

## Quarter One– Patient Experience Report (April – June 2019)

### 1. Overview

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

The Board is required to consider detailed patient feedback because it provides insight into how patients, families and carers experience our services. There are many ways in which patient feedback is gathered, this report references over 19,000 pieces of feedback received into the organisation this quarter. During the same time period we have had over 200,000 contacts and over 700 inpatient discharges. This means that we are still only capturing a small percentage of feedback that is potentially available to us (0.07%).

One of the Trust True North metrics is for services to ensure that they use feedback from patients/ carers to inform their service offer and any changes made; whilst our 2018 staff survey results demonstrate that 61% of our staff believe that feedback from patients/ service users is used to inform decisions within their directorates and departments, a score that is above the 54% average scoring within our peer group and we also know that feedback is being used to very good effect in some services; work is still required to ensure that this is consistent across the Trust.

Work is also being undertaken as part of our True North to develop an improved survey as we know that currently use of our internal survey is variable

During Q1 our Friends and Family response rate has reduced to 12%, this is because despite having a continued increase in the number of responses (11,721 this year compared to 6,625 in Q1 2018/19) more accurate capture of discharge numbers means that the percentage of completed responses against discharges has reduced. In Line with our True North scorecard business rules a countermeasure summary detailing actions to continue to improve response rate has been developed. Our Trust overall recommendation rate was 92%; for community services the recommendation rate was 93% whilst for mental health services was 87%. One of the True North metrics for the coming year is achievement of 95% recommendation rate.

The number of Carers Friends and Family Test responses continues to increase with 335 responses in quarter one which is the highest number ever returned; the responses demonstrated a 96% satisfaction rate.

Collection of ethnicity data associated with complaints achieved 70% in quarter one with 30% not stating. Gender and age is also being recorded with 100% recording achieved for the quarter.

In Q1, the Trust received 50 complaints across a range of services. The number of complaints received is the same as the number received in Q4 2018/19 and less than the other quarters of 2018/19.

When considering which services to monitor other quality indicators are also examined:

- Community Mental Health Teams (CMHTs) complaints reduced again this quarter and are below the number seen in any quarter for the last 2 years. In addition there were no MP enquiries received and there were 6 locally resolved concerns. Themes from the complaints closed include care and treatment programme will support staff in this, as for each area of mental health the patient pathway will be detailed. and communication. Work is required to manage patient expectation and the care pathways.

- Child and Adolescent Community Mental Health Services received 10 complaints; this is an increase and more than received in any quarter of 2018/19; the complaint rate per contact is 0.14% although some of the complaints relate to wait lists rather than people seen. The theme that runs through most of these complaints relates to the understanding of what the service is able to offer and communication around wait times and expectations. These services also received the highest number of MP enquires (5). The main themes of all contact around patient experience are in relation to access to services / wait times and the care and treatment received. This is also reflected in the 6 CAMHS complaints closed that were upheld or partially upheld in Q1. 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.
- Acute Mental Health Inpatients a slight increase in the number of complaints ( 5) compared to the 3 formal received in Q4 2018/19 there were all in relation to the acute adult wards this remains lower than the number received in the other quarters of 2018/19. 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.
- District nursing services are currently under significant pressure due to vacancy and caseload; however their number of complaints remain very low with formal complaints received being 4. When triangulated with number of contacts this is below the average number complaints per contact for the organisation. Work is in progress with commissioners to define the District Nursing offer.

During the quarter the Trust continued to sustain a complaint response rate of 100%. 60% (28) of the 47 complaints closed during the quarter were upheld or partially upheld, these were spread across a number of differing services and there were no particular themes from any particular service.

The report compares 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

5236 patients/ carers responded to our internal patient survey in Quarter 1, this asks patients how they rate their experience, by asking 5 questions, an increase in response rate has been seen from just under 3000 in Q3 and 4700 in Q4 of 2018/19.

- Community Health Services had responses from 3905 patients and carers with 89% of them reporting the service they received as excellent or good;
- Mental Health Services responses increased 1331 in the last quarter, with 75% of patients and carers rating the service provided as excellent or good;

Finally services also registered 1,404 compliments during this quarter.

