



Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust
Annual Complaints Report
April 2017 to March 2018

Elizabeth Chapman – Head of Service Engagement and Experience

Contents

1. Introduction & Executive Summary
2. Complaints received – activity
3. Complaints closed – activity
4. Complaints as a mechanism for change – learning
5. Parliamentary and Health Service Ombudsman
6. Multi-agency working
7. Complaints training
8. External review

1. Introduction and Executive Summary

This report contains the annual complaint information for Berkshire Healthcare (The Trust) as mandated in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Trust formally reports patient experience through our Quality Executive and Trust Board on a quarterly basis, alongside other measures including compliments, the Friends and Family Test, Patient Advice and Liaison Service (PALS) and our internal patient survey programme.

This report looks in more detail at the application of the Complaints Process within the Trust from 1 April 2017 to 31 March 2018 and uses data captured from the Datix reporting system.

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

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

The complaints office will discuss the options for complaint management when people contact the service. This gives 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.

The number of local resolution complaints that the Patient Experience team have been notified about has remained consistent with 205 received in 2017-18, compared to 210 received in 2016-17. Information on local resolution complaints is captured in real time on a dashboard that is accessible to the Locality and Clinical Directors. There have been 20 informal complaints logged, which is slightly lower than 24 in 2016-17.

Highlights of this report;

- 100% of complaints responded to within timescale
- Highest number of complaints received by service were Community Mental Health Teams (CMHT), Child and Adolescent Mental Health Services (CAMHS), Crisis Resolution Home Treatment Team (CRHTT) and Mental Health Inpatients
- Increase in complaints for Older Adults CMHT
- There were no complaints for Highclere ward and the Oakwood Unit
- Positive feedback has been received on complaint handling training
- The complaints process has been positively assured following a visit by the local Clinical Commissioning Groups

Nationally, complaint statistics are reported on a quarterly and annual basis, with 2017-18 annual reporting due to be available from September 2018. During 2016-17, nationally clinical treatment accounted for 26.7% of complaints by subject area, comparatively in 2017-18 27.8% of all formal complaints were categorised against care and treatment as their main subject.

Complaints about communication, with patients and other organisations, medical records and confidentiality have the potential to be avoidable; these accounted for 23.5% of the formal complaints received within the Trust for 2017-18.

2. Complaints received - activity

The information in this report excludes complaints which are led by an alternative organisation, unless specified.

Table 1 shows the number of formal complaints received into Berkshire Healthcare for 2017-18 by service and compares them to the previous financial year. Whilst the overall number of formal complaints have remained the same, along with the top four services in terms of complaint activity, there has been an increase of note for CMHT/Care Pathways, CAMHS - Child and Adolescent Mental Health Services and the Older Adults Community Mental Health Team (the latter whilst receiving 5 in total, saw an increase from 2 in 2016-17).

Table 1 – Formal complaints received

Service	2017-18						Change	2016-17					
	Q4	Q3	Q2	Q1	Total	% of Total		Q4	Q3	Q2	Q1	Total	% of Total
CMHT/Care Pathways	10	12	11	11	44	22.08	↑	8	7	8	9	32	15.31
CAMHS - Child and Adolescent Mental Health Services	4	6	9	7	26	14.29	↑	5	2	5	6	18	8.61
Crisis Resolution & Home Treatment Team (CRHTT)	6	4	6	4	20	9.09	↓	4	3	4	10	21	10.05
Adult Acute Mental Health Admissions	6	4	9	4	23	11.04	↑	4	4	7	5	20	9.57
Community Nursing	3	1	4	4	12	5.84	↑	1	3	2	3	9	4.31
Community Hospital Inpatient	6	1	1	3	11	5.26	↓	4	3	3	7	17	8.13
Common Point of Entry	2	1	-	2	5	1.95	↓	4	0	1	0	5	2.39
Out of Hours GP Services	2	3	2	2	9	4.55	↑	1	1	3	4	9	4.31
Walk in Centre	-	-	-	-	0	-		4	0	0	2	6	2.87
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)	2	1	2	-	5	1.95	↑	-	0	1	2	3	1.44
Older Adults Community Mental Health Team	3	1	1	0	5	2.39	↑	1	1	0	0	2	0.96
7 other services in Q4 – no trends identified	11	19	14	5	49			15	10	15	13	53	
Grand Total	55	53	59	42	209			51	36	56	66	209	

