

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 20 March 2019
starting at 10.30 am
At Easthampstead Baptist Church, South Hill Road, Bracknell

There will be a governor pre-meeting at 9.50am which is open to all governors

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	Welcome & introductions	Chair	2
2.	Apologies for Absence	Company Secretary	1
3.	Declarations of Interest 1. Annual Declarations of Interest (Enclosure) 2. Agenda items	All All	1
4.1	Minutes of Last Formal Meeting of the Council of Governors – 12 December 2018	Chair	2
4.2.	Matters Arising	Chair	5
5.	Community Mental Health Team Presentation	Gerry Crawford, Regional Director (West)	25
6.	Executive Reports from the Trust 1. Patient Experience Quarter 3 Report (Enclosure) 2. Performance Report (Enclosure) 3. Annual Plan on a Page (Enclosure)	Julian Emms, Chief Executive	20
7.	Committee/Steering Groups Reports: a. Living Life to the Full (To Follow) b. Membership & Public Engagement (Enclosure) c. Quality Assurance meeting (Enclosure)	Committee Group Chairs and Members	10

8.	Any Other Business	Chair	5
9.	Dates of Next Meetings 8 May 2019 – Joint Board and Council of Governors Meeting 19 June 2019 – Council of Governors meeting <i>(Meetings held at Easthampstead Baptist Church)</i>	Martin Earwicker, Chair	2

COUNCIL OF GOVERNORS

20 March 2019

Governor Declarations of Interest

For Noting

Author: Julie Hill, Company Secretary

GOVERNOR DECLARATIONS as at 11 March 2019

NAME	CONSTITUENCY	INTERESTS DECLARED
ALI-NOOR Ruffat	Public Slough	Independent legal advisor and advocate, High Court
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
CARVALHO, Susana	Public – West Berkshire	None
CHENG, Jenny	Appointed Governor - Wokingham	<ul style="list-style-type: none"> • Royal Berkshire NHS FT Governor • Trustee of Poor's Land Charity • Town Centre Management Initiative Woodley
CHILD, Marion	Appointed Governor – Alzheimer's Society	Employee of Alzheimer's Society
DAKIN, Guy	Staff Governor	None
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
HOSKIN, Graeme	LA Appointed – Reading	None
HORNE Andrew	Public - Wokingham	None
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

NAME	CONSTITUENCY	INTERESTS DECLARED
		Federation of Burial and Cremation Authority
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	Employed by Healios – Children and Young People Mental Health Providers – focusing on reducing waiting times for children with ASC and ADHD
PENTALIC, Natasa	LA – Appointed – Slough	None
PRENTICE-HARRISON, Nick	Public – WAM	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
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
WEBB, Tom	Public – Reading	Wife works for the Trust as a Health Care Assistant

Council of Governors

Wednesday 12 December 2018

Minutes

Public Governors

John Barrett
Amrik Bansal
Linda Berry
Susana Carvalho
Ray Fox
Tom Lake
Paul Myerscough
Ruffat Ali-Noor
Verity Murrice
Amrik Banse
Nigel Oliver
Tom O'Kane
Krupa Patel
Pat Rodgers
Gary Stevens

Staff Governors

Julia Prince
Guy Dakin
Natasha Berthollier

Appointed Governors

Isabel Mattick
Adrian Edwards
Suzanna Rose
Marion Child

In attendance

Martin Earwicker, Chair
Julian Emms, Chief Executive
Amanda Mollett, Head of Clinical Effectiveness and Audit
Nathalie Zacharias, Allied Professional Health Lead
Theresa Wyles, Urgent Care Manager (present for item 6)
Gwen Bonner, Clinical Director for Mental Health West
(present for item 6)
Minoo Irani, Medical Director (present from 11.45)
Ben Sheriff, Deloitte, External Auditors (present for item 7)
Chris Fisher, Chair of the Audit Committee
Julie Hill, Company Secretary
Jenni Knowles, Office Manager and Assistant Company
Secretary (present from 12.15)

Apologies:

Governors

June Carmichael
Andrew Horne
Paul Sahota
Jenny Cheng

1. Welcome & Introductions

Martin Earwicker, Chair welcomed all Governors and staff to the meeting. The Chair particularly welcomed, Gwen Bonner, Clinical Director, Mental Health West, Theresa Wyles, Urgent Care Manager, Ben Sheriff, External Auditors and Chris Fisher, Chair of the Audit Committee.

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.

The Declarations were noted.

4. Minutes of the previous meeting – 19 September 2018

The minutes of the meeting held on 19 September 2018 were approved after a correction had been made to minute 2 (Patient Experience Quarter 4 Report), the word “withheld” was changed to “upheld”.

5. Matters Arising

There were no matters arising.

6. Crisis Resolution Home Treatment Team (CRHTT) Service Presentation

The Chair welcomed Theresa Wyles, Urgent Care Manager and Gwen Bonner, Clinical Director, Mental Health West to the meeting and invited them to give a presentation on the Crisis Resolution Home Treatment Service. A copy of the presentation is attached to the minutes.

Paul Myerscough reported that he had recently attended a Co-Production event in Wokingham at which service users fed back that when they rang the CRHTT phone number at the weekend, they were told to “make a cup of tea and wait until Monday and see their GP”.

The Urgent Care Manager said that the volume of telephone calls was very challenging with around 6,000-7,000 calls per month. It was noted that the service was currently analysing calls to gain a better understanding about the nature of enquiries.

The Clinical Director reported that over the last two years, there had been a real focus on staff training and all calls to the CRHTT were recorded for training purposes. The Clinical Director acknowledged that there was more work to be done but pointed out that the standard of the telephone responses had increased.

The Chief Executive reported that he personally signed off all complaint letters and said that recording calls to the CHRTT service meant that telephone conversations could be reviewed to see if the complaint was justified, and if it, steps would be taken to address any areas for improvement through training etc.

Ray Fox reported that he was Chairman of Eight Bells for Mental Health Support Group in Newbury and had tried to contact the CRHTT telephone service on a number of occasions, but had not been able to get through.

The Urgent Care Manager reported that part of the work to analyse the nature of calls to the service also involved reviewing whether some calls would be better answered by the Third Sector by Volunteer Peer Support workers.

Verity Murrice commented that some people needed more support than could be provided by voluntary organisations such as Eight Bells, but did not meet the threshold for the CHRTT service and there was a gap in mental health provision.

The Chief Executive acknowledged that this was an issue and said that the Government's Ten Year NHS Plan was expected to address gaps for people with low to moderate mental health care needs.

Julia Prince asked for more information about initiatives to support CHRTT staff wellbeing. The Urgent Care Manager reported that the service was looking at flexible working in response to staff wanting to work longer days in return for a day off in the week. In addition, the Trust's IAPT service provided stress management support for staff. Staff could also access the Berkshire Physiotherapy service. Other wellbeing activities included, "down time" when calls would be diverted to the East and staff could have a facilitated session to raise any issues of concern.

Tom Lake mentioned that he had visited Prospect Park Hospital and was surprised that the Crisis telephone line at Prospect Park Hospital had no visual signal that a message was waiting.

The Chair thanked the Urgent Care Manager and Clinical Director, Mental Health West for their presentation.

7. Audit Matters

7.1 External Auditors Report to the Council of Governors

The Chair welcomed Ben Sheriff, External Auditors to the meeting.

Ben Sheriff presented the External Auditors opinion on the Quality Accounts 2017-18 and made the following points:

- The External Auditors had given a "clean opinion" on the Trust's Quality Accounts. Financial Accounts and Charitable Fund Accounts for 2017-18
- In respect of the Quality Accounts, the External Auditors had tested the content and consistency of the Quality Accounts against other sources of information.

- The External Auditors had also tested three indicators: two of which were reported publicly (Out of Area Placements and Early Intervention in Psychosis); and one indicator selected by the Council of Governors (Improving Access to Psychological Therapies).
- The External Auditors had made three low priority recommendations for improvement which the Trust had accepted.
- The areas for improvement were: developing a formal policy for Care Coordinators which defined the frequency in which the patient was visited by a Care Coordinator; formalising and strengthening the reconciliation control around Out of Area Placements; and a process to be put in place to ensure that all physical referral letters were time stamped with the correct date and were consistently recorded.

Paul Myerscough asked whether date stamping and properly recording referrals was an issue across the Trust, not only in the Early Intervention in Psychosis and IAPT services.

Ben Sheriff said that the Trust received referrals from a range of different services and therefore unless there was a consistent approach across the Trust at the point at which a referral letter was received, there was a risk that the wrong date of receipt would be recorded.

Gary Stevens asked whether Deloitte were the External Auditors for other mental health trusts. Mr Sheriff confirmed that this was the case.

Paul Myerscough asked about the definition of “inappropriate” and “appropriate” Out of Area Placements.

Mr Sheriff reported that the Department of Health and Social Care had a strict definition about inappropriate and appropriate Out of Area Placements and there were a limited set of circumstances when an Out of Area Placement was deemed to be “appropriate.”

Tom O’Kane asked about the Trust’s trajectory against target in respect of Out of Area Placements.

Mr Sheriff explained that NHS Improvement required Trusts to set a trajectory for reducing the number of Out of Area placements based on their current performance.

Chris Fisher, Non-Executive Director said that the Government had pledged to end inappropriate Out of Area placement by 2022.

Gary Stevens asked how the Trust’s performance compared with other similar Trusts. Mr Sheriff commented that reducing Out of Area Placements was a complex issue and that the reasons for placing patients out of area varied from Trust to Trust and therefore national comparisons were not meaningful.

John Barrett congratulated the External Auditors on the clarity and presentation of the information contained in the report. Mr Barrett said that the format of the Quality

Accounts Report had improved over time, which was due in part to feedback from Governors.

The Chair thanked Ben Sheriff, External Auditors for his report.

7.2 Annual Audit Committee Report

The Chair welcomed Chris Fisher, Chair of the Audit Committee.

Chris Fisher presented the Annual Audit Committee Report and highlighted the following points:

- The purpose of the Annual Report was to provide Governors with an overview of the work of the audit Committee.
- The Committee undertook an annual self-assessment. Members of the Committee, the Internal and External Auditors and the Counter Fraud Service together with other regular attendees completed the questionnaire. Overall, the results were very positive with a couple of areas identified for improvement: succession planning for the Chair and Non-Executive Director members and more professional development sessions for Committee members.
- The Committee's terms of reference had been circulated. The Committee had a broad remit and agenda management was challenging.
- The Committee had commissioned several deep dive reviews into the key areas of risk for the Trust.
- One of the key functions of the Committee was to ensure that the Trust's resources were focussed on the most important area of the Trust's business.
- The Audit Committee agreed the Annual Internal Audit Programme which set out the topics where it would be useful to management to have some external scrutiny.
- A summary of the Internal Audit reviews for 2017-18 had been circulated.

Suzanna Rose referred to the Internal Audit Report and asked whether a solution had been found in respect of the lack of an audit trail for controlled drugs at the WestCall Out of Hours service.

Mr Fisher reported that the controlled drugs process had changed and there was now a process in place to ensure that there was an audit trail.

Susanna Carvalho asked whether the recommendations in respect of staff appraisals had been implemented.

The Chief Executive confirmed that this was the case and said that the Trust had changed the appraisal documentation to make it easier for managers and staff to have more in depth conversations.

John Barrett noted that the Internal Auditors had highlighted that some appraisal objectives were not SMART.

The Chief Executive acknowledged that framing objectives was very important and that the Trust included training on how to develop SMART objectives.

Amrik Banse asked about the definition of the different Internal Audit assurance levels. Mr Fisher referred to page 57 of the agenda pack which provided a description of the various levels of assurance.

Tom Lake referred the Board Assurance Framework and asked whether the Board had identified all the key strategic risks or whether there was an element of “group think” amongst the Board.

Chris Fisher said that at the end of the Trust Board and Sub-Committee agendas there was an item on identifying any new risks. This served as a prompt for members of the Board and Sub-Committees to reflect on the meetings’ discussions and to consider whether any new risks had emerged which should be escalated to the Board Assurance Framework.

Mr Fisher pointed out that the Internal Auditors had given “significant assurance” to the Trust’s Risk Management and Board Assurance Framework processes.

The Chair said that Mr Lake’s point was a good one and acknowledged that it was important that the Board guarded against “Group think”.

Paul Myerscough pointed out that the Audit Committee’s terms of reference made no mention of the Governors role. Chris Fisher said that he would be happy to review the terms of reference with Mr Myerscough.

The Chair thanked Chris Fisher, Chair of the Audit Committee for his report.

8. Executive Reports

8.1 Patient Experience

Nathalie Zacharias, Applied Health Professional Lead presented the report and apologised to Paul Myerscough, Chair of the Governors Quality Assurance Group for the fact that the report was presented to the full Council before the Quality Assurance Group had reviewed it. It was noted that the dates of the Quality Assurance Group meetings had been changed for 2019 to ensure that the working group members had an opportunity to review the report before the Council meetings.

It was noted that patient ethnicity was included in the report for the first time, but unfortunately patients’ ethnicity was not stated in around half of the complaints received in Quarter 2.

It was also noted that for the first time the Friends and Family Test response rate had increased to 17% (this was above the 15% threshold to be statistically valid).

Marion Child referred to the Friends and Family Test responses and commented that there were low response rates in respect of Older People and Community Services and asked what the Trust was doing to ensure Older People had a “voice”.

Ms Zacharias reported that the Trust had started to do some targeted work to improve the response rate from older people on the Trust's Older People's wards.

Marion Child asked about plans to increase the response rate in the Community. Ms Zacharias agreed to review that area and to consider what actions could be taken to improve the response rate.

The Chair thanked Ms Zacharias for her report.

8.2 Performance Report

John Barrett referred to the capital programme spend and commented that there was an increase in capital programme slippage and asked whether this meant that big capital projects were not taking place.

The Chief Executive explained that the capital programme was around £10m per annum. The Chief Executive said that the causes of the slippage were various, for example, if the Trust did not receive any acceptable tenders for capital works or there were delays in contractors being able to start work or delays in materials etc.

The Chief Executive provided assurance that the Trust had not cancelled any key capital projects.

The announced that the Trust had recently been awarded £10m of capital funding from the Department of Health and Social Care to support the move of Willow House to Prospect Park Hospital.

Tom Lake said that it would be helpful to have the vacancy rate and a commentary on hot spots included in future reports. Mr Lake also asked whether the Trust had difficulties in recruiting doctors.

The Medical Director reported that there was a national shortage of Psychiatrists but confirmed that most of the Trust's medical positions were filled.

The Chief Executive pointed out that the Performance Assurance Framework Report submitted to the public Trust Board meeting provided detailed information on the Trust's performance and this report could be accessed via the Trust's website.

Tom O'Kane asked who determined the content of the Chief Executive's Performance Report. The Chief Executive explained that the content had been selected by Governors and said that if Governors wanted, the full Performance Assurance Framework Report which went to the Public Board meeting this could be circulated.

The Chair said that unless Governors requested the full document, it was better to have a short synopsis of the key performance metrics at the Council meetings.

The Chair thanked the Chief Executive for his report.

9. Committee Steering Groups

a) Living Life to the Full

The report was taken as read.

John Barrett highlighted that the Trust's Chaplain at Prospect Park Hospital had attended the last meeting. It was also noted that Julia Prince had also attended to talk about staff wellbeing.