## **Conclusion**

Patient experience is an important indicator of quality and it is important that services take steps to prevent similar concerns highlighted occurring and learn from all feedback received. Whilst each service takes complaints seriously we also need to be able to more easily demonstrate how we have used patient and service user feedback to change service delivery as well as how learning is shared across the organisation. This continues to be work in progress.

**Debbie Fulton, Director of Nursing and Governance**

## 2. Introduction

This report is written for the board and contains the quarterly patient experience information for Berkshire Healthcare (The Trust) incorporating; complaints, compliments, the Friends and Family Test, PALS and our internal patient survey programme (which is collected using paper, online, text, kiosks and tablets).

This report looks in detail at information gathered from 1 April 2019 to 30 June 2019 and uses data captured from the Datix reporting system, CRT (our internal survey) and the results of the Friends and Family Test captured via SMS, online and hard copy feedback.

## 3. Complaints received

### 3.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2017-18 and 2018-19 by service, enabling a comparison with quarter one. During Quarter one 2019/20 there were 50 complaints received, this is a decrease compared to 2018/19 where there were 60 for the same period.

Table 1 – Formal complaints received

Service	2018/19						2019/20		
	Q1	Q2	Q3	Q4	Total	% of Total	Change to Q4	Q1	% of Total
CMHT/Care Pathways	16	11	10	9	46	20	↓	8	16.00
CAMHS - Child and Adolescent Mental Health Services	5	6	8	6	25	10.87	↑	10	22.00
Crisis Resolution & Home Treatment Team (CRHTT)	2	5	3	4	14	6.09	↓	2	4.00
Acute Inpatient Admissions – Prospect Park Hospital	9	12	8	3	32	13.91	↑	5	10.00
Community Nursing	1	1	3	3	8	3.48	↑	4	8.00
Community Hospital Inpatient	6	7	1	3	17	7.39	↑	6	12.00
Common Point of Entry	3	3	2	4	12	5.22	↓	2	4.00
Out of Hours GP Services	4	5	7	1	17	6.96	↓	0	0.00
PICU - Psychiatric Intensive Care Unit	0	0	0	0	0	0	=	0	0.00
Minor Injuries Unit (MIU)	1	1	2	0	4	1.74	↑	1	2.00
Older Adults Community Mental Health Team	1	1	0	1	3	1.3	=	1	2.00
13 other services in Q4	12	11	13	16	52	22.6	↓	11	20.00
<b>Grand Total</b>	60	63	57	50	230			50	

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 one and where the service is based. Complaints relating to end of life care are considered as part of the Trust mortality review processes.

Appendix one contains a listing of the formal complaints received during Quarter one. Since 2018/19 the severity of the complaint has been extracted from the completed Investigating Officers Report; complaints under investigation at the end of Quarter one will not have this information.

### 3.2 Adult mental health service complaints received in Q1

22 of the 50 (44%) complaints received during Quarter one were related to adult mental health service provision. There were 71,873 reported contacts during Quarter one giving a complaint rate of 0.03%.

Table 2: Adult mental health service complaints

Service	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	Grand Total
CMHT/Care Pathways	4			2	2		8
Adult Acute Admissions		4	1				5
Psychological Medicine Service		1	1				2
Common Point of Entry	2						2
Crisis Resolution & Home Treatment Team (CRHTT)	1	1					2
Community Team for People with Learning Disabilities (CTPLD)						1	1
Adolescent Mental Health Inpatients						1	1
CMHTOA/COAMHS - Older Adults Community Mental Health Team						1	1
<b>Grand Total</b>	<b>7</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>22</b>

#### 3.2.1 Number and type of complaints made about a CMHT

8 of the 50 complaints (16%) received during Quarter one related to the CMHT service provision. This is a reduction on numbers compared with 2018-19 Q1 (16), Q2 (11), Q3 (10) and Q4 (9). There were 12,512 reported attendances for CMHT during Quarter one giving a complaint rate of 0.06%.

Table 3: CMHT complaints

Main subject of complaint	Locality of service			Grand Total
	Bracknell	West Berks	Windsor, Ascot and Maidenhead	
Attitude of Staff		1	2	3
Care and Treatment	4	1		5
<b>Grand Total</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>8</b>

Care and treatment (5) was the main subject for formal complaints received about CMHT, although the reasons for the concerns varied from people not being happy with their diagnosis to lack of perceived support and dissatisfaction with historical care.

