

COUNCIL OF GOVERNORS

**The next meeting will be held on Wednesday, 21 March 2018
starting at 10.00am
At Easthampstead Baptist Church, South Hill Road, Bracknell**

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	Welcome & introductions	Chair	2
2.	Apologies for Absence	Company Secretary	1
3.	Declarations of Interest 1. Annual Declaration of Interests (<i>Enclosure</i>) 2. Agenda items	All All	2
4.	Minutes of Last Formal Meeting of the Council of Governors – 13 December 2017 (<i>Enclosure</i>)	Chair	2
5.	Matters Arising		5
6.	Care Quality Commission Well-Led Inspection Update	Julian Emms, Chief Executive	10
7.	Strategic Plan 2018-21 – Draft Structure and Annual Plan on a Page 2018-19 (<i>Enclosure</i>)	Bev Searle, Director of Corporate Affairs	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>Enclosure</i>)	Committee Group Chairs and Members	20
9.	Research and Development Presentation	Gwen Bonner, Clinical Director	25
10.	Executive Reports from the Trust 1. Performance Report (<i>Enclosure</i>) 2. Patient Experience Quarter 3 Report (<i>Enclosure</i>)	Julian Emms, Chief Executive Jayne Reynolds, Deputy Director of Nursing	20
11.	Any Other Business	Chair	5
12.	Dates of Next Meetings 16 May 2018 – Council of Governors & Trust	Chair	

	<p>Board</p> <p>20 June 2018 – Council of Governors</p> <p>18 July 2017 – Council of Governors and Non-Executive Directors</p> <p>19 September 2018 – Council of Governors and Annual Members' Meeting</p> <p><i>(Meetings held at Easthampstead Baptist Church)</i></p>		
13.	<p>Minutes of Last Formal Meeting of the Council of Governors – 13 December 2017 – Private Session <i>(Enclosure)</i></p>	Chair	



Berkshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS

21 March 2018

Governor Declarations of Interest

For Noting

Author: Julie Hill, Company Secretary

GOVERNOR DECLARATIONS as at 12 March 2018

NAME	CONSTITUENCY	INTERESTS DECLARED
ALI-NOOR Ruffat	Public Slough	Independent legal advisor and advocate, High Court
ASSER Keith	Public Reading	Member of the Labour Party
BANSAL Mukesh	Public West Berkshire	None
BANSE Amrik	Public - Slough	None
BARRETT John	Public - WAM	Chair, WAM Mental Health Service User and Carer Forum WAM Mental Health Partnership Board – Core Member Shares in Astra Zeneca
BERRY Linda	Public - Bracknell	None
BERTHOLLIER, Natasha	Staff Governor	None
CARMICHAEL June	Staff Governor	None
DAKIN, Guy	Staff Governor	None
DOLINSKI Richard	LA Appointed - Wokingham	RBH Council of Governors; WBC Lead Member for Adult Services, Health, Wellbeing & Housing. Chair of Wokingham Health and Wellbeing Board, Woodley Town Councillor.
EDWARDS Adrian	LA Appointed - West Berks	West Berkshire and Newbury Town Councillor; Member of the Royal Berkshire Fire Authority and Champion for Health and Wellbeing; Trustee for: Newbury Almshouse Trust; St Bartholomew School Foundation; and Patient Participation Group for Falkland Surgery, Newbury
FOX, Raymond	Public – West Berkshire	None
HORNE Andrew	Public - Wokingham	Vice-Chair The Silver Workshop – Men's Sheds project, Reading.
LAKE Tom	Public – Reading	Director of inter-Glossa (non-NHS) software; Member of the Labour Party; wife, Jill Lake Chair of Trustees of Reading Home-Start
MATTICK Isabel	LA Appointed – Bracknell	BFBC: Overview & Scrutiny; Health Overview & Scrutiny Care Portfolio. Personal: Chairman, patient group; patient assembly; Founder member Triple A; Frimley Park Dementia Group; President/Chairman Red Diamond Sports Club for disabled; PLACE Inspector Frimley Park Hospital Federation of Burial and Cremation Authority

NAME	CONSTITUENCY	INTERESTS DECLARED
MELABIE Alison	Appointed – Triple A	None
MURRICANE Verity	Public West Berks	<ul style="list-style-type: none"> • Member, Thames Valley Police and Crime Commissioner's Complaints, integrity and ethics panel • Trustee Eight bells for Mental Health • Member SSE power networks PLC stakeholder panel • Owner - The Rat's Whiskers
MYERSCOUGH Paul	Public - Reading	None
O'KANE Tom	Public - WAM	Shares in GlaxosmithKline Member Berkshire NHS Research Ethics Committee
OLIVER Nigel	Public - Slough	None
PATEL Krupa	Public - Wokingham	None
PRINCE Julia	Staff Governor	None
RODGERS Pat	Public - Bracknell	Volunteer, Ascot Area Alzheimer's (Triple A).
ROSE Suzanna	Berkshire Red Cross	President Berkshire Branch British Red Cross; Governor, Royal Star & Garter Homes
SAHOTA, Paul	Public Rest of England	<ul style="list-style-type: none"> • Frimley Health NHS FT Governor (public – rest of England) • Co-opted Member of the Board (Audit and Risk Committee) University of West London • Executive Director of Home Instead Senior Care, Slough and Uxbridge
SHELIM Shamsul	Appointed – Royal Borough Windsor and Maidenhead	Appointed Governor – Councillor – Royal Borough of Windsor and Maidenhead
STEVENS Gary	Public – Wokingham	None
STEEL Craig	Appointed – University of Reading	None
STRATTON, Peter	Public – Windsor, Ascot and Maidenhead	None
TICKNER Bet	LA Appointed - Reading	Partner Governor, Royal Berkshire Hospital Foundation Trust. Borough Councillor, Reading Borough Council

Council of Governors

Wednesday 13 December 2017

Minutes

Public Governors	Amrik Banse Ruffat Ali-Noor John Barrett Krupa Patel Linda Berry Tom Lake Pat Rodgers Nigel Oliver Peter Stratton Ray Fox
Staff Governors	June Carmichael Julia Prince Natasha Berthollier Amanda Mollett
Appointed Governors	Isabel Mattick Adrian Edwards Suzanna Rose Ali Melabie
In attendance	Martin Earwicker, Chair Julian Emms, Chief Executive Jayne Reynolds, Deputy Director of Nursing Julie Hill, Company Secretary Jenni Knowles, Assistant Company Secretary Louise Arnold, Deputy Office Manager / Executive Assistant
Apologies: Governors	Paul Myerscough Tom O'Kane Richard Dolinski Keith Asser Craig Steel Verity Murrice Sohail Munawar Shamsul Shelim Andrew Horne Gary Stevens Bet Tickner

1. Welcome & Introductions

Martin Earwicker, Chair welcomed all Governors to the meeting. Martin explained to the group that there are some changes happening and specifically noted the following; Amanda Mollett will be standing down after 6 years as a Governor, Guy Dakin who is employed within the Finance team has been newly appointed as staff

Governor, Peter Stratton and Raymond Fox have been elected as public Governors and Tom Lake and Andrew Horne have been re-elected for another three years as public Governors.

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 – 13 September 2017

The minutes of the meeting held on 13 September 2017 were approved with two amendments to be made;

- Within the Living Life to the Full report, it should read: 'Mr Barrett said that Suzanna Rose had updated the Group about the Red Cross' £5million nationally'.
- Within the Membership and Public Engagement Group, it should read: 'Tom Lake had presented to the Carers Group in Maidenhead'

5. Matters Arising

There were no matters arising.

6. Election Report

The report was noted by the Governors. It was noted that the remainder of vacant positions will be advertised again next year.

7. "Talking Therapies" Presentation

Judith Chapman was welcomed to the meeting and a presentation was circulated to the Governors. Judith shared some background around how Talking Therapies was set up in 2008 and outlined the developments within the service. It was specifically noted that the service had been re-branded to "Talking Health" in recent months. The idea of the re-branding was that the Trust was linking body and mind.

It was noted that currently, 97% of patients had reported that they were satisfied or extremely satisfied with the service. On the 25th October 2017, the service was awarded a national accreditation. Judith shared that a recent achievement had been the re-launched 'stress less' session which was available online for any patient who required support with stress management.

The aim of the service was to access 25% of the Berkshire population, which would result in an additional 3000 patients over the next 2 years.

Judith shared information around the client patient forum which was held on a monthly basis. This was used to ensure service developments were in line with what the patients wanted, rather than what we thought they wanted.

It was noted that the Kings Fund had recognised that the completed work would reduce appointments booked at GP surgeries and other health professionals which would result in savings throughout the NHS.

Judith explained that there had been business cases submitted for a funding expansion in the IAPT service. The West of Berkshire had already committed to partial funding for this. There were also relapse cafes expanding across Berkshire to support those patients who needed additional support after leaving the Trust's care. Skype interventions were also being explored.

Linda Berry asked for more information about the relapse cafes. Judith explained that these were informal sessions offered to patients who were at the end of their pathways with the Trust. It was a monthly meeting which provided relaxing exercise and networking opportunities with other patients. These were monitored as there was not currently capacity for drop in sessions.

Adrian Edwards requested clarification on the first slide about the number of referrals. Judith confirmed that there were 20,000 referrals received in the service.

Suzanna Rose questioned whether it was difficult to recruit into the service. Judith shared that it was difficult to recruit qualified staff, but there were always trainee positions available. Currently there were 27 trainees, but there was a constant turnover of staff due to the high demand of the service.

Julia Prince asked whether the health and wellbeing of staff within the service was considered and supported. Judith explained that additional to the Trust standards of appraisals and 1:1's, a peer buddy system had been created and a training coordinator position had been implemented to give the team additional support. There was also a wellbeing champion within each locality and Ethel Chenga was going to lead on a wellbeing network for the team.

Isabel Mattick reported that she had attended a Health Makers meeting and she had found it extremely useful and beneficial.

Amrik Banse asked how the service integrated with the patients, through local CCGs or through local GP Practices. Judith explained that there were multiple pathways at the moment; the most actively used was attending GP practices which had invited the service to join them in collaboration. Eventually, the long term goal was to have a full time therapist stationed within each cluster of the cluster 8 work.

Tom Lake asked how the service would be working within the bigger picture of Local Authorities and other partnerships within Berkshire. Judith shared that there were multiple networks already in place to link services and each site was constantly developing and the Trust was actively trying to work with all of those groups.

Raymond Fox asked when the service would be available in West Berkshire. Judith explained that there had already been expansion processes in place for Newbury with one pilot surgery already set up. This work would be expanded in the West, but it was anticipated that this would be slower than the set up in the East.

8. Audit Matters:

Chris Fisher (Non-Executive Director) and Tim Merritt (RSM Auditors) were welcomed to the meeting.

It was noted that the Audit Committee was chaired by Chris Fisher (non-executive Director). It was a quarterly meeting and there were always external representatives present, including the Internal and External Auditor and the Counter Fraud Specialist.

It was noted that the Board Assurance Framework (BAF) was a report which focussed the Board's attention on the Trust's key strategic risks and provided assurance to the Auditors that the Trust was managing those risks.

Tim Merritt explained that the internal auditor reviewed the Trust's risk management systems and process, including the Board Assurance Framework on an annual basis. The risks which were used within the BAF were the key areas of importance for the Trust. The RSM Auditors work closely with the Executive Team. Action plans were created following each individual audit to follow up on work and the quality of the plans and findings were monitored. Tim shared that there were only 11 outstanding recommendations from the last financial year, which was deemed as minimal for a Trust of this size.

Tim highlighted that the key areas for the 2017/18 internal audit plan were: work force planning, appraisals, staff risk assessments, unexpected deaths and data protection. All of which were supported significantly by the Trust.

Julia Prince asked whether there would be a deep dive completed on the ACS and STP work. Chris Fisher explained that once a clear direction had been agreed by the Trust, the Audit Committee would become involved. If there was an important topic raised through either ACS or STP work, then it would be discussed and monitored through the Audit Committee.

Tom Lake asked whether it would be possible to have a full presentation on the BAF process for the Governors to gain a clearer understanding of the process. Julie Hill agreed to consider this.

9. Quality Accounts Indicator

The quality account requirement included 3 indicators. Two of these are mandated and the third indicator needed to be selected by the Trust's Governors. The external auditors had provided three options to be considered, these include:

1. IAPT Service
2. Complaints Service
3. NHSi Single Oversight Framework Indicator

It was unanimously agreed by the Council of Governors that Option 1 (IAPT Service) would be the recommended indicator used for 2017/18.

10. Committee Steering Groups

a) Living Life to the Full

The report was taken as read.

John Barrett shared that Erif Newman, Development Programme Manager, had given a detailed presentation on Bed optimisation and her role within the Trust. The group were well assured about the work being completed at PPH and within other services was heading in the right direction and was having a significant positive impact.

The Terms of Reference were approved with only a few minor changes. The amendments included changes to the membership of the group, ensuring all Governors are welcome. The Terms of Reference were subsequently formally approved by the full Council of Governors.

b) Membership & Public Engagement Group

The report was taken as read.

Tom Lake shared that the Membership numbers had increased again this year. The localities to be targeted for 2018 will include West Berkshire, WAM and Slough. Tom confirmed that he is working closely with Amrik Banse and Ruffat Ali-Noor on this piece of work.

The Membership Magazine will be sent delayed in February 2018 and subsequently switched to being available electronically only through email.

Gerry Crawford attended the meeting to discuss his role within the Trust and what his teams did to engage with the public of Berkshire.

Tom highlighted that the new timings of the Membership and Public Engagement Group will start in February 2018.

c) Quality Assurance Group

The report was taken as read.

Tom Lake shared that the Quality Assurance group needed additional Governors to be involved with service visits across the Trust. They offered a good opportunity for Governors to find out what the Trust did in areas which they may not be familiar with. If Governors would like to join the group or attend visits only, he asked that they contact Paul Myerscough who was the Chair of the group.

11. Executive Reports from the Trust

1. Performance Report

The reports were noted.

2. Patient Experience Quarter 1 Report

The report was taken as read.

12. Appointment of the Vice Chairman

Martin Earwicker shared that Mark Lejman (Non-Executive Director) had now retired from the Trust. Martin would therefore like to recommend Ruth Lysons to replace Mark as Vice Chairman. Ruth had two years left on her contract with the Trust.

It was unanimously agreed by all Governors that Ruth Lysons would be appointed as Vice Chairman.

13. Any Other Business

It was agreed that informal coffee mornings with Martin Earwicker would begin from February 2018. Louise Arnold agreed to organise and circulate information about the locations in the New Year.

14. Dates of next Council meetings

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 13 September 2017.

Signed:.....

(Martin Earwicker, Chair)

Date: 21 March 2018

Report of Living Life to the Full Group

Council of Governors meeting - Wednesday 13th March 2018

Report on last meeting - 07th February 2018

1. Presentation by Cathy Beresford – Diabetes Services

This was the first in a series planned for our 2018 LLTTF meetings where the BHFT Staff members of the group can give us an insight to their area of expertise and provide details of the scope of a particular service and an overview of potential future developments.

Cathy is a Senior Diabetes Specialist Nurse based at King Edward VII Hospital in Windsor. She has an extensive role and a wide range of knowledge in this area having worked as a qualified Diabetes nurse for 8 years and spent the last 20 years in nursing.

The East and West of Berkshire are commissioned separately for this service and therefore there are variances in ways of working.

The East Berkshire team are based at King Edward Hospital with multi-disciplinary teams of nurse lead clinics with nurse prescribers.

There are also nurses based at Wexham Park Hospital.

The main aim of the team is to visit patients in the community to educate and up-skill patients living with diabetes. DEAL and DEAL plus are used within the East which is a service which shares an overview of the condition and where additional support is available. The sessions are extremely interactive and are available through the Trust for 2 sessions per patient.