The report was noted.

b) Membership & Public Engagement Group

The report was taken as read.

Tom Lake reported that Jade O'Connor, Marketing and Communications Manager had left the Trust. It was noted that membership lead was now Izzy Coleman-Wood.

Mr Lake reported that Cathy Saunders, Head of Marketing and Communications and Julie Hill, Company Secretary had also attended the meeting.

Mr Lake highlighted that the meeting had discussed the following:

- A document storage system for governors;
- Annual Members Meeting attendance (29 members of the public had attended in 2018);
- Membership recruitment and the need to recruit more men and people from an Asian background;
- A new initiative to work with civic organisations to encourage more nominations for governor elections. This would start in the Bracknell locality because in the last round of governor elections there were no nominations from Bracknell.
- The Governor magazine and the need to use this as a vehicle to promote the Trust's image.

The report was noted.

C) Quality Assurance Group

The report was taken as read.

Paul Myerscough encouraged governor to attend the Quality Assurance Group meetings.

10. Election Report

The Council noted the election report in respect of the recent Governor elections in Reading, West Berkshire and Windsor, Ascot and Maidenhead. As previously stated, no nominations were received in Bracknell.

11. Quality Accounts

The Chair welcomed the Medical Director and Amanda Mollett, Head of Clinical Effectiveness and Audit.

Ms Mollett reminded the meeting that NHS Improvement mandated two indicators for the External Auditors to audit in respect of the annual Quality Accounts and one local indicator to be selected by Governors.

Ms Mollett reported that the Trust's preference would be for the percentage of patients on the care programme approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period. It was noted that the two NHS Improvement mandated indicators for testing were likely to be the same indicators as for 2017-18.

It was noted the External Auditors were happy with the proposed local indicator.

Julia Prince pointed out that the Trust comprised of 50% mental health services and 50% community health services, but the indicators largely related to mental health services.

Ms Mollett said that the only community health related local indicator was referral to treatment, but it was felt that the Care Programme Approach was better because of its impact on ensuring that patients were reviewed post discharge.

Paul Myerscough said that his impression was that only a small number of mental health patients were on the Care Programme Approach.

The Medical Director reported that the Trust followed the Care Programme Approach guidance and although the numbers may be relatively small, these were a high-risk cohort of patients.

The Council agreed that the locally selected Quality Accounts indicator for 2018-19 would be option 1 in the report (the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric care during the reporting period).

12. Any Other Business

There was no other business.

13. Meeting Review

The Chair invited Governors to feed back on the meeting. Overall the feedback was positive, but Tom O'Kane commented that it was difficult to hear at the back of the room.

Tom Lake suggested that in future, the Patient Experience Report should be taken as read and Governors to be given an opportunity to ask questions. Paul Myerscough said that any Governor who wanted to have a more in-depth review of the Patient Experience Report should attend the Quality Assurance Group meetings.

14. Dates of next Council meetings

- 6 February 2019 – Joint Non-Executive Directors and Council of Governors meeting
- 20 March 2019 – Formal Council of Governors Meeting

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 12 December 2018.

Signed:.....

(Martin Earwicker, Chair)

Date: 20 March 2019

DRAFT

Crisis Resolution & Home Treatment Teams

Theresa Wyles & Gwen Bonner

making a difference community
respect from the heart personal community people together help care understanding right place making a difference specialist dedication safe health service to
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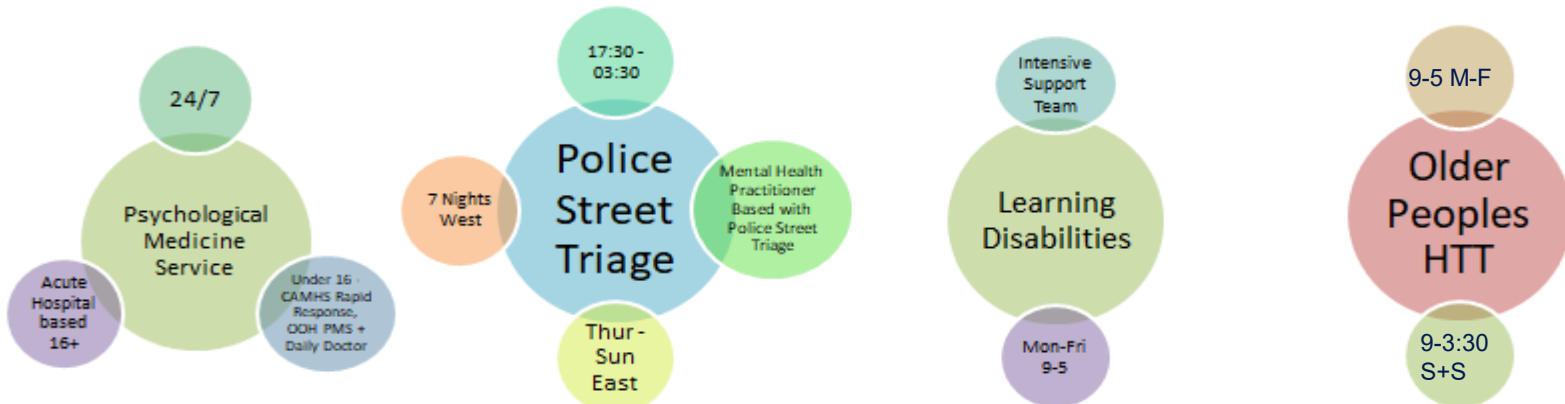
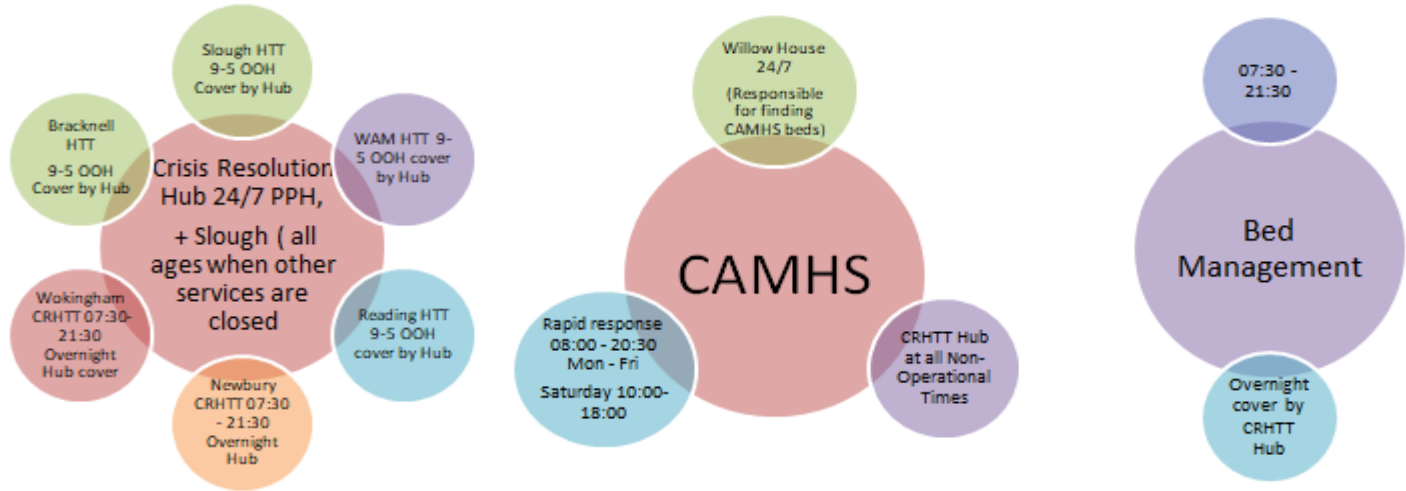
Urgent Care System

- CRHTT
- Psychological Medicine Service – RBH & WPH
- Police Street Triage – East & West
- Bed Management
- Acute Overspill reviewing officer

- OOH cover for CAMHS, OPMH, LD & Specialist services

- Not a blue light service





Key CRHTT Challenges

- Operate 24/7 Crisis Hubs – Reading & Slough
- Gatekeep all informal admission requests
- Locality based Home Treatment Teams – admission avoidance & facilitate early discharge
- Rapid assessment and treatment planning
- Time limited interventions – evidence based
- Signposting
- Carers support programme

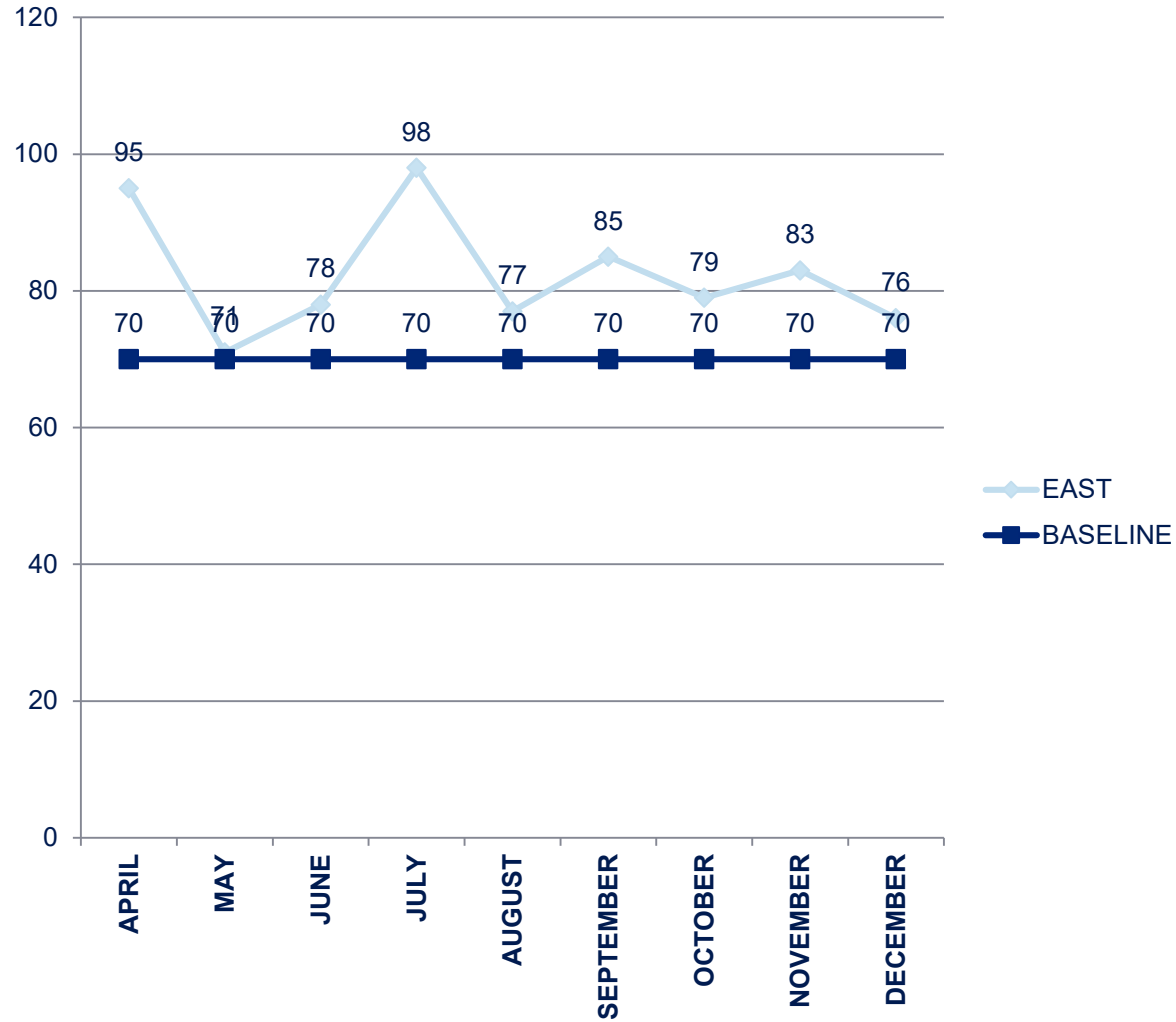
Challenges

- Volume of telephone calls to team – 6000+ per month
- Increased caseloads & acuity of patients
- Pressures in CMHT's
- Patient and Carer expectations
- Staff availability when caseload increases
- Definition of a crisis is subjective
- Lack of community alternatives to CRHTT
- Impact of bed capacity at PPH
- Impact of SIRS on staff wellbeing
- Unrelenting demands on the team
- Competing demands
- EUPD, ASD & ADHD

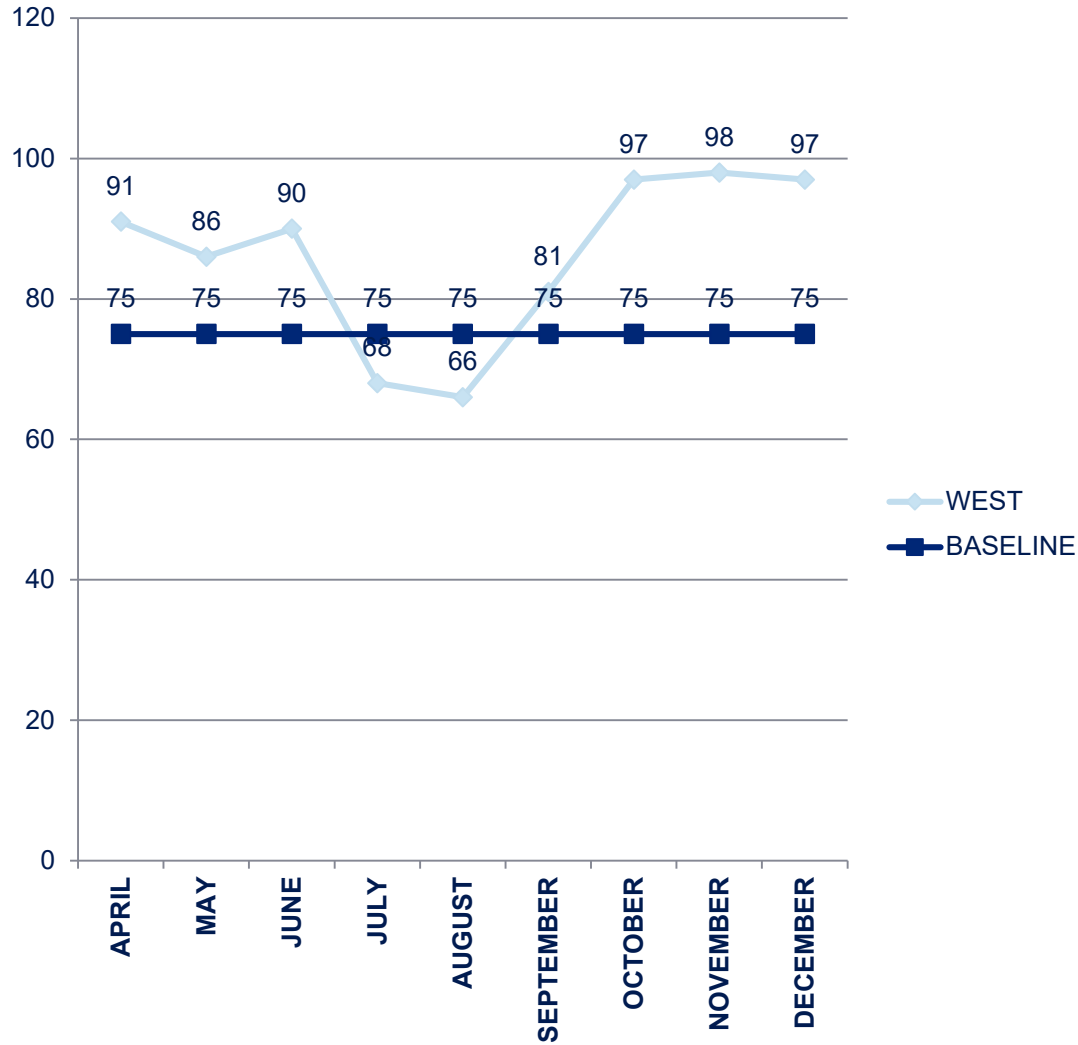
Achievements

- Good staff retention
- Low sickness
- High levels of patient feedback
- Recruitment to preceptorship roles
- Partnership working
- Carers support programme
- Staff development programmes
- Psychological intervention – 1:1 & group
- Risk assessment & safety planning improvement
- Apprenticeships
- Police Street Triage
- Face 2 face activity