The Bracknell CMHT has had the highest number of complaints for two consecutive quarters; this is an increase for the Bracknell service who had only received 6 complaints during 2018/19. The Head of Service Engagement and Experience visited the service to talk them through the complaints process and to troubleshoot some of the difficulties they have been having. The growing number of complaints was escalated to the Clinical Director. Bespoke training is being arranged for the services based out of Churchill House, including the older adults CMHT about complaint management, including how to locally resolve complaints. CMHT based in Reading, Slough and Wokingham did not receive complaints during this quarter.

### 3.2.2 Number and type of complaints made about Mental Health Inpatient Services

During Quarter one, 5 of the 50 complaints (10%) related to mental health inpatient wards (all of these were about acute wards) this is sustained since Q4 (5) and a reduction on the number received in previous quarters for 2018-19 which were Q1 (9), Q2 (12) and Q3 (8). There were 236 reported discharges from mental health inpatient wards during Quarter one giving a complaint rate of 2.11%.

Table 4: Mental Health Inpatient Complaints

Main subject of complaint	Ward/Area				Grand Total
	Bluebell Ward	Daisy Ward	Rose Ward	Ward 10 - historical care	
Attitude of Staff	1	1			2
Care and Treatment			2	1	3
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>5</b>

The historical complaint is about care provided to a patient who took their own life. The Trust responded based on the Serious Incident report that was produced.

### 3.2.3 Number and type of complaints made about Crisis Resolution/ Home Treatment Team (CRHTT)

In Quarter one, 2 of the 50 complaints (4%) were attributed to CRHTT, a reduction on previous quarters. There are no particular themes identified in the complaints received for CRHTT. There were 16,096 reported contacts for CRHTT during Quarter one giving a complaint rate of 0.01%.

Table 5: CRHTT complaints

Main subject of complaint	Locality of service		Grand Total
	Bracknell	Reading	
Attitude of Staff	1		1
Confidentiality		1	1
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>2</b>

### 3.3 Community Health Service Complaints received in Q1

During Quarter one, 16 of the 50 complaints (32%) related to community health service provision. There were 136,708 reported contacts and inpatient discharges during Quarter one giving a complaint rate of 0.01%.

Table 6: Community Health service complaints

Service	Locality of service					Grand Total
	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Community Hospital Inpatient			2	2	2	6
Community Nursing	3	1				4
Minor Injuries Unit			1			1
Sexual Health		1				1
Rapid Assessment Community Clinic				1		1
Admin teams & office based staff			1			1
Dental Services		1				1
Health Visiting					1	1
<b>Grand Total</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>16</b>

During Q1 the services receiving the most complaints was community nursing (4) and the community wards (6).

#### 3.3.1 Community Health Inpatient wards Complaints

During Quarter one, 6 of the 50 complaints (12%) received related to inpatient wards. There were 499 reported discharges from community health inpatient wards during Quarter one giving a complaint rate of 1.20%.

Table 7: Community Health Inpatient complaints

Main subject of complaint	Ward/Area					Grand Total
	Ascot Ward	Donnington Ward	Henry Tudor Ward	Windsor Ward	Highclere Ward	
Access to Services	1					1
Attitude of Staff		1				1
Care and Treatment			1	1	2	4
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>6</b>

#### 3.3.2 Community Nursing Service Complaints

In Quarter one, 4 of the 50 complaints (8%) were related to community nursing service provision. This is an increase from 2018-19, 1 received in both Q1 and Q2 and 3 received in Q3 and Q4 2018/19. There were 71,715 reported attendances for the Community Nursing Service during Quarter one giving a complaint rate of 0.005%.

**Table 8: Community Nursing Service complaints**

Main subject of complaint	Locality of service		Grand Total
	Reading	Slough	
Attitude of Staff	2		2
Care and Treatment		1	1
Communication	1		1
<b>Grand Total</b>	<b>3</b>	<b>1</b>	<b>4</b>

### 3.3.3 GP Out of Hours Service, WestCall Complaints

There were no complaints about out of hours provision during quarter one, this is a reduction on each quarter of last year where complaints were received in every quarter.

### 3.4 Children, Young People and Family service Complaints

#### 3.4.1 Physical Health services for children complaints

During Quarter one, 1 of a total 50 complaints (2%) related to children’s physical health services. The attendance and discharge information was not available for Quarter one.