In West Berkshire (based at Wokingham) there are Xpert Sessions available for patients which are an award winning programme and give patients 6 sessions available to attend.

There are two main types of diabetes – Type 1 and Type 2 – however, there are also additional types of diabetes which are less common such as pregnancy and steroid induced diabetes.

For Type 1 is not likely that there will be major complications related to this condition; however it can be difficult to manage. Patients are educated to lead a healthy life.

Type 2 is becoming increasingly diagnosed, due to the modern lifestyle of society. The main cause of this is linked with weight and the circumference of a person's waist. There is also research proving that ethnicity is a factor with Type 2, where Asian and African Caribbean men are more likely to have this condition. This type of diabetes can be reversed in some cases, if the diet, insulin levels and physical activity amounts of the person is suitably changed.

There are also long term complications which can have a negative effect on patient's bodies that do not have successful diagnoses of Diabetes. Complications can include; Retinopathy, coronary heart disease, nephropathy, cerebrovascular disease, ulcerations and amputations of feet.

Cathy has run a Diabetes Patient Focus Group for the past 8 years.

There is a contract between the Trust and Broadmoor as there are a large amount of inmates who are diabetic and need medical support to understand their conditions.

The national standards framework was implemented approximately 15 years ago which has ensured that nationally there is support available for patients who are living with diabetes. The Diabetes team works closely with the pancreatic teams in the Trust, there is a direct link for patients which need to be monitored between them.

Verity questioned whether there is support for adults with learning disabilities or mental health issues who also have diabetes. Cathy explained that all diabetes patients who have mental health issues or learning difficulties are given adequate support and adjustments are made. There are options for 1:1 sessions if needed and care plans can be created for patients who need additional support. Some GP surgeries are not as pro-active as others with referring patients to Cathy's team; however there is work to improve on this.

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

- *Opportunity Recovery College in WAM – John Barrett*

John Barrett and Tom O'Kane attended the Official Launch at Maidenhead Town Hall on 13th October 2017. The Mayor of RBWM made opening comments followed by presentations from WAM CMHT by Rita Morrison, Locality Manager and Zena Pike, Recovery College Lead.

Health Watch Reading – Tom Lake

John Barrett shared on behalf of Tom Lake that the Reading Health Watch wrote a report on PPH which included patient experiences. Tom asked whether it was appropriate for Health watch to attend this meeting, it was discussed and agreed that it would not be suitable.

Thames Valley Police – Verity Murrice/John Barrett

Verity is now an ethics panel member of the Thames Valley Police Crime Commissioners Group and suggested that she may be able to link this group with them. Verity was asked to enquire if TVP could give an update on the various street triage operations across Berkshire.

John shared information regarding TVP introducing the use of the Herbert Protocol which is an assistance tool for vulnerable missing people especially with dementia. This will allow personal medical information and details of places of interest for those who may be likely to be missing, to be recorded in a standard format, which can be shared with the police if that person is reported as missing.

Sophie Shilton-Brown confirmed the Older Persons Mental Health team were aware of this initiative.

Men's Matters – John Barrett

This started as a 2015 initiative by Radian Housing in Windsor & become a registered charity in May 2017. John shared a local paper report on an Event held at the Maidenhead Community Centre in York Road on January 17 2018 where the guest speaker was Sir Michael Parkinson, the patron of the group. The trustee's have used the event to raise awareness across the area.

Trauma Services Event – Isabel Mattick

Isabel shared that there is a trauma services event on Wednesday 06th June and all Trust staff and Governors are welcome to support this.

All Governors are welcome at the next LLTTF on Wednesday 4th April 10.00 to 12.00 in the Boardroom when our guest speaker is Angela Morris – Operations Manager for Optalis who provide Adult Social Care Services in the Wokingham & RBWM areas.

John Barrett - Chair, Living Life to the Full Group – 13th March 2018.

Governors' Membership and Public Engagement Group Report
21st March 2018, Tom Lake

1. The group held its first meeting at Easthampstead Church following another meeting. This worked perfectly well, we had reasonable although not exceptional attendance by Governors and staff were able to attend as well. We will consider how the new arrangements are going at our next meeting.
2. Membership numbers appear to be holding up well with 11,626 reported in mid-January, safely above our requirement of 10,000 members. However, we are always aware of being under-represented among those of an Asian background, among youth and young adults.
3. The members magazine will have to become an online publication, we are told, because of the cost of printing and posting. We believe that over half the public members have email. It is not clear what we are doing for the others. We asked for an interim position with one electronic and one paper magazine per year.
4. We heard a report from Nathalie Zacharias on the expanding volunteering programme. In regard to gardening at Prospect Park, Nathalie explained that the contractual issues with regard to the PPI and volunteer gardeners had been overcome and that a vacancy for a volunteer gardener to help and advise with the garden at the therapy centre had been on the trust website for some time without getting a response. The idea is to start with the Therapy Centre, which is not always in use – there would be many other opportunities for gardening at Prospect Park where practicable.

I have undertaken to contact Gardening Clubs directly and have now arranged for an announcement in the newsletter of the Reading Gardening Club. Hopefully, we will find some volunteers and we will have a start on a scheme that has worked so well at West Berkshire Community Hospital. There is no reason why volunteers have to come from Reading – so if anyone has a contact with gardening or horticultural club – please get in touch so that we can explore further volunteering.

5. We have discussed the public events at which we can recruit.

The first is the West Berkshire Voluntary and Community Knowledge Event in the Berkshire stand at Newbury Racecourse on 29th March from 9.30am to 4.30pm. If any governor can help out please contact Jade O'Connor.

Other events that the Marcomms membership team or Governors are planning to attend are, Reading Pride, 1st September, Friends of RBH fete, Bracknell Show and World Mental Health Day events in Slough. More news on these to come.

6. We give governors' views on the AGM to the Company Secretary. Jade O'Connor is putting together a paper on options for a changed AGM time and place. One option mooted is a site in the centre of Reading – accessible by rail from much of Berkshire – for an evening AGM. We are also planning to mount an event of clinical and general interest for members and the public in West Berkshire before the summer.
7. A good deal of effort and money is spent on recruiting members. But why not try and recruit members via a display on every BHFT reception desk? A pilot is planned.

QA Group Report to Council of Governors March 2018

Meetings

Our last meeting took place on 18 January.

One of our regular agenda items is the review of the quarterly compliments and complaints report. Unfortunately our meetings have got out of sync with the publication of this report and we have rearranged the future dates (see below).

Part of our January meeting was devoted to a presentation of the outline of the Trust Quality report. A revised 'draft' version has been distributed to all Governors for comments. If you have not already reviewed this, please have a look. It is one of our statutory duties!

We welcome interest particularly from non-staff Governors as the service visits carried out by members of this group provide a real insight into the Trust operation at a grass roots level.

The (new) next meeting dates are:- Thurs 3rd May, Thurs 26th July, Thurs 25th October

Service Visits

A number of service visits have taken place or are in progress and will be reported to our next group meeting:-

1. **CAMHS in Wokingham.** Child and Adolescent Mental Health Service.
2. **CRHTT for West area.** Crisis and Home Treatment Team.
3. **ARC Clinic Slough.** Assessment and Rehabilitation Centre.
4. **Podiatry Service Slough.**
5. **Podiatry Service West Berks.**
6. **Reading CMHT.** Community Mental Health Team.
7. **Intermediate Care Reading.**
8. **Henry Tudor Ward Maidenhead.**

Once these reports have been reviewed a summary of any key points arising will be prepared for the next group report to Council.

Complaints

Statistics show the level of complaints in the Trust is extremely low, and that all are dealt with within the target time frame.

The Q3 report was not available for discussion at our meeting, but the team had the opportunity to review it by email once it had been released. Unfortunately this process is not ideal, hence the revised meeting dates mentioned above. As an example the report highlighted that the number complaints in Q3 was less than Q2, when in fact **there was a considerable increase in number of complaints in Q3 when compared to last year's figures.** Why the increase? This is better answered by face to face discussion than by disjointed emails.

QA Group report for COG

At each meeting we review the correspondence around a complaint chosen at random by the Director of Nursing. This not only reveals how the Trust responds to complaints but also areas around our services where there are common misunderstandings or difficulties.

The complaint discussed this time highlighted again the difficulty in communication with carers and patients about complex matters. In this instance two clinicians presented different views on care and medication for a patient. While their views were not mutually incompatible this was not the understanding of the relative making the complaint.

On investigation it was understood that some information was passed to the patient or carer on an individual basis, and without raising it in an MDT meeting (which takes place regularly to discuss all patients).

The learning process from this complaint involved at review by the Trust's Mortality Review Group and a 'learning event' for the ward which may result in a change in practice which would be rolled out across other trust wards.

We raised a couple of questions about the letters used to address complaints. These are often rather long as complex situations are described from different points of view. We felt the tone of the 'sign off' of a letter should be more compassionate and friendly, and not cold and legalistic as currently. The formal or legal content at the end of the letter, if needed, can be managed as an addendum or post script in a different font and after the signature of the CEO.

Berkshire Healthcare NHS Foundation Trust

Performance Report to Council

March 2018

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

- Jeremy Hunt has become Secretary of State for both Health and Social Care in Theresa May's recent Cabinet reshuffle;
- NHS England has renamed "Accountable Care Systems" as "Integrated Care Systems".
- Latest figures from NHS Providers reveal a worsening situation in terms of the NHS Provider deficit. Trusts are expected to end 2017/18 with a deficit of £930m, far more than the £496m target set by ministers and NHS bodies at the beginning of the year.
- National workforce data has highlighted that 100,000 NHS posts are vacant. NHS Improvement quarter 3 statistics show that more than 8% of NHS Posts are vacant, including one in ten nursing roles.

Local situation

- The Trust is forecasting achievement of NHS Improvement's financial control total (£2.4m net surplus).
- The Care Quality Commission has issued its Provider Information Request document to the Trust which signals the start of the Inspection process. As part of the process, the Care Quality Commission will be carrying out unannounced inspections of clinical services and holding focus groups in the run up to the announced Well-Led Inspection (no date as of yet has been set for the announced inspection);
- The Trust has met NHS England's target of 70% of staff receiving the flu vaccination. The Trust vaccinated more staff than in the previous year, but the overall percentage is lower because NHS England changed the reporting process which means that vaccinated staff who subsequently leave the Trust during the year are discounted from the overall number;
- The Trust has moved up 15 places in the Stonewall Workplace Equality Index 2018 ranking this year, coming in at 107 out of 434 employers in England and Wales.
- 56 Apprenticeship were started by the end of Quarter 3; 25 clinical and 31 non- clinical. 10 of the apprentices were new recruits to BHFT and 34 of the Apprentices were in the Band 1-4 category. It is projected Apprenticeship uptake by the end of the year will be around 80-100, with a steady increase as the number of education and training courses are being converted to Apprenticeships, including the Nurse Apprenticeship and the Nurse Associate Apprenticeship.
- Hundreds of NHS staff across Berkshire, including 130 of our own staff at BHFT are taking part in a trial to test out the impact of wearable devices on changing lifestyle behaviours and improving the users' overall health and wellbeing. 400 volunteer staff across the NHS in Berkshire will wear a wearable device to monitor their activity and sleep levels for a whole year.

Performance Report to Council of Governors – Finance July to December 2017

The regulator view (NHSi)

Financial Sustainability Risk Rating - YTD

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.

Capital Service Cover	2.0 times	Scores a 2
Liquidity	8.4 days	Scores a 1
I&E Margin	0.8 %	Scores a 2
I&E Margin variance from plan	0.2 %	Scores a 1
Agency spend	-30.3 %	Scores a 1

Overall Rating	1 Overall
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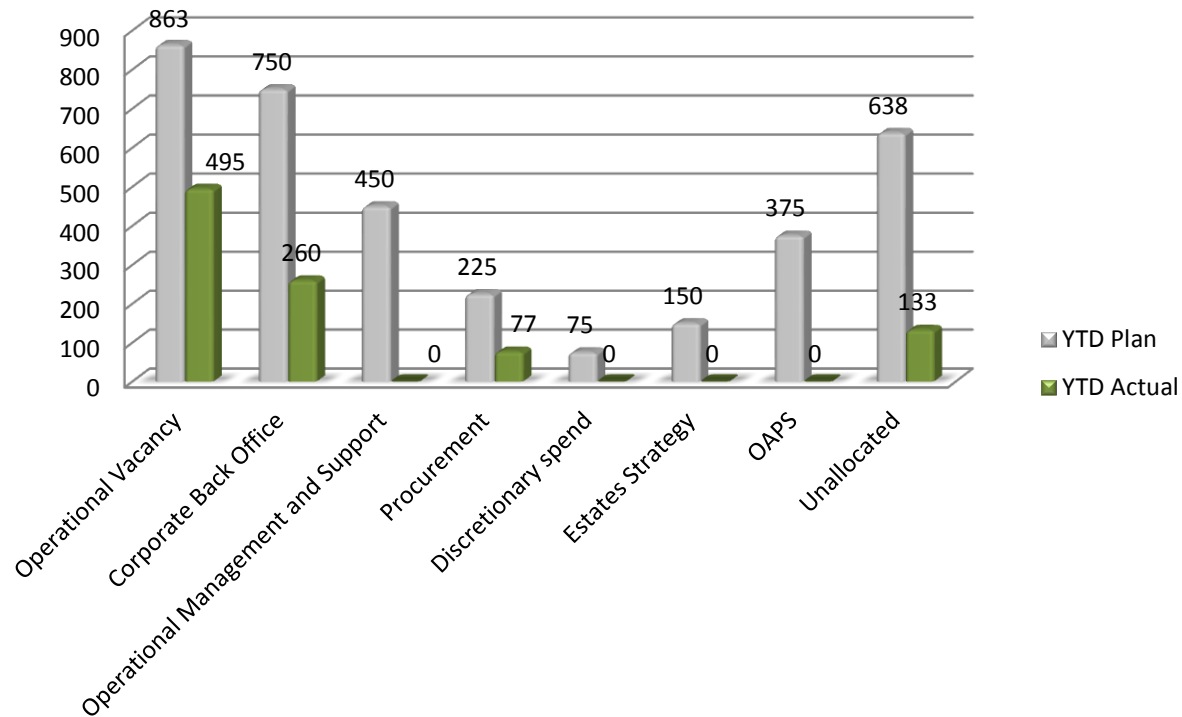
To note the five metrics are equally weighted to give an overall score, rounded to the nearest whole number.

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 use of resources score of 1 required to maintain low risk performance view.

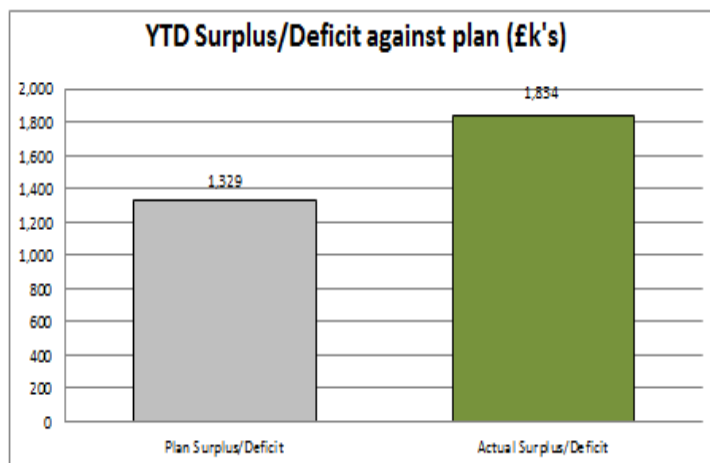
Recurrent cost Improvement Plans YTD (£k's)



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 RCI target for FY17/18; £1,932k has had an opportunity identified or released from budgets; with the balance being offset non-recurrently by underlying pay vacancies.