The Trust Business Group structure (also known as reporting locality) has previously been used as the main mechanism for reporting complaint information, however as this may differ from the geographical locality of where the service is based, we feel it brings more value to report the latter. This enables us to identify themes and trends more easily. The following tables show a breakdown for 2017-18 of the formal complaints that have been received and where the service is based.

Table 2 – Mental Health Service complaints (114 complaints/ 55%)

Service	Locality of Service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
CMHT/Care Pathways	9	16	5	6	4	4	44
Inpatient Admissions – Prospect Park Hospital		23					23
CRHTT	2	10	3	2	1	2	20
Common Point of Entry	1	2			1	1	5
Older Adults Community Mental Health Team	1	1			3		5
Psychological Medicine Service RBH		4					4
Talking Therapies	1				1	1	3
Older Peoples Mental Health (Ward Based)		3					3
Eating Disorders Service					2		2
Community Team for People with Learning Disabilities (CTPLD)		1	1				2
Neuropsychology		1					1
Traumatic Stress Service					1		1
Early Intervention in Psychosis					1		1
Grand Total	14	61	9	8	14	8	114

36% of CMHT complaints were about the Reading based Service.

A senior oversight group was established at the end of 2017 to resolve and support the main issues which were leadership, vacancies, robust supervision and challenges with delivery partner, Reading Borough Council.

The Trust has commissioned a Deep Dive project which aims;

- To analyse complaints and establish themes, drivers, links and priorities
- To compare and contrast against other CMHTs – and set a context for this insight
- To consult people who have made complaints to better understand their background, experiences and feelings and to explore what should have happened in their view
- To share patient feedback with staff and get their views, whilst also assessing local resolutions and understanding their processes and procedures around complaints, learning from complaints and knowledge management throughout the team
- To capture best practice among the Reading team and compare with other team leads

Table 3 shows the main subject for formal complaints about the CMHT. 29.54% of complaints were about care and treatment, the majority of these being for the Reading based service. Complaints about communication with patients and other organisations, medical records and confidentiality have the potential to be avoidable. Complaints with these as the main subject areas accounted for 18.18% of the total complaints received for CMHTs and the team are working to see these reduced in 2018/19.

Table 3 - CMHT complaints

Main subject of complaint	Locality of Service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Care and Treatment	2	7	3		1		13
Clinical Care Received	2	3	1	1		3	10
Medication			1	1	1		3
Communication		1		2			3
Failure/Delay in specialist Referral	1	1		1			3
Access to Services	1				1		2
Healthcare Professional	2						2
Confidentiality					1		1
Information; written to Patients		1					1
Information; verbal to Patients		1					1
Other		1					1
Communication with Other Organisations		1					1
Delay or failure to visit				1			1
Medical Records	1						1
Failure/incorrect diagnosis						1	1
Grand Total	9	16	5	6	4	4	44

Table 4 – Adult mental health inpatient wards

Main subject of complaint	Location of complaint					Grand Total
	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	Non ward specific	
Clinical Care Received	3	1	1	2	1	8
Care and Treatment	1	2	1	1	1	6
Admission		1				1
Attitude of Staff				1		1
Discharge Arrangements				1		1
Discharge Planning		1				1
Lost Property				1		1
Medication	1					1
Verbal to Patients			1			1
Communication to Patients		1				1
Delay or failure to visit		1				1
Grand Total	5	7	3	6	2	23

Table 5 – Older Adults mental health inpatient wards

Main subject of complaint	Location of complaint		Grand Total
	Orchid Ward	Rowan Ward	
Care and Treatment	2	1	3
Grand Total	2	1	3

Formal complaints to CRHTT remained consistent with 2016-17, with a slight decrease from 21. A Deep Dive undertaken in 2016-17 showed that complaints had increased by 30% from 2015-16 but in the same time period, compliments have doubled. Increased complaints were about attitude of staff, service access and discharge arrangements. Conversely, compliments analysis by number of mentions speaks of supportive, helpful and enabling staff, as well as general commentary around quality of service. 50% of the formal complaints are showing for the Reading based team, which is a main hub (base) for the CRHTT.