EAST

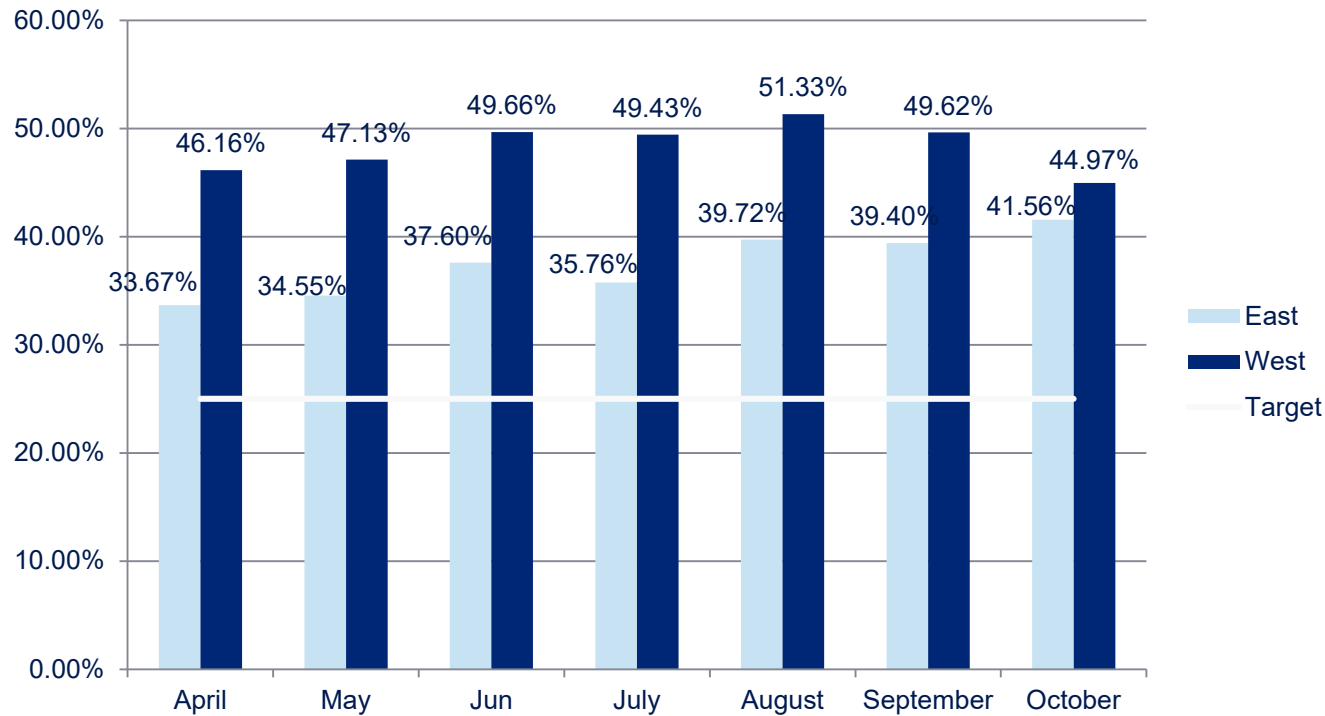


WEST



Face to face target 25%

Overall Face To Face Activity - East & West



Staff Development

- 3 day Suicide awareness
- Risk assessment & safety planning
- 360 learning events
- Sage & Thyme telephone skills training
- Crisis module with UWL
- Non medical prescribing
- Use of PGD's
- Advanced Practitioner training
- Competency frameworks – Band 5,6 & 7
- Preceptorship
- Team away day
- Team building events

Patient & Carer feedback Jul17 – Jul 18

Item	Question	Jul-17	Oct-17	Nov-17	Jan-18	Feb-18	Apr-18	May-18	Jul-18
1	Would recommend the service to friends or family (likely or extremely likely)	100%	94%	93%	100%	92%	91%	98%	100%
2	Overall care with CRHTT (good or excellent)	100%	97%	91%	93%	100%	100%	98%	100%
3	Treated with dignity and respect (agree or strongly agree)	100%	100%	96%	93%	100%	100%	100%	100%
4	Given all the information they need (agree or strongly agree)	100%	93%	84%	86%	100%	100%	92%	100%
5	Staff were polite and approachable (agree or strongly agree)	100%	97%	98%	92%	100%	100%	100%	100%
6	Felt listened to (agree or strongly agree)	100%	90%	95%	85%	100%	91%	100%	100%
7	Felt involved in making key decision about care (agree or strongly agree)	100%	87%	81%	85%	100%	91%	86%	100%

Positives

- Quick response from the team. Supportive staff
- Helpful service and good staff
- Very caring staff
- Good support from the team
- CRHTT was there for me
- Amazing team
- fast response nice people
- Great
- Once I gained access to crisis the team were supportive and professional
- Loads of reasons- help me understand what I am going through and help me understand that I am not alone and people care
- Very Supportive
- extremely good service just carry on
- Really helpful to me
- Thank you for everything you guys did for me

Improvements

- My only concern was accessing the service which I have complained about and is being investigated

Developments 2019/20

- Scope alternatives to CRHTT telephone support/advice
- Work with teams to improve the quality of safety planning and use of CRHTT
- Explore alternatives to CRHTT – Crisis Café...
- Improve staff wellbeing & resilience
- Physical healthcare checks offered to all service users

Any Questions





Berkshire Healthcare
NHS Foundation Trust

Patient Experience

Quarter Three 2018-19 Report

Presented by: Nathalie Zacharias, Allied Health Professional Lead

Overview

This overview report is written by the Acting 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. The picture across the Trust remains consistent with 2017/18. As part of this report I have also looked at the key finding regarding effective use of patient and service user feedback score in our staff survey in 2017. Nationally the average score was 3.69 with the trust scoring 3.73; East London Mental Health Foundation Trust, rated outstanding by the CQC, achieved 3.85. As a Trust, we sit in the middle of the pack and as our aspiration is to be outstanding, we need to ensure that our staff recognise that we use patient and service user feedback to improve services. The 2018 scores will be available for the Quarter Four report; this will enable updated analysis of our position with this regard.

In December 2018, our Friends and Family response rate was 18% - this means the results are more valid. For Quarter Three the combined Mental and Physical Health scores demonstrated an overall trust score of 95%. Improvement has been demonstrated in terms of response rates amongst our Mental Health Services. The response rate has varied each month during the quarter and it will be important to gain more consistent results of over 15% each month moving forward.

The number of Carers Friends and Family Test responses has continued to increase each quarter with 314 received in Quarter Three these demonstrated a 97% satisfaction rate.

Collection of ethnicity data associated with complaints commenced in Quarter Two and has risen from 48% in that quarter to 80% this quarter. Gender and age is also being recorded with 100% recording achieved for Quarter Three.

During Quarter Three, the Trust continued to sustain a complaint response rate of 100%. Just over 68% of complaints closed during the quarter were upheld or partially upheld.

In Quarter Three, the Trust received 57 complaints across a range of services. The reporting process has been altered to service base as opposed to locality so that trends and themes can be more easily identified. The number of complaints received reduced slightly to just below the number received in quarters one and two of this year. When considering which services to monitor other quality indicators are also examined:

- Community Mental Health Teams (CMHTs) complaints reduced again this quarter and are at a level seen quarterly last year, they have however, seen the joint highest number of MP enquiries (3). Themes from the complaints include care and treatment and communication. Work is required to manage patient expectation and the care pathways programme will support staff in this, as for each area of mental health the patient pathway will be detailed.
- Child and Adolescent Community Mental Health Services received 8 complaints; there has been an increase in complaints each quarter this year after a reduction in Quarter 4 of last year and this trend should be monitored, CAMHS has also received the joint highest number of MP enquires. The main theme of the complaints was

care and treatment. CAMHS is under pressure as a service with increases in caseload, activity and wait times. A quality improvement project is in progress to improve productivity and waiting list management. A significant amount of time is invested in supporting families whilst waiting for appointments. The Trust is also in discussions with the Clinical Commissioning Groups about the whole pathway.

- Acute Mental Health Inpatients received 8 complaints in quarter three, a decrease on both previous quarters of the year. The complaints are predominantly around care and treatment. The hospital continues to have band 5 qualified nursing staff vacancies and as a consequence higher levels of temporary staff which is not optimal. The Director of People is working closely with the Locality Director on recruitment.
- Westcall, GP Out of Hours service received 7 complaints. This is further increase on Quarter two and the highest number in a quarter seen over last 2 years. This should be considered in the context of the significant number of patients seen; however this increase should be monitored to ensure that it is not a continued trend. The main theme involved care and treatment. This service is identified again as the CQC have rated it as requires improvement because of poor underpinning systems and processes to deliver good care.

Each service takes complaints seriously however we need to be able to more easily demonstrate how we have used patient and service user feedback to change service delivery. Staff directly involved in the complaint are asked to reflect on the issues raised and consider how they will change their practice.

The Board has asked for information about face to face contacts versus complaints. Further work is required on data reliability before this is presented. The report does compare the number of complaints received by other Mental Health Trusts and it can be seen that the Trust is not an outlier in complaints received.

2974 patients/carers responded to our internal patient survey in quarter three, this asks patients how they rate their experience, by asking 5 questions, 84% reported the service they received as good or better. Work undertaken as part of our True North has shown that the use of this survey is very inconsistent across the Trust. Work is commencing over 2019/20 to develop an improved survey that all services will use.

Finally, well done to talking therapies which as a service far exceeds any other service with regard to compliments received. The ASSiST and Cardiac Rehabilitation teams have also received high numbers of the total 1670 compliments this quarter

Conclusion

Patient experience is an important indicator of quality and this report provides good intelligence when considering Quality Concerns. Over the year there are no new emerging trends. 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.

Debbie Fulton, Acting Director of Nursing and Governance

1. Complaints received - activity

The information in this report excludes complaints which are led by other organisations, unless specified.

Table 1 shows the number of formal complaints received into Berkshire Healthcare for 2017-18 and year to date 2018-19 by service. There has been a decrease this quarter compared to Q1 and Q2 for 2018/19 but an increase on Q3 last year.

Table 1 – Formal complaints received

Service	2018/2019				% Comparison to Q2	2017/2018				Total	% of Total
	Q3	Q2	Q1	% of Total		Q4	Q3	Q2	Q1		
CMHT/Care Pathways	10	11	16	17.54	↓	10	12	11	11	44	22.08
CAMHS - Child and Adolescent Mental Health Services	8	6	5	14.04	↑	4	6	9	7	26	14.29
Crisis Resolution & Home Treatment Team (CRHTT)	3	5	2	5.26	↓	6	4	6	4	20	9.09
Acute Inpatient Admissions – Prospect Park Hospital	8	12	9	14.04	↓	6	4	9	4	23	11.04
Community Nursing	3	1	1	5.26	↑	3	1	4	4	12	5.84
Community Hospital Inpatient	1	7	6	1.75	↓	6	1	1	3	11	3.25
Common Point of Entry	2	3	3	3.51	↓	2	1	-	2	5	1.95
Out of Hours GP Services	7	5	4	12.28	↑	2	3	2	2	9	4.55
PICU - Psychiatric Intensive Care Unit	0	0	0	0	no change	-	-	-	-	0	-
Minor Injuries Unit (MIU)	2	1	1	3.51	↑	2	1	2	-	5	1.95
Older Adults Community Mental Health Team	0	1	1	0	↓	3	1	1	0	5	2.39
8 other services in Q3	13	11	12	22.81	↑	11	19	14	5	49	23.44
Grand Total	57	63	60	100		55	53	59	42	209	

Previously, complaints were reported against the locality that the services reported into. As this often varies from the geographical location that the patient received the service complaints are now reported against the geographical locality where the care was received which is considered to be more meaningful. The following tables show a breakdown of the formal complaints that have been received during quarter three and where the service is based.

Table 2 shows the number mental health service complaints in Q3

37 of the 57 (65%) of the complaints received during Q3 were related to mental health service provision

Service	Locality of Service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Adult Acute Admissions		8					8

Service	Locality of Service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
CAMHS	1	5	1		1		8
CMHT/Care Pathways	1	5		1		3	10
Common Point of Entry				1		1	2
Crisis Resolution & Home Treatment Team (CRHTT)		2			1		3
IMPACTT						1	1
LDS Community Patients		1					1
Learning Disability Service Inpatients		1					1
Psychological Medicine Service			1				1
Traumatic Stress Service		2					2
Grand Total	2	24	2	2	2	5	37

Table 3 shows the number of CMHT complaints

10 of the 57 complaints (18%) received during Q3 related specifically to CMHT service provision). This is a reduction on Q1 (16) and Q2 (11)

Main subject of complaint	Locality of service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Care and Treatment	1	2		1		1	5
Clinical Care Received						1	1
Communication						1	1
Confidentiality		1					1
Failure/Delay in specialist referral		1					1
Other		1					1
Grand Total	1	5	0	1	0	3	10

Table 3 demonstrates that the main subject for formal complaints received about CMHT was about care and treatment (5) during 2018/19. Reading CMHT received the highest number of complaints (50%); this was the same in Q2 where Reading received 53 % of the formal complaints relating to CMHT's. The services based in Windsor, Ascot and Maidenhead and Slough did not receive any.

Complaints linked with attitude of staff, communication and confidentiality are the main subject areas accounted for 20% (2), a reduction from 45.45% in quarter two.

Table 4 – Mental health inpatient wards

For Q3 8 of the total 57 complaints (14%) related to Inpatient mental health wards, this is a reduction on Q1 (9) and Q2 (12)

Main subject of complaint	Ward			Grand Total
	Bluebell Ward	Prospect Park Hospital	Rose Ward	
Attitude of staff		1		1
Care & Treatment		3		3
Clinical Care Received	1			1
Communication		1		1
Lost property			1	1
Verbal Abuse			1	1
Grand Total	1	5	2	8

Table 5 – Crisis Resolution/Home Treatment Team (CRHTT)

In Q3, 3 of the total 57 complaints (5.2%) were related to CRHTT, this is an increase on Q1 (2) but a decrease on Q2 (5)

Main subject of complaint	Locality of service		Grand Total
	Reading	Windsor, Ascot & Maidenhead	
Attitude of staff	1		1
Care & Treatment		1	1
Clinical Care Received	1		1
Grand Total	2	1	3

Table 6 – Community Health Service Complaints

During Q3, 20 of the total 57 complaints (35%) related to community service provision.