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



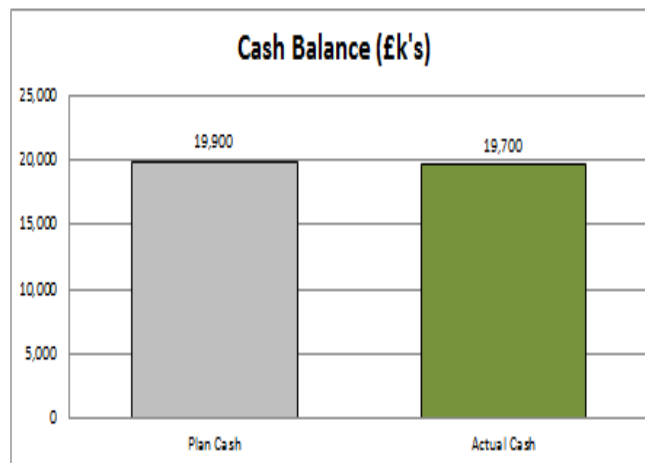
The trust ends December 2017 with a surplus of £1,834k; this was above what was expected in the plan of £1,329k. (Variance of +£505k). This is after excluding any charitable donations for the Renal Unit which when reporting to NHSi is not taken into account when considering the Trust position against plan.

The trust will receive STF funding in 1718 of £1.7m, which equates to £1,125k at the end of Q3.

The main cost pressure this year continues to be the acute overspill beds (-£1,805k).

This has been largely offset by vacancies across the Trust.

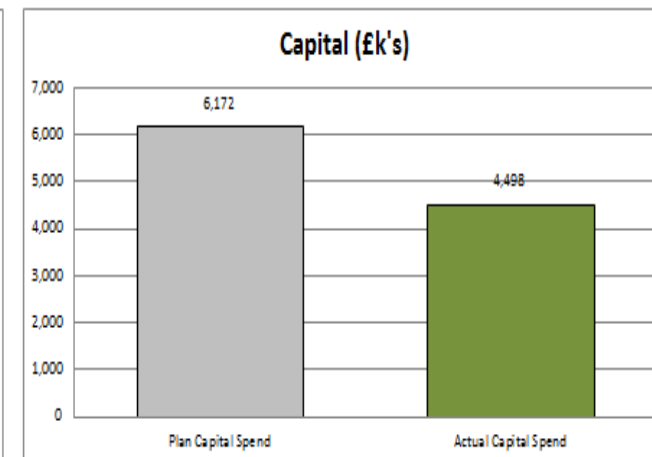
Latest Cash Position (£k's)



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

The Trust ended the third quarter of the year £0.2m behind its cash forecast, with slippage against the capital plans (benefit to cash) offset by debts owed to us over 30 days. Action is being taken against the over 30 day debt and is expected to be successful.

YTD Capital (£k's)



Capital spend was behind plan by £1.7m, the main project underspend is the delay into next financial year of works at Prospect Park Hospital to move Learning Disability inpatient services to Jasmine ward (£1.1m underspend).

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.

Friends and Family Test

Indicator	RAG Rating	Target
Recommendation Rate	97%	85%

The above number shows the proportion of patients who when surveyed would recommend the Trust services to their friends and family. In Quarter 3 this was 97%.

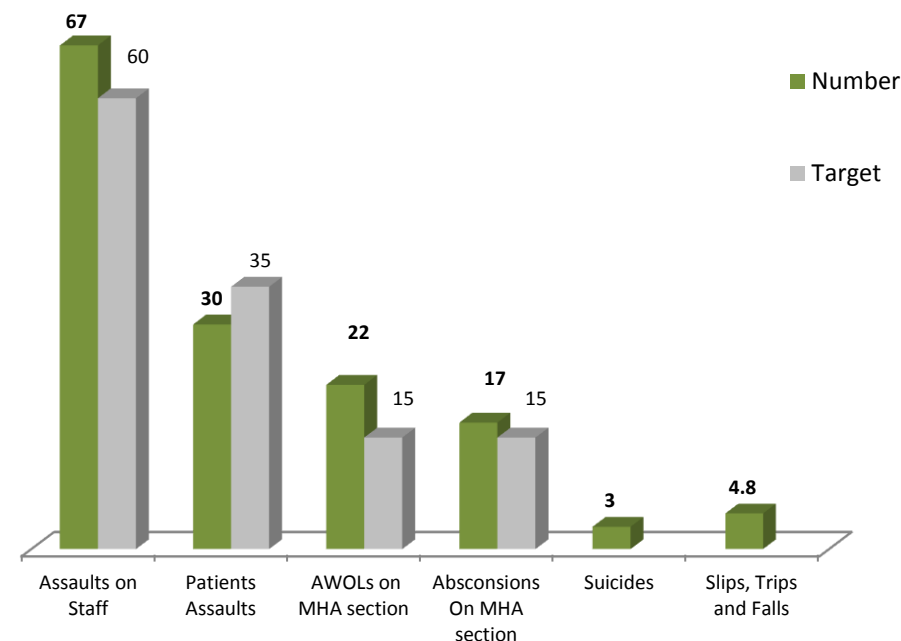
The response rate was 6.81% in Quarter 3 against a target of 15%.

Safer Staffing

Indicator	RAG Rating
Safe Staffing	

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 is 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 that 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 December 2017 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been a decrease in assaults on staff, patient to patient assaults, absent without leave (AWOL) and absconsions by patients detained under the mental health act in comparison to the rolling quarter July to September 2017. There has been an increase in slips, trips and falls.

Performance Report to Council of Governors - People October to December 2017

Staff Turnover

Target
15.20%

Actual
16.70%

Agency Position

Target
< 8%

Actual
3.6%

Sickness

Target
< 3.5%

Actual
3.99%

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

Appraisals

Target
> 95%

Completed %
90.00%

Days Taken For Recruitment

Target  55

Days taken  62

The target was achieved in June 2017.

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

Performance Report to Council of Governors – Risk October to December 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
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	<ul style="list-style-type: none"> • The Chair and the Director of Nursing and Governance are meeting with local universities to discuss how to increase the number of applicants for nursing degrees. • Recruitment and Retention of District Nurses is a priority area for action. • Locality plans have been developed to promote staff health and wellbeing.
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	<ul style="list-style-type: none"> • Clinical involvement is a key component in the Quality Improvement methodology. Patients are actively involved in the Trust's Quality Improvement Project to develop a new Personality Disorder pathway. • Patients and carers are involved in any proposed service redesigns.
Risk 3 Failure to achieve national efficiency benchmarks could impact on the Trust's future sustainability and lead to increased regulatory scrutiny	<ul style="list-style-type: none"> • The Berkshire West Integrated Care System has a Work stream on improving Back Office efficiency. • The Trust is working to develop a system of patient level costing which will provide a better understanding of cost performance within the block contract.
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.	<ul style="list-style-type: none"> • The Trust is proactively working to influence and to maximise the opportunities presented by the Sustainability and Transformation Plans and Accountable Care System working. • Frimley Integrated Care System has established a Mental Health Steering Group with representation from BHFT.
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.	<ul style="list-style-type: none"> • The Trust has developed a new focussed internal CQC inspection process to ensure that clinical standards are met and maintained. • The Quality Improvement Programme started in April 2017. • Three work streams are in progress: management systems; improvement projects; and leadership culture.
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	<ul style="list-style-type: none"> • 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 the East and West Integrated Care Systems.
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	<ul style="list-style-type: none"> • The Trust has a stakeholder relationship management process in place and has developed positive working relationships with Commissioners and partner organisations. • The Trust is currently analysing the results of its stakeholder survey to identify whether any further work is required in terms of improving stakeholder relations.
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	<ul style="list-style-type: none"> • The Trust is fully involved in the development Integrated Care Systems. • 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.

Performance Report to Council of Governors – NHS Improvement Requirements October to December 2017

KPI	Target	Actual
Mental Health 7 day follow up from hospital discharge	95%	99%
People with common mental health conditions referred to IAPT will be assessed within 6 weeks from referral	>75%	98%
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%	75%
Crisis Resolution/Home Treatment Team Gate Keeping Of Mental Health Inpatient Admissions	95%	99.5%
A&E: maximum wait of four hours from arrival to admission/transfer /discharge : Per cent	95.00%	98.8
Referral to Treatment Community: incomplete	92.00%	100%

The above indicators are included and these were the positions in Quarter 3. Additional metrics were published by NHSi on 13th November 2017 but monitoring does not commence until Q4.

Patient Experience

Quarter Three 2017-18 Report

Presented by: Jayne Reynolds, Deputy Director of Nursing

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 three patient experience report. In my overview I have considered elements of the feedback received by the organisation, information available from other areas 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 three, the trust continued to sustain a complaint response rate of 100%. This continues to be an excellent achievement. The average number of days taken to resolve a complaint was 18. Days taken to respond are an important indicator for the responsiveness CQC key line of enquiry. Just under 65% of complaints closed in quarter three were upheld or partially upheld.

In quarter three the trust received 53 complaints across a range of services. The number received over the year continues to be about the same, although fluctuating between quarters. The services agreed to be closely followed by the board all received complaints. When considering which services to monitor other quality indicators are also considered:

- Community Mental Health Teams (CMHTs) – Reading CMHT remains an outlier in the receipt of complaints and they remain on our quality concerns list. I have asked the patient experience team to consider undertaking a deep dive into Reading CMHT so that we are more able to understand the experience of all patients just not those that chose to complain and agree appropriate actions. As previously noted all CMHTs are under pressure however work is continuing to review caseloads and discharge processes to try and create capacity.
- Crisis Resolution Home Treatment Team (CRHTT) has continued to see a rise this year with a further four complaints received in quarter three. The west hub continues to receive more complaints than the east hub. Care and treatment, communication and attitude of staff are the main themes of complaints received so far this year.
- Child and Adolescent Mental Health Services – has seen a rise in complaints compared to last year. Service performance has dipped compared to previous quarters and the Executive have asked for a detailed report to be presented to February finance and performance meeting. The main themes of the complaints are around communication, attitude and care and treatment.
- Acute Mental Health Inpatients – although complaints have reduced in this quarter, concerns still remain about bed occupancy and the number of patients detained to the wards results in significant pressure on staff. Although recruitment has been successful the number of band 5 qualified nursing staff vacancies continues to result in higher levels of temporary staff on the wards which is not optimal. The main theme of complaints is care and treatment.

These services will continue to be monitored closely in 2017/18, as will the trend/trends of overall complaints. Community health inpatients complaints have reduced significantly and no longer require close monitoring by the board however some concerns exist on the Wokingham Wards in managing deteriorating patients which is being addressed.

MP enquiries during quarter three continued to be related to mental health services which reflects the Trust's overall complaint received.

The top reasons for complaints being made during quarter three continues as previous quarters to be:

- 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 have partially upheld a complaint about community nursing which is disappointing however the service is looking to understand how our investigation outcome differed to that of the PHSO outcome.

The deep dive into understanding the views of patients, carers and staff of same sex accommodation in our mental health wards was completed in quarter three. Those consulted supported the wards staying mixed sex however a number of areas were raised for improvement.

There were 60,256 patients eligible to complete the FFT during quarter three, and we received 4,105 returns, this resulted in a response rate of 6.81% overall. This level of response rate means the results are not valid. Where responses are received patients are generally positive about the care they receive.

The board specifically requested to understand the FFT results for patient with a learning disability. The response rate was 32% with 86.27% of respondents recommending the service they received.

The national benchmarking for the Friends and Family Test (FFT) with local similar trusts indicates all are struggling to achieve a 15% response rate and that in each quarter performance varies. Actions continue to try and increase our response rate however there has been an overall small increase in response rates compared to previous years. The review of the FFT by NHS England in 2018/19 is welcomed.

The patient and public involvement information collection is our long standing internal patient survey which asks patients how they rate their experience, 97% reported the service they received as good or better.

Although not noted in the main report the patient involvement in the development of the new pathway for patients with personality disorder led by Dr Minoo Irani has been exemplary with those involved giving clear views on what could be improved in their pathway of care.

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 care and treatment and fundamentally communication being the underlying issues in most complaints.

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 three (October to December 2017). The report also compares this data with that of previous quarters, allowing trends and themes to be identified.

At the request of our Executive Team, during quarter three the experience of people with a learning disability receiving care and treatment in both the community and as an inpatient on the Campion Unit is also being highlighted. More information about the Deep Dive into delayed transfers of care within Learning Disability Services taking place in quarter four can be found in this report.

Complaints

Formal complaints received

There has been a decrease in the number of formal complaints received into the Trust during quarter three compared with quarter two. Our mental health inpatient wards, Bracknell and Windsor, Ascot and Maidenhead localities all saw a decrease in the number of formal complaints received. The Reading and Slough localities both saw an increase compared to previous quarters.

Within Mental Health wards, the majority of the complaints were about adult acute admissions (3 out of the 4 complaints) with one complaint about an older persons ward. 75% of the complaints were about care and treatment.

Within the Windsor Ascot and Maidenhead locality, the majority of complaints were about CAMHS (6 out of the 9). For reporting purposes Trust wide Children, Young People and Families (CYPF) services are collated under one locality. The Health Visiting Service received two complaints, one which was about communication between organisations and the other about attitude of staff. The remaining complaints were about the Eating Disorder Service and Children's Speech and Language Therapy. As with the Mental Health Inpatients locality, the majority of complaints were about care and treatment. Following this, communication and attitude of staff were the next highest themes.

Care and treatment appears to be the key cause of complaints received during quarter three. The complaints received are detailed in appendix one.

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

There were four new complaints received during quarter three, 3 of which are currently being investigated. Two were raised by the CCG, about Henry Tudor Ward and the District Nursing Out of Hours Service and one by the South Central and West commissioning support unit about Donnington Ward. A complaint led by the Royal Berkshire Hospital about Ascot Ward was found to be not upheld.

Table One: Number of formal complaints received by individual services

Service	2017/18					2016/17					
	Q3	Q2	Q1	Total	% of received	Q4	Q3	Q2	Q1	Total	% of received
CMHT/Care Pathways	12	11	11	34	22.08	8	7	8	9	32	15.31
CAMHS - Child and Adolescent Mental Health Services	6	9	7	22	14.29	5	2	5	6	18	8.61
Crisis Resolution & Home Treatment Team (CRHTT)	4	6	4	14	9.09	4	3	4	10	21	10.05
Adult Acute Mental Health Admissions	4	9	4	17	11.04	4	4	7	5	20	9.57
Community Nursing	1	4	4	9	5.84	1	3	2	3	9	4.31
Community Hospital Inpatient	1	1	3	5	3.25	4	3	3	7	17	8.13
Common Point of Entry	1	-	2	3	1.95	4	0	1	0	5	2.39
Out of Hours GP Services	3	2	2	7	4.55	1	1	3	4	9	4.31
Walk in Centre	-	-	-	0	-	4	0	0	3	7	3.35
GP - General Practice	-	-	-	0	-	-	1	4	4	9	4.31
PICU - Psychiatric Intensive Care Unit	-	-	-	0	-	-	1	3	1	5	2.39
Minor Injuries Unit (MIU)	1	2	-	3	1.95	-	0	1	2	3	1.44
16 other services in Q3– no trends identified	20	15	5	40		16	11	16	15	58	
Grand Total	53	59	42	154		51	36	56	66	209	

As with quarters one and four, the service with the highest number of formal complaints during quarter three was CMHT/Care Pathways. CAMHS and Adult Acute Mental Health Admissions have both seen an decrease in formal complaints, compared to an increase in quarter two. Care and treatment, communication and attitude of staff are the main themes of complaints for these services.