**Table 9: Children and Young People physical health service complaints**

Service	Locality of service	
	Wokingham	Grand Total
Health Visiting	1	1
<b>Grand Total</b>	<b>1</b>	<b>1</b>

#### 3.4.2 CAMHS complaints

During Quarter one, 10 of the 50 complaints (20%) were about CAMHS services; compared to 2018-19 - 5 in Q1, 6 in Q2, 8 in Q3 and 6 in Q4. Complaints about care and treatment were the main theme in Q1. There were 6,998 reported attendances for CAMHS during Quarter one giving a complaint rate of 0.14%.

**Table10: CAMHS Complaints**

Main subject of complaint	Locality of service					Grand Total
	Bracknell	Reading	Slough	West Berks	Wokingham	
Access to Services					1	1
Attitude of Staff					1	1
Care and Treatment		2	1		3	6
Communication				1		1
Confidentiality	1					1
<b>Grand Total</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>10</b>

Having reviewed the complaints about Wokingham CAMHS, communication between teams and with families is an underlying factor across the complaints. In addition to the community based CAMHS complaints, there was also one complaint about communication in our adolescent mental health unit, Willow House.

### 3.5 Learning Disabilities

There was one complaint about the community based team for people with a Learning Disability during quarter one. This was about equipment being purchased which was not suitable for the patient's needs. There have been no complaints for the inpatient ward. The attendance information was not available for Quarter one.

### 4. 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 (Q4 data). 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 11 – Mental Health complaints reported in the national KO41A return

	2017-18				2018-19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Mental Health complaints - nationally reported</b>	<b>3,461</b>	<b>3,790</b>	<b>3,451</b>	<b>3,653</b>	<b>3,598</b>	<b>3,651</b>	<b>3,391</b>	<b>3,450</b>
2Gether NHS Foundation Trust	14	19	15	15	17	14	21	20
Avon and Wiltshire Mental Health Partnership NHS Trust	81	75	63	67	78	72	77	51
<b>Berkshire Healthcare NHS Foundation Trust</b>	<b>40</b>	<b>58</b>	<b>56</b>	<b>59</b>	<b>49</b>	<b>45</b>	<b>38</b>	<b>51</b>
Cornwall Partnership NHS Foundation Trust	26	28	32	34	31	28	20	30
Devon Partnership NHS Trust	60	47	43	49	44	56	33	45
Dorset Healthcare University NHS Foundation Trust	82	84	74	79	91	90	92	54
Kent and Medway NHS and Social Care Partnership Trust	78	72	88	86	87	115	121	118
Oxford Health NHS Foundation Trust	62	56	49	70	50	56	58	56
Somerset Partnership NHS Foundation Trust	25	20	15	14	17	14	24	18
Southern Health NHS Foundation Trust	73	114	79	96	91	95	82	68
Surrey and Borders Partnership NHS Foundation Trust	14	28	21	26	26	36	16	26
Sussex Partnership NHS Foundation Trust	188	166	169	221	209	192	181	173

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 complaint activity.

### 5. 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). During Quarter one there were 47 complaints closed, the same number as Quarter four.



## 5.1 Outcome of closed formal complaints

Table 12: Outcome of formal complaints closed

Outcome	2018-19						2019-20		
	Q1	Q2	Q3	Q4	Total	% 18/19	Q1	% of 19/20	Comparison to Q4
not pursued by complainant	0	0	2	2	4	1.67	0	0	Case ↓
Consent not granted	2	2	3	2	9	3.75	1	2.13	↓
Local Resolution	0	5	10	3	18	7.5	1	2.13	↓
Managed through SI process	0	2	0	1	3	1.25	0	0	↓
Referred to other organisation	0	0	0	0	0	0	1	2.13	↑
No further action	1	0	0	0	1	0.42	0	0	=
Not Upheld	13	11	16	15	55	22.92	16	34.04	↑
Partially Upheld	25	26	36	19	106	44.17	17	36.17	↓
Upheld	12	15	12	5	44	18.33	11	23.40	↑
Grand Total	53	61	79	47	240		47		

The 28 complaints closed and either partly or fully upheld in the quarter were spread across a number of differing services and there were no particular themes from any service; however, 6 were related to attitude of staff and 13 to care and treatment provided.