There have been no formal complaints about the Psychological Medicines Service based in Wexham Park Hospital in Slough, with the complaints logged being allocated to the serviced based out of the Royal Berkshire Hospital in Reading.

Formal complaints about the Older Adults Community Mental Health Team have increased from 2 in 2016-17 to 5 in 2017-18, with 3 of these complaints relating to the team based in Windsor, Ascot and Maidenhead. Overtime, there has been a shift in the team receiving complaints as demonstrated in Table 6, which also shows that there have no complaints about access to services or attitude of staff since 2015-16. During 2017-18, the services based in Bracknell, Slough and Wokingham did not receive any formal complaints.

Table 6 - Older Adults Community Mental Health Team complaints

Locality of Service	Access to Services	Attitude of Staff	Care and Treatment			Communication			Medical Records		Grand Total
	15/16	15/16	15/16	16/17	17/18	15/16	16/17	17/18	16/17	17/18	
Bracknell	1	1			1	2					5
Reading		1								1	2
Slough		1									1
West Berks							1				1
Windsor, Ascot and Maidenhead					2			1	1		4
Wokingham			1	1							2
Grand Total	1	3	1	1	3	2	1	1	1	1	15

Table 7 – Community Health Service Complaints

Service	Locality of Service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Community Nursing	2	2	2	1	3	2	12
Community Hospital Inpatient			3	2	3	3	11
Out of Hours GP Services		6		3			9
Sexual Health	1		4				5
Minor Injuries Unit				5			5
Integrated Pain and Spinal Service		4					4
Physiotherapy Musculoskeletal			1	1	1		3
Hearing and Balance Services	1				1		2

Mobility Service	1					1	2
Podiatry						2	2
Heart Failure Team			1				1
Physiotherapy - Rehabilitation			1				1
Grand Total	5	12	12	12	8	8	57

The Community Nursing Service (sometimes referred to as District Nursing Service) received the highest number of formal complaints for community based services, with 36.84%. The complaints were spread across the services, with the service based out of West Berkshire receiving one less, and the one in Windsor, Ascot and Maidenhead receiving one more than in the other areas.

Table 8 shows the main subject of the formal complaints received about the Community Nursing Service. Care and treatment and delays or failure to visit were two highest reasons for people to make formal complaints. A co-created project is underway to hold a series of 'getting to know your local Community Nursing Service' events, primarily targeted towards carers for the areas in the East of Berkshire. This is being co-created with a carer who raised concerns about the care of her mother and the communication she had with the service.

Table 8 – Community Nursing Service

Main subject of complaint	Locality of Service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Care and Treatment		1	1		2		4
Delay or failure to visit	1				1	1	3
Clinical Care Received	1		1				2
Failure to examine/examination cursory				1			1
Healthcare Professional						1	1
Confidentiality		1					1
Grand Total	2	2	2	1	3	2	12

Care and treatment continues as the main subject for complaints received about community inpatient wards. Of the 3 complaints for Henry Tudor Ward based at St Marks Hospital in Maidenhead two were about communication and attitude of staff. Highclere ward based at West Berkshire Community Hospital did not receive any formal complaints during 2017-18.

Table 9 – Community Health Inpatient ward Complaints

Main subject of complaint	Location of complaint					Grand Total
	Ascot Ward	Donnington Ward	Henry Tudor Ward	Jubilee Ward	Windsor Ward	
Care and Treatment	2	1		2		5
Attitude of Staff			1	1		2
Healthcare Professional		1				1
Failure to examine/examination cursory					1	1
Communication			1			1
Clinical Care Received			1			1
Grand Total	2	2	3	3	1	11

For sexual health services complaints, the majority are showing for the service based out of the Garden Clinic in Slough. This is the main sexual health service base, with a smaller,

satellite service available in Bracknell. Three of the 5 complaints were about clinical care, with two about the interaction with staff.