Service	Locality of service					Grand Total
	Bracknell	Reading	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Children's Occupational Therapy - CYPIT				1		1
Children's Speech & Language Therapy - CYPIT					1	1
Community Hospital Inpatient			1			1
District Nursing		1	1		1	3
Health Visiting			1		1	2
Minor Injuries Unit			2			2
Out of Hours GP Services		3	4			7
Physiotherapy (Adult)	1		1			2
School Nursing		1				1
Grand Total	1	5	10	1	3	20

Table 7 – Community Health Inpatient ward Complaints

During Q3, 1 of the total 57 complaints (1.75%) received related to inpatient wards; this is a significant reduction from the 6 in Q1 and 7 in Q2.

	Ward	
Main subject of complaint	Donnington Ward	Grand Total
Care and Treatment	1	1
Grand Total	1	1

Table 8 – GP Out of Hours Service, WestCall Complaints

During Q3, 7 (12.3%) of the 57 complaints related to out of hours service provision, this is an increase from the 4 in Q1 and 5 in Q2.

Main Subject of complaint	Locality of service		Grand Total
	Reading	West Berks	
Access to Services		1	1
Attitude of staff	1		1
Care and Treatment		3	3
Communication	1		1
Medication	1		1
Grand Total	3	4	7

Table 9 – Community Nursing Service Complaints

In Q3, 3 of the 57 complaints (5.3%) were related to community nursing service provision, all regarding care and treatment. This is an increase from the 1 received in both Q1 and Q2

Service/Main subject of complaint	Locality of service			Grand Total
	Reading	West Berks	Wokingham	
Care and Treatment	1	1	1	3
Grand Total	1	1	1	3

Table 10 – Children, Young People and Family Service Complaints

During Q3, 13 of a total 57 complaints (22.8%) related to children's services.

Service	Locality of service						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
CAMHS - Child and Adolescent Mental Health Services	1	5	1		1		8
Children's Occupational Therapy - CYPIT					1		1
Children's Speech & Language Therapy - CYPIT						1	1
Health Visiting				1		1	2
School Nursing		1					1
Grand Total	1	6	1	1	2	2	13

Table 11 – CAMHS Complaints

During Q3, 8 of the 57 complaints (14.03%) were about CAMHS services; this is an increase from the 5 in Q1 and 6 in Q2, with the majority of these being about care and treatment.

Service	Locality of service				Grand Total
	Bracknell	Reading	Slough	Windsor, Ascot and Maidenhead	
Attitude of Staff		1			1
Care and Treatment	1	3	1	1	6
Inaccurate Records		1			1
Grand Total	1	5	1	1	8

Learning Disabilities

There have been two complaints received during quarter three. One for Campion Unit and one for community based services for people with a Learning Disability in Reading.

A deep dive was undertaken during Q2, the aim of this deep dive was to investigate the views around discharge from Campion and to identify the factors contributing to delayed discharges as well as factors which facilitate successful discharge. The deep dive sought to uncover what can be done to prevent a delayed discharge and improve the experience for patients and their carers.

The journey of the 10 patients were reviewed during the deep dive and had a total stay of 4,291 days, with delayed discharge representing 45% of overall time spent in hospital. The delays were due to funding (2/10), assessment of future care needs (4/10) and lack of appropriate placements (4/10).

Conclusions from the analysis showed that:

- Average length of stay across the country was “largely the same, over five years”, however in Berkshire it showed a positive decrease of 27% and that 18% of discharges resulted in readmission whereas for Berkshire there were none in the last year.
- There were great examples of collaboration in most localities. More should be made of best practice and skills sharing and there is a real appetite for this.
- The process of undertaking Community Treatment Reviews (CTR) is the key to reducing hospital admissions and a smooth discharge process, they are not always happening prior to admission but are frequent as are MDT's on Campion Unit. Risk management and greater use of the CPA in the community could also be improved to prevent admissions. CTR are CCG lead multi-agency/ professional reviews.
- There was rarely one single reason for delays. Funding and finding the right provider are the largest contributory factors

The service is in the process of agreeing an action plan which will be included in the Quarter 4 report.

KO41A return

Each quarter the complaints office submit a quarterly return, called the KO41A. This looks at the number of new formal complaints that have been received by profession, category, age and outcome. The information is published a quarter behind. The table below shows the number of formal complaints that were reported for mental health services, nationally and for local Trusts providing mental health services in the South England region (the same Trusts that we benchmark against in the Annual CMHT Patient Survey).

Table 12 – Mental Health complaints reported in the national KO41A return

	2017-18				2018-19	
	Q1	Q2	Q3	Q4	Q1	Q2
Mental Health complaints - nationally reported	3,461	3,790	3,451	3,653	3,598	3651
2Gether NHS Foundation Trust	14	19	15	15	17	14
Avon and Wiltshire Mental Health Partnership NHS Trust	81	75	63	67	78	72
Berkshire Healthcare NHS Foundation Trust	40	58	56	59	49	45
Cornwall Partnership NHS Foundation Trust	26	28	32	34	31	28
Devon Partnership NHS Trust	60	47	43	49	44	56
Dorset Healthcare University NHS Foundation Trust	82	84	74	79	91	90
Kent and Medway NHS and Social Care Partnership Trust	78	72	88	86	87	115
Oxford Health NHS Foundation Trust	62	56	49	70	50	56
Somerset Partnership NHS Foundation Trust	25	20	15	14	17	14
Southern Health NHS Foundation Trust	73	114	79	96	91	95
Surrey and Borders Partnership NHS Foundation Trust	14	28	21	26	26	36
Sussex Partnership NHS Foundation Trust	188	166	169	221	209	192

This table demonstrates a fluctuation in the number of complaints across mental health services both nationally and locally over time, with the Trust not identifying as an outlier for either the number of complaints, or complaint activity.

2. Complaints closed

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 – Outcome of closed formal complaints

Outcome	2018-19					2017-18					
	Q3	Q2	Q1	% of Total	Comparison to Q3	Q4	Q3	Q2	Q1	Total	% 17/18
Case not pursued by complainant	2	0	0	0	↑	1	1	1	1	4	1.95
Consent not granted	3	2	2	3.51	↑	4	0	1	0	5	2.44
Local Resolution	10	5	0	4.39	↑	2	6	3	3	14	6.83
Managed through SI process	0	2	0	1.75	↓	4	Reported from Q4			4	1.95
Referred to other organisation	0	0	0	0	no change	1	0	1	0	2	0.98

	2018-19					2017-18					
No further action	0	0	1	0.88	no change	1	2	0	0	3	1.46
Not Upheld	16	11	13	21.05	↑	7	7	20	6	40	19.51
Partially Upheld	36	26	25	44.74	↑	28	22	19	18	87	42.44
Upheld	12	15	12	23.68	↓	10	10	18	8	46	22.44
Grand Total	79	61	53	100		58	48	63	36	205	

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

2018-19			2017-18				2016-17			
Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

The Investigating Officers 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 (called Datix).

3. Complaints as a mechanism for change – learning

Below are examples of learning from complaints found to be upheld during quarter three.

What we were told: There was a lack of consistency around catheter care in the community.

What we have done: In addition to a review of the management for this specific patient:

- A continence and catheter pathway workshop was held as part of Community Nursing review.
- It has been acknowledged that catheters can have a huge impact on a patients' life and that Multi-Disciplinary working and improved communication could improve patient experience. A meeting is being arranged to include GP, Community Nursing and the Continence Team to explore this further.
- Introduction of a catheter passport across Trusts-to improve communication on transition of care, with clear plan for future care to be adopted by Frimley and Berkshire Health Care Trusts.
- Catheter clinic introduction-as an alternative option for patients who are not housebound.
- Review of the Trust policy flow chart, actions and responsibilities around catheter care to ensure consistency across the Trust in conjunction with the Continence Team.

4. Patient ethnicity

One of the ways that the Trust can monitor the quality of its services is by seeking assurance through the complaints process, that people are not treated negatively as a result of their ethnicity or other protected characteristic. In the past, there have been various different ways of collecting feedback from people who have made complaints (who is not necessarily the patient), asking for their demographic information (e.g. complainant surveys). The Complaints Team are continuing to explore how to collect this information.

The tables below show the ethnicity and other protected characteristics of patients who have had complaints raised about their care between October and December 2018. The process for collating this information was revised in quarter three, and the Patient Experience Team collects this information from the investigating officers (IO) report and RiO.

This has led to an increase in the reporting of ethnicity – 80% in quarter three, compared to 52% from the quarter two report. This information is entered on the Datix record for the patient. The categories for disability are being reviewed and will be included in the quarter four report.

Table 15 – Ethnicity of patients; October to December 2018

Ethnicity	Number of patients	%	Berkshire population
Asian - Asian British/other	2	3.5%	13%
Other Ethnic Group	2	3.51%	1%
White – British/ other white	42	73.68%	80%
Not stated	11	19.29%	
Black	0	0%	3.5%
Mixed	0	0%	2.1 %
Grand Total	57	100.00%	

Table 16 – Gender of patients

There were no patients who identified as anything other than male or female during quarter three.

	Number of Patients	%	Berkshire population
Female	32	56.14%	50.9%
Male	25	43.86%	49.1%
Grand Total	57	100.00%	

Table 17 – Age of patients

Age Group	Number of Patients	%	Berkshire population
Under 12 years old	11	19.29%	↓
12-17 years old	4	7.02%	↓
18 - 24 years old	4	7.02%	31.6%
25 - 34 years old	10	17.54%	14.9%
35 - 44 years old	8	14.04%	15.4%
45 - 54 years old	4	7.02%	19.3%
55 - 64 years old	4	7.02%	↓

Age Group	Number of Patients	%	Berkshire population
65 - 74 years old	3	5.26%	
75 years or older	5	8.77%	18.7%
Not Stated	4	7.02%	
Grand Total	57	100.00%	

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 since April 2017. The last three investigations the PHSO have reported to us were not upheld.

The PHSO reported in Q2 that overall they received 1569 new enquiries, of which 385 progressed to investigation. In the same quarter the Trust had three complaints against them referred to the PHSO, of which one progressed to investigation.

Table 18 – PHSO activity

Month open	Service	Month closed	Current Stage
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	Apr-18	Not Upheld
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	Oct-18	Not upheld against Trust
Mar-18	Admin teams & office based staff	Mar-18	Enquiry at this stage
Jun-18	District Nursing	Aug-18	Not a BHFT complaint – statement provided by our staff to inform the investigation
Jul-18	CPE	Aug-18	PHSO not proceeding
Aug-18	Out of Hours GP Service	Oct-18	PHSO not proceeding
Sep-18	Psychological Medicines Service	n/a	Investigation Underway
Nov-18	Psychological Medicines Service	Nov-18	PHSO not proceeding
Dec-18	Psychological Medicines Service	n/a	Investigation Underway
Dec-18	Community Hospital inpatient	n/a	Investigation Underway

The PHSO have published a report on complaints about the NHS in England from July to September 2018. This report shows that:

385 were accepted in principle for investigation involving 426 health organisations

440 investigations were closed involving 512 health organisations.

Of the cases that were investigated:

- 153 (35%) of the total closed cases were either fully upheld (24 or 5%) or partly upheld (129 or 29%)
- 10 (2%) were resolved before the investigation was concluded
- 215 (49%) of the complaints were not upheld
- 62 (14%) of the investigations were ended for other reasons, for example at the complainant's request

Of the recommendations made as a result of the investigation there were:

- 118 formal apologies
- 65 payments to make up for financial loss or to recognise the impact of what went wrong.
- This totalled £46,533. There is also one health service compensation recommendation for Quarter 2 where the organisation has agreed to compensate for the complainant's financial loss and is currently gathering the necessary evidence to determine the final value of the payment.
- 106 service improvements, such as changing procedures or training staff.
- 23 other actions to put things right. For example, asking a GP Practice to correct errors in
- Amendments to medical records

During the same period Berkshire Healthcare had:

- 3 cases opened by PHSO – two are not being progressed by PHSO, and investigation is underway with one
- 2 cases were closed - one of these was not progressed to investigation and the other was a case which was not about Berkshire Healthcare. In this instance, the PHSO asked for a statement from our staff to inform their investigation involving a care home.

6. Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they are involved in, but are not the lead organisation (main area of complaint is about another organisation and therefore that organisation takes the lead). There were 5 complaints led by other organisations during quarter three.

Table 19 – Formal complaints led by other organisations

Lead organisation	Service area of complaint
East Berks CCG	CRHTT, call to patient not made
	District Nursing and provision of their service
Frimley	Community hospital inpatient and transfer to acute trust
SCAS	WestCall, call to patient not made
	WestCall, clarification on what service offered patient overnight

7. MP enquiries, locally resolved complaints and PALS

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.

Table 20 – Enquiries from MP Offices

Service	Number of enquiries
Acute Inpatient Admissions – Prospect Park Hospital	1
CAMHS	3
Children's Occupational Therapy - CYPIT	1
CMHT/Care Pathways	3
Community Hospital Inpatient	1
School Nursing	1
Grand Total	10

There were 10 MP enquiries raised in quarter three compared with 3 in quarter two.

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 locally. Some concerns are received and managed by the services directly and the complaints office is not involved. These are called Local Resolutions and services log these so that we can see how services are doing at a local level.

Table 21 – Concerns managed by services – Local Resolution complaints

Service	Number of concerns managed directly by services
Adult Acute Admissions	1
CAMHS - Child and Adolescent Mental Health Services	1
CMHT/Care Pathways	1
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1
Community Physiotherapy	1
Community Team for People with Learning Disabilities (CTPLD)	1
Continence	2
Criminal Justice Liaison and Diversion Service	1
Dental Services	1
District Nursing	5
Health Visiting	1
Integrated Pain and Spinal Service	1
Minor Injuries Unit	2
Other	1
Physiotherapy Musculoskeletal	3
Podiatry	2
Grand Total	25

Table 22 – Informal complaints received

An informal complaint is managed locally by the service through discussion (written or verbal) and when discussing the complaints process, this option is explained to help the complainant to make an informed choice.

Service	Number of Informal Complaints
CAMHS - Child and Adolescent Mental Health Services	1
CMHT/Care Pathways	1
Crisis Resolution & Home Treatment Team (CRHTT)	1
Grand Total	3

NHS Choices

There were 20 postings during quarter three; 15 were negative and 5 were positive.

The services with the highest number were CMHT/Care Pathways 4, Physiotherapy (Adult) 2, Older Peoples Mental Health (Ward Based) 2, Adult Acute Admissions 2 and Crisis Resolution & Home Treatment Team (CRHTT) 2.

Feedback included:

CMHT: After what I can only describe as having a panic attack followed by a meltdown I called the Crisis Team. The lady I spoke to was very patient despite me being very upset. She quickly arranged for me to see someone. I was called by the Home Treatment Team at Bracknell CMHT and asked to in and see them.

