

Quarter Two– Patient Experience Report (July – September 2019)

Overview

The Board is required to consider patient feedback because it provides insight into how patients, families and carers experience our services. This overview of the quarter two data is provided as a way of achieving a summary and insight of the available data alongside other relevant information from my perspective.

Data collated around characteristics demonstrates that there is no difference between the split by gender of complaints raised versus the census population data and for ethnicity given that 33% have chosen not to state, therefore it is not possible to draw any conclusions. It is, however, interesting to note that 48.7% of complaints received are from people in the 18-44 year old age groups; this is a higher percentage of complaints for this age group than is representative of the local population (30%) or the percentage of patients on our caseload (16.64%) . Some further investigation is required to understand if there are any specific cross cutting themes to complaints received from this group of patients. For all other age ranges, the proportion of complaints is lower than representation within the local population.

There is no material difference in the total number of formal complaints received this quarter compared with previous quarters; it is however, of note when considering the total complaints (formal, informal and local resolution) that whilst over 60% are resolved informally rather than taking a formal route in physical health services (adult and children), for mental health services the figure is nearer 30%. Some further work will be undertaken around this to understand the reasons behind this and whether there is learning to be shared across services.

When comparing our formal complaint rate to that of peers in quarter 1 (latest data available in model hospital) we are in the lowest 25% in terms of number of complaints received against the indicators used per 1000 WTE staff and also per £100million Trust income. We have continued to maintain our 100% response rate against negotiated timescales; it is very important to us that we continue to provide responses to all complainants when they are expecting us to.

This quarter, there has been an increase in complaints relating to common Point of Entry (CPE) with the highest number received this quarter compared to any quarter in the last two years. Whilst this still accounts for a very small percentage compared to the number of contacts (0.24% of contacts resulting in a complaint), no particular themes have emerged from the complaints received; this will be monitored over the coming quarter. There is currently work being undertaken to support improved pathways as well as processes within CPE that release capacity to ensure patients perceived to be a higher risk are seen within expected timescales.

The other service to note in terms of increased complaints is the Integrated Pain and Spinal Service which is currently experiencing significant demand pressures over and above service capacity, whilst a small number, this is not a service that generally receives complaints and all three complaints were in relation to wait times. Actions are currently in train to review the capacity versus demand gap.

CAMH services continue to generate the highest number of contacts from MP's, these are related to access and waiting times. The number of formal complaints received are comparable with previous quarters remaining at 0.12% of total contacts, although 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.

Despite continued pressures on the Mental Health Wards, due to high occupancy and staffing challenges the wards have seen a reduction compared with the number of complaints seen in Quarter 1, receiving only three complaints this quarter. Community Wards and Community Nursing, which were also under pressure in quarter two in terms of vacancy and also demand in community nursing services, also received fewer formal complaints this quarter compared with Q1. This would indicate that despite challenges patients continue to receive a service that they are satisfied with. The mental health wards, West Berkshire Community Hospital and Community Nursing have all had successful recruitment campaigns with a positive increase in staffing anticipated during Q3.

In terms of Ombudsman investigations there are two ongoing (PMS and CMHT), we have had no Ombudsman complaints upheld to date this financial year.

Complaints are considered within each division with staff / teams reflecting on individual complaints and learning being shared through the Divisions patient safety and quality meeting.

The Friends and Family Test (FFT) has continued to be challenging in terms of reaching the 15% response rate despite the increasing number of responses achieved and the success of introducing SMS as a way for patients to provide the FFT. Our response rate does however, compare favourably against our local peer organisations in terms of both community and mental health. Our Trust overall recommendation rate to a friend for Quarter two is 91%; for community services the recommendation rate was 94% whilst for mental health services was 78%.

The Trust has continued to achieve an increased response to the Friends and Family Test from carers, with 408 responses received in Q2 this year compared to 201 last year and 32 in 2017/18. The recommend rate has remained high at 95%.

3,830 patients/carers responded to our internal patient survey in Q2, this asks patients how they rate their experience, by asking five questions; 81% 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. Services also registered 1,389 compliments during this quarter.

