrett - Chair, Living Life to the Full Group – 5th September 2017.

At our July meeting we heard a lively talk from Michael Maher, Governor and Chair of the Community Group at Frimley Health NHS Foundation Trust about public engagement in the Trust. Frimley Health, like the Royal Berks, is aiming at about 10 public meetings a year in its various localities. Frimley Health, which is considerably larger in turnover than Berkshire Healthcare, has a full-time staff member devoted to membership matters. We heard that Frimley Health often negotiates free use of venues for its meetings. Frimley Health also attends trade shows and visits schools and colleges, giving governors an opportunity to meet the general public. The format of Frimley Health's public meetings comprises tea/coffee and cake beforehand, an introduction by a couple of governors, an update from an executive board member and then a clinical talk of general interest. The meetings are open to members and the general public. Engagement with trust members includes surveying their views. Frimley Health hold their AGM in the evening, starting at 6.30pm. All BHFT governors were invited to attend the Frimley Health public events. Incidentally, Michael Maher warned us that the changes in data protection under the EU GDPR reforms will require reconfirming personal information and the consent to contact with all members.

After raising membership last year we are roughly keeping numbers constant so far this year. A representative and numerous membership is a requirement for the Trust, and should also help generate a good selection of candidates for governor elections.

We are starting to generate some material for the members magazine from the governors QA visits.

Governors Tom Lake, Amrik Banse and Ruffat Ali-Noor spent most a day at Upton Hospital talking to patients and inviting them to join the trust as members. Governors will note that we are under-represented for the population in Slough and for people of Asian heritage, so this was an obvious choice. Thanks to Geoff Dennis and Piotr Pazdan for arranging for this to be possible. The hospital was fairly quiet as a number of clinics had been cancelled for holidays, so we might try again at a time when more patients are passing. We will also provide an incentive for members to complete the application form on the spot, so that we can assess our outcomes better.

BHFT had a very successful day at Reading Pride where the stall was manned by a good crew of staff and board members and a large number of members were recruited.

Our next major public outing will be at the Slough Festival on World Mental Health Day (10th October) where I hope governors will be able to man a stand and recruit members.

We have agreed to try out holding our meetings early in the afternoon after Council meetings so as to save governors travel time and diary entries.

Berkshire Healthcare NHS Foundation Trust

Performance Report to Council

September 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

- Sustainability and Transformation Partnerships (STPs) – NHS England has published its ratings of the 44 STPs. NHS England has assessed Frimley Health and Care as a “category 1” STP (outstanding) and the Buckinghamshire, Oxfordshire and West Berkshire STP as a “category 2” STP (advanced). It should be noted that only five STPs have been rated as “outstanding”.
- Sustainability and Transformation Partnerships (STPs) – the Department of Health and NHS England have announced that the “strongest” 15 STPs will share £325m of capital investment.
- The Secretary of State has announced an increase of 1,500 medical school places from 2018-19. The extra places will be phased with 500 allocated in 2018-19. Plans also include funding for an additional 10,000 nurses, midwife and allied health professional training places.
- NHS Digital has published NHS vacancy statistics covering the period 1 February 2015 to 31 March 2017 and figures show that nationally there were more than 86,000 posts unfilled between January 2017 and March 2017. Nurses and midwives accounted for the highest proportion of shortages, with 11,400 vacant posts in March 2017.

Local situation

- Slough Borough Council has awarded the contract for Health Visitors and School Nurses to Solutions 4 Health. The new provider will take over the service from 1 October 2017.
- From 1 September 2017, the Slough Walk in Centre will be operated by East Berkshire Primary Care Out of Hours, this includes the GP services that are provided at the site at Upton Hospital.
- Frimley Health NHS Foundation Trust has announced the retirement of its Chief Executive, Sir Andrew Morris. Sir Andrew has worked in the NHS for 43 years and is one of the longest standing chief executives in England. Sir Andrew will continue to lead the creation of the Frimley Health and Care Accountable Care System.
- Four clinical commissioning groups (CCGs) in West Berkshire are set to merge following a vote by GP practices.
- The move to combine CCGs in the west of the county comes as the four bodies struggle to meet budget cut targets totalling £25m in 2017-18. The plan must first get approval from NHS England and, if agreed, the change would come into effect from 1 April 2018.

Performance Report to Council of Governors – Finance April to June 2017

The regulator view (NHSi)			
Financial Sustainability Risk Rating - YTD			
<i>Marked on a scale of 1 to 4 with 1 being the lowest. Monitor will require the trust to score a "3" or more as terms of the Trust's license.</i>			
Capital Service Cover	2.1	times	Scores a 2
Liquidity	7.7	days	Scores a 1
I&E Margin	0.7	%	Scores a 2
I&E Margin variance from plan	0.5	%	Scores a 1
Agency spend	-29.7	%	Scores a 1
Overall Rating			1 Overall
<i>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".</i>			

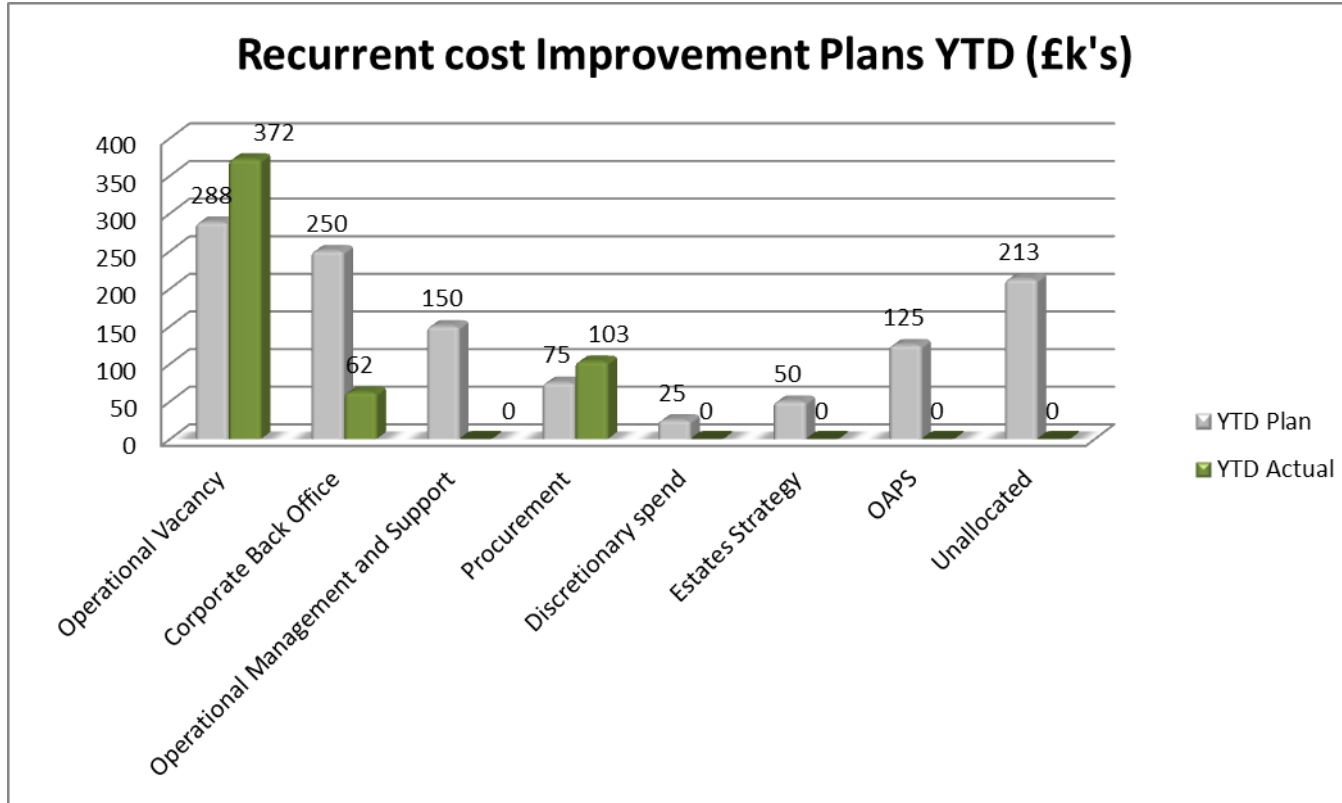
The thresholds (minimums) for each of the measures are as follows:-

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. NHSi will require the trust to score a "3" or more as terms of the Trust's license.

To note the five 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".

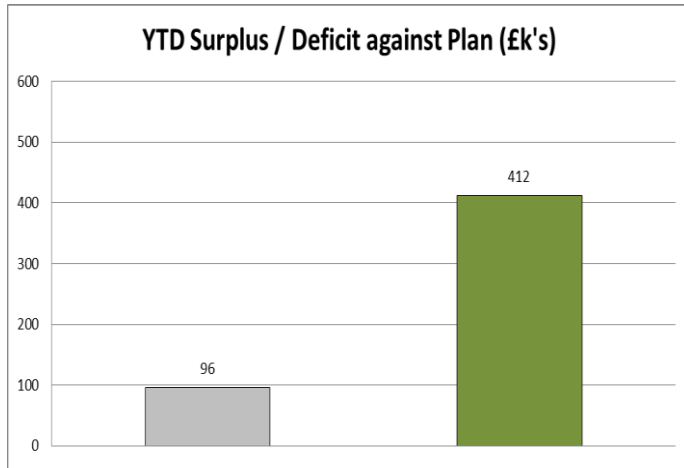
CIP Achievement YTD (£K's)



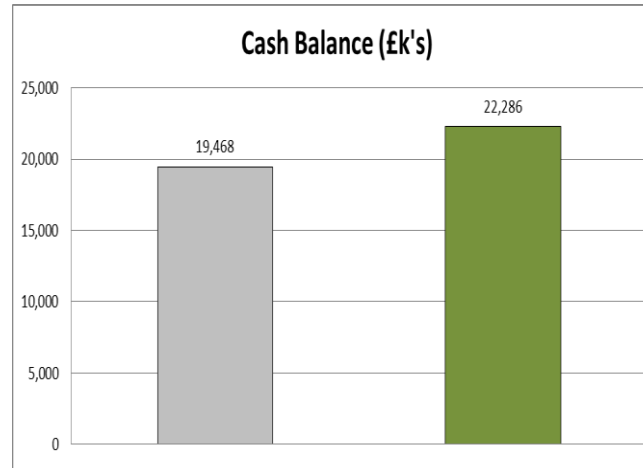
As a public body, it is the trusts duty to look to be efficient in every £ that it spends. An efficiency factor is applied to the Trusts contract prices each year. In 2016/17 the efficiency requirement was 2%. As part of this, ways of reducing costs are reviewed every year as part of Cost Improvement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

Of the £4.7m Recurrent Cost Improvement target for FY17/18, £680k has had an opportunity identified subject to review and Quality Impact Assessment and a further £537k released from budgets. In terms of the phasing of the budgets over the year £122k is realised in month 3, leaving a gap of £269k which is offset by vacancies across the Trust.

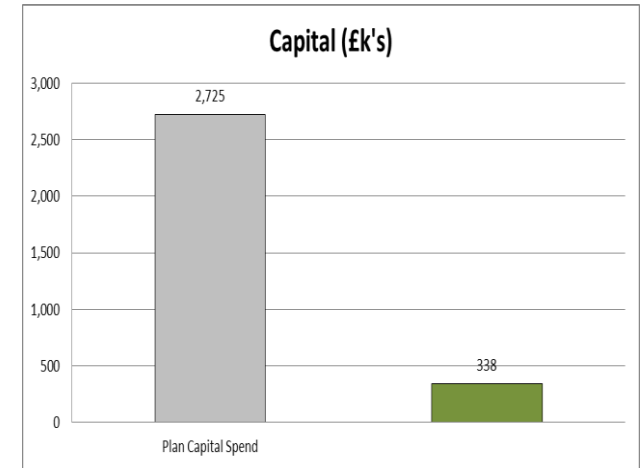
YTD Surplus/Deficit Against Plan (£k's)



Latest Cash Position (£k's)



YTD Capex (£k's)



The trust ends June 2017 with a surplus of £412k, this was above what was expected in the plan of £96k. (Variance of +£316k).

The trust received STF funding in 1718 of £1.7m which equates to £261k at the end of Q1.