When I got there we had a discussion about what was going on to cause my present difficulties. They asked me some questions and we came up with a short term solution to curb my anxiousness. They then arranged an appointment with a Psychiatrist a few days later. When I attended I spoke to the Consultant about all the different aspects of my situation. She seemed to understand a lot about what was going on already which I can only assume was passed to her from the person I saw at the Home Treatment Team. The medication situation was the root of my problem. She made a few changes and put a plan in place that not only helped me but covered every eventuality and addressed all my anxieties. I was glad I made the call and very pleased with how the professionals concerned handled everything. Well done guys

Community Dental Service: I went to meet my Mother and a Carer from her Nursing Home for an appointment. I am therefore writing this review on her behalf as she has Alzheimer's. The Dental team treated her very well, explaining everything clearly and reassuringly. She remained calm during the examination, clearly helped by the gentle and respectful approach of the Dentist and her assistant. Also there was a problem with my Mother's transport in that she arrived very late, and different transport had to be arranged to collect her, which was also very delayed, meaning we had to wait in the surgery until after it was due to close. The staff couldn't have been more supportive, with the Dentist staying on with us until the transport came, and offering us drinks.

Hearing and Balance Service: Great service but opening hours need to be clearer. My mum has always received excellent service but sadly still can't hear properly so we are frequent visitors - off there again today as replacement tubes helped but still not sorted the problem. Opening hours on a Thursday are shown as finishing at 4pm - I feel perhaps it should say arrive by 3.30pm to ensure you will be seen. I observed an elderly gentleman with sticks two weeks ago turned away. He had arrived around 3.40pm and there were no tickets left to join the queue. The audiologist told him to go to Windsor the next day - he had been dropped off

and was quite upset that he could not be seen. I do hope my comments will be noted and taken as constructive criticism and perhaps acted upon.

Sexual Health Service: Terrible phone line. It is absolutely impossible to get through to anybody to book an appointment. And it's always been the same. I honestly don't understand what you're supposed to do if this is all the information that's been given. It really needs improvement and urgently.

PALS Activity

There were 399 PALS contacts during quarter two, in addition there were 52 contacts that were about non-Trust services. The main reasons for contacting PALS were:

- Communication; Verbal and written to patients and between organisations
- Information requests; general, finding a local service and requesting clinical information
- Choice and flexibility of access to services
- Concerns about clinical care received

Themes around choice and flexibility of access to services were:

- Access to adult ADHD/ASD service
- Patients requesting flexibility with regard to eligibility criteria - CAMHS
- Choice of location for treatment – wanting care transferred into Berkshire Healthcare
- Funding for therapy
- Unable to access services by telephone and no email addresses available

Themes around concerns about clinical care received were:

- Concerns about how physical health is being managed within mental health services
- Care at Prospect Park Hospital
- Communication with staff in the crisis team

8. The Friends and Family Test

The NHS Friends and Family Test (FFT) gives an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has 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. A summary of the comments from the FFT is sent to the Clinical Directors on a monthly basis which is discussed in the locality Patient Safety and Quality Meetings.

SMS went live across community services in December 2018; it is anticipated that this will result in increased monthly reporting from January.

Table 23 - Number of Friends and Family Test responses

		Number of responses	Response Rate
2018/19	Q3	7631	12.82%
	Q2	5443	14.82%
	Q1	6625	11.64%
2017/18	Q4	5463	11.24%
	Q3	4105	6.81%
	Q2	4987	9.63%
	Q1	4238	7.04%
2016/17	Q4	3696	5.10%
	Q3	4024	5.10%
	Q2	5357	2.20%
	Q1	6697	2.70%
2015/16	Q4	4793	2.10%
	Q3	5844	4.20%
	Q2	6130	4.50%
	Q1	7441	6.60%

There has been an increase in the number of FFT responses received, however due to the high number of discharges in the quarter; there has been a slight decrease in the overall response rate. Based on the number of discharges from our services, there were 59509 patients eligible to complete the FFT during quarter three.

During the quarter, the response rates were:

October: 11%
 November: 10%
 December: 18%

Table 24 - FFT results for Inpatient Wards showing percentage that would recommend to Friends and Family

Ward	Ward type	2018/19			2017/18			
		Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1 %
Oakwood Ward	Community Inpatient Ward	100	100	95.83	100	72.97	93.75	100
Highclere Ward		94.12	97.37	93.98	94.64	96.7	100	100
Donnington Ward		93.48	89.80	97.78	97.59	42.86	98.86	93.5
Henry Tudor Ward		100	96.67	88.00	95.24	94.44	100	100
Windsor Ward		94.12	93.75	100.00	100	100	100	100
Ascot Ward		100	94.92	97.50	97.83	100	100	100
Jubilee Ward		72.73	50	-	-	-	100	40
Bluebell Ward	Mental Health Inpatient Ward	78.95	50	100.00	33.33	-	66.67	50
Daisy Ward		70.59	70.73	70.59	100	85.71	76.19	60
Snowdrop Ward		69.44	50	100.00	-	-	100	-
Orchid Ward		62.50	0	100.00	33.33	100	50	100
Rose Ward		83.33	-	-	-	-	-	100
Rowan Ward		100	-	-	-	-	-	-
Sorrel Ward								

- = no responses received

Learning Disabilities

There were no surveys received for the Learning Disability Inpatient Unit, Campion Unit. The PPI lead met with the Head of Learning Disabilities in quarter three and their survey is being updated. There were 52 responses received from patients seen by the community teams for people with a learning disability.

Table 25 – Learning Disabilities

Response	%	Number of patients
Extremely likely	62.75%	32
Likely	7.84%	4
Neither likely nor unlikely	1.96%	1
Unlikely	0	0
Extremely unlikely	0	0
Don't know	15.69%	8

Table 26 - Carer FFT Responses

Number of responses			
2018/19		2017/18	
Q1	67	Q1	111
Q2	201	Q2	32
Q3	314	Q3	39
Q4	-	Q4	86

There continues to be an increase in the number of Friends and Family Test responses from carers.

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, which is November 2018.

Table 27 - Community Health services FFT data: November 2018

Trust Name	Nov-18		Jul-18		May-18		Feb-18		Nov-17	
	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	9%	96%	11%	98%	14%	97%	9%	97%	6%	99%
Solent NHS Trust	5%	97%	4%	97%	5%	96%	5%	96%	4%	97%
Southern Health NHS FT	5%	97%	5%	98%	9%	97%	12%	94%	7%	97%
Oxford Health NHS FT	4%	97%	3%	96%	4%	97%	5%	97%	4%	97%

%RR – Recommendation rate

The national results for November 2018 for community health services were sustained with a response rate of 4% and recommendation rate of 96%.

Berkshire Healthcare has a significantly higher response rate compared to both the national result and other local Trusts.

Table 28 - Mental Health services FFT data; November 2018

Trust Name	Nov-18		Jul-18		May-18		Feb-18		Nov-17	
	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR	Response Rate	% RR
Berkshire Healthcare	37%	83%	5%	87%	8%	92%	8%	88%	6%	87%
Solent NHS Trust	11%	94%	9%	87%	8%	83%	8%	93%	12%	93%
Southern Health NHS FT	2%	92%	3%	92%	4%	89%	2%	91%	3%	89%
Avon and Wiltshire MH Partnership	16%	89%	13%	91%	15%	90%	14%	89%	13%	88%
Oxford Health NHS FT	9%	93%	9%	91%	10%	90%	10%	91%	9%	92%

%RR – Recommendation rate

The national results for November 2018 for mental health services were sustained at a response rate of 3% and recommendation rate of 89%.

There has been a significant increase in the response rate for mental health services which is positive improvement

9. Our internal patient survey

For Q3, the Trust received feedback from 2974 patients/ carers compared to 2268 in the last quarter and 3438 in quarter one.

This quarter there has been a remarkable increase in the mental health inpatient ward responses.

After experiencing technical issues with their kiosk, Audiology have significantly increased again, and received over double the amount of last quarter. The patient experience team continues to support and work with services to improve and act upon their results.

The highlights are:

- 83.9% of people reported the service they received as good or better than good
- 13 services carrying out the internal patient survey were rated 100% for good or better with a further 10 services rating 85% or above
- Out of the 63 services who routinely report patient survey results, 22 services did not log any responses for quarter three

Learning Disabilities

There were 49 survey responses by people seen by our Community Team for people with a Learning Disability during quarter three. The results are in the table below.

Table 29 – Patient survey responses – Community based Learning Disability Services

My meeting with you was helpful	%	number	I got answers to my questions	%	number
Not at all	0	0	Not at all	2.04	1
Not much	0	0	Not much	0	0
A little	14.29	7	A little	14.29	7
Quite a bit	8.16	4	Quite a bit	8.16	4
A lot	71.43	35	A lot	65.31	32
Question not answered	6.12	3	Question not answered	10.2	5
You were polite and friendly to me	%	number	You listened to me	%	number

My meeting with you was helpful	%	number	I got answers to my questions	%	number
Not at all	0	0	Not at all	0	0
Not much	0	0	Not much	0	0
A little	4.08	2	A little	6.12	3
Quite a bit	6.12	3	Quite a bit	6.12	3
A lot	83.67	41	A lot	81.63	40
Question not answered	6.12	3	Question not answered	6.12	3

10. Updates: Always Events and Patient Participation and Involvement Champions

There were a number of observations at WestCall during quarter three to gather feedback for the Always Events project. These were carried out by the Patient Experience Team, staff from within WestCall and a Patient Leader. Further observations are being organised at the request of the service, with a review and analysis of the feedback planned for quarter four. This feedback from patients and carers will inform a plan to make changes and improvements to the WestCall service.

Patient Participation and Involvement (PPI) Champions within the Children, Young People and Families locality continue to meet both face and face and virtually, highlighting and sharing the local improvements and engagement activities they are undertaking. 'Beg, borrow or steal' is a standing part the PPI Champions workshop agenda during which services share a project or activity, or a wicked problem they would like support with.

Appendix Two contains the 15 Steps report for quarter three. There were 8 visits during this period; all across physical health community based services and inpatient wards.

11. Compliments

There were 1670 compliments reported during quarter three. The services with the highest number of compliments are in the table below.

Table 30 – Compliments

Service	Compliments
Talking Therapies	675
ASSIST	188
Cardiac Rehab	119
Community Respiratory Service	59
CMHTOA/COAMHS - Older Adults Community Mental Health Team	54
Community Hospital Inpatient	53
District Nursing	52
Podiatry	48
Community Based Neuro Rehab	44
Adult Acute Admissions	38
Heart Failure Team	34
Minor Injuries Unit	32
CMHT/Care Pathways	24
Community Physiotherapy	23
Out of Hours GP Services	18
Physiotherapy Musculoskeletal	18

Table 31 - Compliments, comparison by quarter

	2018/19			2017/18				17/18	16/17
	Q3	Q2	Q1	Q4	Q3	Q2	Q1		
Total Compliments	1670	1878	1008	968	1163	1165	1488	4784	5950

Elizabeth Chapman

Head of Service Engagement and Experience

Formal Complaints received during quarter three 2018/19

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	CMHT/Care Pathways	Moderate	Sister-in-law and other family members are complaining that patient was placed in Moat House(OAP)and his health has deteriorated. They are angry that we have not followed up or the deterioration noted by the care coordinator	Case not pursued by complainant	Family do not wish to pursue complaint at the moment.
Reading	Adult Acute Admissions	Moderate	Patient is complaining about how she has been spoken to and treated by staff since admission. She also says she has not been given medication that has been prescribed for a physical health issue. Her food allergy hasn't been noted and she has had no food.	Not Upheld	Records show patient refused medication, she was offered food from Asda as she had missed meal time, no evidence to support staff swearing and staff refutes the allegation.
Bracknell	CMHT/Care Pathways	Minor	Pt feels she has suffered significant harm due to being misdiagnosed in 2012. She would like an apology for the delays around diagnosis, access to a PTSD treatment path, the most suitable could include an inpatient stay in a facility such as Khiron House.	Not Upheld	no evidence of misdiagnosis. timely and appropriate treatment was given.
Wokingham	CMHT/Care Pathways	Moderate	1. Father feels he has been misled to believe his daughter would be relocated from her current Out of area placement 2. Father unable to speak with staff member who assured him she would take over responsibility for the case. 3. appalling service from complaints team when called on Friday 12th Oct 4. Father is requesting a meeting with Executive	Not Upheld	No evidence to support complainants allegations
Reading	Adult Acute Admissions	Minor	Family kept out of the communication loop when patient was sent to RBH and St Pancreas London	Consent Not Granted	
Wokingham	District Nursing	Minor	DN attended pt but refused to do the INR Blood test required. Son had to take pt on his next visit from Gloucester.	Upheld	Outcome shows it is appropriate for patient to have INR done by district nurses

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Wokingham	Children's Speech & Language Therapy - CYPIT	Minor	Mother unhappy with her experience at a SLT drop in clinic 1. believe her child was restrained unnecessarily 2. Feels her parenting skills were being questioned 3. felt the advice she had gone to obtain was not forthcoming 4. Told her sons speech would not develop unless she addressed his behavioural problems and boundary issues	Partially Upheld	The child's behaviour was very challenging and the therapist need to use restraint, as he was hitting and biting her. We have apologised that mother felt her parenting skills were being questioned and that overall she did not have a positive experience.
Reading	Out of Hours GP Services	Minor	Patient is complaining that the OOH GP she saw at RBH was 'incredibly rude' she treated her like a child, was dismissive of her case and left her feeling belittled. She is deeply upset and angry by the experience.	Partially Upheld	
West Berks	Community Hospital Inpatient	Minor	Pt admitted for physio with a foot ulcer which was near to healing, on discharge the condition of the ulcer had deteriorated. Family would like this investigated and an apology for the way the pt was treated	Upheld	We have acknowledged that foot ulcer deteriorated in our care and have apologised.
West Berks	Health Visiting	Low	Parents fell the attitude of the HV staff is judgemental, confrontational and deliberately awkward. Parents have requested to all the records the Trust hold on their daughter and to be removed from our telephone records.	Partially Upheld	Child not on watch list, as it doesn't exist. student health visitor is working under supervision, she will add this feedback to her competencies.
Slough	CAMHS - Child and Adolescent Mental Health Services	Minor	Mother unhappy that her son has not been seen by CAMHS, she feels that whilst the Trust must have guideline procedures to follow she feels not all cases should be treated the same and is requesting help.	Local Resolution	
Wokingham	IMPACTT	Low	Father unhappy at the way the patient was informed they would not be receiving therapy from IMPACTT. Father reports that the patient is unhappy at the speed in which a budget of £500 was set up to help her mother when she has been asking for help for years.	Case not pursued by complainant	
Reading	Adult Acute Admissions	Low	Various complaints regarding the patient being told she was going to Bluebell Ward but then this did not happen. Father feels the search process for new pt.'s is inadequate. Various miss communication between staff / pt and family. No food or medication given for 24hrs following admissions. Father wishes to know if sorrel is for very sick pt or a punishment ward?	Partially Upheld	Complaint contains multiple elements, most of which were upheld or partially upheld.