Table Two: Top four services and theme of complaints

Theme	Service				Total
	CMHT/Care Pathways	CAMHS - Child and Adolescent Mental Health Services	Crisis Resolution & Home Treatment Team (CRHTT)	Adult Acute Admissions	
Alleged abuse, bullying		1			1
Admission			1		1
Attitude of Staff		2			2
Care and Treatment	11	2	3	3	19
Communication		1			1
Medical Records	1				1
Medication				1	1
Grand Total	12	6	4	4	26

During quarter three, eleven of the eleven complaints about CMHTs were about care and treatment, with one complaint about medical records.

Selections of services are specifically highlighted within this report because they have previously 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 three, CMHTs received 12 formal complaints, which are consistent with quarters one and two, with 11 formal complaints: compared to 8 in quarter four (2016/17), 7 in quarter three (2016/17), 8 in quarter two (2016/17), 9 in quarter one (2016/17) and 11 in quarter four 2015/16.

The table below illustrates the locality of these complaints.

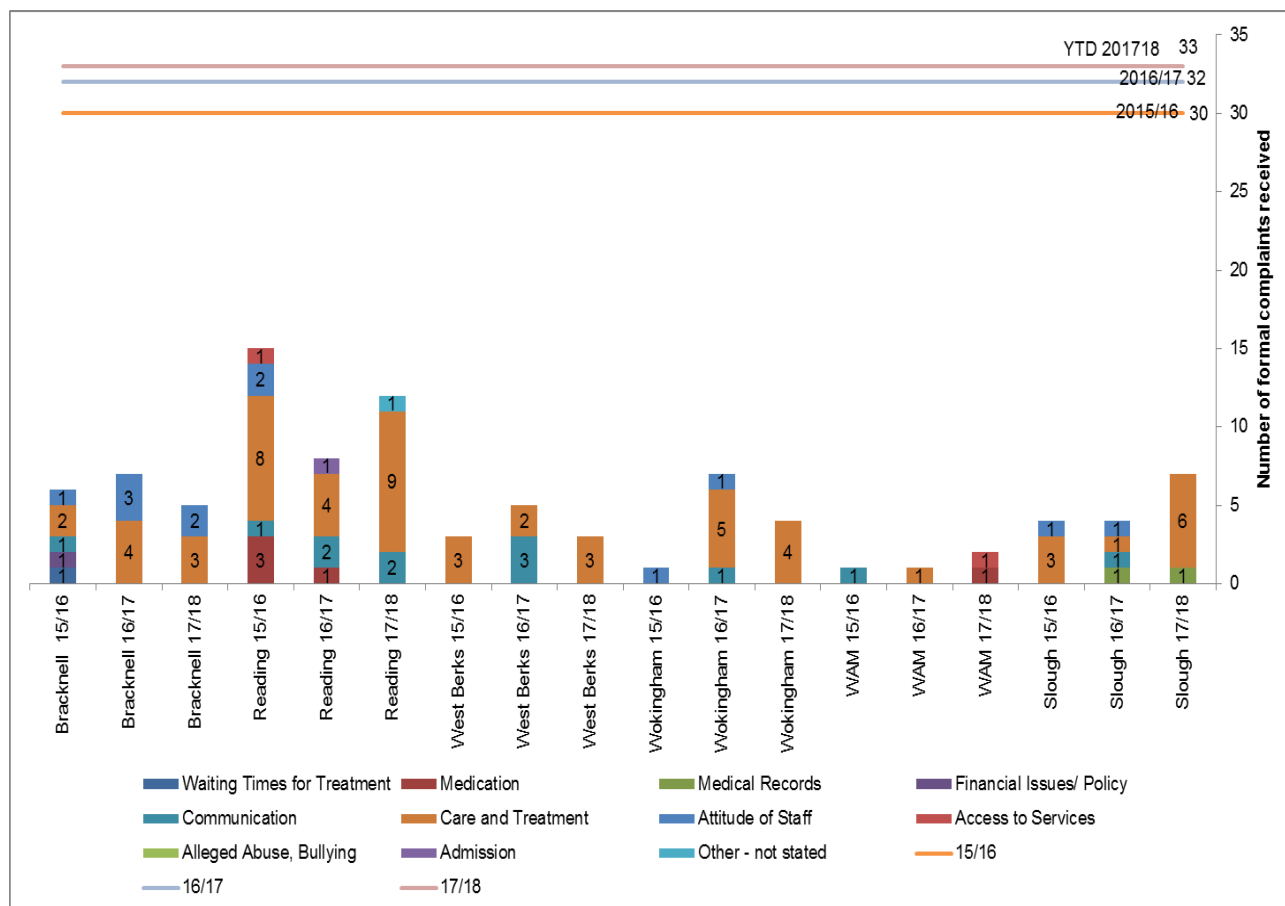
So far this year there have been 34 complaints for the CMHT compared to 32 total complaints in 2016/17 and 30 total complaints in 2015/16, which demonstrates an overall increase in complaints for CMHTs in 2017/18.

Table Three: Theme of complaints received in quarter three by CMHTs by locality of service

Locality	Care and Treatment		Medical Records		Q3 Total	
	Number	%	Number	%	Number	%
Reading	5	41.67%		0.00%	5	41.67%
Slough	5	41.67%	1	8.33%	6	50.00%
West Berks	1	8.33%		0.00%	1	8.33%
Total	11	91.67%	1	8.33%	12	100%

Graph One: Number of formal complaints received for CMHT/Care Pathways by location of the service

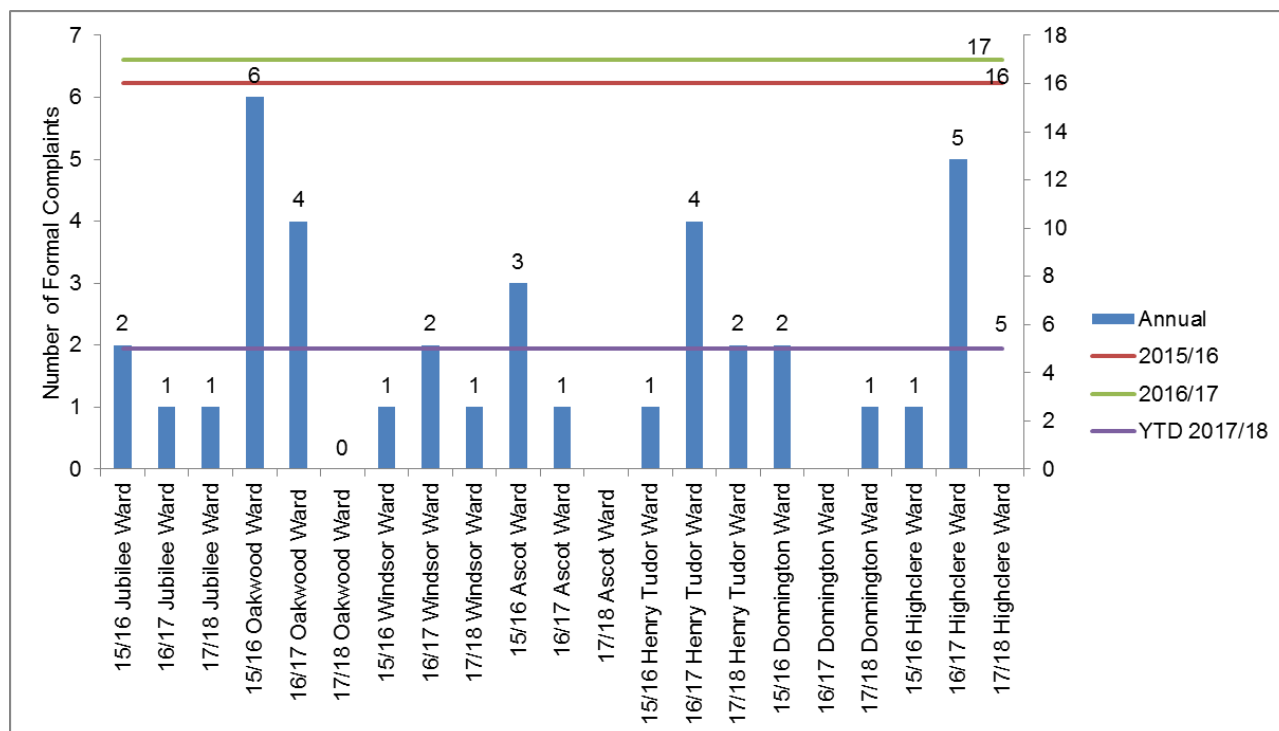
Care and treatment still remains the main theme of complaints across the CMHTs.



Community Hospital Inpatient Wards

There was one formal complaint received in quarter two and quarter three about the community wards, this continues to illustrate a sustained decrease with 3 in quarter one and 4 received in quarter four 2016/17.

Graph Two: Number of formal complaints received for Community Hospital Inpatient wards



Care and treatment is the main cause of complaints as illustrated below. Although numbers are low, with Jubilee Ward being the only ward to receive a complaint in quarter.

Table Four: Theme of complaints received by Community Inpatient wards during 2017/18

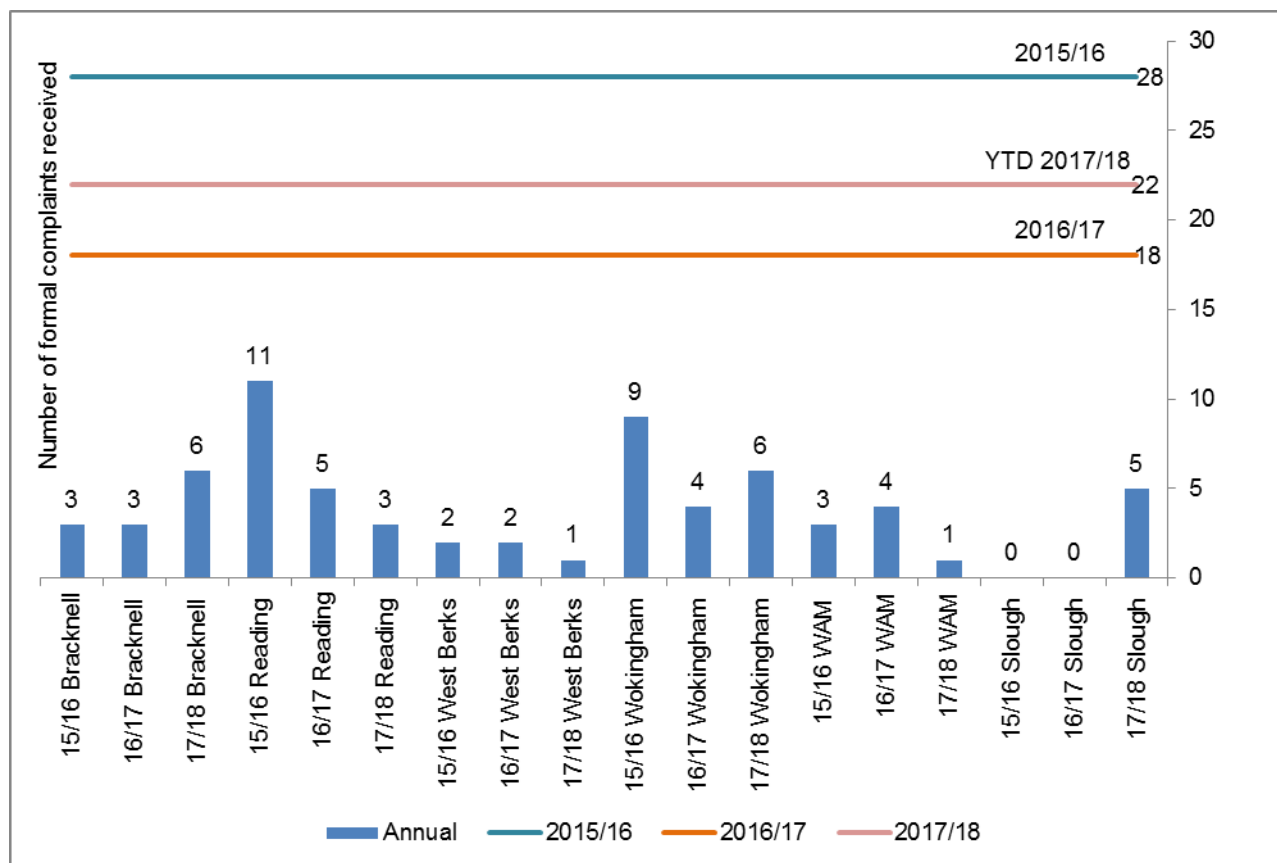
Ward	Attitude of Staff	Care and Treatment	Communication	Discrimination, Cultural Issues	Failure /incorrect diagnosis	Discharge Arrangements	Patients Property	Total
Henry Tudor Ward		1	1					2
Donnington Ward	1							1
Jubilee Ward					1			
Windsor Ward		1						1
Total	1	2	1	0		0	0	4

CAMHS - Child and Adolescent Mental Health Services

CAMHS has seen a decrease in formal complaints received in quarter three (6) compared with 9 in quarter two, 7 in quarter one, 5 in quarter four (2016/17) and 2 in quarter three (2016/17). The number of complaints received remains lower than those received during quarters one and two in 2015/16, where there were a higher number of complaints about waiting times and the reduction of complaints about this illustrates the sustainability of the work that has been undertaken in the

system to address this issue and maintain a better position going forward, with more effective communication with young people and families about the wait times. Whilst the number of complaints received during 2017/18 so far is higher than the total received in 2016/17, these are not around waiting times. There have been more complaints about communication in 2017/18, particularly in the Bracknell CAMHS.

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



The service based in Bracknell received the highest number of formal complaints in quarter three. The Slough team did not receive any formal complaints, compared to the 4 in quarter two. Attitude of staff and care and treatment received the most complaints in quarter three, which aligns to the themes so far this year.

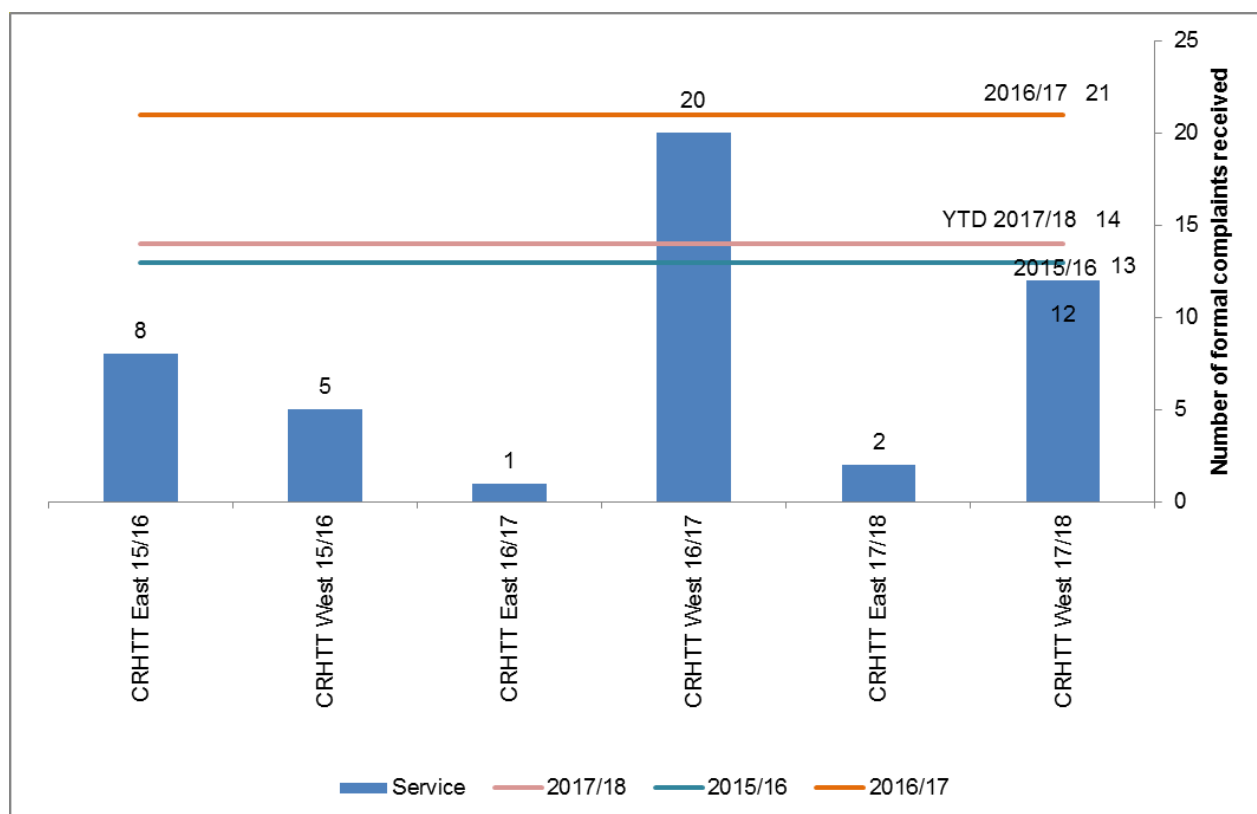
Table Five: Theme of complaints received by CAMHS during 2017/18

Locality of service	Theme						Total	%
	Alleged Abuse, Bullying	Attitude of Staff	Care and Treatment	Confidentiality	Communication	Medication		
Bracknell		2	1		3		6	27.27
Reading	1		2				3	13.64
West Berks					1		1	4.55
Wokingham			5				5	22.73
WAM		1	1				2	9.09
Slough		2	1	1		1	5	22.73
Total	1	5	10	1	4	1	22	

Crisis Resolution/Home Treatment Team (CRHTT)

CRHTT received 4 formal complaints in quarter three (2 in Reading 1 in West Berkshire, 1 in Wokingham) a decrease compared with 6 in quarter two which is a sustained decrease from 10 in quarter one 2016/17.