The main cost pressure so far this year has been acute overspill beds (-£658k).

This has been largely offset by vacancies across the Trust.

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

The trust end the first quarter of the year £1.1m ahead of its cash forecast, £2.4m is a result of slippage against the Capital IT replacement programme, invoices not yet received from NHS Property Services for Q1 of £1.0m offset by aged receivables over 30 days of £2.0m.

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

Capital spend was behind plan £2.385m, the main projects underspends were the replacement of infrastructure (desktop and mobile kit), and the move of Learning Disability services to Jasmine.

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 April to June 2017

Friends and Family Test

Indicator	RAG Rating	Target
Recommendation Rate	93%	85%

The above number shows the number proportion of patients who when surveyed would recommend the Trusts services to friends and family. In Quarter 1 this was 93%

The response rate was 7% against a target of 15%.

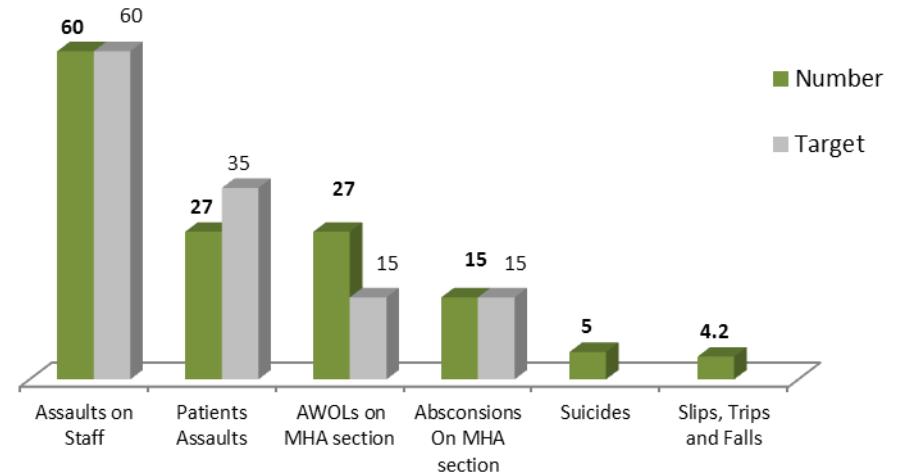
Safer Staffing

Indicator	RAG Rating
Safe Staffing	Compliant

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 1: 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 an increase 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 April to June 2017

<u>Staff Turnover</u>		<u>Agency Position</u>		<u>Sickness</u>	
<u>Target</u>	<u>Actual</u>	<u>Target</u>	<u>Actual</u>	<u>Target</u>	<u>Actual</u>
15.20%	17.20%	< 8.0%	6.10%	< 3.5%	3.38%

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.

<u>Appraisals</u>	
<u>Target</u>	<u>Completed %</u>
> 95%	95.10%

The target was achieved in June 2017.

<u>Days Taken For Recruitment</u>	
Target	55
Days taken	60

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

Performance Report to Council of Governors – Risk April to June 2017



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 Trust has started a Community Nursing recruitment and retention review and is holding workshops with staff to find out what more can be done to recruit and retain staff. Head of Resourcing and Retention and Recruitment and Retention posts have been established and recruited to. The Trust is contacting registered staff on career breaks to encourage them to return to practice. Discussions have taken place with West London, Oxford Brookes and Reading Universities and the number of student placements with the Trust for 2017-18 have increased.</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 rolling out a new patient level costings system in 2017-18 which will provide more transparency about pathway costing. The Trust has updated the governance processes to manage the Cost Improvement Plan processes.</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 continuing to proactively influence and maximise the opportunities presented by the Sustainability and Transformation Partnerships 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 Quality Improvement Programme started in April 2017. Three work streams are in progress: management systems; improvement projects; and leadership culture. The Trust has internally recruited to the Quality Improvement office. Five wards have been identified to go through the quality management and improvement system training programme. Executive Directors are participating in the Quality Improvement Leadership Programme, supported by KPMG, Thedacare and Western Sussex Hospital.</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 Berkshire West Accountable Care System and Frimley Health and Care Sustainability and Transformation Partnership have been selected by NHS England as national exemplars. Frimley Health and Care STP is developing the governance structure to become an Accountable Care Systems, informed by the Berkshire West Accountable Care System work.</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 April to June 2017

KPI	Target	Actual
Mental Health 7 day follow up from hospital discharge	95%	96.82%
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%	79.55%
Crisis Resolution/Home Treatment Team Gate Keeping Of Mental Health Inpatient Admissions	95%	99.56%
A&E: maximum wait of four hours from arrival to admission/transfer /discharge : Per cent	95.00%	98%
Referral to Treatment Community: incomplete	92.00%	98.6%

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 1.

Patient Experience

Quarter One 2017-18

Presented by Jayne Reynolds, Deputy Director of Nursing

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Disclaimer

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 one 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 one, the trust continued to achieve a complaint response rate of 100%. The average number of days taken to resolve a complaint was 27 with five complaints taking longer than 40 days because of complexity. Days to response are an important indicator for the responsiveness CQC key line of enquiry. Just over 72% of complaints closed in quarter one were upheld or partially upheld.

In quarter one the trust received 42 complaints across a range of services. Based on trend information over the last three years the following services receive more complaints than others and therefore remain a focus for the board. When considering which services to monitor other quality indicators are also considered:

- Community Mental Health Teams (CMHTs) –themes associated with clinical care. Reading and Wokingham teams received the highest number of complaints. Leadership and staffing concerns exist in the Reading team, the locality director and clinical director are working with the local authority and team leaders to address this issue. CMHTs are under pressure however work is underway to review caseloads and discharge processes.
- Crisis Resolution Home Treatment Team (CRHTT) four complaints received. The clinical director continues to monitor trends and themes working with the hub managers on communication and telephone skills.
- Child and Adolescent Mental Health Services - Bracknell and Wokingham teams received 2 and 3 complaints respectively. For Wokingham these were all associated with clinical care. I have asked the clinical director for the service to review these complaints for trends. None of the complaints were about access to services.
- Acute Mental Health Inpatients – Bluebell received 3 complaints associated with care and treatment. Other concerns exist around Bluebell, including how physical health is managed, ward management and medical cover. The ward currently has 5 beds closed to enable staff to focus on 22 patients. Since January, 60 new staff have been recruited for the wards, there is still a lack of qualified nurses however permanent support staff will alleviate some of the pressure.
- Community Health Inpatients –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. Community nursing services will also be monitored during the year. The service, particularly in Reading, is under significant pressure with staff working over and above their hours to meet demand.

MP enquiries during quarter one continued to relate predominantly to mental health services. Two concerns were raised about access to CAMHs.

The top reasons for complaints being made during quarter one was:

- 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 a complaint associated with West Berkshire CMHT. 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 national audit for schizophrenia showed that the trust needed to improve its engagement with patients so a deep dive was commissioned. Only small numbers of patients responded and therefore the results are not necessarily reliable however the need to focus on managing physical health was a key theme. This work will be supported by the national CQIN in place this year.

The overall Friends and Family Test response rate for the trust in quarter one was 7% so there is a long way to go to achieve our target of 15%. Community hospital inpatient wards have achieved over 15% response rates with recommendation rates of 100% except Henry Tudor with 93%. This is level of response rate means the results are valid. For mental health wards the situation was variable and the response rates were low. The national benchmarking for the Friends and Family Test (FFT) with local similar trusts indicates all are struggling to achieve a 15% response rate. 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, 93% 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 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 one (April to June 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 42 formal complaints in quarter one; as detailed in table one, this is a decrease in comparison to the previous quarter, but continues to be lower than those reported in quarter one in the previous two years.

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 was one new complaint regarding the Criminal Justice Liaison and Diversion Service during quarter one which is being led Oxford Health.

Table One: Formal complaints received by Locality tables

	2017/18	2016/17				2015/16				16/17 Annual	15/16 Annual	14/15 Annual
	Q1 17/18	Q4 16/17	Q3 16/17	Q2 16/17	Q1 16/17	Q4 15/16	Q3 15/16	Q2 15/16	Q1 15/16			
Mental Health Inpatients	4	4	5	11	10	8	15	3	10	30	36	47
Bracknell	4	6	6	7	4	10	4	6	8	23	28	37
West Berkshire	4	7	8	2	5	3	2	6	7	22	18	28
Reading	10	9	7	12	13	16	9	12	9	41	46	28
Slough	3	4	4	4	7	5	3	3	3	19	14	19
Windsor, Ascot & Maidenhead – CYPF	8	8	2	10	9	8	3	13	11	29	35	36
Wokingham	9	10	4	10	17	13	10	8	9	41	40	41
Other inc Corporate	0	3	0	0	1	0	1	0	0	4	1	8
Total	42	51	36	56	66	63	47	51	57	209	218	244

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	2017/18		2016/17						2015/16				
	Q1	% of total received	Q4	Q3	Q2	Q1	Total	% of total received	Q4	Q3	Q2	Q1	Total
CMHT/Care Pathways	11	26.19	8	7	8	9	32	15.31	11	6	6	7	30
CAMHS - Child and Adolescent Mental Health Services	7	16.67	5	2	5	6	18	8.61	5	2	11	10	28
Crisis Resolution & Home Treatment Team (CRHTT)	4	9.52	4	3	4	10	21	10.05	2	7	2	2	13
Adult Acute Mental Health Admissions	4	9.52	4	4	7	5	20	9.57	4	7	1	6	18
Community Nursing	4	9.52	1	3	2	3	9	4.31	3	7	3	0	13
Community Hospital Inpatient	3	7.14	4	3	3	7	17	8.13	5	2	2	7	16
Common Point of Entry	2	4.76	4	0	1	0	5	2.39	2	2	0	1	5
Out of Hours GP Services	2	4.76	1	1	3	4	9	4.31	5	1	5	3	14
Walk in Centre	0	-	4	0	0	3	7	3.35	1	0	0	1	2
GP - General Practice	0	-	0	1	4	4	9	4.31	7	1	5	6	19
PICU - Psychiatric Intensive Care Unit	0	-	0	1	3	1	5	2.39	1	0	0	2	3
Minor Injuries Unit (MIU)	0	-	0	0	1	2	3	1.44	1	2	0	2	5
10 other services – no trends identified	5		16	11	16	15	58		19	12	16	12	59
Grand Total	42		51	36	56	66	209		63	47	51	57	218

As with quarter four, the service with the highest number of formal complaints during quarter one was CMHT/Care Pathways. CAMHS and Community Nursing have both seen an increase in formal complaints. The increase for the Slough Walk in Health Centre in quarter four has reduced back to none.

The complaints about the Community Nursing service were not about one specific team, they were received in Bracknell, West Berkshire, Windsor Ascot and Maidenhead and Wokingham. All were about care and treatment, which included how quickly the team visited an end of life patient, a mix up with visit dates and a concern about a pressure sore.