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. Services are encouraged to use the feedback available to them to inform decisions about care and treatment and also to display information in relation to learning and changes made as a result of feedback that they receive. The 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; whilst this is better than the average within our peer group (mental health, learning disability and community combined trusts) which is 54%, it is below the best at 71% and therefore continues to be a work in progress.

Debbie Fulton, Director of Nursing and Therapies

Main Report

1. 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 July 2019 to 30 September 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.

2. Complaints received

2.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2018-19 and 2019-20 by service, enabling a comparison with Quarter two. During Quarter two 2019-20 there were 54 complaints received (including re-opened complaints), this is a decrease compared to 2018-19 where there were 63 for the same period.

Table 1: Formal complaints received

Service	2018-19					2019-20				
	Q2	Q3	Q4	Total	% of Total	Q1	Change to Q1	Q2	Total for year	% of Total
CMHT/Care Pathways	11	10	9	46	20	8	↑	10	18	17.31
CAMHS - Child and Adolescent Mental Health Services	6	8	6	25	10.87	10	↓	8	18	17.31
Crisis Resolution & Home Treatment Team (CRHTT)	5	3	4	14	6.09	2	-	2	4	3.85
Acute Inpatient Admissions – Prospect Park Hospital	12	8	3	32	13.91	5	↓	3	8	7.69
Community Nursing	1	3	3	8	3.48	4	↓	3	7	6.73
Community Hospital Inpatient	7	1	3	17	7.39	6	↓	1	7	6.73
Common Point of Entry	3	2	4	12	5.22	2	↑	6	8	7.69
Out of Hours GP Services	5	7	1	17	6.96	0	↑	1	1	0.96
PICU - Psychiatric Intensive Care Unit	0	0	0	0	0	0	-	0	0	0.00
Minor Injuries Unit (MIU)	1	2	0	4	1.74	1	-	1	2	1.92
Older Adults Community Mental Health Team	1	0	1	3	1.3	1	↓	0	1	0.96
13 other services in Q4	11	13	16	52	22.6	11	↑	19	30	28.85
Grand Total	63	57	50	230		50		54	104	

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 two 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 two. 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 two will not have this information.

2.2 Adult mental health service complaints received in Quarter two

28 of the 54 (52%) complaints received during Quarter two were related to adult mental health service provision.

Table 2: Adult mental health service complaints

Service	Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Adult Acute Admissions		3					3
CMHT/Care Pathways	1	2		2	3	2	10
Common Point of Entry	2			1		3	6
Crisis Resolution and Home Treatment Team (CRHTT)		1		1			2
Early Intervention in Psychosis		1	1				2
Learning Disability Service Inpatients		1					1
Perinatal				1			1
Psychological Medicine Service			2				2
Talking Therapies		1					1
Grand Total	3	9	3	5	3	5	28

2.2.1 Number and type of complaints made about a CMHT

10 of the 54 complaints (19%) received during Quarter two related to the CMHT service provision. Over the last year there were between 8 and 16 complaints for CMHT in each quarter. There were 13,827 reported attendances for CMHT and the ASSiST service during Quarter two giving a complaint rate of 0.07%.

The 2018-19 complaint rate for CMHT was 0.05%; therefore the 0.07% this quarter indicates a very small but not significant increase in percentage of complaints received.

Table 3: CMHT complaints

Main subject of complaints	Locality					Grand Total
	Bracknell	Reading	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Attitude of Staff					1	1
Care and Treatment		1	2	2		5
Clinical Care Received	1	1		1		3
Communication					1	1
Grand Total	1	2	2	3	2	10

Care and treatment (5) remains the main subject for formal complaints received about CMHT, although the reasons for the concerns varied: including communication and contact with the team and awareness of care plans.

The Bracknell CMHT has seen a reduction in the number of complaints (1) compared to previous quarters. Bespoke training has been offered to the services based out of Churchill House, including the older adults CMHT to include complaint management and local resolution of complaints. The CMHT based in Slough did not receive any complaints.

2.2.2 Number and type of complaints made about CPE

Main subject of complaint	Number of complaints
Attitude of Staff	2
Care and Treatment	1
Communication: in writing	1
Communication: Verbal to Patients	1
Failure/Delay in specialist Referral	1
Grand Total	6

The table above shows the number and reason for complaints received during Quarter two for the Common Point of Entry Service (CPE). This is the highest number of complaints received in any quarter in the last year and whilst there are no particular themes emerging at present this will be monitored.