Table 10 – Children, Young People and Family Service Complaints

Service	Locality of Service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
CAMHS	6	4	6	1	1	8	26
Health Visiting		2	2			1	5
Children's Speech & Language Therapy - CYPIT					2		2
Paediatrics			1				1
Nursery					1		1
Grand Total	6	6	9	1	4	9	35

CAMHS have seen an increase in complaints (26) compared with 18 received in 2016-17. During 2015-16 there were 28 formal complaints about CAMHS, the majority of which were about waiting times and access to treatment. CAMHS have seen a reduction in waiting times due to the introduction of an initial assessment through the Trust Common Point of Entry service and the introduction of the CAMHS Urgent Care Service has seen positive clinical outcomes for young people.

The services based out of Bracknell, Slough and Wokingham have received the highest number of formal complaints, with the Wokingham service receiving the only complaints about a delay or failure to make an onward referral. Bracknell, West Berkshire and the Windsor, Ascot and Maidenhead services did not receive complaints about waiting times.

Table 11 – CAMHS Complaints

Main subject of complaint	Locality of Service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Failure/Delay in specialist Referral						3	3
Waiting Times for Treatment		1	1			1	3
Healthcare Professional	1		2				3
Care and Treatment	1					2	3
Information; written to Patients	3						3
Failure to prescribe/incorrect prescription			1			1	2
Clinical Care Received		1				1	2
Communication	1			1			2
Breach of Patient Confidentiality			1				1
Alleged Abuse, Bullying, Physical, Sexual, Verbal		1					1
Attitude of Staff					1		1
Failure/incorrect diagnosis			1				1
Failure to examine/examination cursory		1					1
Grand Total	6	4	6	1	1	8	26

All of the complaints about the Health Visiting Service were about communication and information sharing; including complaints about information shared for child protection purposes. There were no complaints about the clinical care provided.

Both of the complaints about Speech and Language Therapy were about delays in paperwork, resulting in not being kept informed on the progress of being seen within the service.

Table 12 – Complaints about other services

Service area	Locality of Service		Grand Total
	Bracknell	Reading	
MHA Tribunal process		2	2
Corporate/Policy	1		1
Grand Total	1	2	3

3. Complaints closed – activity

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome). Table 13 shows the outcome of complaints.

When compared against the national reporting statistics for 2016-17;

Upheld	36.5%
Partially Upheld	21.8%
Not Upheld	41.7%

The Trust has lower % of complaints that are upheld or not upheld, with a greater proportion found to be partially upheld; complaints often cover a number of services and issues which are investigated as individual points which contributes to this. There is further development around the apportioning a finding to an investigation that is being taken forward by the Complaints Office in 2018-19 which it is hoped will give further clarity over how the outcome is reported.

Table 13 – Outcome of closed formal complaints

Outcome	2017-18						Change	2016-17					
	Q4	Q3	Q2	Q1	Total	% 17/18		Q4	Q3	Q2	Q1	Total	% 16/17
Case not pursued by complainant	1	1	1	1	4	1.95	↓	1	5	1	4	11	5.19
Consent not granted	4	0	1	0	5	2.44	↓	3	4	1	1	9	4.25
Local Resolution	2	6	3	3	14	6.83	↑	4	0	1	4	9	4.25
Managed through SI process	4	Reported from Q4			4	1.95	↑	Not reported					
Referred to other organisation	1	0	1	0	2	0.98	↑	0	0	0	0	0	0
No further action	1	2	0	0	3	1.46	↑	0	0	0	0	0	0
Not Upheld	7	7	20	6	40	19.51	↓	9	7	16	14	46	21.7
Partially Upheld	28	22	19	18	87	42.44		14	18	24	22	78	36.8
Upheld	10	10	18	8	46	22.44	↓	14	7	18	20	59	27.8