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



Three of the complaints were about care and treatment and one was about admission to hospital.

Table Six: Theme of complaints received by CRHTT during 2017/18

Service	Admission	Attitude of Staff	Care and Treatment	Communication	Total
CRHTT East			1	1	2
CRHTT West	1	3	6	2	12
Total	1	3	7	3	14

Care and treatment, communication and attitude of staff are the main themes of complaints received so far this year, which aligns to the main themes for all complaints received.

Mental Health Inpatients

All of our mental health inpatient wards are based at Prospect Park Hospital in Reading, there were four complaints about wards, and one about the hospital in general.

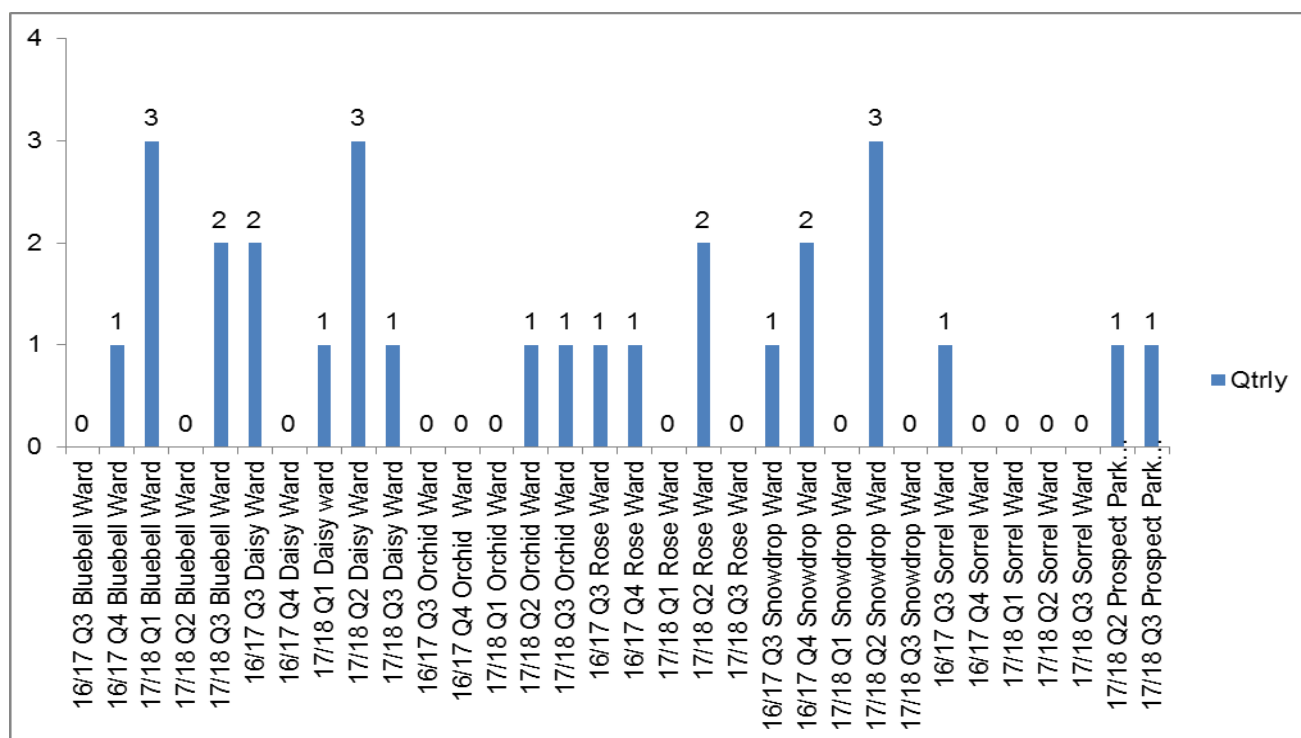
Table Seven: Number of formal complaints received for mental health inpatient wards during 2017/18

Ward	Admission	Alleged Abuse, Bullying	Attitude of Staff	Care and Treatment	Communication	Discharge arrangement	Medication	Patients Property	Total
Bluebell Ward				4			1		5
Daisy Ward	1			3		1			5
General				2					2
Orchid Ward				1					1
Rose Ward				1	1				2
Snowdrop Ward				2				1	3
Total	1	0	0	13	1	1	1	1	18

So far this financial year, care and treatment is the main theme of the complaints received, making up 72% of total complaints. There are no other emerging themes. There was one formal complaint about the older persons inpatient ward, Orchid Ward.

The graph below shows the number of formal complaints received by ward.

Graph Seven: Number of formal complaints received by ward 2016/17 compared with 2017/18



There were no formal complaints received about community or inpatient Learning Disability Services in quarter three 2017/18.

Table Eight: Themes of all formal complaints received

Theme	2017/18					2016/17					
	Q3	Q2	Q1	Total	YTD % of received	Q4	Q3	Q2	Q1	Total	% of total received
Care and Treatment	32	34	26	92	59.74	26	19	22	26	93	44.5
Attitude of Staff	7	11	9	27	17.53	8	7	12	14	41	19.62
Communication	5	8	4	17	11.04	7	7	4	8	26	12.44
Admission	1	0	0	1	0.65	0	0	0	0	0	0
Alleged Abuse, Bullying	1	0	0	1	0.65	2	2	3	4	11	5.26
Access to Services	0	1	0	1	0.65	3	0	0	4	7	3.35
Medical Records	1	0	0	1	0.65	3	0	0	4	7	3.35
Medication	1	1	1	3	1.95	0	0	2	2	4	1.91
Confidentiality	2	2	0	4	2.6	0	0	3	1	4	1.91
Discharge Arrangements	0	0	1	1	0.65	0	0	3	1	4	1.91
Waiting Times for Treatment	0	0	0	0	0	1	0	3	1	5	2.39
Support Needs (Including Equipment, Benefits, Social Care)	1	0	0	1	0.65	0	1	0	0	1	0.48
Management and Administration	0	0	0	0	0	1	0	0	0	1	0.48
Other/not stated	2	2	1	5	3.25	0	0	4	1	1	0.48
Total	53	59	42	154		51	36	52	66	205	

The top reasons for complaints being made during 2015/16 and 2016/17 which appears to be continuing in 2017/18 are:

- Care and treatment
- Attitude of staff
- Communication

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, or well-founded (referred to as an outcome). The table below shows the outcome of complaints over time.

Table Nine: Outcome of formal complaints closed

Outcome	2017/18					2016/17					
	Q3	Q2	Q1	Total	YTD % of 17/18	Q4	Q3	Q2	Q1	Total	% of 16/17
Case not pursued by complainant	1	1	1	3	2.04	1	5	1	4	11	5.19
Consent not granted	0	1	0	1	0.68	3	4	1	1	9	4.25
Local Resolution	6	3	3	12	8.16	4	0	1	4	9	4.25
Not Upheld	7	20	6	33	22.45	9	7	16	14	46	21.7
Partially Upheld	22	19	18	59	40.14	14	18	24	22	78	36.79
Referred to other organisation	0	1	0	1	0.68	0	0	0	0	0	0
No further action	2	0	0	2	1.36	0	0	0	0	0	0
Upheld	10	18	8	36	24.49	14	7	18	20	59	27.83
Grand Total	48	63	36	147		45	41	61	65	212	

The year to date percentage of complaints upheld has decreased from 26.26% in quarter two and increased from 22.22% in quarter one, in addition the percentage of complaints found to be not upheld has decreased from 26.26% to 22.45% in quarter three, an increase from 16.67% in quarter one. Partially upheld complaints have increased to 40.14% from 37.37% which is a decrease from 50% in quarter one compares to 36.79% in quarter four (2016/17) and 38.32% in quarter three (2016/17).

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

- Care and treatment (44%) – a continued reduction compared with quarters two (54%), one, four and three
- Attitude of staff (16%- all of which were partly upheld) – a decrease from 22% in quarter two, 27% in quarter one, increase from 7% in quarter four and 12% in quarter three
- Communication (31%) – an increase from 11% in quarter two, 8% in quarter one, decrease from 14% in quarter four and an increase with 8% in quarter three. There were more complaints about communication that were upheld or partially upheld for the Minor Injuries Unit, CRHTT and Health Visiting compared to quarter two, and in addition, there more complaints were made about verbal communication to patients (CRHTT) and written communication with other organisations (CAMHS).

Table Ten: Upheld and Partially Upheld formal complaints during quarter three, out of a total of 48 closed complaints

Service	Outcome		Total
	Partially Upheld	Upheld	
CMHT/Care Pathways	2	3	5
District Nursing	3	2	5
Adult Acute Admissions	2	2	4
CAMHS - Child and Adolescent Mental Health Services	4		4
Crisis Resolution & Home Treatment Team (CRHTT)	4		4
CMHTOA/COAMHS - Older Adults Community Mental Health Team	2		2
Health Visiting	2		2

Service	Outcome		Total
	Partially Upheld	Upheld	
Minor Injuries Unit	2		2
Older Peoples Mental Health (Ward Based)		2	2
Community Hospital Inpatient	1		1
Neuropsychology		1	1
Grand Total	22	10	32

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

Table Eleven: Outcome of formal complaints by service

Service	Outcome					Total
	Case not pursued by complainant	Local Resolution	Not Upheld	Partially Upheld	Upheld	
Adult Acute Admissions				2	2	4
CAMHS - Child and Adolescent Mental Health Services				4		4
CMHT/Care Pathways	1	2		2	3	8
Crisis Resolution & Home Treatment Team (CRHTT)			3	4		7
Grand Total	1	2	3	12	5	23

The Crisis Response and Treatment Teams have undertaken considerable amounts of work to reduce complaints, particular those around staff attitude. The drop in Q3 may be an indication that this work is starting to have a positive impact.

There were no formal complaints closed about community or inpatient Learning Disability Services in quarter three 2017/18.

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. This information is now available via real time dashboards accessible to both the Locality and Clinical Directors.

Action planning has been built within the Datix complaint module, and retrospective recommendations from upheld and partially upheld complaints received since April 2017 have been entered onto the system and allocated. This system will evolve and will give more assurance that actions identified as part of complaint investigations are being followed up and completed effectively and within timescale. The actions will feed into a live dashboard that is accessible to Locality and Clinical Directors.

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, 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 sustained 100% response rate achieved since 2016/17.

Table Twelve: Response rate within timescale negotiated with complainant

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

The average number of days taken to resolve formal complaints during quarter three was 18, a decrease from 25 in quarter two, and a decrease from 27 in quarter one.

As with quarter one, there were 5 complaints closed that took longer than 40 working days, an increase from 1 in quarter four (2016/17), and reduction from 9 in quarter three (2016/17), 8 in quarter two (2016/17), 10 in quarter one 2016/17 and 15 in quarter four 2015/16. Whilst all of the complaints were closed within a timescale agreed with the complainant, there has been a notable increase in those which are closed closer to the deadline. Some of the reasons for this are around the timeliness of responses and investigating officers reports being received into the complaints office, and the subsequent sign off and quality checking by some locality Clinical Directors.

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 three we received 10 enquiries from MPs, compared to 5 in quarter two, 7 in quarter one, 16 in quarter four (2016/17), 13 enquiries in quarter three (2016/17) and 11 enquiries during quarters one and two 2016/17 combined.

All 10 of the enquiries were about mental health services compared to quarter two when 4 of the 5 received were about mental health services, compared to 6 of the 7 in quarter one and all 16 of the enquiries in quarter four (2016/17). 10 of the enquiries in quarter three (2016/17) 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. This is possibly indicative of the increased focus on mental health at both a local and national level.

Table Thirteen: Subject of MP enquiries received during quarter three

Service	Theme						Total
	Care and Treatment	Communication	Medical Records	Other	Patients Property & Valuables	Waiting times	
Adult Acute Admissions			1	1	1		3
CAMHS - Child and Adolescent Mental Health Services	2			1		1	4
CMHT/Care Pathways	1	1					2
Talking Therapies	1						1
Grand Total	4	1	1	2	1	1	10

Parliamentary and Health Service Ombudsman (PHSO)

The Trust continues to work with the PHSO as the second stage of the complaints process. The table below shows the Trust activity with the PHSO as at the end of quarter three 2017/18.

Table Fourteen: PHSO Activity

Month open	Service	Month closed	Current Stage
Sep-16	CAMHS	Sep-17	Not Upheld.
Oct-16	District Nursing	Jun-17	Not Upheld.
Oct-16	Community Inpatient ward	Jun-17	Partially Upheld.
Jan-17	District Nursing	Oct-17	Partially Upheld.
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 - case closed after the notes were sent.
Jun-17	CMHT	Sep-17	Not Upheld.
Aug-17	Talking Therapies	n/a	Investigation Underway.
Oct-17	District Nursing	Nov-17	Agreed local resolution - investigation not taken forward by PHSO
Nov-17	CMHT/Care Pathways	n/a	PHSO requesting information to assist with decision on whether to investigate or not.

The Patient Experience and Engagement Group (which has now been combined with the quarterly Healthwatch meeting) 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.

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 as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint informally. 3 informal complaints were received during quarter three.

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 capturing these concerns and any actions, so that there can be learning across. This information is captured in real time on a dashboard that is accessible to the Locality and Clinical Directors.

The number of local resolution complaints that the Patient Experience team have been notified about has remained consistent with 54 received in quarter three, compared with 56 in quarter two, 49 in quarter one, 48 in quarter four (2016/17), 53 in quarter three (2016/17), 42 in quarter two (2016/17), 67 in quarter one (2016/17).

NHS Choices, Compliments and PALS

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, is an illustration of how strongly they feel. The Trust takes these comments seriously and responds accordingly.