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Learning Disability Service Inpatients	Moderate	Pt stated she had been assaulted by 2 members of staff, she said they grabbed her and shook her	Not Upheld	No evidence to support allegations
Reading	Traumatic Stress Service	Minor	Pt feels the Trauma service have neglected the medical referral from TT and the GP. Pt also states they made a complaint in Dec 2017 but never received a response.	Partially Upheld	We have apologised for delay in responding to first complaint and for the delay to starting PTSD treatment. We have reminded patient that abusive language is not acceptable.
Reading	CAMHS - Child and Adolescent Mental Health Services	Moderate	Following an assessment by ASD pathway, family were advised the patient needed to be referred to ADHD. Family completed the relevant forms and CAMHS acknowledged receipt in Jan 2017. Family called on the 10th Oct to be told the clinician had not made the referral. Family do not understand why they have been told to get a new referral from GP and go to the back of the queue when this was not their fault.	Local Resolution	Referral arranged for patient
Bracknell	CAMHS - Child and Adolescent Mental Health Services	Low	Child referred to OT & CAMHS, advised by the service ADHD pathway referral was made in Feb 2018 but they were told in Sept 2017 this referral would be made. Wish to know why there is a lack of clarity around this	Partially Upheld	
Wokingham	CMHT/Care Pathways	Moderate	Mother generally unhappy with the care and treatment her daughter has received from the CMHT	Not Upheld	
Slough	Psychological Medicine Service	Moderate	Pt feels the staff member she saw had little to no compassion which progressively got worse throughout their meeting in Wexham Park Hospital	Partially Upheld	It was a particularly busy day and we have apologised if staff came across as being rushed. no evidence that assessment was rushed or incomplete as a result. Staff will discuss in supervision.
Reading	Adult Acute Admissions	Low	Father still unhappy and feels there are still areas to address following his response dated 29th August. Areas include, the lack of investigation regarding sexual harassment, the comment of the ward needing respite from his daughter, being advised the pt could have a bed on Bluebell Ward but this not happening. Care plans and home leave.	Local Resolution	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Out of Hours GP Services	Moderate	Mother feels the doctor was rude and did not seem to know how to do his role. needed to return to WC the next day as pt was so unwell. Dr said medication should not have been given. Saw own GP 2 days later to be told pt did not have an ear infections and agreed medication should not have been given	Partially Upheld	Mother unhappy with her response letter and says she feels it relates to a different patient ORIGINAL COMPLAINT Correct diagnosis made and medication prescribed. Dr has apologised for attitude.
Reading	CAMHS - Child and Adolescent Mental Health Services	Low	Re-opened complaint: Complainant not happy with response and has asked for meeting with IO. ORIGINAL COMPLAINT: Complaint about the refusal to remove information relating to an alleged allegation against another child from a CAMHS report.	Not Upheld	It is not appropriate to remove the information from the report as the accidental exposure did happen.
Reading	CMHT/Care Pathways	Low	CPA which took place on the 23/7/18 was not explained to the pt and the care plan sent out following the complaint was 2 years out of date. Solicitor would like a CPA meeting to be arranged to which the pt and the solicitor would be present from which a care plan can be put together. ORIGINAL COMPLAINT Following complaint response no CPA has been actioned or Care Act Assessment	Investigation Underway	
Wokingham	CMHT/Care Pathways	Low	Pt's mother feels her and her daughter's Asperger's are not understood by Trust. She would like answers as to comments that have been put on RiO notes pertaining to her actions to her daughter and the attitudes of staff over the last 27 years	Partially Upheld	
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Minor	Pt unhappy with most elements of her complaint response. Wishes copies all pt notes whilst under CRHTT including listening to recordings pertaining to the complaint. Feels more than a one word sentence of apology from PALS is due. ORIGINAL COMPLAINT BELOW Pt wishes to complain about lack of care plan, attitude of some staff and an uncertain diagnosis. Presented to PMS at A&E. Home visits were not met, no discharge letter	Partially Upheld	There are no clinical failings identified and, on point 4, there is evidence that patient was informed of discharge. However, there are also times when communication was not clear or consistent and letters not sent as they should have been.

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Adult Acute Admissions	Low	Following previous complaint centred around the Dr allegedly lying. Pt would like clarity over the contemporaneous notes and whether they have been changed to and if so when this happened. Pt wishes policies, procedures and culture towards pts to be reviewed.	Not Upheld	Patient seeking clarification on aspects of previous response
Bracknell	Physiotherapy (Adult)	Low	Pt with hyperacusia wishes the service to make reasonable adjustments as she states the noise levels in Churchill House physiotherapy department are unnecessary, she feels they are breaching the Equality Act on disability.	Not Upheld	
Reading	LDS Community Patients	Low	Pt feels he was recalled to hospital in July 2017 wrongly and the correct procedures were not used.	Not Upheld	All actions taken were appropriate given patient's circumstances
Reading	CAMHS - Child and Adolescent Mental Health Services	Moderate	Mother raising issues around Data Protection and attitude during the pts assessment and treatment sessions facilitated by a Trainee	Investigation Underway	
Reading	CMHT/Care Pathways	Moderate	Sister of patient has complained about the CMHT, who the family feel have all failed the patient resulting in her attempting to take her life on 4 occasions. They feel previous discharge from PPH was too early and she is currently inpatient in PPH.	Investigation Underway	
West Berks	Minor Injuries Unit	Minor	LD Pt visited MIU with carer w/c 29th Oct. Due to see specific nurse who was not in. Nurses in the end agreed to attend to the patients wounds following an altercation. Pt unhappy with their attitude.	Not Upheld	
Reading	CAMHS - Child and Adolescent Mental Health Services	Moderate	Numerous issues care, treatment and safety issues relating to the patient on the ASC pathway.	Partially Upheld	
Windsor, Ascot and Maidenhead	CAMHS - Child and Adolescent Mental Health Services	Low	Family advised pt needs to be reassessed as psychologist of 10 weeks has left and the Maidenhead CAMHS has moved to Slough. Mother fails to understand why this should affect pt care as she feels her child has taken a huge step backwards	Investigation Underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Adult Acute Admissions	Moderate	Father feels PPH have been negligent in the way care is decided and given. He feels family have been treated badly by staff since raising a formal complaint in August 2018. Pt's Brother was asked to attend a MDT meeting but the pt refused for him to speak. Brother is angry at the attitudes of staff not wanting to hear or allow input from the family. Family think patient is being influenced by doctors, so possible safeguarding.	Consent Not Granted	consent not granted and patient refused to consent to an investigation
West Berks	Out of Hours GP Services	Minor	Pt presented with gynae pain but the Dr examined her bowel and stomach area. Pt believes an internal examination should have been performed. Pt has later seen her GP and referred to hospital advising it is not IBS	Partially Upheld	It seems that communication on handover was not clear as the GP had not been informed an internal examination was required by patient and patient also failed to say anything to the GP.
West Berks	Out of Hours GP Services	Minor	Mother has complained about WestCall service. She called just before 7pm and told her daughter was priority and would get a call within an hour. This didn't happen and she had to chase them up. Eventually they got an appointment at 9:45 but were still not seen until 11:15pm	Upheld	WestCall did not call back within agreed time
West Berks	Out of Hours GP Services	High	5 week old child seen in A&E previous night with breathing difficulties. WC Dr suggested giving the child an inhaler. Mother questioned why the Dr had not examined the child. Following examination pt had very low oxygen levels and an ambulance was called but no further care was given. Paramedics were shocked that no oxygen had been given when the paperwork stated life threatening emergency detected. Mother feels the Dr was negligent.	Upheld	GP failed to act in accordance with results believing two machines to be faulty. Ambulance service attended and gave oxygen.
Windsor, Ascot and Maidenhead	Crisis Resolution & Home Treatment Team (CRHTT)	Low	Family called Crisis line wanting the pt to be taken to a place of safety. Complainant believes the staff member said CRHTT would meet the ambulance at the house, when the ambulance arrived they said CRHTT would not be joining them. Father believes services lied to him and therefore did not take adequate care of his daughter.	Investigation Underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
West Berks	Out of Hours GP Services	Minor	Pt says Dr shouted at her and would not examine her	Partially Upheld	Action taken by service was timely and appropriate, there is no evidence staff shouted at patient but patient clearly became upset and left the consultation before the full examination could be completed.
Reading	District Nursing	High	DN's visiting pt twice a week for Pressure damage to right heel. Pt mobility deteriorated recently resulting in Ambulance being called due to pt being unresponsive. Pt admitted with Sepsis. Family very upset this was allowed to happen and the possible consequences going forward.	Investigation Underway	
Reading	School Nursing	Minor	Family unhappy that a safeguarding referral was raised by the school nursing due to alleged blisters on the child.	Partially Upheld	Complaint contains multiple elements, most of which were upheld or partially upheld.
West Berks	District Nursing	Minor	EOL care complaint. Daughter is complaining about the care her parents received from the district nurses. Both parents died last year, within a few weeks of each other. Complaint includes not managing pain for both parents and issues with mother's catheter.	Investigation Underway	
West Berks	CMHT/Care Pathways	Minor	Pt placed OOA, friend complaining that CMHT did not visit or communicate with the pt while they were in hospital. The pt left abruptly and it was suggested she stay in the house where she had previously received abuse. Friend wishes us to look into the alleged failings of the CMHT	Investigation Underway	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
West Berks	Minor Injuries Unit	Low	<p>RE_OPENED ISSUES: To summarise, there are two key points she is unhappy about;</p> <p>1)The attitude of receptionist when she first went to MIU. She said she was blunt, not sympathetic, and was very judgemental saying the injured finger 'just looks badly bruised'. Patient felt she was being dismissed.</p> <p>2)She believes the delay in her initial treatment has left long lasting issues with her finger and if the receptionist hadn't been judgemental and listened to the patient, she would have received appropriate treatment.</p> <p>ORIGINAL COMPLAINT: Pt broke her finger in October 2017 and feels she was not given appropriate treatment at the beginning of the process. Pt wishes a full investigation as feels the MP response she received was not thorough enough</p>	Not Upheld	No clinical failings. Care was appropriate.
Reading	Adult Acute Admissions	Minor	<p>Patient says she was thrown from her wheelchair by a member of staff and verbally abused. Pt called the police but no action was taken in regards to charges. Pt feels the ward mgr and head of PPH did not take this seriously and wishes an explanation into what happened along with an apology.</p>	Not Upheld	Evidence shows that the patient was not thrown by staff but threw herself out of her wheelchair.
Reading	Traumatic Stress Service	Minor	<p>Pt unhappy with the response wants to see evidence for the patient not being appropriate for Trauma service in Aug 2018</p> <p>ORIGINAL COMPLAINT</p> <p>Pt feels the Trauma service have neglected the medical referral from TT and the GP.</p> <p>Pt also states they made a complaint in Dec 2017 but never received a response.</p>	Partially Upheld	We have apologised for delay in responding to first complaint and for the delay to starting PTSD treatment. We have reminded patient that abusive language is not acceptable.
Reading	Adult Acute Admissions	Minor	<p>Pt admitted from Wexham Park and on the Rose ward for one day. Personal effects taken for safe keeping including insulin and 2 Accu-Chek Link assist insertion devices. Neither the insulin or the devices were returned and neither can be found on the ward.</p> <p>Mother wishes feels a high level investigation is required not just reimbursement.</p>	Local Resolution	

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	CMHT/Care Pathways	Moderate	.Following discharge from PPH pt feels her discharge letter has been altered as she has been taken off Lorazepam and she feels she needs this drug to keep her calm. .She is waiting for forms to be sent. .Letters with pt identifiable information have been sent to the wrong address. .Pt has been promised Recovery College but has not been contacted about this. .When pt calls the CMHT no one returns her calls	Partially Upheld	Letter was sent to wrong address and we have apologised for that and confirmed correct number is now on record. Not upheld the element about changing discharge letter, as it was appropriate action to take.
Wokingham	Health Visiting	Low	Mother at the weigh in clinic is unhappy with the attitude of a staff member who she has come across before acting in the same negative way.	Investigation Underway	
Reading	Crisis Resolution & Home Treatment Team (CRHTT)	Minor	Pt unhappy with the attitude of the Dr over the course several weeks from altering medication to inappropriate comments	Investigation Underway	
Reading	Out of Hours GP Services	Low	Pt sent to hospital by Dr in the car with her husband. Dr allegedly said they would call SCAS to cancel the paramedic / ambulance. Ambulance arrived and could not gain access so called the fire service to gain entrance. Why did the Dr not inform SCAS their services were no longer required?	Investigation Underway	
Reading	CMHT/Care Pathways	High	Pt requested no appointment notifications, letters or reports be sent to his home address due to family issues but an apt letter was sent. Pt believes her safety has been put in jeopardy	Investigation Underway	
West Berks	Common Point of Entry	Low	Pt unhappy with the service he has received from CPE and feels he needs further help from secondary care services	Not Upheld	Attempts have been made to explain to patient the reasons why services cannot accommodate his request. It has been suggested he contact Talking Therapies to review his request and they will be in touch, however, patient must not start using illicit substances.

Geographical Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	CAMHS - Child and Adolescent Mental Health Services	Minor	Mother wishes to know why services appear not to engage with her. She would like a copy of her son's assessment which was sent to the GP. Wants to know if a safeguarding was ever raised when the father shut down the CAMHS involvement when the pt was having suicidal thoughts.	Investigation Underway	
West Berks	Physiotherapy (Adult)	Moderate	Pt admitted to WBCH from RBH unhappy that both Physio and OT's did not help him to the extent he believes he was told they would whilst in hospital.	Investigation Underway	
Windsor, Ascot and Maidenhead	Children's Occupational Therapy - CYPIT	Minor	Family reliant on OT for their son. Want to know why he has been discharged and why he can not be reviewed on a rolling 6 month basis.	Partially Upheld	Needs based approach was correct but communicating it to the family could have been better, leading to these concerns.
Wokingham	Common Point of Entry	Low	LRM requested by complainant ORIGINAL COMPLAINT Pt feels his CPE assessment has many inaccuracies that he wishes to be corrected, he feels the report is prejudicing staff. He wants it corrected and to meet with the clinical director to discuss, he also wishes another assessment to be carried out as a second opinion.	Partially Upheld	We have noted incidences where the records need to be changed and we have apologised that he felt harassed by the phone call.

15 Steps Challenge

Quarter 3 2018/19

The 15 steps programme continues to receive positive feedback. Turnover of volunteers continues to be an issue. There are two new volunteers going through the recruitment process and it is hoped that they can be used in the new year. All the areas visited this quarter showed staff who are committed to delivering high class patient focused care.

Diabetes – King Edward VII

All the staff encountered on this visit impressed the team with their warm patient focused care. They were engaging and motivated and had obvious pride in the service they provided.

Physio – Smiths Lane Windsor

Staff managed to provide quality patient centred care in less than ideal surroundings.

Hearing and Balance – King Edward VII

The clinic demonstrated efficiency and good organisation with up to date patient information on display.

Podiatry – King Edward VII

Friendly and engaging staff helped to give a good atmosphere to this clinic. Patients waiting were relaxed and happily chatting.

Ascot Ward

Good interaction between the patients and staff gave the ward a calm feeling. Staff communicated well together and worked as a team to deliver patient focused care.

Infusion Clinic – Wokingham Hospital

A small team of dedicated staff showed good rapport with their patients.

ARC – Upton Hospital

The department had a great atmosphere and staff were open, friendly and professional although the clinics appeared quiet during the visit.

Jubilee Ward

A well run ward with patient focused care delivered by a dedicated team.

Friends and family team discussion:

In all the areas visited, the team were confident that should a family member or friend be admitted for care they would receive high class professional care.