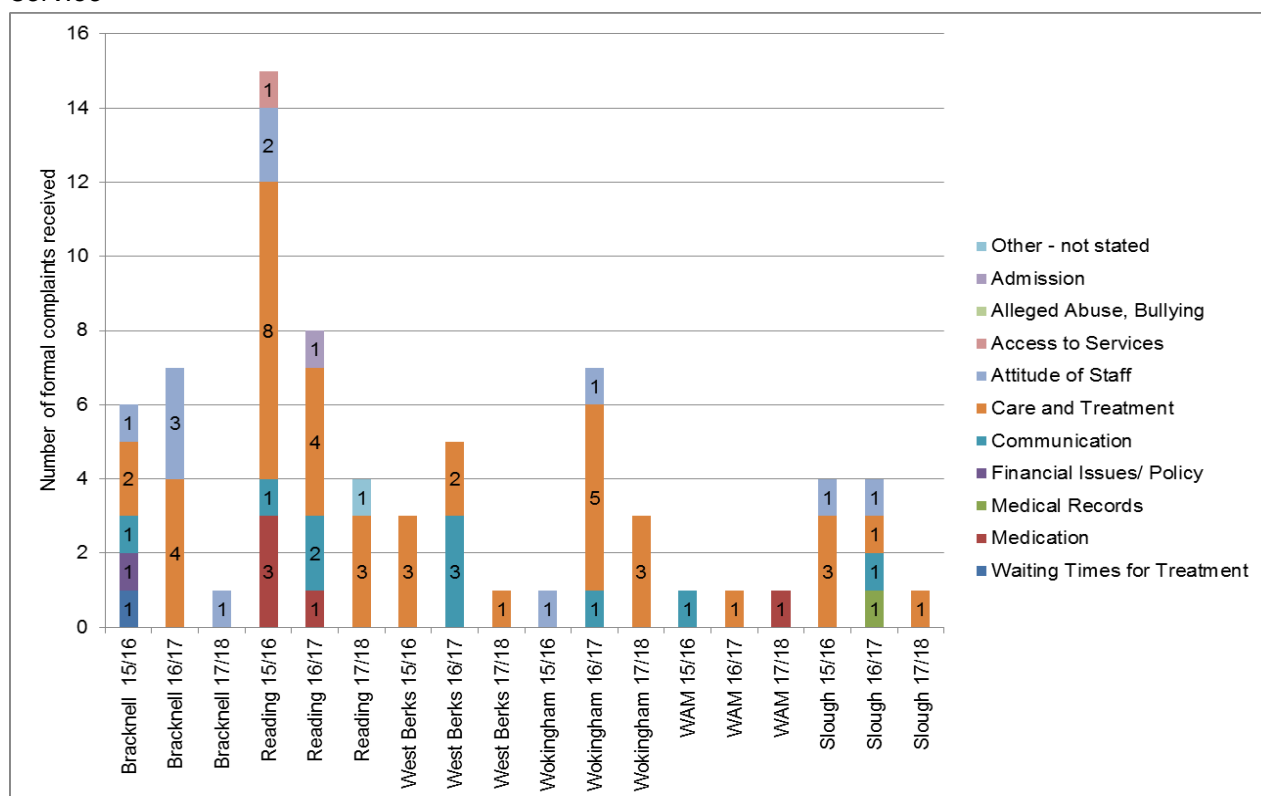
The numbers of complaints for CRHTT continue to remain at a lower level than the original peaks noted two years ago. The Clinical Director for CRHTT continues to review all of the complaints received to ensure that there are no particular themes or trends that require specific action. For Adult Acute Mental Health inpatients and Community Hospital inpatients, the number of complaints was similar to the number received in previous quarters, and the number for CMHT has increased.

During 2016/17 a number of services were 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; mental health inpatients, community inpatient wards; CRHTT and CAMHS.

CMHT/Care Pathways

During quarter one, CMHTs received 11 formal complaints compared to 8 in quarter four, 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



This shows that whilst all of the teams received a formal complaint between April and June 2017, the teams in Reading and Wokingham had the highest number, with four and three respectively. Care and treatment still remains the main theme of complaints across the CMHTs and the table below compares the theme and location of complaints during quarter one 2015/16, 2016/17 and 2017/18.

Table Four: Comparison of complaints received during quarter one 2015/16, 2016/17 and 2017/18

Theme	Bracknell			Reading			Slough		
	15/16	16/17	17/18	15/16	16/17	17/18	15/16	16/17	17/18
Alleged Abuse, Bullying				1					
Attitude of Staff			1				1	1	
Care and Treatment	1			1		3			1

	Bracknell			Reading			Slough		
Communication	1							1	
Financial Issues/Policy	1								
Medical Records								1	
Medication									
Other - not stated						1			
Waiting Times for Treatment	1								

	WAM			West Berkshire			Wokingham		
Theme	15/16	16/17	17/18	15/16	16/17	17/18	15/16	16/17	17/18
Alleged Abuse, Bullying								3	
Attitude of Staff									
Care and Treatment						1		2	3
Communication								1	
Financial Issues/Policy									
Medical Records									
Medication			1						
Other - not stated									
Waiting Times for Treatment									

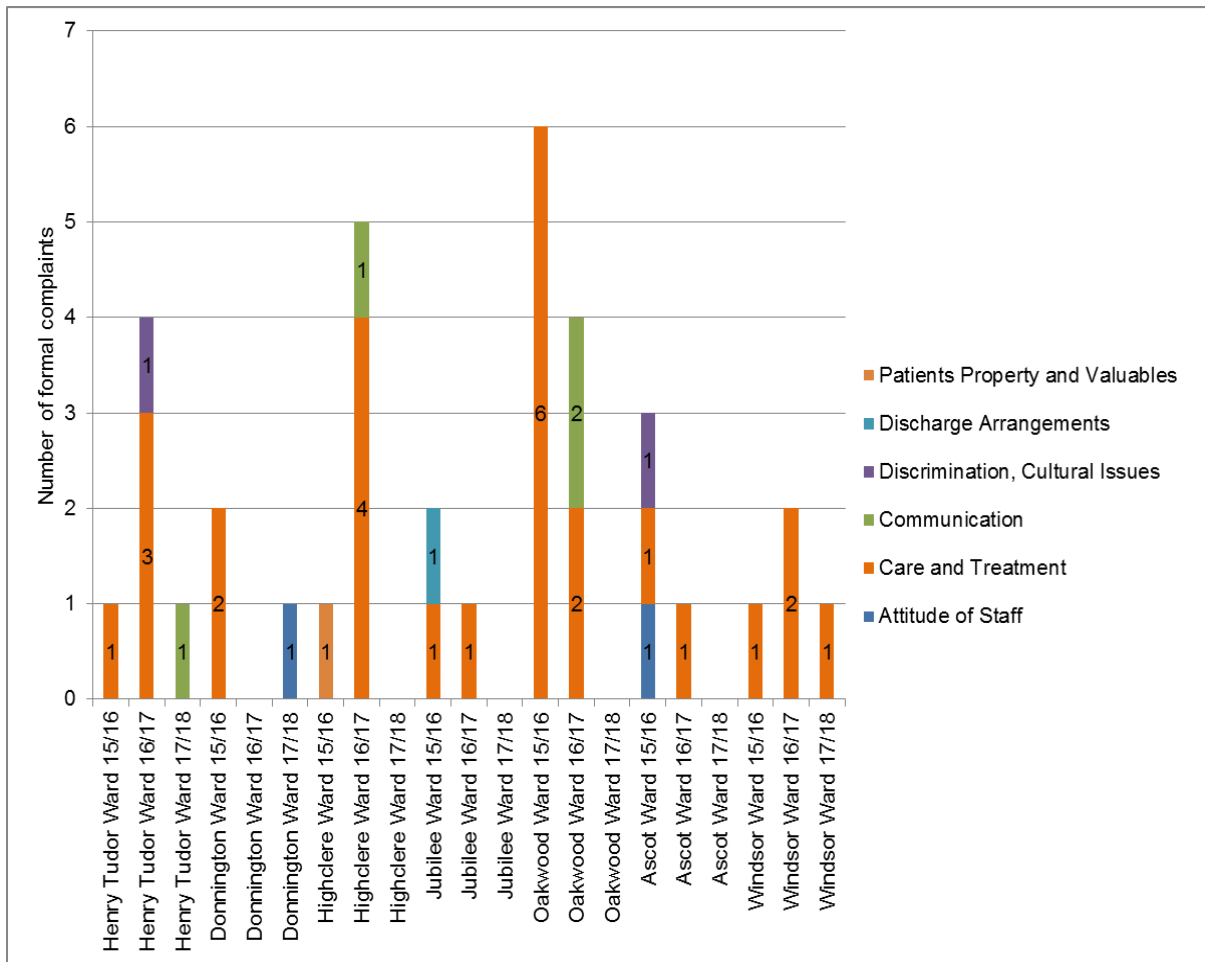
Community Hospital Inpatient Wards

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

There were no themes to the complaints and were received about Henry Tudor Ward at St Marks Hospital, Donnington Ward at West Berkshire Community Hospital and Windsor Ward at Wokingham Community Hospital. Communication, clinical care and attitude of staff were aspects to these complaints.

The investigation was on-going for all of these complaints at the end of quarter one.

Graph Two: Number of formal complaints received for Community Hospital Inpatient wards by location of the complaint and theme



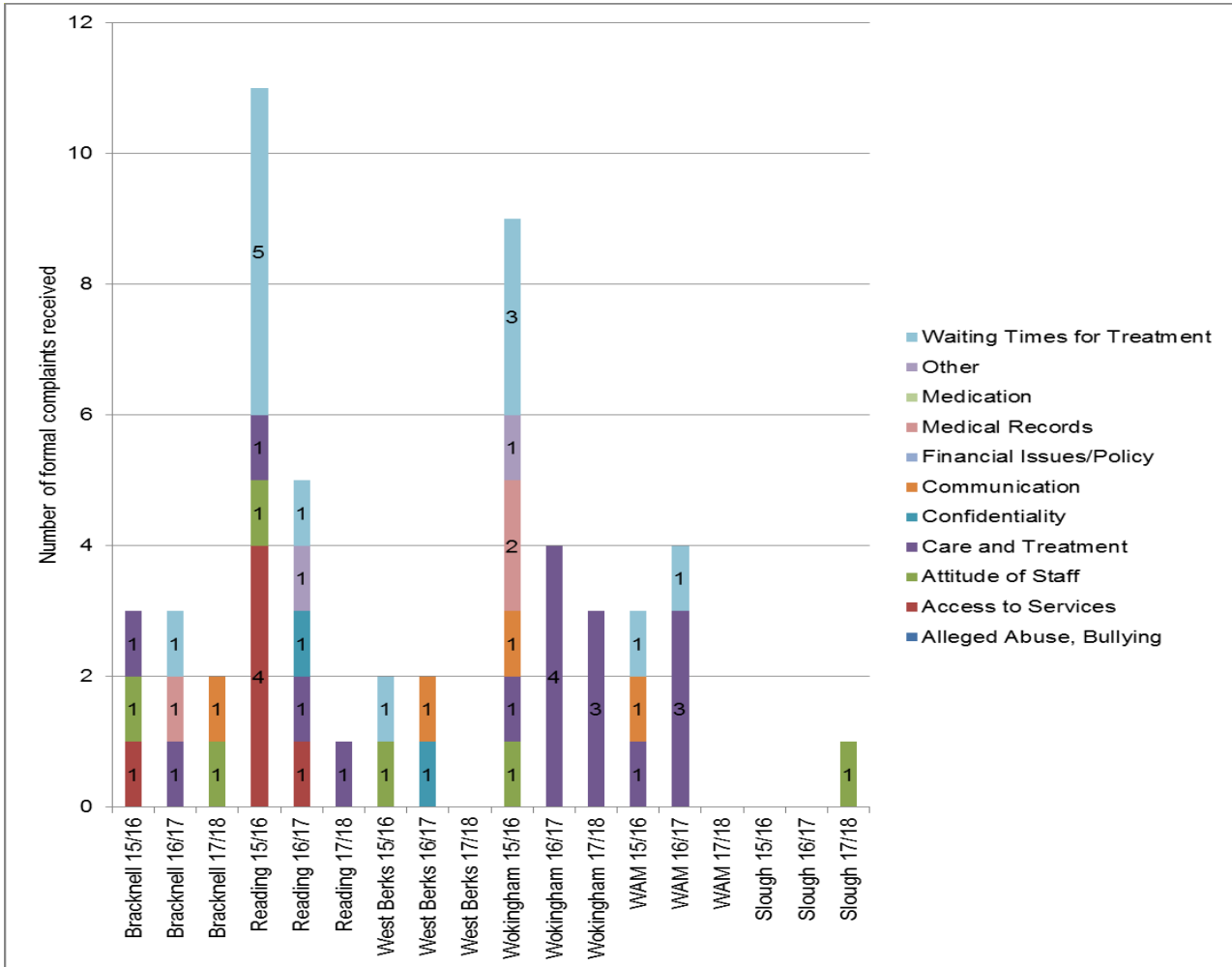
CAMHS - Child and Adolescent Mental Health Services

CAMHS has seen an increase in formal complaints in quarter one to 7 from 5 in quarter four and 2 in quarter three. This is in comparison to 5 in quarter two and 6 in quarter one in 2016/17; 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.