8 negative comments were received in quarter three. There were no themes across the experiences that were shared: examples can be found below:

- Communication: Lack of specific information on the website, each page seems repetitive.
- 25 Erleigh Road: Admin staff seem confused, more concerned with paperwork.
- Car Parking: King Edward VII Car Park - Parking staff have been rude. 25 Erleigh Road – Parking information on the website incorrect, difficulties parking.
- Podiatry: King Edward VII - Unable to make an appointment. Reading - Difficulties making an appointment and could not contact the service to speak to staff.
- Waiting times: Westcall clinic at the Royal Berkshire Hospital – Long waits to be seen with a sick child.

There were 7 positive comments which referred to Neuropsychology, Wokingham CAMHS, ASSIST, Podiatry West Berkshire, and Garden Clinic Upton Hospital, Services at WBCH and the Mobility and Falls service at St Marks.

Compliments

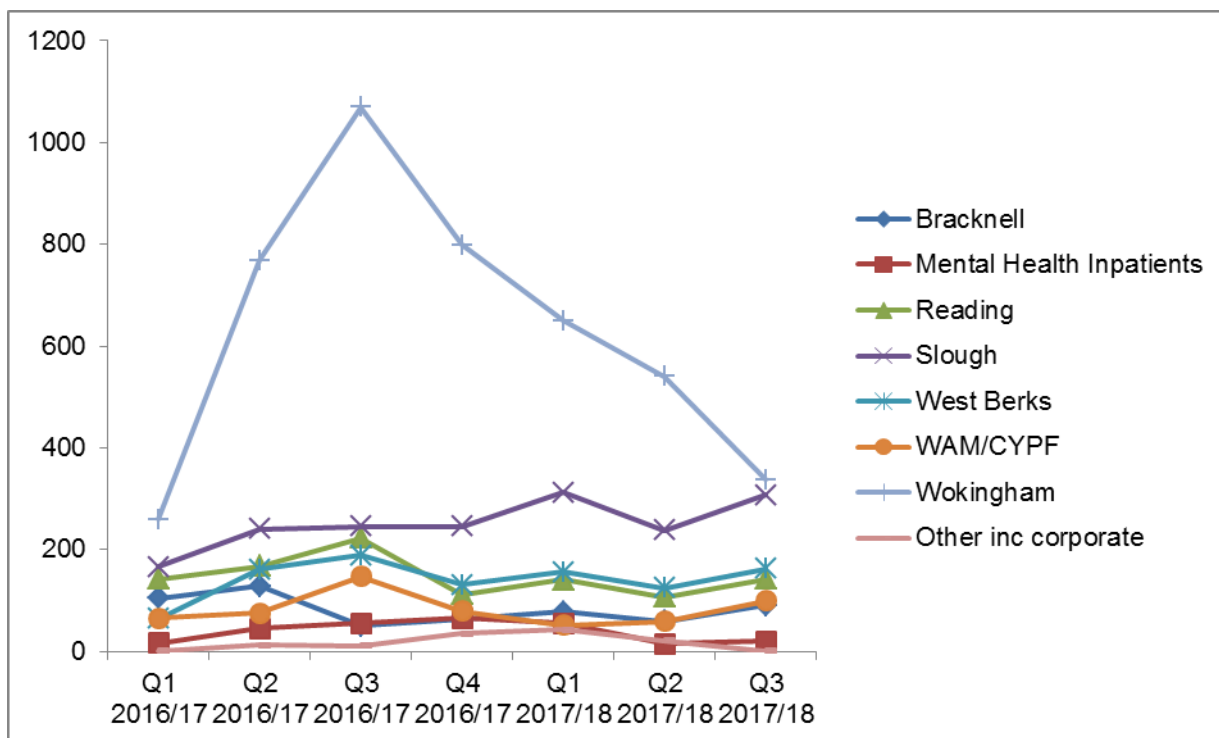
Graph eight shows the number of compliments received since quarter one 2014/15 by Locality. Since quarter four 2012/13 compliments have been routinely reported directly by services through the web based Datix system. This method of collating feedback enables the Trust to capture compliments, by means 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 2016/17



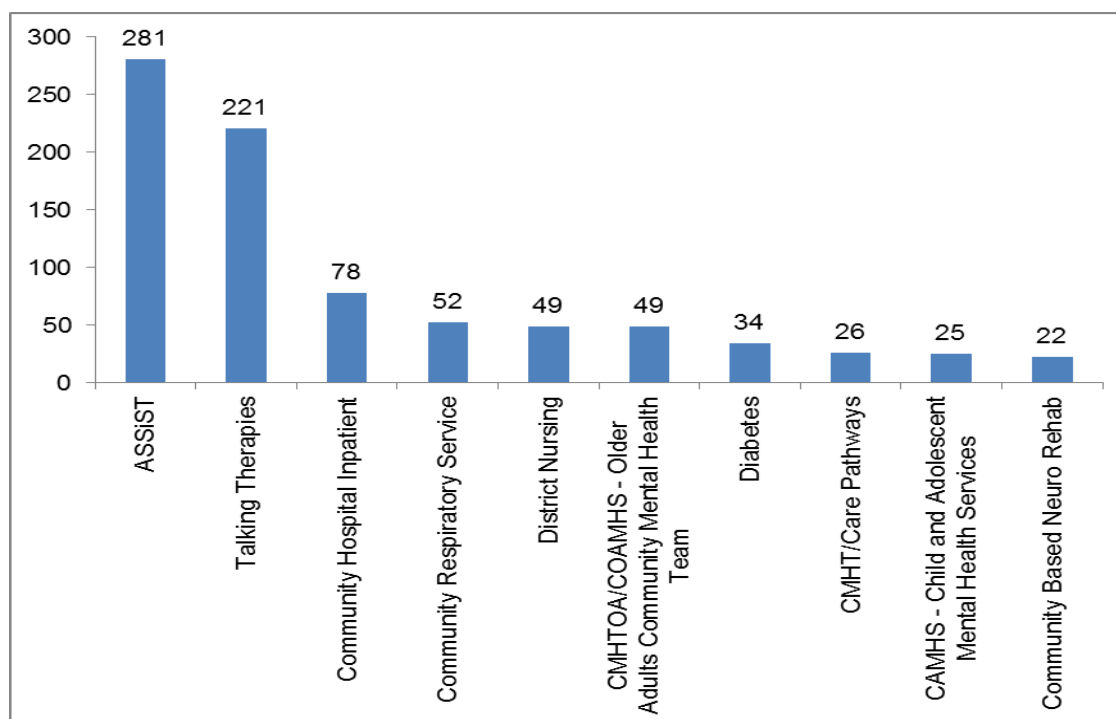
There has been a downward trend in the number of compliments reported for the Wokingham locality. Talking therapies recorded only 221 compliments in Q3, compared to 391 compliments in Q2 and accounts for the majority of this change in trend.

Table Fifteen: Compliments, comparison by quarter.

	2017/18			2016/17				17/18 YTD	16/17 Annual
	Q3 17/18	Q2 17/18	Q1 17/18	Q4 16/17	Q3 16/17	Q2 16/17	Q1 16/17		
Total Compliments	1163	1165	1488	534	1993	1602	821	3816	4950

Compliment reporting continues to be encouraged and promoted with services and at locality meetings and staff can access comments which are available through our intranet. The online compliment form enables people to add information such as staff group the compliment was received for and the theme.

Graph Nine: Top services to report compliments in quarter three



In addition, there were 173 compliments logged that were from sources other than patients, carers and the public. These include students on placements, other organisations and services.

PALS

During quarter three there were 423 contacts into PALS relating to Berkshire Healthcare and the services provided; this is comparable with quarter one and quarter two. Not all of the calls to PALS are related to our services, this quarter the PALS service also received 68 enquires that were related to other providers that were supported / signposted to the relevant place.

Top reasons for contacting PALS during Quarter 3:

- General information requests
- Clinical Care received
- Choice and flexibility of access to services

Themes around clinical care received include: attitude of staff, communication between staff sometimes resulting in disjointed care, communication with carers and nearest relative, patients and carers not involved enough in care leading to anxiety and frustration and reassurance regarding care plan and discharge. Patients requesting choice and flexibility of access including time date and venue of appointments

Patient and Public Involvement

There has been a vacant post and long term absence within the Patient Experience Team which means that both there has been limited visibility, promotion and support for both the Friends and Family Test and internal patient survey programme. Whilst both of these have been used within services for a number of years, it demonstrates the impact that dedicated supportive services have to front line clinical services when collecting and acting upon feedback. The successful

appointment of both a substantive Patient Experience Facilitator (a post which has been vacant since June 2017) and a Patient Experience Apprentice will both have a positive impact on the proactive collection and collation of feedback.

Deep Dives

We commission two Deep Dives per year to take a more in-depth look at the experience of patients and carers either in a specific service or their journey on a pathway of care. Actions identified as a result of Deep Dives are monitored through the quarterly Patient Experience and Engagement Group. An update on the Deep Dives undertaken in 2017/18 is below.

Delivering Same Sex Accommodation:

Understanding the views of patients, carers and staff of same sex accommodation in our mental health wards. This was previously explored in 2011, when all wards moved onto the Prospect Park Hospital and all became mixed sex.

The aim of this deep dive was to revisit patient and carer views around same sex wards at Prospect Park Hospital, whilst also drawing together internal and external contextual insight e.g. bed availability vs. service demand, patient profiles and pathways, operational impacts, including staff attitudes. Those consulted supported the wards staying mixed sex.

An action plan is being drawn up with the ward managers based on the discussion points and themes from the report. This includes the following themes:

<p><i>Signage on the wards identifying gender specific areas.</i></p> <p>Guidance is being sought around patients going through gender reassignment and how they can be cared for sensitively. The signage will take into consideration language and accessibility needs (such as visually impairments) and be flexible to meet the needs of the ward environment and patients at that time.</p>	<p><i>Therapeutic Groups</i></p> <p>Current pamper sessions on the wards are predominantly attended by women. Activities for men are also being explored. Many of the ward based activities are not gender defined or specific e.g. pool.</p>
<p><i>Creating a more homely environment</i></p> <p>We are mindful that that as a hospital, it is important to maintaining clinical safety and adhere to infection prevention and control guidance. However, by involving patients and carers on the wards we can adapt the environment to make it more welcoming. This can involve the placement of furniture, wall colouring and art work. This has developed further into signage around the hospital site to identify and find areas and wards more easily e.g. coloured lines with corresponding building/ward colours from reception.</p>	<p><i>Access to outside spaces</i></p> <p>We recognise the impact that this has to the wellbeing of our patients. On our PICU, access to the garden has been available in three one hour slots as this requires the capacity for level 2 observations. This is to be reviewed with a view to increasing this as soon as possible. Previous restrictions to the gardens on our acute wards were underway during the period of time that the Deep Dive was taking place due to fences being replaced. This work is complete.</p>
<p><i>Safety on the wards</i></p> <p>CCTV – the case for this is being explored with a proposed installation over the next 12 months being suggested– in ward communal areas, ward corridors, by the Mental Health Act office.</p>	

Appropriate signage will be in place and patients will be notified prior to admission.

Searches - new wands which can be used by staff to assist with the location of prohibited items on the ward are being reviewed.

Airlocks – additional door upon the entry of wards has been highlighted due to the risk of patients absconding or, with patients who may be confused and blocking the entry or exit to a ward. Particularly with the acuity of patients increasing this is an important safety and security aspect for vulnerable people in our care and will be discussed at a dedicated meeting about ‘tailgating’.

Delayed Transfers of Care in Learning Disability Services:

There have been discussions within the Learning Disabilities Service about making the most of a Deep Dive. Originally, we had planned to look at understanding the experience of people with a dual diagnosis of a Learning Disability and Mental Illness.

However, the focus has shifted to look at what facilitates successful discharge? What are the factors contributing to delayed transfers and what can be done to prevent them from happening, to improve the experience for patients and their carers.

15 Steps

Three visits have taken place during quarter three.

Appendix Two contains the full quarterly report showing the feedback and themes from these visits.

The Friends and Family Test

The NHS Friends and Family Test (FFT) give an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has aligned its Strategic Objectives to support a 15% response rate for the FFT in both physical and mental health services. Nationally, NHS England has announced a review of the Friends and Family Test in 2018/19.

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.

Based on the number of discharges from our services, there were 60,256 patients eligible to complete the FFT during quarter three, and we received 4,105 returns. There has been a reduction in our Trust response rate; contributed to by the minimal responses from our mental health inpatient wards in December.

Table Sixteen: *Number of Friends and Family Test responses*

		Number of responses	Response Rate
2017/18	Q3	4105	6.81%
	Q2	4987	9.63%
	Q1	4238	7.04%
2016/17	Q4	3696	5.10%
	Q3	4024	5.10%

2015/16	Q2	5357	2.20%
	Q1	6697	2.70%
	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 Seventeen: FFT results for Inpatient Wards showing percentage that would recommend to Friends and Family

Ward	Ward type	2017/18			2016/17				2015/16		
		Q3%	Q2%	Q1 %	Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%
Oakwood Ward	Community Inpatient	72.97	93.75	100	100	-	85.7	89.47	95.16	94.55	88.71
Highclere Ward	Community Inpatient	96.7	100	100	96.6*	90	100	96.3	96.88	81.48	85.19
Donnington Ward	Community Inpatient					75.7	100	90.91	89.47	95.83	94.87
Henry Tudor Ward	Community Inpatient	42.86	98.86	93.5	97.1	89.3	95.7	95.92	87.27	95.71	100
Windsor Ward	Community Inpatient	94.44	100	100	100	92	94.7	93.94	100	96.61	98.08
Ascot Ward	Community Inpatient	100	100	100	100	80	100	88.89	90	93.55	97.14
Jubilee Ward	Community Inpatient	100	100	100	100	90	100	97.78	97.44	95	97.22
Bluebell Ward	Mental Health	-	100	40	80	60	100	78.79	80	75	0**
Daisy Ward	Mental Health	-	66.67	50	50	-	66.7	85.71	68.42	75	71.43
Snowdrop Ward	Mental Health	85.71	76.19	60	78.6	66.7	50	66.67	85.71	0**	100
Orchid Ward	Mental Health	-	100	0**	-	0**	100	-	100	0**	100
Rose Ward	Mental Health	100	50	100	66.7	0**	80	33.33	54.55	58.82	100
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.

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

Walk-in Services	2017/18			2016/17				2015/16	
	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1 %	Q4 %	Q3%
MIU: West Berks	98.53	98.54	98.39	98.36	91.03	96.9	97.37	96.54%	95.81

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.

Learning Disabilities services

The Friends and Family Test is available as part of the wider patient survey that is used across Learning Disabilities services, in a more accessible version.

During quarter three, there was a response rate of 32% and 86.27% of people would recommend the service to friends or family. There were no responses where people said that they would be either unlikely or extremely unlikely to recommend the service, which means that the remaining patients selected neither. The survey is currently being revised will be available via an online link.

Table Nineteen: Number of Carer Friends and Family Test responses

Number of responses	
2017/18	
Q3	39
Q2	32
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 there is an aim to achieve for 100 per locality per quarter. Work is on-going to increase the awareness of Carer FFT cards within the trust and potential impact of the FFT on other carer feedback e.g. memory clinic accreditation.

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. The table below shows the most up to date comparison information available from NHS England.