## 5.2 Response Rate

Table 13 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 13 – Response rate within timescale negotiated with complainant

2019-20	2018-19				2017-18				2016-17			
Q1	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

## 6. Demographic data

### 6.1 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.

The tables below show the characteristics of patients who have had complaints raised about their care between April and June 2019. This includes where a different organisation was leading the investigation.

**Table 14 – Ethnicity**

Ethnicity	Number of patients	%	Census data %
Asian-Other	2	4	15.1
Black-Caribbean	1	2	3.5
Mixed-Other	2	2	-
Not stated	15	30	-
Other Ethnic Group	1	4	1
White-British	27	54	80
White-Other	2	4	-
<b>Grand Total</b>	<b>50</b>	<b>100</b>	

## 6.2 Gender

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

**Table 15: Gender**

Gender	Number of patients	%	Census data %
Female	30	60	50.9
Male	20	40	49.1
<b>Grand Total</b>	<b>50</b>	<b>100</b>	

## 6.3 Age

**Table 16 – Age**

Age Group	Number of patients	%	Census data %
Under 12 years old	8	16	31.6
12 - 17 years old	8	16	
18 - 24 years old	2	4	
25 - 34 years old	7	14	14.9
35 - 44 years old	6	12	15.4
45 - 54 years old	4	8	19.3
55 - 64 years old	3	6	18.7
65 - 74 years old	1	2	
75 years old or older	8	16	
Not known	3	6	
<b>Grand Total</b>	<b>50</b>	<b>100</b>	

## 7. Parliamentary and Health Service Ombudsman

### 7.1 The Parliamentary and Health Service Ombudsman (PHSO) activity related to the Trust

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 2018

During Quarter one there was one request for information and two investigations were closed; both were not upheld.

Table 17 – PHSO activity

Month open	Service	Month closed	Current 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	Not Upheld
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	Not Upheld
Jun-19	CMHT/Care Pathways	n/a	PHSO have requested information to aid their decision on whether they will investigate

## 8. 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 6 complaints led by other organisations during quarter one.

Table 18 – Formal complaints led by other organisations

Lead organisation	Service area of complaint
East Berkshire CCG	Complaint about the waiting time for the Assessment and Rehabilitation Centre (ARC)
Royal Berkshire Hospital	Complaint about the attitude of the Doctor at the GP out of hours service
SCAS	Family were unhappy about the length of time for a call back from the GP out of hours service
SCAS	Family unhappy with the advice on the telephone from the Minor Injuries Unit
West Berkshire CCG	Complaint about the lack of services commissioned for CAMHS
West Berkshire CCG	Complaint about waiting times for CAMHS

## 9. MP enquiries, locally resolved complaints and PALS

### 9.1 MP enquiries

In addition to raising formal complaints on behalf of their constituents, Members of Parliament (MPs) can also raise service and case specific queries with the Trust.

**Table 19 – Enquiries from MP Offices**

Service	Number of enquiries
CAMHS - Child and Adolescent Mental Health Services	5
Common Point of Entry	1
Crisis Resolution & Home Treatment Team (CRHTT)	1
Early Intervention in Psychosis	1
Podiatry	1
<b>Grand Total</b>	<b>9</b>

There were 9 MP enquiries raised in Quarter one, the same as in Quarter four 2018-19, compared with 10 in Quarter three and 3 in Quarter two.

The 5 CAMHS enquiries related to access to treatment (1), communication (1) and care and treatment (3). The complaints relating to care and treatment were about safeguarding concerns, and the responsiveness to a patient’s risk. The subject that complaints are logged under is the largest area of the complaint.

### 9.2 Local resolution complaints

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 20 – Concerns managed by services – Local Resolution complaints**

Service	Number of concerns managed directly by services
Podiatry	10
CMHT/Care Pathways	6
District Nursing	4
Other	3
Physiotherapy - Musculoskeletal	2
CMHTOA/COAMHS - Older Adults Community Mental Health Team	2
Neuropsychology	2
Health Visiting	2
District Nursing Out of Hours Service	1
Diabetes	1
School Nursing	1
Integrated Pain and Spinal Service - IPASS	1
CAMHS - Child and Adolescent Mental Health Services	1
Mental Health Liaison Service for Older Adults	1
Psychological Medicine Service	1
Minor Injuries Unit	1
Admin teams & office based staff	1
Community Team for People with Learning Disabilities (CTPLD)	1
<b>Grand Total</b>	<b>41</b>