Grand Total	58	48	63	36	205
-------------	----	----	----	----	-----

45	41	61	65	212
----	----	----	----	-----

Table 14 shows the response rate within a negotiated timescale, as a percentage total. The sustained 100% response rate achieved since 2016-17 demonstrates the commitment of the complaints office, Clinical Directors and clinical staff to work alongside complainants. There are weekly open complaints situation reports (SITREP) sent to Clinical Directors, as well as on-going communication with the complaints office throughout the span of open complaints to keep them on track as much as possible.

Table 14 – Response rate within timescale negotiated with complainant

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

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.

4. Complaints as a mechanism for change – learning

Berkshire Healthcare supported the project ‘How Slough organisations can learn from feedback and complaints’, led by Slough Healthwatch at the end of quarter four 2016-17. The findings report published in quarter one, highlighted good practice examples by the Trust and other health and social care organisations, and the Patient Experience Team continue to signpost and support Healthwatch organisations within Berkshire with any concerns or complaints on behalf of the public.

Our Clinical Directors were given the opportunity to showcase actions and learning from complaints as part of this report;

Mental Health Inpatients -

Introduced carers welcome meetings, updated ward information packs and made a film clip for staff, based on a service user’s experience of admission. Implementing an allocated worker model and one ward has introduced the role of a security nurse.

Community Mental Health East -

Bracknell CMHT has altered the way they deal with referrals by introducing a task team and Slough CMHT has made improvements to their duty processes.

Community Mental Health East -

The prompt reallocation of care coordinator when staff leave service; sickness absence cover to ensure patients have contact at these times – systems and processes reviewed to ensure prompt reallocation wherever possible and contact to patients when sickness absence arises.

Good practice –

Timely responses to complaints raised around care packages; proactive engagement with patients, families and loved ones during times of crisis; excellent carer’s group feedback for CRHTT.

Examples of learning from complaints include:

What we were told: A carer feeling that they were not involved in risk/care plan.

What we have done: A forum is needed for carers to be able to discuss risk and care planning. The Terms of Reference for our risk panel was reviewed in March 2018 to include time for carers to feedback. 2 carers have already taken up the offer to attend and be involved in the panel.

What we were told: The daughter of a patient felt that communication and expectation about the community nursing service were not managed well. Also that there is a lack of peer support for carers.

What we have done: The carer is co-creating and facilitating 'getting to know your community nursing team' sessions for carers, with an opportunity for a breakaway group for on-going peer support and education.

What we were told: Links to information have been sent out, but cannot be accessed.

What we have done: We confirmed that staff had been sending links to documents held on our intranet. An update on who can access our intranet and what to do if someone asks for information has been included in our weekly Trust wide staff email.

What we were told: It is important to understand how long it will be before an appointment with the Berkshire Traumatic Stress Service.

What we have done: Adapted the opt in letter to make all clients referred aware of the current waiting times for assessment, so they are able to make an informed decision about whether they do wish to opt in to the service for an assessment.

What we were told: When a care co-ordinator in the CMHT left, there was a breakdown in communication and trust.

What we have done: Ensured a thorough CMHT supervision process where clear handover plans are in place when care coordinators are handing over care to support the transition to a new allocated lead professional. Provide copies of care plans agreed with individuals following initial meeting or review which is monitored via supervision. Actions that are agreed during face to face or telephone interactions will be clear and reflected in the documentation on case note plans. CMHT is providing written information to individual clients using the service to inform them of CMHT DUTY system and how access crisis to support after hours where allocation to new care coordinator is not immediately possible.

What we were told: People didn't understand the role of a Learning Disability Nurse, what happens when allocated staff aren't around and why people open to the Learning Disability Services aren't cared for under a CPA (Care Programme Approach).

What we have done: The Head of Learning Disability Services will take the gap identified in CPA provision in the community to commissioners to review. The Community Team for People with a Learning Disability will review and document handover processes when a staff member is absent. The Learning Disability (LD) Nurses will review the information provided to families regarding the role of the LD nurse and the level of support that can be expected.