Table Twenty: Number of Friends and Family Test responses

Community health services FFT data inc. November 2017

	Nov-17		Aug-17		May-17		Feb-17	
Trust Name	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	6%	99%	9%	98%	6%	97%	4%	98%
Solent NHS Trust	4%	97%	4%	96%	3%	96%	2%	97%
Southern Health NHS FT	7%	97%	5%	98%	8%	94%	8%	95%
Oxford Health NHS FT	4%	97%	3%	97%	3%	97%	1%	96%

%RR – Recommendation rate

Table Twenty one: *Number of Friends and Family Test responses*

Mental health services FFT data inc. November 2017

	Nov-17		Aug-17		May-17		Feb-17	
Trust Name	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	6%	87%	4%	88%	7%	92%	2%	88%
Solent NHS Trust	12%	93%	11%	93%	6%	92%	6%	92%
Southern Health NHS FT	3%	89%	3%	86%	3%	89%	3%	91%
Avon and Wiltshire MH Partnership	13%	88%	11%	86%	13%	89%	15%	89%
Oxford Health NHS FT	9%	92%	9%	92%	2%	79%	1%	79%

%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. The use of SMS is being extended to include services in the community, starting with CMHTs in the East and will be rolled out across the Trust wherever possible. This is a much more time effective way of collecting and reporting the FFT.

PPI strategy

The Patient and Public Involvement Strategy has been revised and this is being fully implemented within the Children, Young People and Families (CYPF) Locality in the first instance. Services within CYPF have PPI Champions who will share best practice within their service and across the locality, with peer support as well as support from the wider organisation with troubleshooting any issues with involving and co-production activities.

A copy of the most recent Patient Participation Strategy work programme for 2017/18 can be found in appendix 3. From August 2017 the Patient Experience and Engagement Group (PEEG) and quarterly Healthwatch meetings are merged. This provides a greater opportunity to share the learning and best practice from participation across services and geographical localities.

Patient Leaders

Three new Patient Leaders have completed their training at the Royal Berkshire Hospital. There are three projects that they have expressed an interest in becoming involved with and are in the process of being set up:

- Improving the rate of carer feedback and access to wellbeing activities (in Bracknell).
- Involvement with the Quality Improvement Programme
- Looking at nutrition and physical fitness on mental health inpatient wards

The Trust has made contact with the Royal Berkshire Hospital about carrying out joint projects across the both organisations, with a pilot looking at the changes to the how people access the Emergency Department which incorporates the WestCall Primary Care provision. This will be followed up in quarter four.

Good or Better results

Total feedback relevant to the good or better rating has been received from 2,627 patients and carers, a significant decrease compared with 4,210 in quarter two and 4,181 in quarter one; 2,754 in quarter four (2016/17) and 2,245 in quarter three (2016/17).

Of those that provided feedback 97% reported the service they received as good or better. 15 of the services carrying out the internal patient survey were rated 100% for good and better with a further 17 services rating 85% or above.

A number of services in failed to log any responses for quarter three. We believe some of these may be due to networking issues which are being addressed whereas others are not routinely collecting and therefore we are working them. There have also been staffing shortages in the Patient Experience Team which has meant that the services have not been as actively supported as hoped. The vacant Patient Experience Facilitator post has been appointed with a new member of the staff starting in January 2018.

Formal Complaints received during quarter three 2017/18

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Reading	Older Peoples Mental Health (Ward Based)	Mental Health Inpatient and Urgent Care	02/11/2017	Low	Family unhappy with the care their Mother is receiving on Orchid Ward and the lack of support shown to them	Investigation underway		Care and Treatment	Clinical Care Received
Windsor, Ascot and Maidenhead	Children's Speech & Language Therapy - CYPIT	Windsor, Ascot and Maidenhead	23/10/2017	Minor	Oct/Nov 2016, pt referred to SALT from GP, despite multiple chasing the family had heard nothing until 19th Oct when they were advised that the first referral was triaged for the school to be supported. Father wishes to know why this has taken so long and why they have not been kept informed.	Partially Upheld	Partially upheld as we did overlook the referral in Nov 2016 and steps are being taken to implement a new process to prevent this form happening again. However, once the error came to light we acted appropriately, returning calls and sending emails as agreed. Patient was seen on 2 November.	Communication	
Slough	Sexual Health	Bracknell	14/11/2017	Low	Pt feels that she was misinformed by staff.	Partially Upheld	we did everything clinically correct but have apologised that it was not clear to patient that she should have returned to clinic to have IUD removed if that was needed at any point. All clinicians to be reminded to be clear in their communications.	Care and Treatment	Clinical Care Received
Windsor, Ascot and Maidenhead	Early Intervention in Psychosis	West Berks	18/10/2017	Low	Mother unhappy with the care and treatment her son has received from EIP	Consent Not Granted		Care and Treatment	Clinical Care Received
West Berks	Minor Injuries Unit	Wokingham	02/11/2017	Moderate	Following a trampoline accident pt had injured their hand. Dr told her it would be fine in 48hrs just use ice and painkillers. 4 months later pt had an xray as still hurting to be told it was broken and their was ligament damage, pt would like to know why this was spotted at the first consultation	Not Upheld	No clinical failings found through investigation	Care and Treatment	Failure to examine/examination cursory
Reading	CMHT/Care Pathways	Reading	04/12/2017	Low	Pt discharged from PPH having been taken there by the police, with allegedly no diagnosis or treatment intervention	Case not pursued by complainant		Care and Treatment	Failure/incorrect diagnosis
Bracknell	Corporate/Policy	Corporate	10/10/2017	Low	Trust have not acknowledged or responded to the complainants last 3 emails	No Further Action		Communication	Written to Patients
West Berks	Crisis Resolution & Home Treatment Team (CRHTT)	Mental Health Inpatient and Urgent Care	23/10/2017	Moderate	Husband of pt repeatedly asked for help. Dr and CPN agreed an admission was required but no bed was found. Pt admitted under an emergency following an OD	Partially Upheld	A number of points have been raised and investigated. IO has made a number of recommendations following the investigation. These are primarily around communication, the comments made by canteen staff and the following of procedures.	Admission	Problems with admission

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Reading	Health Visiting	Reading	09/10/2017	Low	Father unhappy the son is now under social services. Father unhappy at the attitude of the HV during a children protection conference and her gender bias. Father believes there are safeguarding issues with the mother.	Partially Upheld		Attitude of Staff	Healthcare Professional
Wokingham	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	07/11/2017	Minor	Patient insists she is not mentally unwell and wishes CRHTT would stop contacting her. She has requested assurance that CRHTT will not contact her anymore before she takes legal action for healthcare malpractice. She also wants apologies from 2 x psychiatrists.	Not Upheld	No failings by the team as they acted accordingly when they could not reach patient by phone.	Care and Treatment	Clinical Care Received
Reading	District Nursing	Reading	15/11/2017	Minor	Unhappy with response feels she was not listened when met to discuss the complaint. Complainant wishes an apology from clinician for discussing her with her brother and complainant feels it is not the clinicians right to choose who she texts INITIAL COMPLAINT BELOW DN called pt's brother and discussed daughter's behaviour with him. The daughter is extremely angry at the breach of confidentiality and wishes an apology from the DN and wishes to know why she was told DN's can't text when the DN in question has been texting her brother.	Partially Upheld	Whilst the staff member acted according to Trust policy and there was not a breach in patient confidentiality, communication to the daughter could have been better and a text would have helped with this.	Confidentiality	Breach of third Party Confidentiality
Wokingham	Talking Therapies	Wokingham	01/12/2017	Low	Pt feels let down by services - 1. Pt unhappy with CBT Silvercloud that has resulted in counselling. 2. Attitude of staff - patient feels the call handler was not very pro active 3. Pt unhappy to told services were not sure if the pt had been accepted for counselling - pt states she was not told this might be the outcome	Local Resolution		Care and Treatment	Failure/Delay in specialist Referral
West Berks	Out of Hours GP Services	Wokingham	15/11/2017	Moderate	Pt unhappy with consultation that took place in her home.	Not Upheld	No clinical failings. The Dr reported that the house was thick with smoke, making the consultation difficult. Patient refused to allow Dr re-entry to her house so he could get medication.	Attitude of Staff	Healthcare Professional

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Windsor, Ascot and Maidenhead	Physiotherapy Musculo-skeletal	Bracknell	14/12/2017	Minor	Pt received acupuncture told we would not do physio until we knew what underlying problems there were. Referred to have xrays / MRI etc. Pt went private as in so much pain and private had different results from NHS. Pt went back to NHS and therapist said she felt the relationship had broken down and wanted to refer her to the pain management consultant. Pt wants to see someone who will treat her as per the private therapists report.	Partially Upheld	Partially upheld as patient did not have understanding that hydrotherapy was not an option. Professional relationship broke down so communication fell below expected standard.	Care and Treatment	Failure/Delay in specialist Referral
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	17/10/2017	Low	16th Oct Mother called CAMHS to register some issues with care coordinator who was not in, advise duty would call her back but they didn't. Mother also extremely unhappy with the way she was treated on her call.	Partially Upheld	We have apologised for poor communication and for giving incorrect information regarding school nurses for home educated children. However, family were offered support.	Attitude of Staff	Healthcare Professional
Bracknell	CMHT/Care Pathways	Slough	02/11/2017	Low	Pt believes his records to be inaccurate, defamatory and contain libellous statements which he wants removed before he takes legal action against the Trust.	Upheld	Investigation has showed that RiO records are incorrect and they are to be amended	Medical Records	Inaccurate Records
Bracknell	Talking Therapies	Wokingham	23/11/2017	Low	Pt unhappy that therapist called and spoke to her mother without permission, allegedly divulging confidential information	Not Upheld	Not upheld as no evidence to support claims made by patient.	Confidentiality	Breach of Patient Confidentiality
West Berks	CMHT/Care Pathways	West Berks	26/10/2017	Low	Pt dissatisfied with Hillcroft House, she states that since her CPN left she has had no support. When she calls the duty line she is told someone will call her back and she states that no does. She was also told that someone from CMHT would help her complete some forms but no one came.	Not Upheld	Not upheld on all three aspects. No evidence support point 1. IO is satisfied Dr went over and above on point 2. Point 3 not BHFT.	Care and Treatment	Clinical Care Received
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	29/11/2017	Low	Pt failed to return to the ward from leave despite family being advised he would not have leave. Nurse administered a sedative resulting in pt not being able to have ECT. CRHTT ignored calls from the family resulting in the pt stabbing himself. Family want a full review of the pts care as well as an investigation into to the incidents raised.	Investigation underway		Care and Treatment	Clinical Care Received

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Windsor, Ascot and Maidenhead	Traumatic Stress Service	Wokingham	21/11/2017	Minor	Pt under talking Therapies but service was not appropriate thus referred to Trauma service. Daughter became discharged to services allegedly due to incorrect paperwork. Trauma service have a 12 month wait and the mother is unhappy with this wait. Mother believes that we provided an inadequate service which lead her to the Private medicine route and feels we should pay for the treatment.	Partially Upheld		Care and Treatment	Failure/Delay in specialist Referral
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	15/12/2017	Moderate	Pt's referral closed down without advising the family resulting in school placement breaking down. Mother very unhappy and wishes a full investigation	Investigation underway		Care and Treatment	Failure/Delay in specialist Referral
Slough	CMHT/Care Pathways	Slough	30/10/2017	Minor	April 2017 CPN left pt without notice and with an unfinished CPA. still no CPN now and issues with the crossroads workers	Partially Upheld	Acknowledged that there had been a breakdown in communication re discharge from CPA. Complaint will be shared with team as learning point. Second point not upheld as not BHFT.	Care and Treatment	Delay or failure to visit
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	17/11/2017	Low	During the pts stay at PPH in Feb 2007 medication that allegedly causes urinary retention when prescribed together were given. Pt had to go to RBH from PPH as she had retained 3 litres of Urine and has suffered since. Requires an explanation as to why this was given, if the meds were necessary why was she not monitored better? and why was she put in an ambulance on her own with her MH conditions.	Investigation underway		Medication	
Bracknell	Mobility Service	Bracknell	28/12/2017	Minor	Pt private powerchair broken, family wish a new one and do not understand why their son does not fit our criteria for one. Manual chair supplied needs a tray and additions for pt's independence	Investigation underway		Support Needs (Including Equipment, Benefits, Social Care)	Equipment Needs
Reading	Common Point of Entry	Wokingham	18/10/2017	Minor	Mother feels pt is struggling with life and she believes needs to be seen by services. Pt has previously seen Talking Therapies who told her that they make the referrals not GP's and GP referrals are not accepted.	Partially Upheld	partially upheld as it appears that there have been no clinical failings, however clinical team are offering an appointment and assessment to give patient clarity.	Care and Treatment	Failure/Delay in specialist Referral
Reading	CMHT/Care Pathways	Reading	30/10/2017	Minor	Pt has been advised privately that she needs to be seen at the Bethlam Royal Hospital. Dr here was due to arrange funding through CCG, nothing has happened and the pat says she needs help	Partially Upheld		Care and Treatment	Clinical Care Received
West Berks	Out of Hours GP Services	Wokingham	06/10/2017	Minor	Pt not given a diptest and family believe this resulted in a misdiagnosis of sepsis	Upheld	Dr accepts he did not conduct appropriate tests and did not come to correct diagnosis.	Care and Treatment	Failure/incorrect diagnosis

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Bracknell	Hearing and Balance Services	Bracknell	16/10/2017	Moderate	Mother feels the attitude of the therapist was tantamount to emotional abuse and the subsequent report is inaccurate. Mother wishes to know why therapist has reneged on the follow up appointment at King Edward VII and that fact the service made it so difficult for her to make a complaint	Partially Upheld	Partially upheld as we have acknowledged difficulties in getting through by phone. Audiologist did not pick up mum was upset during appointment and disputes some of the claims made.	Attitude of Staff	Healthcare Professional
Windsor, Ascot and Maidenhead	CMHTO/COAMHS - Older Adults Community Mental Health Team	Slough	17/10/2017	Minor	Family of older pt with dementia struggled with services between April 2015 & June 2017. Family have many unanswered questions centred around communication and support both to the patient and the family	Partially Upheld	No clinical failings but we have apologised that communication was poor and lacked clarity.	Communication	
Reading	Neuropsychology	Reading	31/10/2017	Low	Pt felt the psychologist's unconventional manner has been unethical and destructive in her care. She feels he is very insensitive. Unhappy with response sent from PALS to initial complaint	Upheld	investigation outcome has suggested HR investigation would be more appropriate.	Attitude of Staff	Healthcare Professional
Wokingham	Health Visiting	Windsor, Ascot and Maidenhead	21/12/2017	Low	Parents angry at a referral from HV to children's social care	Investigation underway		Communication	Communication with Other Organisations
Slough	Physiotherapy Musculo-skeletal	Bracknell	13/10/2017	Low	Pregnant patient feels therapist was criticising her. On second appointment therapist was late resulting in pt being seem by the manager. Pt is disappointed in the way she has been treated	Local Resolution	Resolved by phone. Patient happy with outcome.	Attitude of Staff	Healthcare Professional
Windsor, Ascot and Maidenhead	Nursery	Corporate	16/10/2017	Low	Mother feels Child did not receive appropriate care in the nursery	Not Upheld	No evidence to support complaint	Attitude of Staff	Healthcare Professional
Slough	CMHT/Care Pathways	Slough	17/11/2017	Moderate	Father wants to know why when his son was taken to PPH by police the Dr sent him home saying he had no mental health illness. Father wants to know why would the Crisis team take his son to PPH if he did not have a mental health illness. On the pt's previous stay at PPH the pt informed staff that he was still seeing images of people, why was this not taken seriously by the hospital staff. Family feel very unsafe when the patient is at home and want him to be given rehabilitation away from their home.	Investigation underway		Care and Treatment	Failure to examine/examination cursory
Slough	CMHT/Care Pathways	Slough	20/10/2017	Low	Pt says he has only been seen twice by consultant in a yr and needs to be seen more regularly. Pt finds attitude of some staff is poor. Pt had a crisis after 9am and went directly to New Horizons to be told everyone was in a meeting so he could not been seen by anyone.	Partially Upheld	Points two and three are not upheld. However on point one we acknowledge that the care plan was sent to the previous GP and we have apologised for this mistake, which was caused due to delay in our system being updated with the correct information. This has now been rectified.	Care and Treatment	Clinical Care Received