There were 2,483 contacts with CPE during Quarter two, giving a complaint rate of 0.24%.

2.2.3 Number and type of complaints made about Mental Health Inpatient Services

During Quarter two, 3 of the 54 complaints (5.55%) related to mental health inpatient wards (all of these were about acute wards) this is a reduction compared on any quarter in the last year.

There were 233 reported discharges from mental health inpatient wards during Quarter two giving a complaint rate of 1.28%.

Overall for 2018-19 the complaint rate for acute inpatient ward admissions was 3.8%; therefore a significant decrease is demonstrated for this quarter by comparison.

Table 4: Mental Health Inpatient Complaints

Main subject of complaints	Ward			Grand Total
	Daisy Ward	Bluebell Ward	Rose Ward	
Care and Treatment	1		1	2
Communication		1		1
Grand Total	1	1	1	3

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

In Quarter two, 2 of the 54 complaints (3.70%) were attributed to CRHTT, the same as in Q1 and a reduction on previous quarters. There are no particular themes identified in the

complaints received for CRHTT. There were 16,148 reported contacts for CRHTT during Quarter two giving a complaint rate of 0.01%.

Table 5: CRHTT complaints

Main subject of complaints	Locality		Grand Total
	Reading	West Berks	
Attitude of staff	1	1	2
Grand Total	1	1	2

2.3 Community Health Service Complaints received in Q1

During Quarter two, 12 of the 54 complaints (22.22%) related to community health service provision.

Table 6: Community Health service complaints

Service	Locality					Grand Total
	Bracknell	Reading	Slough	West Berks	Wokingham	
Community Hospital Inpatient			1			1
District Nursing	2		1			3
GP General Practice			1			1
Integrated Pain and Spinal Service - IPASS		1		1	1	3
Minor Injuries Unit				1		1
Out of Hours GP Services					1	1
Podiatry	1					1
Sexual Health			1			1
Grand Total	3	1	4	2	2	12

During Quarter two the services receiving the most complaints were community nursing (3) and IPASS (3).

The IPASS service is under significant pressure with demand outstripping capacity and all three of the complaints received were about waiting times.

2.3.1 Community Health Inpatient wards Complaints

During Quarter two, 1 of the 54 complaints (1.85%) received related to inpatient wards. There were 486 reported discharges from community health inpatient wards during Quarter two giving a complaint rate of 0.20%.

For 2018-19 the complaint rate was 0.9%, discharges indicating that there has been a reduction in the number of complaints per discharge during this quarter.

Table 7: Community Health Inpatient complaints

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

2.3.2 Community Nursing Service Complaints

In Quarter two, 3 of the 54 complaints (5.55%) were related to community nursing service provision (including continence). This is a decrease from 4 in Q1. There were 71,631 reported attendances for the Community Nursing Service during Quarter two 3 giving a complaint rate of 0.004%. This is a very small complaint rate well below the Trust overall rate of complaints per contact.

Table 8: Community Nursing Service complaints

Service	Locality		Grand Total
	Bracknell	Slough	
Attitude of Staff	1		1
Care and Treatment	1	1	2
Grand Total	2	1	3

2.3.3 GP Out of Hours Service, WestCall Complaints

Main subject of complaint	Service		Grand Total
	GP*	Westcall - Wokingham	
Care and Treatment	1	1	2
Grand Total	1	1	2

- A historical complaint about BHFT led GP in Slough

There was one complaint about Westcall, an increase from no complaints about out of hours provision during Quarter one. There were 15,690 contacts with Westcall giving a complaint response rate of 0.006%.

For 2018-19 the service had a complaint rate of 0.024%, therefore 0.006% is showing a rate that is lower this quarter than the overall rate for last year.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children complaints

During Quarter two, 2 of a total 54 complaints (3.70%) related to children's physical health services.