### 9.3 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.

Table 21 – Informal complaints received

Service	Number of Informal Complaints
Assessment and Rehabilitation Centre	1
CAMHS - Child and Adolescent Mental Health Services	2
Children's Physiotherapy - CYPIT	1
Community Hospital Inpatient	2
Hearing and Balance Services	1
IMPACTT	1
Physiotherapy (Adult)	1
<b>Grand Total</b>	<b>9</b>

### 9.4 NHS Choices

There were 13 postings during Quarter one; 7 were positive and 6 were negative.

Service	Number of postings	Positive	Negative
Minor Injuries Unit	4	<p>A fantastic service. A wonderful and caring nurse.</p> <p>Excellent professional service. It was kind, quick and professional. All the staff were lovely and it is a well-managed unit.</p> <p>The staff were so helpful and gave great advice and felt very well cared for.</p> <p>Thank you so much for great service today. Had a very thorough assessment by a nurse who put me at ease by saying there was no severe damage. Thank you.</p>	
CRHTT	2	Good support from the Crisis Resolution Home Treatment Team. Was impressed by how efficiently and rapidly the team followed up with home visits and then appointments at the hospital.	Seeing lots of different people. A plan was put together at the start of treatment but nothing happened.
Podiatry	2	Excellent Professional Care. The treatment could not have been better.	Impossible to contact the podiatry service. Incredibly poor communication and organisation of the service - it's impossible to raise them on the "new" 0300 number.
Phlebotomy	1		Problems with new booking system. Saw someone face to face in the end.
WAM CMHT	1		The service they are supposed to provide is awful the staff do not provide any form of support.
St Marks Hospital	1	From car parking through to every staff member the service was exceptional.	
Neuro-psychology	1		Length of wait for an autism assessment. Took two years.
King Edward	1		Unhelpful staff. Had a time "slot" at 9.00 only to be told it wasn't an appointment only an advised time to be there. Still waiting 2 hours later to be told by the reception staff patients just have to wait.

## 9.5 PALS Activity

There were 567 queries during this period. There were 193 non BHFT queries reported by PALS. This is an increase in activity compared to 2018-19 Quarter three and Quarter Four.

The main reasons for contacting PALS were:

- Communication with other organisations;
- General information requests;
- Choice and flexibility of access to services;
- Long wait for an appointment.

Issues around Choice and flexibility of access included:

- Ability to continue using Hearing and Balance service following award of contract, Short notice for transfer of care;
- Eligibility for home visits – District Nursing /Podiatry;
- Availability of equipment i.e. a Flash Glucose Monitoring System;
- Availability of face to face booking for appointments rather than just on line;
- Cancelling / rescheduling appointments;

Issues around a long wait for an appointment included:

- Delay in appointment as patient needed to be referred to a doctor;
- Long wait for an appointment with CAMHS ADHD pathway. Support needed during transition. Pressure on service but helpline available for enquirers. Behaviour escalating;
- Children's CPE. Online referral made but delay in responding. Behaviour escalating. Sometimes reports are not received from other agencies. Waiting list for routine triage;
- Long wait for appointment with CAMHS ASD pathway. Information on external support provided and contact with clinicians can be requested;
- Significant wait for appointment with Children's OT. Will provide initial advice and signpost to online resources.

## 10. 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. The results of the NHS England national review of the FFT have been published and the FFT question will be changing from April 2020 to Overall, how was your experience of our service.

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.

The introduction of SMS and dedicated PPI Champions within the Children, Young People and Families locality are contributing to an increase in the number of responses to the FFT. The inclusion of FFT as one of the Trusts' True North objectives has increased the focus on it within services.

## 10.1 Friends and Family test responses

### 10.1.1 Overall responses

Our Trust overall recommendation rate to a friend was 92% for Quarter one; for community services the recommendation rate was 93% whilst for Mental health services was 87%.

Data shows that introducing SMS as a way of providing FFT has proved very popular with 38% of responses being received via this method.

Based on the number of discharges from our services, there were 100,160 patients eligible to complete the FFT during Quarter one. Our response rate has been impacted by the increase in the discharge data provided to the Patient Experience Team; this continues to be monitored on a monthly basis.