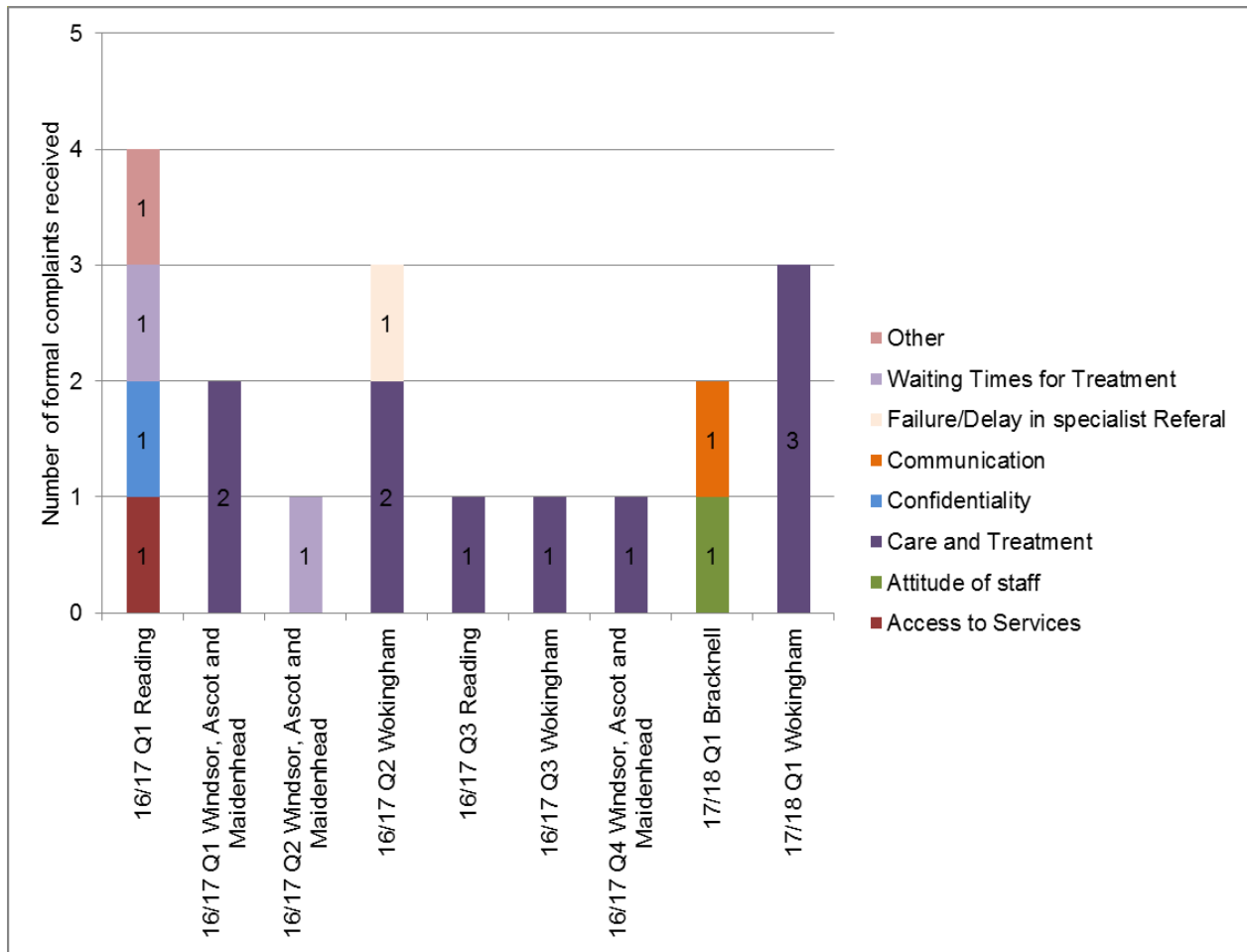
Clinical care and treatment in the Wokingham team is showing the highest level of activity in quarter one, compared to no complaints received about this team in quarter four. There were no complaints received between April and June about waiting times for treatment; there were two complaints about attitude of staff and these were in the Bracknell and Slough teams.

Graph Three: Number of formal complaints received for CAMHS by location of the service



The service based in Slough had consistently not received any formal complaints for the last two financial years up to quarter one where it received a complaint about attitude of staff.

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

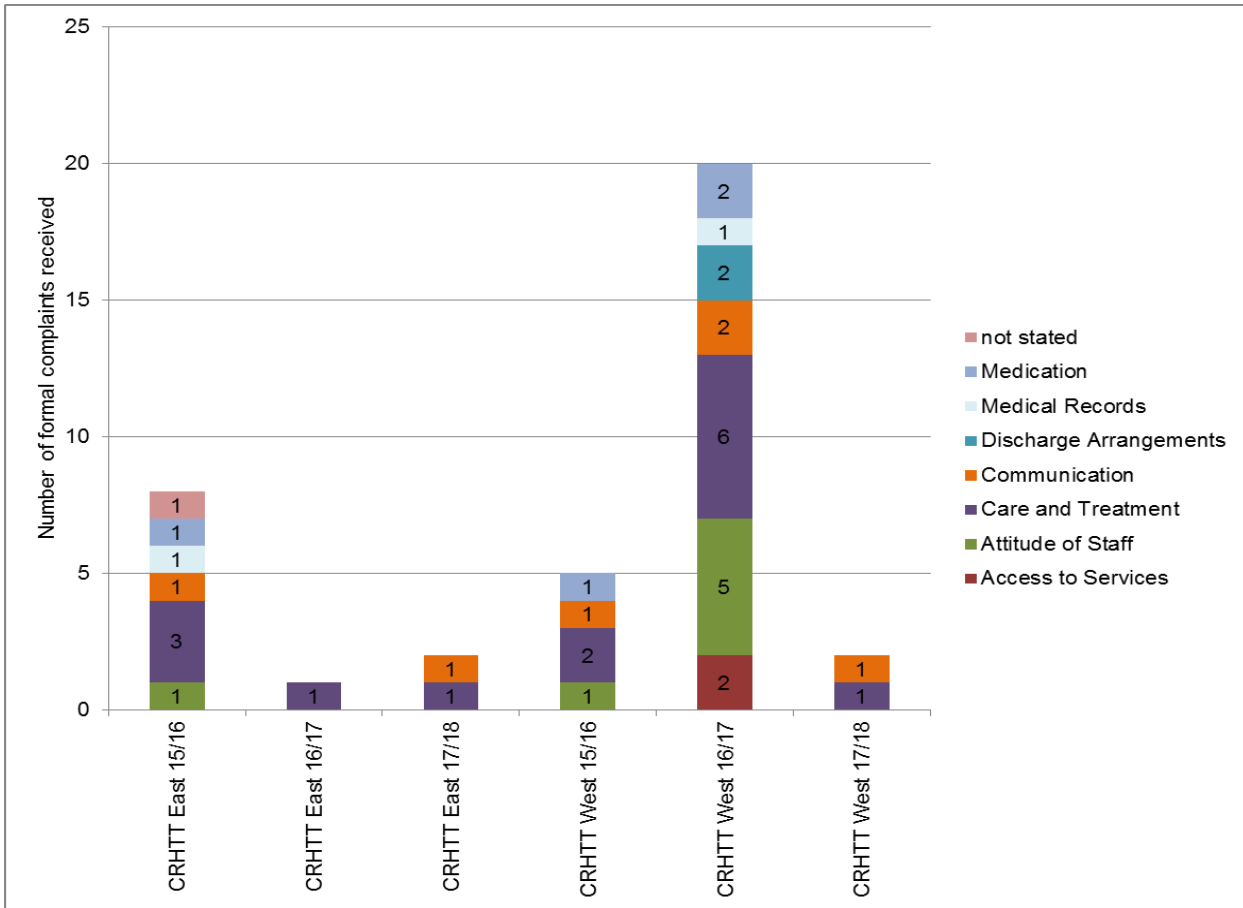


Themes within CAMHS continue to be monitored to ensure that this positive reduction in complaints around wait times and access, continues.

Crisis Resolution/Home Treatment Team (CRHTT)

CRHTT received 4 formal complaints in quarter one, compared to 4 in quarter four, 3 in quarter three, 4 in quarter two and 10 in quarter one 2016/17.

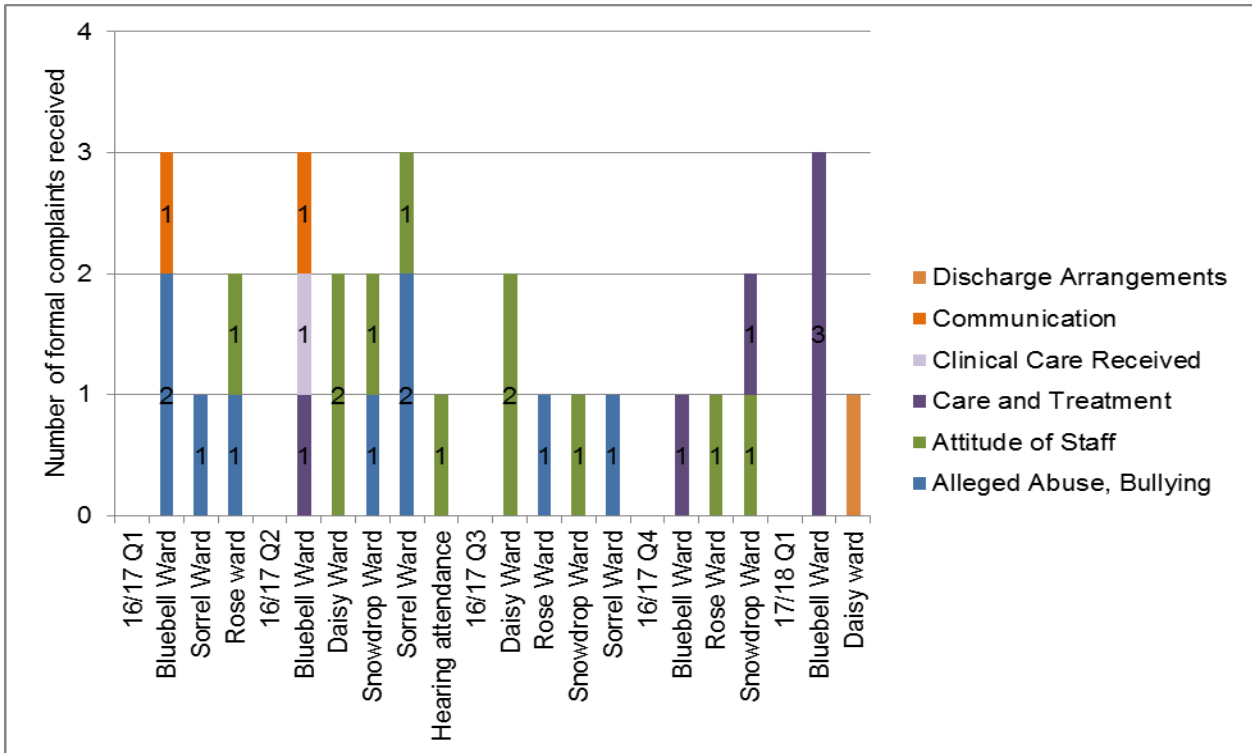
Graph Five: Number of formal complaints received for CRHTT by location of the service (East and West)



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.