What we were told: We could have done better to support a patient and their admission to Prospect Park Hospital.

What have we done: CMHT's must ensure that relapse information and actions to be taken when relapse is evident are clearly recorded in a safety plan with a copy to the patient and carer. CMHT and CRHTT ensure that a face to face assessment takes place when admission is indicated. Bluebell ward manager is now ensuring that patients who are admitted to Bluebell have a CPA or discharge planning meeting recorded and copy provided to patient and carer.

The Bluebell ward team have had a learning session to ensure the lessons from this complaint about physical and mental health care, documentation and communication as well as staff attitude is implemented in the ward practice.

What we were told: The ward didn't respond to the concerns we sent in to Henry Tudor Ward

What have we done: The Ward Manager proactively visits new patients and explains how to share their feedback or concerns.

What we were told: Admin backlogs and errors caused a delay in Children's Speech and Language Therapy.

What have we done: Ensure that when taking a message this has been passed on to relevant medical secretary / consultant along with a progress note on RiO. Communications go out to the team in the absence of staff members for work areas to be monitored, prioritised and senior management alerted if there are any issues. Blood letters / test requests are sent out prior to a clinic letter to avoid delay.

What we were told: It is distressing waiting for a visit from CRHTT which does not happen.

What have we done: Changes made to the structure of home treatment teams in each locality to include an advanced mental health practitioner. All staff ensure that they add any agreed contact on the daily team planner and where the contact is for the same day, they need to speak to the shift lead and communicate with the respective team directly. For all staff attending Multi-Disciplinary Team meetings ensure that the previous agreed plan is maintained. If there are any changes to the plan, this needs to be communicated to the service user.

5. Parliamentary and Health Service Ombudsman

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

The table below shows the Trust activity with the PHSO as at the end of 2017-18.

Table 15 – 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
Mar-18	Older Adults Community Mental Health Team	n/a	Investigation Underway
Mar-18	Admin teams & office based staff	n/a	Enquiry at this stage

6. Multi-agency working

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

Table 16 – Formal complaints led by other organisations

Lead organisation	Service area of complaint
CCG	Access to the Slough Walk-In Health Centre
Acute Trust	Care from 2014 involving our High Tech Care service
NHS England	Care and treatment on Henry Tudor Ward
CCG led	Access and communication with the District Nursing Out of Hours Service
Commissioning Support Unit	Care and treatment on Donnington Ward
Acute Trust	Care and treatment on Ascot Ward
Acute Trust	Health Visiting
Commissioning Support Unit	Community Nursing Service
Mental Health Trust	Criminal Justice Liaison and Diversion Service

7. Complaints training

The Complaints Office offer a programme of complaint handling training through the Learning and Development Department. In addition, bespoke sessions are available when requested to teams or service areas that are having specific challenges. As a result of a formal complaint, a session on complaint handling has been arranged for Doctors at the Medical Staffing Committee, with the opportunity to attend the further, fuller training.

The course content is adapted following feedback from staff and people who have used the complaints process, an example as an outcome from complaint being the addition of guidance around the documentation and recording of meetings. Examples of delegate feedback include;

I think this format is very helpful - I feel less fearful of undertaking a complaint investigation as the process was made very clear and details of where to get help and support.

The training needs to be shared to staff across BHFT. It is knowledgeable and staff awareness is important on how complaints are managed. The NHS needs to prepare and equip their staff fully to avoid any disputes escalating and how to defuse complaints at an early stage to save time and costs.

8. External review

The Berkshire West CCG confederation undertook a quality assurance observation visit in January 2018. There was review against the CQC quality domains and the subsequent report highlighted 'What Works Well' as:

- Strong leadership
- Good team working with clear shared responsibilities
- Development of staff

There is a CCG led recommendation to explore the options of working with Royal Berkshire Hospital Foundations Trust to form a system-wide complaints team as part of the Integrated Care System model.