April: 11%

May: 13%

June: 12%

Table 22 – Quarterly number of Friends and Family Test responses

		Number of responses	Response Rate
2019/20	Q1	11,721	12.20%
2018/19	Q4	11,919	22%
	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%

### 10.1.2 Inpatient ward responses

Table 23 - FFT results for Inpatient Wards showing percentage that would recommend to Friends and Family

Ward	Ward type	2019/20	2018/19				2017/18			
		Q1%	Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1 %
Oakwood Ward	Community Inpatient Ward	95.83%	95.83	100	100	95.83	100	72.97	93.75	100
Highclere Ward		100%	97.5		97.37	93.98	94.64	96.7	100	100
Donnington Ward				94.12						
Henry Tudor Ward		97.44%	90.91	93.48	89.8	97.78	97.59	42.86	98.86	93.5
Windsor Ward		-	100	100	96.67	88	95.24	94.44	100	100
Ascot Ward		-	100	94.12	93.75	100	100	100	100	100
Jubilee Ward		95.45%	92.86	100	94.92	97.5	97.83	100	100	100
Bluebell Ward	Mental Health Inpatient Ward	60%	80	72.73	50	-	-	-	100	40
Daisy Ward		75%	62.79	78.95	50	100	33.33	-	66.67	50
Snowdrop Ward		71.11%	76.74	70.59	70.73	70.59	100	85.71	76.19	60
Orchid Ward		84.48%	75	69.44	50	100	-	-	100	-
Rose Ward		62.50%	45.95	62.5	0	100	33.33	100	50	100
Rowan Ward		93.33%	100	83.33	-	-	-	-	-	100
Sorrel Ward		-	100	100	-	-	-	-	-	-

- = no responses received

### 10.1.3 Learning Disabilities

There were no surveys received for the Learning Disability Inpatient Unit, Campion Unit. The inpatient survey, incorporating the FFT is currently being updated. There were 96 responses received from patients seen by the community teams for people with a learning disability, compared to 26 in Quarter four.

The recommendation rate for quarter one was 83% compared with 86% in Quarter four and with 71% in Quarter three.

### 10.1.4 Carer FFT

There has been a continued increase in carer responses. In Quarter one, 96% of carers would recommend the Trust to friends or family compared to 95% in Quarter four.

Table 24 - Carer FFT Responses

Number of responses					
2019/20		2018/19		2017/18	
Q1	335	Q1	67	Q1	111
		Q2	201	Q2	32
		Q3	314	Q3	39
		Q4	258	Q4	86

### 10.1.5 Friends and Family Test comparison information available from NHS England

Each month health services (both NHS and independent providing NHS services) submit a report to the Department of Health and Social Care 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 April 2019.

**Table 25 - Community Health services FFT data; April 2019**

Trust Name	Apr-19		Feb-19		Nov-18		Jul-18		May-18	
	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR
Berkshire Healthcare	11%	94%	17%	94%	9%	96%	11%	98%	14%	97%
Solent NHS Trust	3%	97%	7%	98%	5%	97%	4%	97%	5%	96%
Southern Health NHS FT	6%	96%	5%	95%	5%	97%	5%	98%	9%	97%
Oxford Health NHS FT	4%	95%	4%	93%	4%	97%	3%	96%	4%	97%

*%RR – Recommendation rate*

Berkshire Healthcare has maintained a significantly higher response rate compared to other local Trusts, this is positive and means that the results achieved are more valid; for April 2019 the Trust recommendation rate has remained at 94% for community services; this continues to be monitored.

**Table 26 - Mental Health services FFT data; April 2019**

Trust Name	Apr-19		Feb-19		Nov-18		Jul-18		May-18	
	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR
Berkshire Healthcare	19%	87%	21%	86%	37%	83%	5%	87%	8%	92%
Solent NHS Trust	9%	92%	13%	92%	11%	94%	9%	87%	8%	83%
Southern Health NHS FT	3%	92%	2%	93%	2%	92%	3%	92%	4%	89%
Avon and Wiltshire MH Partnership	17%	89%	14%	90%	16%	89%	13%	91%	15%	90%
Oxford Health NHS FT	9%	92%	9%	93%	9%	93%	9%	91%	10%	90%

*%RR – Recommendation rate*

For April 2019 the Trust recommendation rate has increased slightly to 87% for mental health services; this continues to be monitored.