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

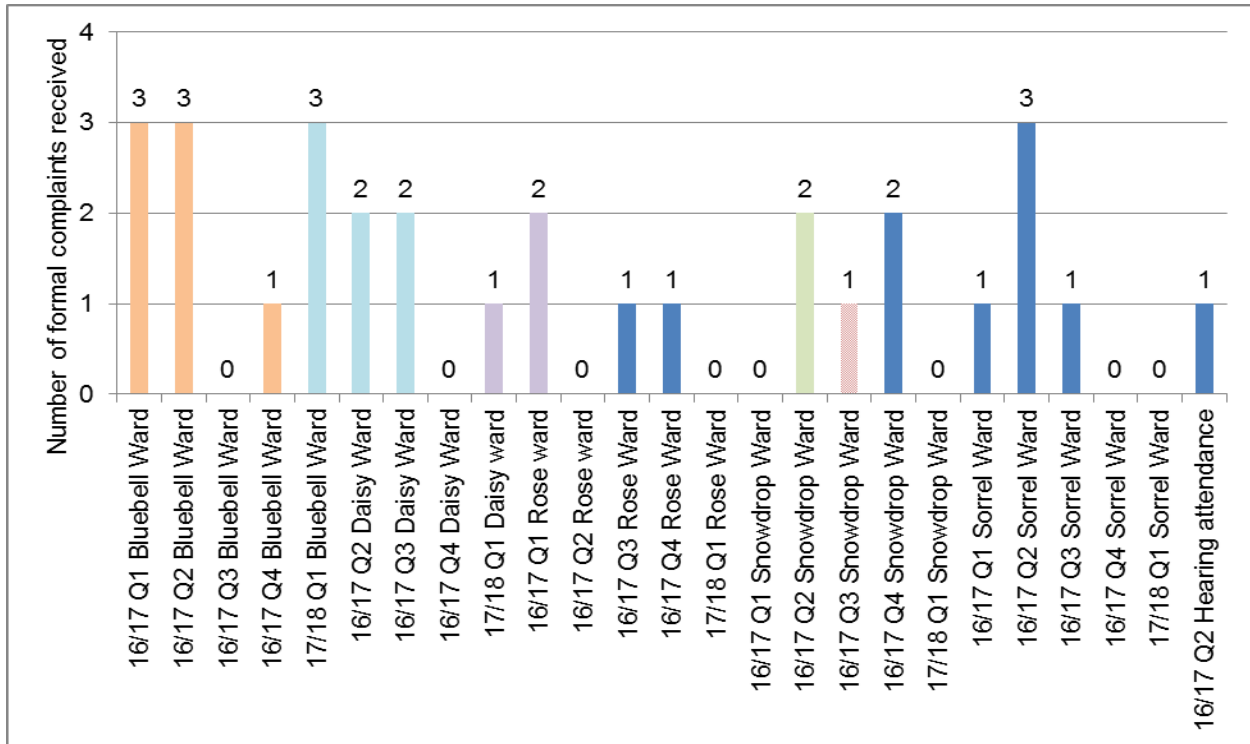


Table Five: Themes of all formal complaints received

Theme	2017/18	2016/17					2015/16				
	Q1	Q4	Q3	Q2	Q1	Total	Q4	Q3	Q2	Q1	Total
Care and Treatment	26	26	19	22	26	93	27	17	15	19	78
Attitude of Staff	9	8	7	12	14	41	16	11	10	9	46
Communication	4	7	7	4	8	26	4	3	2	9	18
Alleged Abuse, Bullying	0	2	2	3	4	11	0	1	1	2	4
Access to Services	0	3	0	0	4	7	4	2	6	5	17
Medical Records	0	3	0	0	4	7	0	1	4	0	5
Medication	1	0	0	2	2	4	4	3	1	1	9
Confidentiality	0	0	0	3	1	4	3	0	1	0	4
Discharge Arrangements	1	0	0	3	1	4	0	0	2	0	2
Waiting Times for Treatment	0	1	0	3	1	5	1	0	7	8	16
Support Needs (Including Equipment, Benefits, Social Care)	0	0	1	0	0	1	0	0	0	0	0
Management and Administration	0	1	0	0	0	1	0	0	0	0	0
Other/not stated	1	0	0	4	1	1	4	9	2	4	11
Grand Total	42	51	36	56	66	209	63	47	51	57	218

The top reasons for complaints being made during 2015/16 and 2016/17 and continued in 2017/18 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	2017/18		2016/17						2015/16					
	Q1	% of 17/18	Q4	Q3	Q2	Q1	Total	% of 16/17	Q4	Q3	Q2	Q1	Total	% of 15/16
Case not pursued by complainant	1	2.78	1	5	1	4	11	5.19	4	1	1	6	12	5.43
Consent not granted	0	0	3	4	1	1	9	4.25	2		1	1	4	1.81
Local Resolution	3	8.33	4	0	1	4	9	4.25	3	3	3	5	14	6.33
Not Upheld	6	16.67	9	7	16	14	46	21.7	15	16	21	17	69	31.22
Partially Upheld	18	50.00	14	18	24	22	78	36.79	17	11	17	19	64	28.96
Referred to other organisation	0	0	0	0	0	0	0	0	1	0	0	2	3	1.36
Upheld	8	22.22	14	7	18	20	59	27.83	19	17	12	7	55	24.89
Grand Total	36		45	41	61	65	212		61	48	55	57	221	

The percentage of complaints upheld has continued to decrease into quarter one 2017/18. Partially upheld complaints have increased to 50% from 36.79% in quarter four and 38.32% in quarter three.

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

- Care and treatment (62%) – consistent with quarters three and four
- Attitude of staff (27%) – an increase from 7% in quarter four and 12% in quarter three
- Communication (8%) – a decrease from 14% in quarter four and more aligned with 8% in quarter three
- There was one complaint (4%) upheld about access to services (CMHT). There were no complaints upheld in quarter four and 8% of complaints upheld or partially upheld in quarter three.

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

Table Seven: Upheld and Partially Upheld formal complaints

Service	Outcome of complaint		Grand Total
	Partially Upheld	Upheld	
Adult Acute Admissions	4		4
CAMHS - Child and Adolescent Mental Health Services	2	1	3
Children's Speech & Language Therapy - CYPIT	1		1
CMHT/Care Pathways	5	1	6

Service	Outcome of complaint		Grand Total
	Partially Upheld	Upheld	
Common Point of Entry	2	1	3
Community Hospital Inpatient	1		1
Crisis Resolution & Home Treatment Team (CRHTT)		2	2
District Nursing		1	1
Hearing and Balance Services		1	1
LDS Community Patients		1	1
Neuro Rehab (CHC)	1		1
Sexual Health	1		1
Walk in Centre	1		1
Grand Total	18	8	26

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
	Case not pursued by complainant	Local Resolution	Not Upheld	Partially Upheld	Upheld	
Adult Acute Admissions		1		4		5
CMHT/Care Pathways			2	5	1	8
Crisis Resolution & Home Treatment Team (CRHTT)	1				2	3
Grand Total	1	1	2	9	3	16

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 100% response rate achieved to date.

Table Nine: Response rate within timescale negotiated with complainant

2017/18	2016/17				2015/16			
Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100%	100%	100%	100%	100%	97%	85%	92%	95%

The average number of days taken to resolve formal complaints during quarter one was 27, an increase from 24 in quarter four. This was a significant decrease in comparison with 33 in quarter three.

There were 5 complaints closed that took longer than 40 working days, an increase from 1 in quarter four, and reduction from 9 in quarter three, 8 in quarter two, 10 in quarter one 2016/17 and 15 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 one, we received 7 enquiries from MPs, compared to 16 in quarter four, 13 enquiries in quarter three and 11 enquiries during quarters one and two 2016/17 combined.

6 of these were about mental health services, compared to all 16 of the enquiries in quarter four. 10 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 enquires related to these services in quarter one.

Table Ten: Subject of MP enquiries received during quarter one

Service	Subject of enquiry					Grand Total
	Access to services	Attitude of Staff	Care and Treatment	Financial Issues/Policy	Waiting Times for Treatment	
CAMHS - Child and Adolescent Mental Health Services	1		1		1	3
CMHT/Care Pathways			1	1		2
Integrated Pain and Spinal Service			1			1
Psychotherapy & Complex Needs (PDPT)		1				1
Grand Total	1	1	3	1	1	7

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 one 2017/18.

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	Jun-17	Not Upheld.
Oct-16	Community Inpatient ward	Jun-17	Not Upheld.
Jan-17	District Nursing	n/a	Investigation underway.
Feb-17	Psychological Medicine Service	Apr-17	Not Upheld.
May-17	CMHT/Older Adults	May-17	Not a BHFT complaint - records requested to inform investigation about Social Care. This case was closed after the notes were sent.
Jun-17	CMHT	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. 6 informal complaints were received during quarter one.

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 increased slightly to 49, compared with 48 in quarter four, 53 in quarter three, 42 in quarter two, 67 in quarter one and 52 in quarter four 2015/16.

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.

12 negative comments were received in quarter one. Three of these were about the Slough walk in Health Centre, 4 were about community services and 4 were about our inpatient wards (2 for mental health inpatients, 1 for a physical health ward and 1 for our adolescent ward).

There have been 4 positive posts. 1 was about our adolescent ward, 1 for a mental health inpatient ward and 2 for community based services; physiotherapy and community dental.

5. Compliments

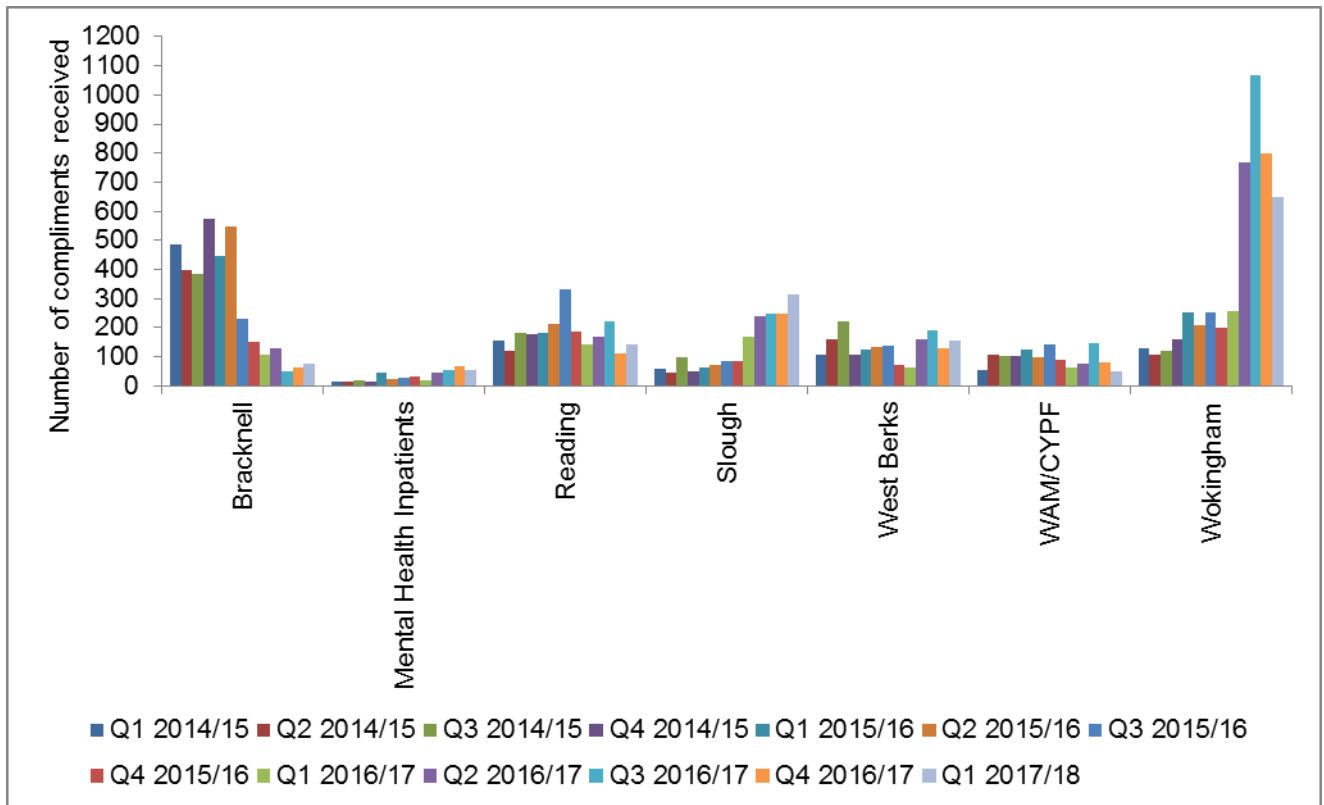
Graph eight shows the number of compliments received since quarter one 2014/15 by Locality. Since quarter four 2012/13 compliments have been routinely reported directly by services through the web based Datix system. This method of collating feedback enables the Trust to capture compliments, by means other than the traditional thank you card. We have listened to what our staff told us 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 1488 compliments reported in quarter one, in comparison with 1534 in quarter four, 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 one