Table 9: Children and Young People service complaints

Service	Locality		Grand Total
	Reading	Slough	
Children's Speech & Language Therapy - CYPIT	1		1
Occupational therapy		1	1
Grand Total	1	1	2

2.4.2 CAMHS complaints

During Quarter two, 8 of the 54 complaints (14.81%) were about CAMHS services; since Quarter one 2018-19, the number of complaints received has ranged from between 5 and 10 per quarter. Access to treatment was the main theme in Q2. There were 6,656 reported attendances for CAMHS during Quarter two giving a complaint rate of 0.12%.

For 2018-19 the number of complaints per contact was 0.8% therefore for quarter 2 there is an increased % of complaints per contact although complaints are spread across localities there is a continued theme around access and wait times.

Table10: CAMHS Complaints

Main subject of complaint	Locality				Grand Total
	Reading	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Access to Services	3				3
Care and Treatment				1	1
Clinical Care Received		1			1
Communication			2		2
Waiting Times for Treatment		1			1
Grand Total	3	2	2	1	8

2.5 Learning Disabilities

Main subject of complaint	Service	
	Campion Unit	Grand Total
Attitude of staff	1	1
Grand Total	1	1

There were no complaints about the community based team for people with a Learning Disability during Quarter two. There was one complaint about the Learning Disability Inpatient Ward, Champion Unit.

3. 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 (Q1 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				2019-20
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Mental Health complaints - nationally reported	3,790	3,451	3,653	3,598	3,651	3,391	3,450	3,507
2Gether NHS Foundation Trust	19	15	15	17	14	21	20	24
Avon and Wiltshire Mental Health Partnership NHS Trust	75	63	67	78	72	77	51	56
Berkshire Healthcare NHS Foundation Trust	58	56	59	49	45	38	51	47
Cornwall Partnership NHS Foundation Trust	28	32	34	31	28	20	30	24
Devon Partnership NHS Trust	47	43	49	44	56	33	45	52
Dorset Healthcare University NHS Foundation Trust	84	74	79	91	90	92	54	61
Kent and Medway NHS and Social Care Partnership Trust	72	88	86	87	115	121	118	121
Oxford Health NHS Foundation Trust	56	49	70	50	56	58	56	52
Somerset Partnership NHS Foundation Trust	20	15	14	17	14	24	18	24
Southern Health NHS Foundation Trust	114	79	96	91	95	82	68	73
Surrey and Borders Partnership NHS Foundation Trust	28	21	26	26	36	16	26	22
Sussex Partnership NHS Foundation Trust	166	169	221	209	192	181	173	178

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.

4. 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 two there were 57 complaints closed, an increase on Quarter one and Quarter four (47).

4.1 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	Q2	Total	% of 19/20	Comparison to Q1
Case not pursued by complainant	0	0	2	2	4	1.67	0	0	0	0.00	=
Consent not granted	2	2	3	2	9	3.75	1	0	1	0.96	↓
Local Resolution	0	5	10	3	18	7.5	1	1	2	1.92	=
Managed through SI process	0	2	0	1	3	1.25	0	0	0	0.00	=
Referred to other organisation	0	0	0	0	0	0	1	0	1	0.96	↓
No further action	1	0	0	0	1	0.42	0	0	0	0.00	=
Not Upheld	13	11	16	15	55	22.92	16	20	36	34.62	↑
Partially Upheld	25	26	36	19	106	44.17	17	22	39	37.50	↑
Upheld	12	15	12	5	44	18.33	11	13	24	23.08	↑
Disciplinary Action required	0	0	0	0	0	0	0	1	1	0.96	=
Grand Total	53	61	79	47	240		47	57	104		

The 35 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, 8 were related to attitude of staff and 16 to care and treatment.

The table below shows the services where complaints were found to be upheld or partially upheld during Quarter two. Of the 35 complaints found to be upheld or partially upheld Quarter two, 68.57% (24) related to attitude and staff and care and treatment. In comparison, 19 of the 28 formal complaints (67.87%) closed in Quarter one relating to these two areas.