There has been a significant increase in the response rate for mental health services, with targeted work from the patient experience team, supporting services to increase the awareness of the FFT and encouraging people to give feedback. A group specifically focussed on collecting and understanding feedback for patients at Prospect Park Hospital has been setup which monitors the response rates of the FFT at a local level.

As the Family and Friends Test response rate decreased in Quarter one, achieving an average of only 12% overall a piece of analysis has been undertaken as to why there has been a deterioration and an action plan for improvement has been put in place.

## 11 Our internal patient survey

At the end of the quarter we have received feedback from 5236 patients or carers compared to 4707 in the last quarter.

This quarter there has seen a remarkable increase in Mental Health Services, especially within the Inpatient wards, CRHTT and CMHT. Immunisation and School Nursing responses continue to remain high using tablets and surveys downloaded onto work mobiles. Psychological Medicine Services have now got two new surveys which were developed within QMIS Training and responses continue to increase within the east and west of Berkshire.

The highlights are:

- 86% reported the service they received as good or better – the same as in Quarter four;
- Community Health Services had responses from 3905 patients and carers with 89% of them reporting the service they received as excellent or good;
- Mental Health Services responses increased 1331 in the last quarter, with 75% of patients and carers rating the service provided as excellent or good;
- 14 services carrying out the internal patient survey were rated 100% for excellent or good with a further 18 services rating 85% or above.
- The service with the lowest satisfaction rate was Specialist Children’s Services with 22.73% based on 44 responses (meaning a low response rate and not necessarily statistically relevant). The Patient Experience Team is following this up with the service, along with a piece of work to support services not currently carrying out a survey.

## 12 Learning Disabilities survey

There were 96 survey responses by people seen by our Community Team for people with a Learning Disability during Quarter one – a significant increase from 26 in Quarter four. A selection of the results is in the table below;

Table 27 – 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	1.09	1	Not at all	0	0
Not much	0	0	Not much	1.09	1
A little	4.35	4	A little	4.35	4
Quite a bit	0	0	Quite a bit	1.09	1
A lot	89.13	82	A lot	85.87	79
Question not answered	5.43	5	Question not answered	7.61	7
You were polite and friendly to me	%	Number	You listened to me	%	Number
Not at all	1.09	1	Not at all	0	0
Not much	0	0	Not much	0	0
A little	1.09	1	A little	2.17	2
Quite a bit	0	0	Quite a bit	1.09	1
A lot	92.39	85	A lot	91.3	84
Question not answered	5.43	5	Question not answered	5.43	5

## 13 Updates: Always Events and Patient Participation and Involvement Champions

The Always Events programme has been embedded within the WestCall service. The operational team are being supported by the Patient Experience Team with this project, a review of the feedback from the service led observations has taken place and the analysis from this is being drawn up to create the Always statement for the service.

PPI Champions are fully established and embedded within the Children, Young People and Families locality. Participation representatives from the services act as champions for service user feedback and participation. The champion role provides opportunities for passionate and enthusiastic staff, at all levels, to play an active role in generating a positive focus towards the progression of service user feedback and participation, with direct support from both their peers and corporate services. Services with a Champion are seeing an increase in the response rates for the FFT and wider participation. Appendix Two contains an update from the PPI Champions in CYPF.

PPI Champions are in the process of being rolled out across the community health west and mental health west localities.

Appendix Three contains the 15 Steps report for quarter four. There were 8 visits during this period; six in inpatient wards and two were in community based service.

## 14 Compliments

There were 1,404 compliments reported during quarter one. The services with the highest number of compliments are in the table below.

Table 28 – Compliments

Service	Number of compliments
Talking Therapies	622
ASSIST	215
Cardiac Rehab	82
Community Nursing	50
Community Hospital Inpatient	49
Community Matron	32
CMHT/Care Pathways	26
Community Respiratory Service	25
CMHTOA/COAMHS - Older Adults Community Mental Health Team	23
Older Peoples Mental Health (Ward Based)	22

Table 29 - Compliments, comparison by quarter

	2018/19					2019/20
	Q1	Q2	Q3	Q4	18/19	Q1
Total Compliments	1,008	1878	1,670	1,409	5,965	1,404

**Elizabeth Chapman**

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