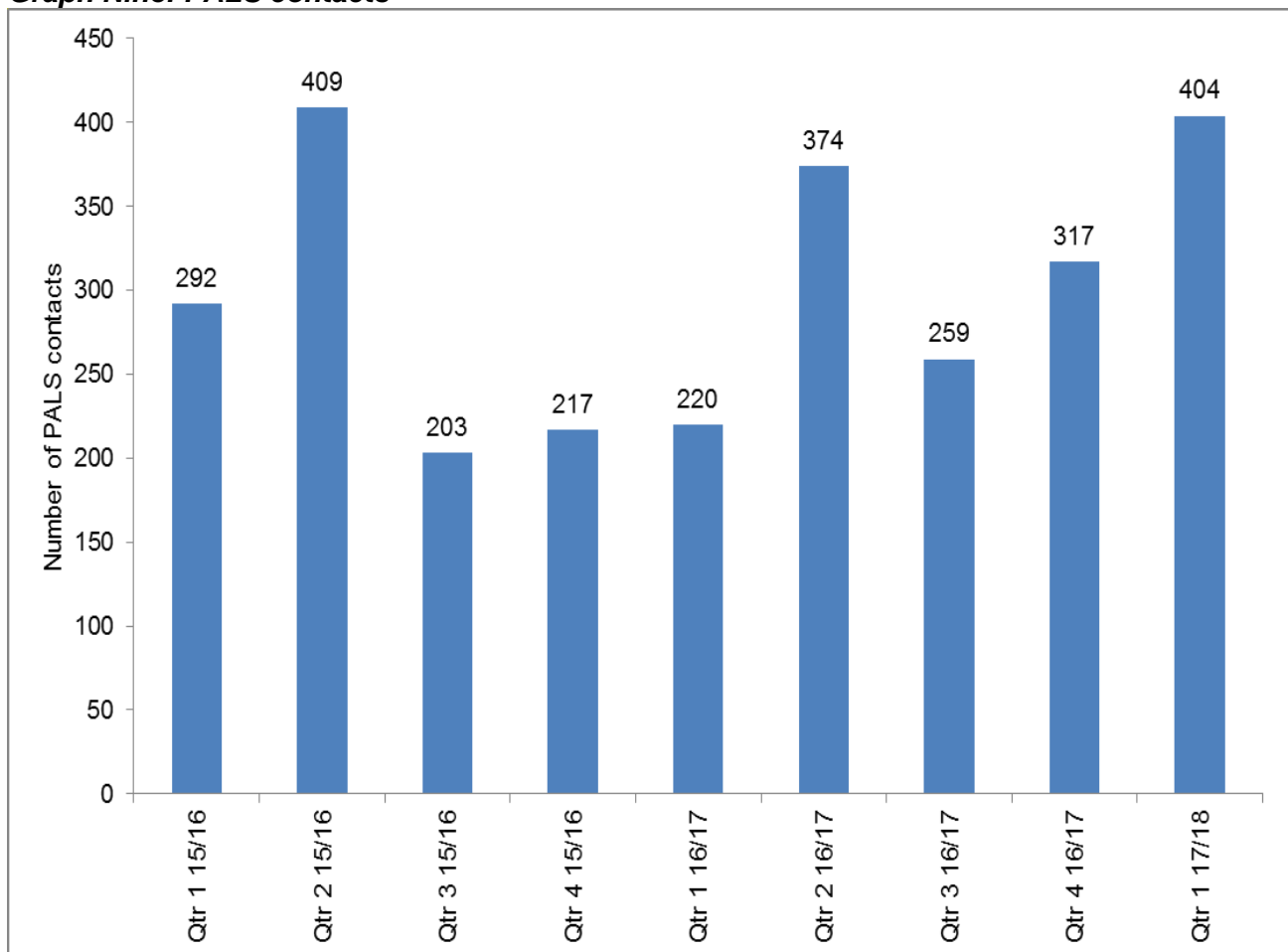
Service	Number of compliments
Talking Therapies	542
ASSiST	235
Community Hospital Inpatient	39
Community Based Neuro Rehab	34
District Nursing	32
Community Hospital Inpatient	32
CMHTOA/COAMHS - Older Adults Community Mental Health Team	24
Community Hospital Inpatient	24
Eating Disorders Service	24

In addition, there were 147 compliments logged that were from sources other than patients, carers and the public. These include students on placements, other organisations and services.

6. 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; 40 in quarter one. 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 since 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**

The key aim of the audit is to provide an essential picture and understanding of the views and experiences of services users in relation to their physical health in secondary and primary care. With specific emphasis on physical health monitoring, support and lifestyle interventions offered; in line with current guidelines. NICE guideline CG178 (NICE, 2016), the National Audit of Schizophrenia (RCOP, 2014) and the Positive Cardio-metabolic Health resource (RCOP, 2011). In addition an underlying aim was to gain a better understanding of perceived physical health needs, feelings of involvement with their health planning, barriers to engagement and potential individual preferences for lifestyle interventions. This is a key step towards improving levels of preference-guided involvement and design of future Trust services and interventions.

The main recommendations from the Deep Dive are:

Trust & Community Physical Health Policy/Guidelines - Improvement in healthy literacy of service users could be achieved through a Personal Health Record. PHR would be a helpful tool for patients as it can help them keep a record of their own medication, health, and their test results.

Standardisation of Integrated Physical Health Pathway in CMHTs - In order to promote consistency of physical health monitoring in line with NICE guidance; This is supported by the national CQIN this year.

Standardisation of Physical Health Recording Forms, Tools & Referral Forms - There is a need for all partners to agree on standardised, short and simple electronic physical health recording sheet template.

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

15 Steps

9 visits have taken place during quarter one; three clinic visits and six inpatient visits.

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

7. The Friends and Family Test

The NHS Friends and Family Test (FFT) gives 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.

Table Thirteen: Number of Friends and Family Test responses

		Number of responses	Response Rate
2017/18	Q1	4238	7.04%
2016/17	Q4	3696	5.10%
	Q3	4024	5.10%
	Q2	5357	2.20%
	Q1	6697	2.70%
2015/16	Q4	4793	2.10%
	Q3	5844	4.20%
	Q2	6130	4.50%
	Q1	7441	6.60%

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	2017/18	2016/17				2015/16			
		Q1 %	Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1%
Oakwood Ward	Community Inpatient	100	100	-	85.7	89.47	95.16	94.55	88.71	91.94
Highclere Ward	Community Inpatient	100	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	93.5	97.1	89.3	95.7	95.92	87.27	95.71	100	86.49
Windsor Ward	Community Inpatient	100	100	92	94.7	93.94	100	96.61	98.08	100
Ascot Ward	Community Inpatient	100	100	80	100	88.89	90	93.55	97.14	100
Jubilee Ward	Community Inpatient	100	100	90	100	97.78	97.44	95	97.22	92.73
Bluebell Ward	Mental Health	40	80	60	100	78.79	80	75	0**	66.67

		2017/18	2016/17				2015/16			
Daisy Ward	Mental Health	50	50	-	66.7	85.71	68.42	75	71.43	77.78
Snowdrop Ward	Mental Health	60	78.6	66.7	50	66.67	85.71	0**	100	75
Orchid Ward	Mental Health	0**	-	0**	100	-	100	0**	100	66.67
Rose Ward	Mental Health	100	66.7	0**	80	33.33	54.55	58.82	100	75
Rowan Ward	Mental Health	100	-	0	-	72.73	100	-	-	-

* Highclere Ward and Donnington Ward collected the Friends and Family Test as West Berkshire Community Hospital Inpatients since quarter four 2016/17.

** 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.

Community inpatient wards have been consistent throughout this quarter with responses received. At the end of quarter one, the overall response rate increased from 41% in quarter four to 46% and the overall recommendation rate is 99%. All community inpatient wards have a response rate of 20% or above and all have recommendation rates above 90%.

From the Community Services that have responded, there is an overall recommendation rate of 97.3%. All but two services had a recommendation rate of over 85%. The palliative care team received one response where the response was neither likely nor unlikely, and our Integrated Pain Assessment and Spinal Service (IPASS) received 82.35%.

From the Mental Health Services that have responded, the majority have a recommendation rate of 85% or above, CMHT had 79.25% and community based Learning Disabilities had 83.72%.

Responses received from mental health inpatient wards have increased slightly to 12% in quarter one, from 11% in quarter four and 8% in quarter three. The overall recommendation rate is 58%, which is a reduction from 74% in quarter four and higher than 52% in quarter three. Orchid Ward had a 0% recommendation rate; however this was based on one response. There is still work on going to improve the response rate to the FFT on our mental health wards and it is hoped that the recruitment of patient experience volunteers will help.

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

	2017/18	2016/17				2015/16	
	Q1%	Q4%	Q3%	Q2%	Q1 %	Q4 %	Q3%
Walk-in Services							
MIU: West Berks	98.39	98.36	91.03	96.92	97.37	96.54%	95.81
SWIHC: Walk-in	91.79	96.35	79.54	89.69	88.45	81.23%	77.69

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

	2017/18	2016/17				2015/16			
	Q1%	Q4%	Q3%	Q2%	Q1%	Q4 %	Q3%	Q2%	Q1 %
General Practice									
SWIHC - GP	80%	96.27	70.09	74.75	41.67	58.00%	58.87	58.21	63.01

A review of the national results for February 2017 shows that the collective percentage recommendation rate for GPs in Slough is 66% a reduction from the 82% reported in the previous

set of results in February. The nation recommendation rate is 77%, which has also reduced from 89% in the previous period.

The percentage of patients who would not recommend the GPs in Slough was 14% compared to 10% and the national rate was now 9% compared with 6%.

The patient experience team have recruited a volunteer to help with collecting feedback, based at St Marks Hospital in Maidenhead. The Voluntary Services Team is supporting recruitment with volunteers across other sites.

Table Seventeen: Number of Carer Friends and Family Test responses

Number of responses	
2017/18	
Q1	111
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 May 2017

Trust Name	May-17				Feb-17		Oct-16	
	Total Responses	Total Eligible	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	1221	20408	6%	97%	4%	98%	5%	94%
Solent NHS Trust	1191	38963	3%	96%	2%	97%	2%	96%
Southern Health NHS FT	3502	42122	8%	94%	8%	95%	7%	96%
Oxford Health NHS FT	942	36907	3%	97%	1%	96%	2%	94%

%RR – Recommendation rate

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

Trust Name	May-17				Feb-17		Oct-16	
	Total Responses	Total Eligible	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	224	3388	7%	92%	2%	88%	9%	92%
Solent NHS Trust	91	1485	6%	92%	6%	92%	4%	89%
Southern Health NHS FT	363	12242	3%	89%	3%	91%	3%	80%
Avon and Wiltshire MH Partnership	838	6216	13%	89%	15%	89%	15%	88%
Oxford Health NHS FT	178	10831	2%	79%	1%	79%	3%	90%

%RR – Recommendation rate

The available information demonstrates that the collection methodology with the highest response continues to be paper/postcard at point of discharge. To support existing methods of collecting the Friends and Family Test, the Patient Experience Team are distributing hard copy cards and freepost envelopes which services are to include with the discharge letters that are sent to patients.

8. 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. From quarter two, the quarterly Patient Experience and Engagement Group and Healthwatch meeting are merging as a way to share intelligence and good practice.

During quarter one, there was a revised pilot infection, prevention and control (IFP&C) audit carried out at the two health centres in Bracknell. This is following a presentation and discussion by the Head of IFP&C to the Healthwatch meeting about Healthwatch involvement in reviewing and monitoring cleanliness in the Trust. The team consisted of the Head of IFP&C, Healthwatch Bracknell rep, Facilities and Estates management and the Head of Service Engagement and Experience. This will be rolled out across other health centres in the Trust during 2018/19 and the other Healthwatch organisations are looking forward to being involved.

Good or Better results

Total feedback relevant to the good or better rating has been received from 4181 patients and carers, compared with 2,754 in quarter four and 2,245 in quarter three. Of those that provided feedback 93% reported the service they received as good or better. 17 of the services carrying out the internal patient survey were rated 100% for good and better with a further 15 services rating 85% or above.

30 services in all failed to log any responses for quarter one. We believe some of these may be due to networking issues which is being addressed whereas others are not routinely collecting and therefore we are working them.

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.