Pam Mohamed-Hossen and Kate Mellor

Professional Development Nurses

December 2018

Berkshire Healthcare NHS Foundation Trust

Performance Report to Council

March 2019

Local

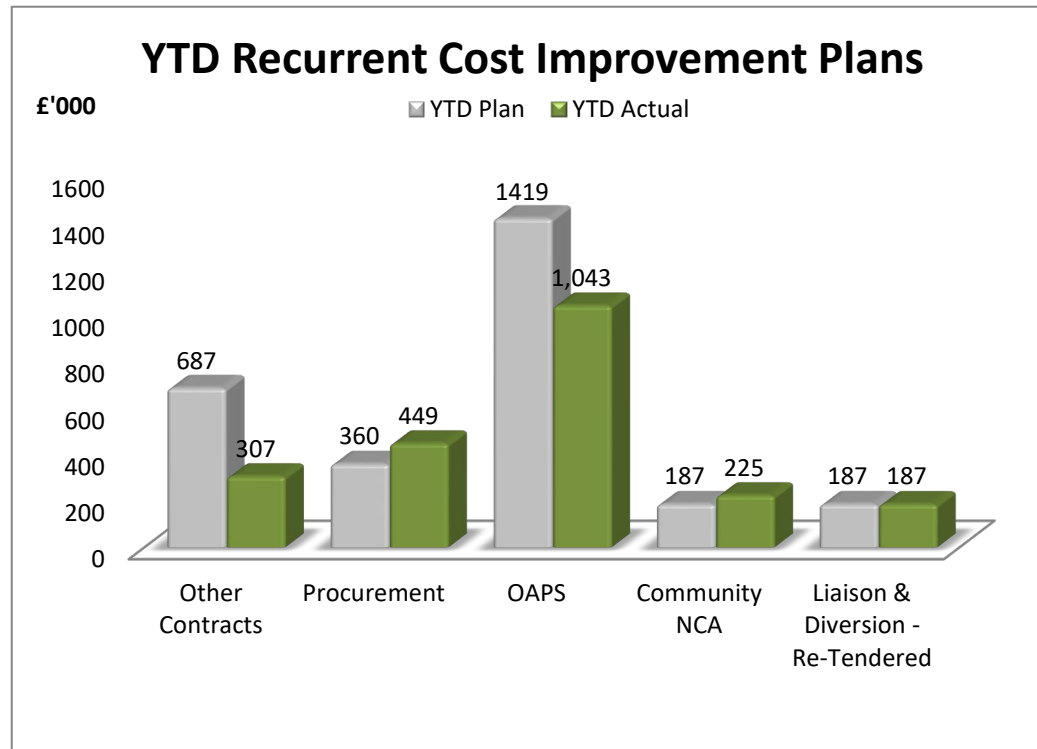
- Alex Gild, Chief Financial Officer is the Trust's lead for Brexit contingency planning. The Department of Health and Social Care have assured NHS organisations that they are working with major suppliers to the NHS to ensure that in the event of any Brexit transitional issues, they have contingency plans in place for supplies including medical equipment, medicines and food for in-patient services.
- 51% of staff completed the NHS annual staff survey in 2018 (an increase of 6% from 2017). This is our highest ever response rate and above the national average. A summary of the results of the Staff Survey will be presented to the June 2019 Council meeting.
- As part of the Trust's Global Digital Exemplar programme, services are now able to offer patients easy to use online consultations using a product called One Consultation.
- Two members of staff, Becky Chester, Consultant Nurse for People with Learning Difficulties and Alison Durrands, Locality Director, Prospect Park Hospital have been awarded MBEs in the Queen's New Year Honours List.
- The Trust has launched a Berkshire-wide staff recruitment advertising campaign to let people know that Berkshire Healthcare is a #Greatplacetowork
- Fiona Edwards has been appointed as the new leader for the Frimley Health and Care Integrated Care System (ICS). Fiona will continue with her role as Chief Executive of Surrey and Borders Partnership NHS Foundation Trust, and succeeds Sir Andrew Morris, who took up a new role on the Board of NHS Improvement at the end of 2018.

National

- Ian Dalton is to step down as NHS Improvement's chief executive. NHS England chief executive Simon Stevens will assume leadership of both organisations, supported by a chief operating officer (COO). The organisations state that Mr Stevens is the "leader" of NHS Improvement, even though the new COO will be formally designated as NHS Improvement's chief executive. The COO will report to Mr Stevens on most issues but "for regulatory purposes" to NHS Improvement chair Baroness Dido Harding.
- NHS England wants to scrap "overly rigid" procurement laws, which it says can slow up the delivery of services. NHS England said that legislation that requires clinical commissioning groups (CCGs) in England to put contracts out to tender should be "repealed and replaced". A consultation document put before the NHS England board suggested commissioners use their discretion to apply a 'best value test' – to seek other potential health care providers for a service when it was considered necessary.
- In a joint letter to the Prime Minister, a coalition of 15 health organisations, including NHS Providers, call for urgent action create a sustainable social care system.
- The report by the National Audit Office highlights that four in ten NHS organisations are struggling with their spending. The study shows a steep rise in the number of organisations missing their financial targets and failing to balance their books.

- The NHS Long Term Plan was published in January 2019. It sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018 will be spend over the next 5 years.

Performance Report to Council of Governors – Finance October to December 2018



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 2018/19 the efficiency requirement will be 2%. As part of this, ways of reducing costs are reviewed every year as part of Cost Improvement Plans.

At the end of Q3 the Trust fell behind its cost improvement plan by £.6m. This was mainly due to under-achievement of OAPs cost improvements. Contract negotiations are ongoing in this area which are expected to mitigate costs in 19/20.

Performance Report to Council of Governors – Finance October to December 2018

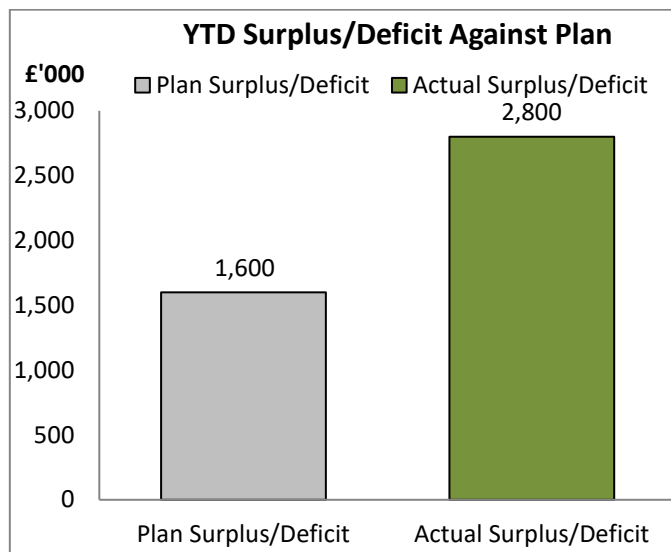
The Regulator View (NHSi) Use of Resources Risk Rating			
<i>Metric</i>	<i>Explanation</i>	<i>Metric Score</i>	<i>Score</i>
Capital Service Cover	Degree to which income covers financial obligations	2.2 times	2
Liquidity (Days)	Days of operating costs held in cash or cash-equivalent	11.2 days	1
I&E Margin	Surplus or Deficit / Total Revenue	1.5 %	1
Distance from Financial Plan	YTD Actual I&E margin vs YTD plan for Control Total	0.6 %	1
Agency Spend	Distance from Provider Agency Cap	-46.3 %	1
Overall Rating			1
<i>Please Note: Marked on a scale of 1 to 4 with 1 being the highest. The five metrics are equally weighted to give an overall score, rounded to the nearest whole number.</i>			

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

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

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



This surplus or deficit reflects the difference between the Trust spending and the income it receives.

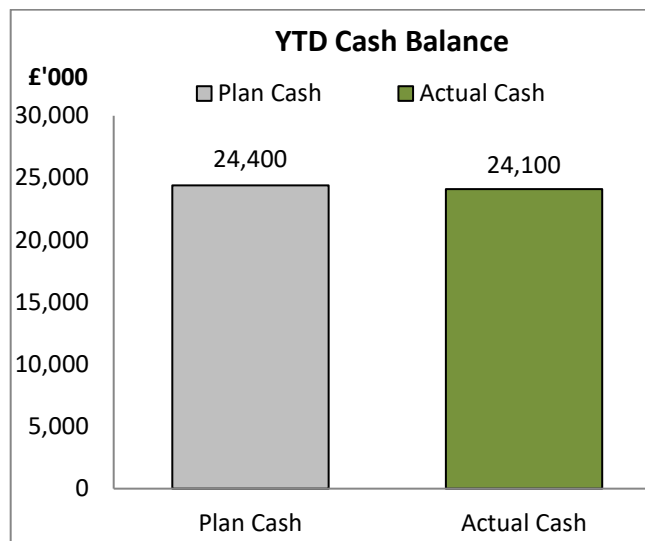
The Trust achieved its Q3 control total, surpassing the £1.6m target by £1.2m.

This financial year the Trust has to achieve both its own control total, as well as wider ICS Control Totals, to receive full PSF Funding.

After accounting for additional £1.6m PSF, and recognising £.6m of donated income, the Trust's statutory YTD surplus was £3.3m. This is £1.8m higher than planned.

The main cost pressures in 18/19 continue to be acute overspill beds (£.7m) and Learning Disability (£.5m) out of area placements due to higher than planned patient numbers. This was offset by non-pay underspends.

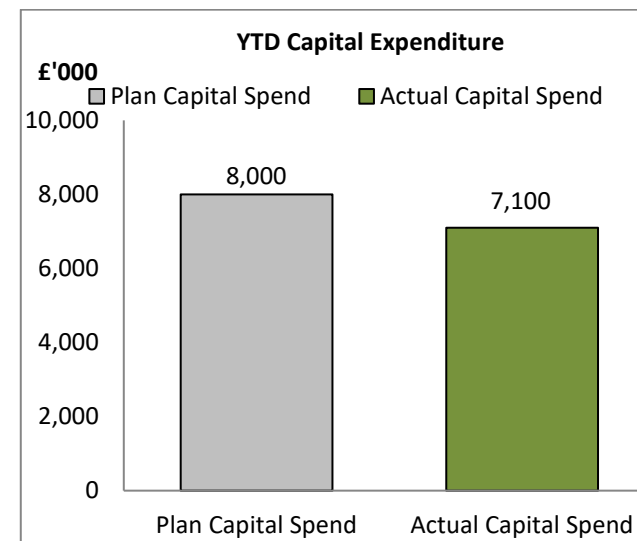
Latest Cash Position (£k's)



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

The Trust ended Q3 with £.4m less cash than planned due to the timing of NHSPS invoice payments. The year end cash position is forecast to be higher than plan.

YTD Capital (£k's)



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.

Capital spend was behind by £0.9m due to slippage in capital projects.

Performance Report to Council of Governors – Performance October to December 2018

Friends and Family Test

Indicator	RAG Rating	Target
Recommendation Rate	94%	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 94%.

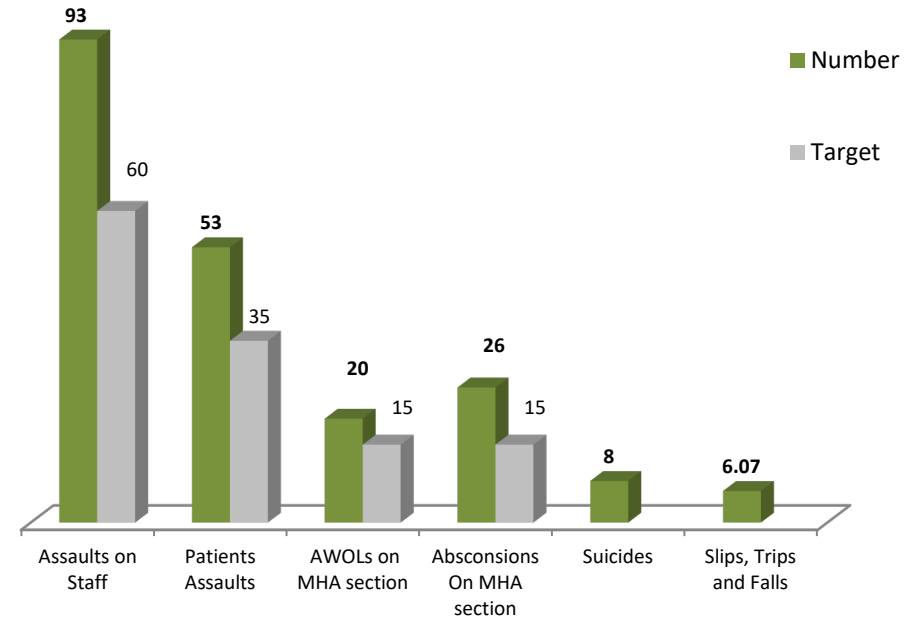
The response rate was 14.82% in Quarter 3 against a target of 15%.

Safer Staffing

Indicator	RAG Rating
Safe Staffing	[Green Box]

There is a shortage of registered nursing staff available in the Thames Valley area and therefore registered nursing vacancies are hard to fill and good registered temporary nursing staff are equally hard to find. While we continue to actively advertise and take steps to recruit into the registered nursing vacancies on the wards we are using good temporary care staff who are available and know the wards to fill shift gaps because it is safer for patients. Whilst filling shifts with care staff maintains patient safety, having more registered nursing staff once recruited will improve staff morale as there will be greater peer support, more supervision of care staff and ultimately improved patient care.

Mental Health User Safety



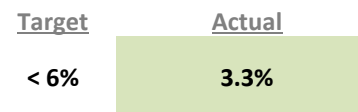
The above chart is showing the December 2018 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been an increase across all indicators in Quarter 3. Assaults on staff and Slips Trips and Falls are breakthrough objectives for the Trust's Quality Improvement programme.

Performance Report to Council of Governors – People July to September 2018

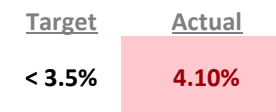
Staff Turnover



Agency Position

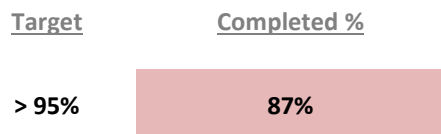


Sickness



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

Appraisals



The target was achieved in July 2018.