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Reading	Adult Acute Admissions	Mental Health Inpatient and Urgent Care	13/11/2017	Minor	Mother wishes to know how her son was able to abscond from Bluebell for 13 hours and then again at an appeal hearing for 2 1/2 hours. Mother and wife due to meet Drs, meet cancelled without telling either of them. Mother says pt calls her and his wife at 2,3,4am having panic attacks she says it could make all the difference if just 1 member of staff could build some trust with the pt.	Partially Upheld	We acknowledge that we failed to let family know that a meeting had been cancelled, resulting in them arriving for it. Patient also absconded from his tribunal as the staff had not assessed correctly the risk of absconding. These two elements upheld.	Care and Treatment	Clinical Care Received
Reading	CMHT/Care Pathways	Reading	04/10/2017	Moderate	Wife feels let down by CMHT who have not provided a care coordinator for the pt or information regarding a support group for the complainant	Upheld	IO concludes that patient was given assurances of actions etc. but these were not delivered by CMHT. A number of points of learning have been identified by the team and these are detailed in the response.	Care and Treatment	Clinical Care Received
Windsor, Ascot and Maidenhead	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	12/12/2017	Minor	Mother wishes to express her disgust and dismay towards 2 members of the urgent care team who attended her daughter in Wexham Park A&E	Investigation underway		Attitude of Staff	Healthcare Professional
West Berks	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	07/12/2017	Low	Mother unhappy with the disorganised and chaotic administration system	Upheld	We have acknowledged the backlog in the admin team meant that the screening pack wasn't sent resulting in a further delay to process the referral. IO reports that backlog is reducing. A letter for a different child was enclosed with letter for this patient. IO has feedback to team to take care in future. Wrong information was given to school.	Communication	Written to Patients
Slough	Community Hospital Inpatient	Bracknell	23/10/2017	Moderate	Whilst on the ward the Dr examined the pt and wanted to put her on palliative care and multiple occasions. The pt and family refused, every time. Eventually another Dr stepped to stop this. The pt was discharged on the 25th Sept and is perfectly fit. Family feel this was negligent and want to know why the consultant deemed it fit to put the pt on palliative care.	Partially Upheld	Action taken was appropriate but communication was not at the level expected. It is recommended that staff be reminded of the need to fully explain decisions, avoiding assumptions to be made. Apology offered to lack of communication.	Care and Treatment	Failure/incorrect diagnosis
Windsor, Ascot and Maidenhead	Eating Disorders Service	Windsor, Ascot and Maidenhead	19/12/2017	Low	Pt believes poor data recording in 2015 resulted in her having to leave 6th Form college after only 1 year, pt feels she has had 3 years of her life taken from her as she wasn't involved in any decision making. Pt wants an apology and for the complaint letter to be added to her medical records	Investigation underway		Communication	Communication with Other Organisations
Reading	CMHT/Care Pathways	Reading	15/12/2017	Minor	Mother struggling to understand why she was unable to cancel an apt on behalf of her daughter and rearrange another one.	Investigation underway		Care and Treatment	Clinical Care Received

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Wokingham	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	02/11/2017	Low	school feel they need the support of CAMHS for this pt, and the family need support to but feel they keep hitting a brick wall. Mother is requesting an apt before the 8th Nov when her son has an EHC Assessment.	Partially Upheld		Care and Treatment	Clinical Care Received
Reading	CAMHS - Child and Adolescent Mental Health Services	Windsor, Ascot and Maidenhead	23/11/2017	Minor	Mother of disabled child, verbally abused by staff member following an altercation in the Dingley Clinic car park, Reading. During local resolution staff said they thought because she was of a different nationality she must have misread what the staff member said. Mother wishes to be treated with respect in future by staff especially if her car has been blocked in the disabled car parking space.	Case not pursued by complainant	complaint withdrawn	Abuse, Bullying, Physical, Sexual, Verbal	Verbal Abuse
West Berks	Physiotherapy Musculo-skeletal	West Berks	27/12/2017	Low	Pt seen by different physio who caused a lot of pain during his treatment session. Pt never wishes to be seen by this person again and thus would like an apt with someone else, but wishes it raised as a formal complaint	Investigation underway		Care and Treatment	Clinical Care Received
Reading	Adult Acute Admissions	Reading	30/11/2017	Moderate	Mother attended a professionals meeting at short notice, invited by the pt and there was no lip speaker present. Pt due for discharge on the 6th Dec from PPH, mother feels that because he was given home leave he will not received support as she says CMHT and crisis are often dismissive and abusive. She feels BHFT have failed to deliver S117 aftercare and continue to ignore concerns until the pt reaches crisis point.	Investigation underway		Care and Treatment	Clinical Care Received
West Berks	Out of Hours GP Services	Wokingham	04/12/2017	Low	Father unhappy with examination of his daughter	Partially Upheld	No clinical failings and examination was appropriate, however, the purpose of the examination should have been explained to parents, so this element upheld.	Care and Treatment	Clinical Care Received
Reading	CMHT/Care Pathways	Reading	07/11/2017	Minor	Pt advised they will be discharged in 3 months with no CPN, the reason she was given was 'you have a family to support you, we have to focus on the homeless and people with no support.'	Upheld	We have acknowledged that the CMHT did not provide the level of service expected. Care plan is to be formulated and carer's assessment will be undertaken.	Care and Treatment	Clinical Care Received
Bracknell	CMHT/Care Pathways	Slough	04/12/2017	Low	Pt unhappy that TT has deemed him too severe but he could not attend the day time groups run by the CMHT that were offered to him. Pt also received a call from CMHT but the person did not identify themselves	Partially Upheld	Group therapy was declined by patient as not his preferred option but not suitable for TT. We have apologised that this resulted in patient feeling lack of support from services.	Care and Treatment	Failure/Delay in specialist Referral
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Reading	10/10/2017	Low	Pt detained and held overnight at Police station. Family believe the pt was taken to the RBH then PPH and our Dr discharged him despite his presentation	Consent Not Granted	No consent received	Care and Treatment	

Geographical Locality	Service	Business Group	First received	Complaint Severity	Description	Outcome code	Outcome	Subjects	Sub-subject
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Slough	16/10/2017	Moderate	Pt needing ECT has complied with all Dr's request in order to be able to have the treatment, as the last minute pt told he now needs to be an inpt to receive the treatment and there are no beds - he has waited for 2 yrs. Mother feels this is criminally negligent and is completely unacceptable for vulnerable patients to be left for years without proper therapeutic care or supervision. The family are now at breaking point.	Local Resolution		Care and Treatment	Failure/Delay in specialist Referral
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Mental Health Inpatient and Urgent Care	26/10/2017	Moderate	Pt felt suicidal, called Crisis, had a telephone assessment and was told they would call back, he did not hear anything for 4 weeks and was told he had been referred back to his GP. Pt says if he did not have a private counsellor he would probably be dead. 4 months later pt offered an apt with Psychiatrist, unhappy to meet with junior but pt say she was much better than previous Dr who was dismissive and said he 'hadn't bothered to read his notes'. Pt says he is mainly complaining about the lack of understanding and communication but also the psychiatrists attitude from March 2017 assessment	Partially Upheld	Staff reminded of process of how patients can raise concerns. Not upheld around consultation with Doctor, whilst recognising conversations around diagnosis can be difficult, there was no evidence that the notes were not considered prior to the meeting.	Care and Treatment	Clinical Care Received
Reading	Intergrated Pain and Spinal Service	West Berks	20/10/2017	Low	GP referred pt to IPASS and she was seen by a Dr in the Pain Management Clinic but the pt does not want to take medication. Pt would like to know why IPASS sent her to the pain clinic instead of seeing her.	Local Resolution		Care and Treatment	Failure/Delay in specialist Referral

15 Steps Challenge

Quarter 3 2017/18

There have been three visits during quarter three. The practicality of arranging visits to coincide with the limited availability of both NEDs and volunteers, has been a challenge and sickness in the team has also impacted on the number of visits completed this quarter. The visits planned for next quarter will make up for the shortfall this quarter.

NHS England has recently updated the 15 Steps challenge toolkits and any new information has been incorporated into our own bespoke toolkits developed over the year.

Themes this quarter

- **high standard of care delivered by staff**
- **staff commitment to their patients and their service**
- **old signage**
- **clarification on uniforms would be useful for patients and visitors**

ARC – Upton

This was a good visit to a well-run and professional service. The staff were friendly, approachable and professional and welcomed the team.

Jubilee Ward – Upton

The team were impressed by the dedication to care, the warm and friendly atmosphere and the obvious pride the staff felt about their ward.

Manor Green, Children's Respite

The commitment by the staff to the children's needs which were challenging was exemplary.

Friends and family team discussion:


The teams all felt that should a family member or friend be referred to any of the service areas visit that they were confident that their loved ones would receive the best care.

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

Patient Participation Strategy work programme for 2017/18

Getting from good to outstanding

	What we will do	How we will do this	Our timescale	Progress – Quarter 3
1.	<p>Review the structure of the team as opportunities arise. Also look to rename the team to reflect the move from participation to co-creation/co-design.</p> <p>Ensure any changes are communicated across the organisation</p>	<p>As vacancies arise we will look at what is needed rather than replacing like for like.</p> <p>Work with STP to realise any potential synergies and opportunities for more unified ways of working.</p> <p>Work with Marcomms to ensure there is effective communication of change within the team</p>	<p>End of Q3</p> <p>Q1 onwards</p> <p>Q4</p>	<p>A new Patient Experience Facilitator and Patient Experience Apprentice are joining the team in January 2018.</p> <p>Meeting re ACS Comms and Engagement has repeatedly been cancelled and we are unable to progress.</p> <p>Staffing changes to be announced in Teamnet once all staff in post.</p>
2.	Achieve 15% in FFT.	<p>Re-look at process. Ensuring Denominator & numerator are well understood.</p> <p>Introduce cards to be sent out with discharge letters.</p> <p>Recruit volunteers to gather FFT feedback on Community inpatient sites.</p>	<p>Q1</p> <p>On-going</p> <p>On-going</p>	<p>Team-net Information updated</p> <p>The Patient Experience Team is sending cards and envelopes out to services. Services are also being reminded of this when in contact with the team about their surveys.</p> <p>Volunteer advertisements are across sites. Volunteer collecting feedback at St Marks Hospital. There is currently one volunteer,</p>

	What we will do	How we will do this	Our timescale	Progress – Quarter 3
		<p>Continually learn from other organisations.</p> <p>Review on a month by month basis to determine success of new approaches.</p> <p>SMS being implemented as more readily available option for services</p>	<p>On-going</p> <p>On-going</p> <p>Q3/Q4</p>	<p>however recruitment was started for another at PPH but this was withdrawn.</p> <p>Focus on inpatient areas to increase response rates – Patient Experience Apprentice to support this.</p> <p>Quarterly comparison to other Trusts included in patient experience report Regionally AWP have the highest response rate and the most successful methodology is by card/paper either at the point of discharge or sent to the patient's home.</p> <p>Pilot under negotiation in West Berkshire Locality to suspend the internal patient survey and focus on FFT up to the end of 17/18</p> <p>Operational in some areas. The wider project has been on hold due to annual leave in Clinical Transformation Team..</p>
3.	<p>We will continue to look at opportunities for co-creation/co-design and assist teams to achieve. Aligning patient leaders with strategic projects including:-</p> <ul style="list-style-type: none"> Suicide prevention project (SPIN) 	<p>Identify with teams the key strategic change areas.</p> <p>Recruit and align patient leaders.</p>	<p>Already commenced, to continue over the year with quarter by quarter update.</p>	<p>CYPF PP review project underway – strategy document 2017-2020 – draft</p> <p> Berkshire Children Young People and Families</p>

	What we will do	How we will do this	Our timescale	Progress – Quarter 3
	<ul style="list-style-type: none"> Prospect Park strategic developments. CRHTT development. 	Evaluate co-creation/co-design input	Q4	<p>PPH and CRHTT – no patient leaders currently in place to support the programme. However PPH deep dive may encourage some recruitment.</p> <p>Review of perinatal SHaRON – scoping how to adapt existing survey on user log in to the system</p> <p>Three Patient Leaders have been recruited and completed training. To be aligned to Q1 programme, PPH nutrition and wellbeing project and Carer feedback project.</p>
4.	We will review the ToR and membership of Patient Experience and Engagement Group (PEEG) to ensure captures the work of the organisation and focuses the input from the Patient Participation Team as a mechanism for sharing learning.	<p>Review PEEG ToR and membership.</p> <p>We will revise the existing staff patient and public involvement online reporting form so that it is easier for our staff to use and gives information relevant for our services to make change.</p>	<p>Q1</p> <p>Q1</p>	<p>First joint meeting took place on 15.08.17 with good attendance from both localities and Healthwatch. Directors contacted to request further support with consistent attendance</p> <p>Revised PPI reporting form live from September 2017. Being promoted through PSQs and Clinical Directors</p>

	What we will do	How we will do this	Our timescale	Progress – Quarter 3
		<p>Set a PEEG work-plan for the year.</p> <p>Use PEEG as a vehicle to gain insight into strategic programmes requiring support for co-design.</p> <p>Communicating out to the organisation what is working well in terms of co-design/co-creation and any lessons learnt.</p>	<p>Q1-Q2</p> <p>On-going</p> <p>Commence discussions with Marcomms Q1</p>	<p>The work plan was not collated at the October meeting due to time restraints. Brought forward to Q4.</p> <p>Whilst being mindful not to replicate locality based updates that take place, this is going to form part of the PEEG work-plan. As above.</p>
5.	<p>Review recruitment of patient leaders to ensure more leaders recruited over 2017/18.</p> <p>Continue to work with RBH and look to have better synergies between the 2 organisations around strategic programme involvement.</p>	<p>Review recruitment process to ensure it is not too onerous.</p> <p>Work with RBH to see if there patient leaders can support some of our programmes whilst we are recruiting.</p> <p>Learn from others on effective recruitment.</p> <p>Reset the leadership of the patient leader work to ensure it</p>	<p>Q1</p> <p>Q1</p> <p>Completed</p> <p>Q1-Q2</p>	<p>Completed – three patient recruited</p> <p>An existing patient leader has agreed to act as a pilot to work across both Trusts</p> <p>Advertising through the volunteer route has been more effective and there has been positive feedback about the process (it is less time consuming and with less paperwork than NHS Jobs). Single point of contact works well</p> <p>Head of Service Engagement and Experience has shadowed the Patient Leader training.</p>

	What we will do	How we will do this	Our timescale	Progress – Quarter 3
		is given greater focus.		More collaboration and shared information to be built into future training so it includes more Berkshire Healthcare information
6.	Use the Healthwatch forum to gain better understanding of local priorities and look at how we better share the work of this forum throughout the organisation.	<p>Ask Locality Directors the best way of keeping localities informed.</p> <p>Communicate as/agreed process from Q1.</p> <p>Review, with Healthwatch, ToR and scope and remit of the meeting.</p>	<p>Q1</p> <p>Completed</p> <p>Q1</p>	<p>First joint meeting with PEEG took place on 15.08.17</p> <p>Clinical Directors contacted to request further support with consistent attendance</p> <p>Completed</p>
7.	<p>2 Service Deep Dives to be completed in the year.</p> <ul style="list-style-type: none"> Exploring patient & carer Opinion of mixed sex accommodation at PPH. Exploring the reasons for experiences of delayed discharges from Campion Unit on patients and their carers 	<p>Discussion with LD & Consultant Nurse PPH.</p> <p>Feedback from Audit</p>	<p>Q1</p> <p>Q4</p> <p>Q4</p>	<p>DSSA Deep Dive – Completed, discussions with teams at PPH underway to agree next steps.</p> <p>LD Audit to commence Q4.</p>