Table 13: Complaints upheld and partially upheld relating to attitude of staff and care and treatment

Service	Main subject of complaint		Grand Total
	Attitude of Staff	Care and Treatment	
Adult Acute Admissions		1	1
CAMHS - Child and Adolescent Mental Health Services		3	3
CMHT/Care Pathways	1	4	5
Common Point of Entry	2	1	3
Community Hospital Inpatient	1		1
Crisis Resolution & Home Treatment Team (CRHTT)	2		2
District Nursing	1	1	2
Integrated Pain and Spinal Service - IPASS		1	1

Occupational therapy		1	1
Older Peoples Mental Health (Ward Based)		1	1
Out of Hours GP Services		2	2
Psychological Medicine Service	1	1	2
Grand Total	8	16	24

4.2 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 14 – Response rate within timescale negotiated with complainant

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

5. Characteristic data

5.1 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 July and September 2019. This does not include where a different organisation was leading the investigation.

Table 15: Ethnicity

Ethnicity	Number of patients	%	Census data %
Asian-Other	2	3.7	15.1
Black-Caribbean	1	1.85	3.5
Mixed-Other	2	3.7	-
Not stated	18	33.33	-
Other Ethnic Group	1	1.85	1
White-British	26	48.15	80
White-Other	3	5.56	-
Black British	1	1.85	-
Grand Total	54	100	

5.2 Gender

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

Table 16: Gender

Gender	Number of patients	%	Census data %
Female	27	50	50.9
Male	27	50	49.1
Grand Total	54	100	

5.3 Age

Table 17: Age

Age Group	Number of patients	%	Census data %
Under 12 years old	5	9.26	31.6
12 - 17 years old	6	11.11	
18 - 24 years old	3	5.56	14.9
25 - 34 years old	11	20.37	
35 - 44 years old	12	22.22	15.4
45 - 54 years old	5	9.26	19.3
55 - 64 years old	3	5.56	
65 - 74 years old	5	9.26	18.7
75 years old or older	3	5.56	
Not known	1	1.85	
Grand Total	54	100	

6. Parliamentary and Health Service Ombudsman

6.1 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 two there were no new complaints and a previous request for information has been closed.

Table 18: 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

7. 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 10 complaints led by other organisations during Quarter two.

Table 19: Formal complaints led by other organisations

Lead Organisation	Description
Berkshire East CCG	Complaint about the attitude of CMHT staff
CCG East Berkshire	Patient is unhappy with the way that the Hearing Aid service to another provider
East Berkshire CCG	Joint complaint with CCG MH Commissioning team regarding the patient's request for funding
Frimley Park Hospital	Complainant wishes to know if staff are trained to deal with hypoxic brain injury on a community inpatient ward
NHS England	Following an injury in 2017, patient is unhappy with care provided by MSK physio in Church Hill House
NHSE	NHSE complaint with an element relating to effectiveness of Talking Therapies and CPE declining referrals on multiple occasions
RBH	Complaint made to RBH re care and treatment received. However, complainant wishes to know why a referral was not made for domiciliary physio before discharge from Wokingham Inpatients
RBH	Family of patient complaining of poor discharge from ICU of patient involving PMS
SCAS	Family feel OOH GP took too long to call back
SCAS	Patient states they did not get a call from Westcall after speaking to 111

8. MP enquiries, locally resolved complaints and PALS

8.1 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 20: Enquiries from MP Offices

Service	Number of enquiries
CAMHS - Child and Adolescent Mental Health Services	7
CMHT/Care Pathways	3
Community Dental Services	1
Physiotherapy Musculoskeletal	1
Grand Total	12

There were 12 MP enquiries raised in Quarter two. The number of MP complaints has varied each quarter over the last year from 3-10 meaning that this is the highest number received in any quarter over the last year.

The 7 CAMHS enquiries related to access to treatment (2), waiting times for treatment (2) and care and treatment (3). 3 of these complaints related to access and waiting time to the ASD pathway, the remaining complaints were about access to and care from the secondary CAMHS service. There was one complaint about safeguarding concerns, and the responsiveness to a patient's risk.