Formal Complaints received during quarter one 2017/18

Geographical Locality	Service	Reporting Locality	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	CMHT/Care Pathways	Reading	22/06/2017	Minor	Pt's partner feels that we are very dismissive of patients with addictions and she feels it is unfair not to offer support when she says he is only addicted due to his MH issues. She wants pt to be reconsidered for Talking therapies if psychology is not an option. Clarity of also required as to the patients diagnosis.	Investigation currently underway		Care and Treatment
Reading	Adult Acute Admissions	Mental Health Inpatients	15/05/2017	Low	Pt states he was detained twice in 2014/15, and was under a section 2 in January 2017 when he initially raised his concerns with the CQC. Pt states he was forced drugs because he was 'talking too fast' he states the psychiatrist refused to talk to him whilst he was at PPH.	Partially Upheld	No failings in clinical care identified. However, we have acknowledged and apologised for the manner in which the patient was spoken to by staff and for the distress caused by giving of injections.	Care and Treatment
West Berks	Community Hospital Inpatient	West Berks	19/06/2017	Moderate	Son extremely concerned about his father who, he feels has become incoherent, confused as to who his son was and where he was and unable to string a sentence together. The son was rather shocked at the lack of assistance from the senior nurses when he asked them to look into what was wrong with his father. He wishes his father's condition and the 2 nurses attitudes investigated. Also concerned that he is being given a drug that he was taken off due to concerns over his liver	Investigation currently underway		Attitude of Staff
Wokingham	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	15/06/2017	Minor	Opened as formal complaint on the 15th June following discussions with father. Father states he is unhappy with our response to him in February and that his daughter has still not been seen by anyone and that she is still very unwell.	Investigation currently underway		Care and Treatment

Geographical Locality	Service	Reporting Locality	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects
Wokingham	District Nursing	Wokingham	29/06/2017	Minor	Pt unwell for 6 weeks and the family members have not been given the necessary information needed to contact the DN's. DN called to say she could not make apt but would come next day, daughter anxious as legs were 'leaking'. DN eventually decided she could come. Complainant received a call from different DN yesterday to discuss concerns but complainant says she was not at all interested and told her she had not followed the correct procedure.	Investigation currently underway		Care and Treatment
Wokingham	Community Hospital Inpatient	Wokingham	26/04/2017	Moderate	Pt fell from a hoist and was in pain for 2 days before she was transferred to the RBH where she was xrayed. Fractured ankle which was operated on the next day. Pt says she has lost her independence, has been forced to sell her flat.	Partially Upheld	Two elements to complaint. Investigation showed that pain was managed as expected but patient still complained of pain. No evidence to support patient was dropped from hoist. She did fall on transfer from bed to chair and HCA cushioned fall.	Care and Treatment
Reading	Community Team for People with Learning Disabilities (CTPLD)	Reading	22/05/2017	Low	Pt under LD Psychologist but mother feels no one is responsible for requesting, arranging or co-ordinating future care meetings.	Upheld	There are four main points to this complaint and significant learning outcomes have been identified under each point.	Care and Treatment
Reading	Out of Hours GP Services	Wokingham	19/06/2017	Minor	Pt received a call back from W/C Dr having spoken to 111. Pt convinced having a miscarriage, Dr was extremely dismissive. Eventually told her to come and see her at RBH where she continued to be dismissive.	Investigation currently underway		Attitude of Staff
Bracknell	District Nursing	Bracknell	21/06/2017	Low	Palliative pt seen by Dr and DN to increase dose in syringe driver. 30 mins later pt became distressed, wife called 3 times for an urgent visit, called GP who said they would be there soon but no one came, then pt fell from bed and died. DN's did not arrive for 1hours 45 mins, and then 3 turned up. Pt wishes to know 1. why no one came 2. Why call was not transferred to a different as urgent 3. Why no contact re delay 4. why 3 turned up after he dies	Investigation currently underway		Care and Treatment

Geographical Locality	Service	Reporting Locality	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	Adult Acute Admissions	Mental Health Inpatients	22/06/2017	Moderate	Pt became unwell in 2000 and was diagnosed with Catatonia and received ECT with a successful outcome. Has had 3 relapses. Between Christmas and Easter Pt was in the community, kept saying he was struggling but had minimal support. Now inpatient. ECT prescribed but could not be given as the pt had been given a drink, why was 'Nil by mouth' not displayed? Pt's belongings have gone missing throughout his stay.	Investigation currently underway		Care and Treatment
Reading	Adult Acute Admissions	Mental Health Inpatients	29/06/2017	Moderate	No care package put in place for the second time following sectioning at PPH.	Investigation currently underway		Discharge Arrangements
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	20/06/2017	Low	Pt wishes copies of a telephone call made from CRHTT to the pt on 11th June.	Case not pursued by complainant	Not investigated.	Communication
Wokingham	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	09/05/2017	Low	Mother of pt unhappy at comments noted in reports. Feels things could have happened sooner for her son if services had listened to her. Mother says her son was offered support in June/July 2016 by Wokingham doctor, following a conversation with social worker mothers believes this was withdrawn. Mother wants to know 1. Were her concerns about the father recorded? 2. What did Dr share with CAFCASS guardian? Why was it reported that 'mother was feeding stories about father?' 3. why was the offer of therapy withdrawn?	Investigation currently underway		Care and Treatment
Wokingham	CMHT/Care Pathways	Wokingham	25/04/2017	Moderate	Following positive risk panel in February 2017 family have written to advise the impact that the lack of support now being offered to the patient has affect her and them as they do not know where to turn for help and they are struggling to watch the patient suffer.	Investigation currently underway		Care and Treatment
Wokingham	CMHT/Care Pathways	Wokingham	27/04/2017	Low	Pt recently requested her medical records and from that disagrees with the diagnosis of EUPD. Pt has produced 2 letters stating she is not BPD from psychiatrists. Pt wishes to be reassessed and what ever the outcome for a note to state she disagrees with the EUPD diagnosis to be put on her records.	Investigation currently underway		Care and Treatment

Geographical Locality	Service	Reporting Locality	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects
Windsor, Ascot and Maidenhead	District Nursing	Bracknell	09/06/2017	Low	Pt due to have DN visit on the 7th June which didn't happen leaving the pt on the bed for the day waiting. Out of hours went out to see the patient and the pump was leaking with fluid coming out	Upheld	Investigation showed there had been conflicting info given.	Care and Treatment
Reading	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	29/06/2017	Minor	Pt allegedly seen by clinician for his second assessment which mother and pt attended back. Complainant has now found out staff member has left and there are no notes on the system re previous meeting so they need to start again, meanwhile the pt has had several external and internal exclusions from school.	Investigation currently underway		Care and Treatment
Windsor, Ascot and Maidenhead	Common Point of Entry	Wokingham	12/06/2017	Low	Pt self referred to CPE spoke to staff member who seemed intent on making the point that the patient was not an urgent case.	Upheld	Patient was given incorrect advice re call times for CPE, which added to the overall frustration and it was difficult to find a time for an assessment. We have apologised for the poor experience she had.	Attitude of Staff
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	26/06/2017	Minor	Pt has previously requested that all letters regarding appointments be sent directly to her and not her parents. She arrived home on Friday to see a letter had been sent to her parents and nothing had been sent to her at all, having previously raised this through PALS she now wishes it investigated as very upset.	Investigation currently underway		Communication
West Berks	CMHT/Care Pathways	West Berks	14/06/2017	Minor	Pt was advised by Dr in November that she would be able to access PTSD Therapies support via psychotherapy. When following this up with her CPN she was advised her line mgr was sorting, then she was advised Mgt had changed then she was advised that we would not give her any names and she was told to go to SEAP. Pt wants to know - - was the referral made? - was a note put of her records to ensure staff were aware? - A full explanation into everything since Dec re follow up on referral.	Investigation currently underway		Care and Treatment
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	29/06/2017	Low	Father unhappy that the Trust still seems to only be engaging with Mum regarding the pt and not including the father which we previously said we would not do going forward.	Investigation currently underway		Attitude of Staff

Geographical Locality	Service	Reporting Locality	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects
Slough	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	27/04/2017	Low	Following overdose attempt mother took son to A&E. CAMHS worker arrived and she found staff to be hostile, abrupt in attitude. She said that when she was upset the staff had no compassion and staff told her to stop talking. Staff member covered her name badge with her hand after she said she was going to make a complaint. Mother feels the staff member did not afford her the basic courtesy that should be given to family members she then said the staff member had then lied in her documentation regarding the sequence of events.	Upheld	Not upheld issue regarding patient being seen without parent, as this was patient's request. However, upheld element about staff member hiding badge.	Attitude of Staff
Reading	CMHT/Care Pathways	Reading	12/06/2017	Low	Pt says Dr would not help him appeal to the benefits office about him being able to work. Pt feels he is too unstable to work and says he could of walked out in front of a bus after his meeting at PPH. He believes the Dr has broken his Hippocratic oath and duty of care	Not Upheld	No failings identified. Dr concerned was unable to complete request from patient as he had not assessed him and was unwilling to write a letter. Patient became verbally abusive, Dr felt threatened and had to ask patient to leave.	Other
Slough	Sexual Health	Bracknell	24/05/2017	Moderate	Pt seen for STI test she felt the Consultant was very judgmental and wishes the way she was spoken to to be looked into.	Partially Upheld	Patient feels she had a negative experience in the clinic and Dr is sorry that her actions were interpreted as judgemental. Dr's focus was on preventing a further unwanted pregnancy and she has apologised for the way she came across.	Attitude of Staff
Bracknell	CMHT/Care Pathways	Slough	03/04/2017	Low	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
Reading	Out of Hours GP Services	Wokingham	31/05/2017	Low	Pt presented at W/C on the 5th June 2016 and was diagnosed with a nerve ending headache and prescribed Amitriptyline, Dr unable to give any as none available, advised to get some from chemist in the morning when it opened. Following a visit to A&E where she was diagnosed with Bell's Palsy (not related to her headache) the pt was later diagnosis from her GP with Viral Encephalitis and spent 6 nights in hospital. The pt feels everything could have been avoided if she was diagnosis correctly on the sunday evening	Investigation currently underway		Care and Treatment

Geographical Locality	Service	Reporting Locality	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects
Windsor, Ascot and Maidenhead	Community Hospital Inpatient	Bracknell	30/05/2017	Moderate	Family are struggling to get the staff to engage with them and they wish assistance to obtain the best care package for their sister.	Investigation currently underway		Communication
Slough	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	25/04/2017	Moderate	Crisis team did not turn up to any of the numerous arranged meetings and put a card through the letter box when pt was in, she did not hear them knock and they did not phone. She has lost confidence in CRHTT but want an explanation as to why all the planned visits for help never materialised	Upheld	There was a breakdown in communication and a number of learning outcomes have been identified in the IO report.	Care and Treatment
Windsor, Ascot and Maidenhead	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	19/04/2017	Low	Mother unhappy with contact with CRHTT, following which her daughter was detained on section. Mother also feels as a carer she was unsupported by staff.	Partially Upheld	There were no clinical care failings for the patient but mother did feel unsupported and we have acknowledged and apologised for that. Staff member has reflected and apologised.	Communication
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Slough	15/06/2017	Moderate	Pt says the medicine Aripiprazole gives him side effects. He has a cornea graft and extremely high blood pressure and he says this medication has contraindications to his other medication. He has been told if he does not have this injection he will be sectioned. SEAP have advised him there must be documentation in order to make him comply to having this medication.	Investigation currently underway		Medication
Slough	Health Visiting	Windsor, Ascot and Maidenhead	27/06/2017	Moderate	HV provided assistance for complainants partner and 2 children to depart the house without notice bound for a women's refuge. Father of the children believes the HV has put his children at risk as he states his partner was in fact the perpetrator of domestic abuse towards him.	Investigation currently underway		Attitude of Staff
Slough	CMHT/Care Pathways	Slough	07/04/2017	Moderate	Complaint that there has been a catalogue of failures by Slough CMHT. Family say they have been crying out for help but these have been ignored and patient has now damaged neighbour's property leading to him being arrested and sectioned.	Upheld	The investigation has shown a lack of documented support and evidenced conversation with family members. The primary carer of the patient was not identified as such and was not offered any support. The revised risk planning processes will improve this area of care and support. The clinical care offered to the patient was clinically appropriate.	Care and Treatment