Days Taken For Recruitment



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

Performance Report to Council of Governors – Risk October to December 2018



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	
<p>Risk 1 Failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users</p>	<ul style="list-style-type: none"> • The first pilot cohort of nursing associates will complete their training in March 2019. • The first cohort of nurse degree apprenticeships will be commencing Sprint 2019. • The Trust has launched a Berkshire-wide recruitment advertising campaign with the hashtag “Greatplacetowork” • The Finance, Investment and Performance (FIP) Committee held a Workforce Workshop in January 2019 to discuss the Committee’s role in supporting the Trust’s Recruitment and Retention work. It was agreed that the key area of focus would be on retention. Progress will be reported to FIP Committee quarterly.
<p>Risk 2 Failure to achieve national efficiency benchmarks could impact on the Trust’s future sustainability and lead to increased regulatory scrutiny</p>	<ul style="list-style-type: none"> • The Trust is reviewing the latest NHS Improvement Corporate Services Benchmarking Report (2016-17 data) to identify any areas for greater efficiencies. • Trust will incorporate specific opportunities for efficiencies into 2019/20 planning and NHS Improvement strategy submission financial projections in summer 2019. • The Trust is developing patient level costing.
<p>Risk 3 Failure of the Sustainability and Transformation Plans to deliver transformational change and required investment in mandated national priorities, including in the mental health five year forward view, could result in the local health economy not being able to safely keep pace with the rising costs and demand for services.</p>	<ul style="list-style-type: none"> • The Trust has contributed to the formulation of draft financial and narrative plans for Berkshire West and Frimley Health Integrated Care Systems as well as the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation Partnership system plan
<p>Risk 4 There is a risk that other providers may acquire the Trust’s adult and children’s community services which would impact organisational sustainability and reduce the Trust’s scope to develop new models of out of hospital care</p>	<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. • The Trust is undertaking work with Frimley Health to explore potential partnership models which could be established to facilitate a collaborative rather than competitive approach to tenders, focussing on the strengths of each organisation

Risk Description	
<p>Risk 5 Failure to develop collaborative working relationships with key strategic partners could result in the Trust losing influence in key decisions leading to less effective services for local people</p>	<ul style="list-style-type: none"> • Development of working relationships with CCG Mental Health leads. • Effective contribution to partnership forums for mental health, ensuring clarity of objectives, and actions required for their delivery and robust performance monitoring to regulators and within Berkshire Healthcare • The Executive Team are represented on key forums in Berkshire West and Frimley Health Integrated Care Systems as well as the Berkshire West Integration Delivery Group • Locality and Clinical Directors are engaged in specific Integrated Care System initiatives at local level.
<p>Risk 6 Failure of other Providers and Commissioners to deliver their services to the required standard due to financial constraints could impact on the Trust's ability to deliver high quality services</p>	<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. • The Trust has met with the Berkshire West Commissioners and GP Alliance to discuss pressures within the community nursing team and have agreed a number of actions.
<p>Risk 7 There is a risk of demand for community and mental health services outstripping supply as a result of:</p> <ul style="list-style-type: none"> • demographic changes leading to increased patient need • scarcity of some professional groups • constrained commissioner, partner and/or Trust resources • rising public expectation regarding provision of NHS Services and waiting times <p>This is a particular risk for inpatient, community nursing and Child and Adolescent Mental Health services currently.</p>	<ul style="list-style-type: none"> • A key focus of the Bed Optimisation Programme is reducing patients' length of stay • A workshop with staff has been held to review progress and to plan the next phase of the Bed Optimisation Programme. • The Medical Director is leading the development of a new Emotionally Unstable Personality Pathway as part of the Quality Improvement Programme. Phase 1 of the programme has been rolled out and is progressing well. Planning for the next phases is underway.

Performance Report to Council of Governors – NHS Improvement Requirements October to December 2018

<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
7 day follow up	95%	96.00%	This is the percentage of Mental Health Patients discharged from our wards who were within 7 days.
DM01 Diagnostics Audiology - 6 weeks	99.00%	99.90%	This is the % of patients waiting 6 weeks or less for Audiology diagnostic tests.
A&E 4 Hour Waits	95.00%	100.00%	This is the percentage of patients waiting in the Trust's Minor Injury Unit to treat/discharge or transfer within 4 hours.
RTT Community: incomplete pathways	92.00%	100.00%	This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams.
Data Quality Maturity Index	95.00%	99.80%	This measures the Trust's completeness of Mental Health Services Data Set data in relation to the following fields: - Ethnic Category, GMC Practice Code, NHS Number, Organisation Code, NHS Number, Organisation Code, Gender, and Postcode. This is the latest score.

Early Intervention in Psychosis New Cases - 2 week wait	53%	83.00%
Out of Area Placements occupied bed days - East CCGs	342	196
Out of Area Placements occupied bed days - West	356	397
Improving Access to Psychological Therapies - waiting times for:- Assessment Treatment and Recovery Rate	75% 95% 50%	99% 100% 60%
Clostridium Difficile due to Lapse In Care - Year to Date	6	1

This is the percentage of patients who present with first episode psychosis, who are assessed and accepted onto a caseload and receive a NICE Concordant package of care.

The number of occupied bed days for acute, older adult or PICU patients, from East CCGs who were sent out of area as there was no bed available within the Trust.

The number of occupied bed days for acute, older adult or PICU patients, from West CCGs who were sent out of area as there was no bed available within the Trust.

This measures the percentage of IAPT patients who were assessed within 6 weeks, started treatment within 18 weeks, and the percentage of those who have recovered.

This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services.

Cardio Metabolic CQUIN assessment and treatment for people with psychosis in the following settings:-
Inpatient settings
Early Intervention in Psychosis Services
Community Mental Health Programmes on CPA

90%	97.86%
90%	93%
65%	100%

This CQUIN looks to improve health outcomes for those patients with psychosis by sampling a number of cases and calculating the percentage of clients who have received an assessment, and where risks are identified, intervention covering the following:

- . smoking status
- . lifestyle (including exercise, diet, alcohol and drug use)
- . body mass index
- . blood pressure
- . glucose regulation (HbA1c or fasting glucose or random glucose, as appropriate)
- . blood lipids.

This must be clearly recorded in the patient's records.

Annual plan on a page 2019/20

Our vision: To be recognised as the **leading community and mental health service provider** by our staff, patients and partners.



True North goal 1: Harm-free care

✓ **To provide safe services, prevent self harm and harm to others**

- We will reduce harm to our patients by reducing: self harm and suicide, falls, medication errors, pressure ulcers and preventable deaths from septicemia
- At least 95% of our reported incidents will be low or no harm to patients
- All patient facing teams will have evidence based objectives for reducing patient harm in their plans for 2019/20
- All our support services will work with patient facing services to identify ways that they can support safety of patients

With our health and social care partners:

We will work to achieve reduced urgent admissions and delayed transfers of care.



True North goal 2: Supporting our staff

✓ **To strengthen our highly skilled and engaged workforce and provide a safe working environment**

- We will achieve high levels of staff engagement across all our services - scoring four or more in our staff survey. We will increase the numbers of our staff feeling they can make improvements at work to more than 70%, and aim to achieve more than 85% of staff recommending our Trust as a place to receive treatment
- We will aim to achieve a vacancy level of less than 10%, a staff turnover rate of less than 16% and a sickness level of less than 3.5%
- We will promote an inclusive and compassionate culture, with zero tolerance of aggression, bullying and exclusion, and reduce assaults on staff by 20%
- We will achieve our objectives for equality of opportunity and staff wellbeing

With our health and social care partners: We will enhance career development opportunities and improve our workforce planning.



True North goal 3: Good patient experience

✓ **To provide good outcomes from treatment and care**

- We will achieve a 95% satisfaction rate in our Friends and Family Test (FFT) and 60% of staff reporting use of patient feedback to make informed decisions in their department
- All our services will focus on delivery of outcomes of care that are important to our patients, based on a good understanding of our diverse population

With our health and social care partners: We will contribute to Integrated Care System (ICS) work streams to improve patient experience and outcomes.



True North goal 4: Money matters

✓ **To deliver services that are efficient and financially sustainable**

- We will achieve our financial target of a £1.9m surplus so that we can continue to invest in improving our services, buildings and equipment
- All our teams will work on achieving a 2% efficiency or productivity improvement to benefit patients and staff
- We will continue to achieve reduced use of agency staff and deliver an additional 1% reduction in corporate costs

With our health and social care partners: We will play our part to achieve the financial targets in Berkshire West and Frimley Health and Care Integrated Care Systems.

Membership and Public Engagement Report - Council of Governors - 20th March 2019

The group met on 6th February 2019 – after the governors informal meeting with the board. It was agreed to continue the pattern of meeting after these informal meetings and at Easthampstead Baptist Church.

Numbers of members continue very satisfactory at nearly 12,000 – that is well above the 10,000 minimum which the trust has set itself. However, we are still aware of the need to recruit more members of Asian background, more males and more members in the localities of West Berkshire, Windsor and Maidenhead and Wokingham.

Cathy Saunders of Marcomms has made us aware that staffing attendance at major events is a significant cost which can only be justified where strong recruitment of members is anticipated. Cathy's attention to staying with her membership budget coincides with the group's focus on recruiting members likely to nominate themselves as governors. We are piloting this new line of recruitment in Bracknell Forest where at the last election no nominations were received. We have had a good hearing from the two largest political parties – my thanks to Isabel Mattick for her support in this - and hope to have recruited a fair number of potentially active members. My efforts with several branches of the WI in Bracknell Forest have not yet proved successful in delivering a talk or a newsletter article to the members. I am hopeful that we will have a much better outcome to this year's elections in Bracknell Forest.

We will still be looking for a few public events to attend. Reading Pride is always a very successful presence for the trust. We will look at the Wokingham carnival and welcome suggestions from fellow governors for suitable events.

We learned that Governors can take part in the national programme of PLACE assessments in which volunteers visit trust hospital sites to assess how the environment support clinical care, assessing such things as privacy and dignity, food, cleanliness, general building maintenance and dementia friendliness. These assessments take place in April and May. Governors interested in taking part should let Jennifer Knowles know. We have not known about this opportunity for the last couple of years – now let's take advantage of our discovery.

We heard from Nathalie Zacharias about volunteering in the trust. There are about 150 volunteers now enrolled. The large groups are 17 healthmakes in East Region, 17 at Reading Recovery College and 21 at Slough Recovery College, 20 in the therapy garden and helping in wards at West Berkshire Community Hospital.

Working with Paul Myerscough we have advanced our interest in giving governors an online document store. Access to a governor section of the trust's Sharepoint service is being piloted. We are just looking at this – I hope to say more in my verbal report.

Although information is far from complete Jennifer Knowles is circulating to governors the information that reaches her on participation in public events by trust teams – which give governors a chance to meet the teams in their locality and to meet the public alongside the team members.

QA Group Report to Council of Governors March 2019

Meetings

Our last meeting took place on 21st February.

All governors are welcome to attend without committing to join the group.

The programme of service visits carried out by members provides a real insight into the Trust operation at a grass roots level.

The next meeting dates is:- Thurs 23rd May 2019

From our last meeting: Special Items

Jason Hibbitt from the Clinical Effectiveness Team presented a pre-draft version of the **Trust Annual Quality Report**. He provided an overview of the structure of the report answered governors' questions.

This pre-draft has been updated with quarter 3 figures and has now been distributed to all governors for review. As in previous years comments should be sent to the Lead Governor. He will collate them and forward them for a response from the Clinical Effectiveness Team, and will create a 'Governors' Summary' which will be included in the final report.

Following previous questions about **Risk Management** we asked for someone to address the QA group on this subject. **Sue McLaughlin Deputy Director of Nursing** is the lead in the Trust's Zero Suicide initiative and she provided information on risk categorisation and responded to governors' questions.

In relation to risk of harm to patients it was confirmed that the 3 biggest causes of harm are falls, sepsis, and medication errors. All harm and incidents are recorded on the Datix system.

Service Visits

Several service visits were reported.

WAM Older Adult Mental Health Team. Governors observed a team business meeting involving 18 staff at Nicholsons House in Maidenhead. A range of matters were discussed, including concerns about the performance of SCAS (ambulance service) who are contracted to transport patients and frequently fail to collect them promptly after a session. This unnecessarily ties up staff who have to supervise patients that are left waiting. We confirmed that this is being addressed at a senior management level with SCAS. The meeting was well run and we were impressed with the openness of the discussion.

Health Visitors Reading. Governors visited 3 out of the 4 Health Visitor Teams in Reading. The Whitley Centre serves the South and East teams and features a large open plan office with space for 40 staff. Health visitors are highly qualified with nursing or maternity qualifications as well as a bachelors or masters in Public Health. They are supported by a large group of nursery nurses as well as staff nurses and administrators.

They deliver the 5 prescribed contacts with mothers and children, the last being a review at age 27-30 months. In between times there are clinics parents can attend with their child.

Safeguarding is one of the responsibilities that Health Visitors take on board. Partnership Plus is an extension to the service helping to address potential issues in this area.

One governor visited Southcote Clinic where it was possible to talk to more staff and, from here, to attend a newborn seeing the home visit service in action. Later in the day a clinic at Ranikhet school was seen where a number of parents came for advice and to weigh their babies.

The other Governor headed to Sun Street clinic and made a separate newborn visit followed by the afternoon clinic at Whitley.

Governors were impressed with service and BHFT staff. This is a supportive and preventative service and we were concerned about ongoing discussions on reappportioning commissioning budget away from Health Visiting.

Rose Ward Prospect Park Hospital. Rose ward is an adult mental health ward for patients from Slough.

All 22 beds were occupied at the time of the visit and the ward seemed overcrowded.

The ward manager was trying to make the place more homely through decoration and furnishings although budget for this was limited. The outdoor area could not be used because recent work had introduced a trip hazard for patients.

Current the average length of stay of patients is increasing. In December it was 59 days. Delayed transfers of Care are a concern for some.

Staff retention is an issue and sometimes a full complement of staff is impossible to arrange. The ward manager often has to stay as late as 8:30 pm beyond his finish time of 4pm to deal with staff and patient issues. Under these circumstances training is difficult to timetable.

A patient showed off his room and explained that they hoped for the introduction of E-Cigarettes.

We discussed IT support in relation to drug administration. It was felt that this increased time at the expense of great accuracy. A psychologist felt that Rio was not fit for purpose in relation to her work – a patient may have ‘many thousands’ of documents attached to their record and no easy way of searching through them. She had not had the opportunity to feed this back to anyone from IT.

We understood that there is not enough space for therapists to do their work. The one available room was prioritised for psychiatrists use, leaving psychology and occupational therapy to use more public areas.

One of the occupational therapists was enthusiastic about the idea of recruiting volunteers to help on the ward.

We were impressed with the dedication of the manager and all the staff we met who made a great personal effort to contribute to the smooth running of the ward.

Complaints & Patient Experience Report

One of our regular agenda items is the review of the quarterly compliments and complaints report.

We reviewed the Quarter 3 report (October to December 2018). Because of a full agenda there was no extensive discussion about matters raised in the report. However there were no exceptional issues noted by Governors.

This report always shows a relatively low number of complaints compared to the number of interactions with the public over a period.

Complaints List

No special concerns were noted at this meeting.

We were shown a new matrix that is in trial for assessing the severity of complaints. We were happy to see that this measure was being investigated as it has been raised as a concern by governors in the past.

Anonymised complaint

Each meeting we review the correspondence around a sample complaint. This gives us an insight into the whole process and often provides interesting discussion points.

This month we considered the correspondence around a complaint brought by a patient in community care. This was a wheel-chair user whose suffering from ulcers was exacerbated by a breakdown in care when moving from the community to a period in Donnington ward.

Governors understood from the documentation that a breakdown in communications was the probable cause.

Waiting times

The public is interested in a range of quality measures in the NHS, but perhaps the foremost among these is Wait Times.

This meeting is presented with a range of waiting times statistics. We are grateful to Nathalie and her team for bringing this information together in one place.

Some of the services have NHS mandated targets for waiting times and this usually means they are reported in a consistent way. Many services do not have national targets - how these are reported (and whether to report or not) is then the responsibility of local management.

Irrespective of targets, governors value visibility of these figures. Trends can be indicative of potential problem areas in the Trust which will manifest themselves in issues for patients.