Geographical Locality	Service	Reporting Locality	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects
Wokingham	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	23/05/2017	Moderate	Meeting June/July 2016, family advised they would get a report which they have yet to receive, they were also told there would be another meeting in 6 months which also has not happened. Mother has made many calls leaving messages which have not been returned	Local Resolution		Care and Treatment
Slough	LDS Community Patients	Reading	12/04/2017	Minor	Mother wants to know why her daughters epilepsy medication was increased when she had not had a fit for 10 years and why it took from diagnosis of Epilepsy in 2013 until Feb 2017 to be advised of this diagnosis.	Upheld	The root of the complaint is about communication with the named doctor. This person has left the Trust and record keeping in not clear that he communicated decisions with the family. Therefore complaint is upheld.	Care and Treatment
Reading	CMHT/Care Pathways	Reading	30/05/2017	Minor	Pt discharged from services but says she did not receive any notification of this. States she is struggling with her MH and needs help which she says is not on offer. She wants to 1.see a community Psychiatrist 2.be referred for specialist help, Trauma Service 3. Have a CPN if necessary 4. Meaningful liaison between MH and GP 5. recognition of sleep deprivation 6. recognition that 'inappropriate behaviour' is due to her condition. 7. recognition that she needs support not a judgmental approach 8. that she is recognised as a person not a condition	Partially Upheld	The patient did not engage with care co-ordinators after initial allocated one left. It is recognised that the initial relationship did not have the boundaries that were expected which would have impacted managing the expectation of future relationships with the team. Further appointments with the team have been offered.	Care and Treatment
Bracknell	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	25/05/2017	Low	Pt referred to CRHTT in May 2015 following a visit to A&E. In Jan 2017 pt became distress contacted CRHTT who agreed to come out but did not causing further distress. Since that time pt says there have been many other occasions where CRHTT have said they will attend and have not.	Investigation currently underway		Care and Treatment
West Berks	District Nursing	West Berks	12/06/2017	Moderate	Mother wishes to know how and why her son's pressure ulcer ended up as it did?	Partially Upheld	Although no failings in nursing care and nurses acted appropriately, the investigation has identified a number of learning outcomes to improve the service going forward.	Care and Treatment

Geographical Locality	Service	Reporting Locality	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	Intergrated Pain and Spinal Service	West Berks	15/06/2017	Low	Pt unhappy about the letter summarising his assessment. He says it is full of half truths and conjecture and he wants it reviewed. He also states that throughout the meeting the clinician were dismissive of the pts expectations of recovery through the NHS.	Partially Upheld	A clear explanation has been given regarding the wording in the letter with an apology for the wording towards the end of the letter that stated patient was 'happy' to continue. Clinician has also apologised that he was perceived as condescending and mocking.	Attitude of Staff
Reading	CMHT/Care Pathways	Reading	30/03/2017	Low	<p>Secondary complaint - Pt has received correspondence from NHS England saying they have not received an application from BHFT so patient wishes to know what is happening. He has responded to several of the points raised in our letter which need addressing</p> <p>ORIGINAL COMPLAINT</p> <p>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.</p>	Not Upheld		Care and Treatment
Bracknell	Common Point of Entry	Wokingham	06/03/2017	Low	<p>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 adjustments under the Equality Act.</p> <p>Why does the Trust not provide ASD Pathway on a diagnosis service?</p> <p>Why can't services communicate with each other when using different systems?</p>	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
Wokingham	CMHT/Care Pathways	Wokingham	16/01/2017	Minor	<p>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.</p> <p>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.</p>	Partially Upheld	<p>1. Dr will discuss with colleagues recently involved in care about the issues raised in the complaint and will reflect on any learning points.</p> <p>2. Dr will continue having reflective notes and case based discussions as part of her annual appraisal.</p> <p>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.</p>	Care and Treatment

Geographical Locality	Service	Reporting Locality	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	Adult Acute Admissions	Mental Health Inpatients	06/03/2017	Moderate	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.	Partially Upheld	The main issue for this complaint is that the patient was allowed off the ward when she purchased items such as bleach, tablets and knives. Investigation showed that our record keeping was lacking and we are unable to say that the risk assessment was fully carried out. However, assessing risk briefly at the time of leave is considered to be part of a more overarching risk assessment.	Care and Treatment

15 Steps Challenge

Quarter 1 2017/18

During this first quarter of 2017/18 a total of 9 visits have been carried out.

The team has enjoyed the support of volunteers in an impartial capacity giving a valuable patient/public perspective. There has been interest from new volunteers and we are planning to use them as soon as their recruitment checks have been successfully completed.

The team continue to ensure that the visits are unannounced, thus ensuring maximum benefit to both the service and Trust.

Attempts have been made to visit clinics on smaller sites but due to the irregular and changing clinic times, unannounced visits have had limited success. We are liaising with service leads to ensure any visits are adding maximum value for patients.

We are currently reviewing the toolkits to update them and make them bespoke to Berkshire Healthcare, to support the process and ensure their relevance.

Garden Clinic – Upton Hospital

A good visit to a busy clinic, the reception staff were very welcoming and impressed the team with their helpful and informative attitude.

Physio – Great Hollands Health Centre

The physio team showed good interaction between themselves and their patients in a well-run clinic, where staff are coping well in less than ideal surroundings.

Podiatry – Great Hollands Health Centre

This was a very good visit and the team were impressed by the professionalism and knowledge of the clinician on duty.

Donnington Ward

This is a friendly ward with a good atmosphere, all the staff were welcoming and were fully engaged with their patients.

Highclere Ward

An excellent visit to a well-run friendly ward, all patients spoken to gave high praise about the staff and the care they received.

Oakwood Unit

The staff on the unit were, without exception, helpful, friendly and willing to assist in whatever way they could. The ward had a calm atmosphere and all the patients appeared happy and well cared for.

Orchid Ward

The team were impressed by the facilities on the ward and the dedication of the staff to the care of their patients.

Snowdrop Ward

The ward was clean and clutter free and the patients appeared to be well cared for but the ward felt “clinical” and unloved.

Rowan Ward

This was an exceptional visit, the team were very impressed by the atmosphere of the ward, the overall attitude of the staff and the obvious pride they felt in their ward. The team wanted to make special mention of the deputy ward manager for his open and professional attitude and his natural behaviour with staff and patients alike.

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

Pam Mohomed-Hossen & Kate Mellor
Professional Development Nurses
June 2017

Council of Governors Meeting

13 September 2016

Appointment of a New Non-Executive Director

Paper presented by the Chair, Appointments and Remuneration Committee

Summary

This paper sets out the process for the recruitment and selection of a new Non-Executive Director.

The Appointments and Remuneration Committee is conducting the final interviews for the new Non-Executive Director on 11 September 2017. The Chair will present the Committee's recommendation for the appointment of the new Non-Executive Director at the meeting on 13 September 2017.

Required Actions

The Council of Governors is:

1. Asked to note the recruitment process for the recruitment and selection process of a new Non-Executive Director.
2. Invited to ratify the recommendation of the Appointments and Remuneration Committee for the appointment of a new Non-Executive Director for an initial three year term with effect from 13 December 2017.

Author: Julie Hill, Company Secretary on behalf of the Chair of the Remuneration and Appointments Committee

Presented by: Martin Earwicker, Chair of the Remuneration and Appointments Committee

Appointment of a new Non-Executive Director

Recruitment Process for a New Non-Executive Director

Mark Lejman, Non-Executive Director's term of office will end on 12 December 2017. Mark will have served seven years when his term of office ends (two terms of three years and a one year extension). Mark is currently the 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 Trust Board.

The Committee agreed to engage the services of Gatenby Sanderson to conduct the search and to support the recruitment process.

The Appointments and Remuneration Committee met on 18 May 2017 and had an initial discussion about the recruitment process for the new Non-Executive Director. The Committee's first consideration was to identify the preferred experience and skills set for the new Non-Executive Director. The Chair reported that the Non-Executive Directors had suggested that the Trust seek to appoint a new Non-Executive Director with significant financial acumen who had held senior positions in a large complex corporate organisation. It was noted that the new Non-Executive Director would be expected to Chair the Finance, Investment and Performance Committee.

The Committee reviewed the Non-Executive Director skills mix matrix and agreed that the preferred candidate would be someone with financial acumen and that it would also be helpful if the individual had experience of a customer focussed role such as Chief Executive or Chief Operating Officer so they would understand the challenges of running services. It was agreed that being financially qualified was not a requirement as the Board had two qualified accountants (Chris Fisher, Non-Executive Director and Chair of the Audit Committee and the Chief Financial Officer).

The Chair said that ideally the Board should be balanced in terms of skills, background, experience, diversity and gender. It was noted that the Board was currently under represented in terms of women and members of Black, Asian and Minority Ethnic groups.

The Recruitment Consultant agreed to bear this in mind and would contact relevant networks to encourage applications from under-represented groups.

A total of 36 applications were received. The Committee met 27 July 2017 to decide the long list of candidates. The six long listed candidates were interviewed by the Recruitment Consultant. The Committee met on 29 August 2017 to consider the feedback from the Recruitment Consultant's interviews with each of the candidates and to agree the shortlist of candidates who would be invited to attend the final interviews.

The Committee agreed that four candidates would be invited for interview. Unfortunately one of the candidates had a prior commitment and was unable to attend the interviews on 11 September 2017.

Governors were invited to attend a governor focus group meeting and to give their feedback on each of the candidates to the interview panel. Candidates will be asked to give a five minute presentation to the focus group on the following topic: *"How as a NED would you support the Board in achieving and maintaining an 'Outstanding' CQC rating?"*

The interview panel will comprise:

Martin Earwicker, Chair
Paul Myerscough, Lead Governor
June Leeming, Deputy Lead Governor
Bet Tickner, Appointed Governor

Amanda Mollett, Staff Governor

In addition, Pradip Patel, Chair, Frimley Health NHS Foundation Trust will join the panel as an external independent Chair. The panel will be supported by Melanie Shearer, Gatenby Sanderson and the Company Secretary.

Conclusion

The Committee's recommendation for the appointment of the new Non-Executive Director will be presented at the meeting on 13 September 2017. The role of the wider Council of Governors is to satisfy itself that the recruitment and selection process for the new Non-Executive Director has been open, transparent and robust.

COUNCIL OF GOVERNORS

Schedule of Meetings 2018

21st February Easthampstead Baptist Church	10:00-12:00	Council of Governors	Joint meeting CoG & NEDs
21st March Easthampstead Baptist Church	10:00-12:00	Council of Governors (quarterly meeting)	Formal Council meeting
16th May Easthampstead Baptist Church	10:00-12:00	Council of Governors/Trust Board (joint meeting)	Joint meeting CoG & Trust Board
20th June Easthampstead Baptist Church	10:00-12:00	Council of Governors (quarterly meeting)	Formal Council meeting
18th July Easthampstead Baptist Church	10:00-12:00	Council of Governors	Joint meeting CoG & NEDs
19th September Easthampstead Baptist Church	10:00-12:00	Council of Governors (quarterly meeting followed by Trust Annual Members meeting)	Formal Council meeting
21st November Easthampstead Baptist Church	10:00-12:00	Council of Governors/Trust Board (joint meeting)	Joint meeting CoG & Trust Board
12th December Easthampstead Baptist Church	10:00-12:00	Council of Governors (quarterly meeting)	Formal Council meeting

Governor Meeting Groups

Governor Quality Assurance Group

18th January	10:00 to 12:00	Meeting Room 2, Fitzwilliam House
12th April	10:00 to 12:00	Meeting Room 2, Fitzwilliam House
12th July	10:00 to 12:00	Meeting Room 2, Fitzwilliam House
11th October	10:00 to 12:00	Meeting Room 2, Fitzwilliam House

Governor Membership & Public Engagement Group – *To be held after the Formal Council of Governor Meetings*

21st February	13:00 to 15:00	Easthampstead Baptist Church
16th May	13:00 to 15:00	Easthampstead Baptist Church
18th July	13:00 to 15:00	Easthampstead Baptist Church
21st November	13:00 to 15:00	Easthampstead Baptist Church

Governor Living Life to the Full – *To be held after the Joint Board & NED/ Council of Governor Meetings*

21st March	13:00 to 15:00	Easthampstead Baptist Church
20th June	13:00 to 15:00	Easthampstead Baptist Church
27th September	10:00 to 12:00	Boardroom, Fitzwilliam House
12th December	13:00 to 15:00	Easthampstead Baptist Church