8.2 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 21: Concerns managed by services – Local Resolution complaints

Service	Number of concerns managed by services
Podiatry	7
District Nursing	5
CMHTOA/COAMHS - Older Adults Community Mental Health Team	3
CAMHS - Child and Adolescent Mental Health Services	3
CMHT/Care Pathways	2
Children's Speech and Language Therapy - CYPIT	2
Health Visiting	2
Neuropsychology	1
Minor Injuries Unit	1
Physiotherapy Musculoskeletal	1
Residential Care	1
Mobility Service	1
Admin teams and office based staff	1
Out of Hours GP Services	1
Clinical Health Psychology Service	1
Crisis Resolution & Home Treatment Team (CRHTT)	1
Learning Disability Service Inpatients	1
Talking Therapies	1
Admin teams & office based staff	1
District Nursing Out of Hours Service	1
Grand Total	37

The Podiatry service logged the highest number of locally resolved concerns during Quarter two. The concerns varied, with no themes, and included experiences such as patients unhappy about the service not cutting their nails, delays in being seen and in communication with other organisations for further tests. None of the concerns were escalated to formal complaints.

8.3 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 22: Informal complaints received

Service	Number of informal complaints
CMHT/Care Pathways	1
Diabetes	1
Out of Hours GP Services	1
PICU - Psychiatric Intensive Care	1
Grand Total	4

8.4 NHS Choices

There were 22 postings during Quarter two; 13 were positive and 9 were negative.

Service	Number of postings	Positive	Negative
Athena Centre	1	I found the atmosphere calm and positive. The staff were respectful and professional and my experience was a good one.	
CAMHS	1		Failed to keep promises. Was promised an ASD assessment before my child turned 18 then after several months received a phone call to say they couldn't see her before she was 18 but PROMISED it will be done well before her exams. Exams are finished and no help. What a waste of 3 years.
CMHT WAM	1		Appalling 'care' given by the duty worker last month. When a friend also called to express concern about my mental state they were told confidential information about me, as well as being told I shouldn't 'expect everything her (my) own way'.
Community Dental Service	1	Great dental surgery & lovely friendly nurses. Will definitely recommend this place to anyone! I have been terrified all my adult years, but no more, the nurses were all so respectful and caring.	
Highclere Ward	1	All staff and doctors went over and above their duties.	
Inpatients PPH	1		A patient that may be unstable cannot expect to wait from 6pm till 10pm without being shown the room (which was ready for them) and then the bags searched which I know is necessary. Please just think what the patients and family are going through just sat around. This has been sent to the PPH leadership team. The anonymous enquirer was asked to make contact with PALS to further discuss their experience; however they have not been in touch.
King Edward V11	1	Great service, shame about parking. Need more Disabled parking because there was none when we arrived. Staff at the main entrance were very helpful to my mum and especially the porter who went out of his way to push her to the car.	
Memory Clinic	1	I was referred to a clinical psychologist who has been so caring and empathetic that I felt safe and listened to. I was also seen by a trainee Psychologist who was helpful in allowing me to confront my fears about my declining mental faculties.	
MIU	2	I have never received any other than first class treatment from a very courteous and caring staff whenever I have needed their help and expertise. Thank you one and all.	
		The staff at the Minor Injuries unit could not have been more welcoming and helpful. The nurse I saw was very efficient, helpful and knowledgeable. Her advice put me at ease and set out a path she expected the problem to follow. Her sound advice has paid dividends and I am now walking normally.	
Oakwood Unit	1		Communications were VERY poor, in fact non-existent. We were not told what his treatment plan included, or even if there was such a plan. Finding someone to talk to was difficult and the phone was almost never answered. Even getting

Service	Number of postings	Positive	Negative
			<p>into or out of the unit was hard ... standing outside 5 minutes sometimes to be admitted.</p> <p>This has been sent to Unit Manager. The anonymous enquirer was asked to make contact with PALS to further discuss their experience, however they have not been in touch.</p>
Phlebotomy WBCH	2	An excellent service. I have been having blood tests, often on a weekly basis, for twelve years at WBH and have nothing but praise for the service and staff.	
			Blood test delays staff couldn't care less. Arrive 25 minutes early for a routine blood test, was not informed of any delays. At my appointed time I explained that I needed to take my disabled wife for another NHS appointment. I explained that the delay of over half an hour gave me problems. After pleading 3 times a cold "nothing can be done" left me frustrated and disappointed.
Physiotherapy	2	The therapist was excellent. He did a thorough assessment and started me off with some exercises. He referred me on to the yoga class which is proving to be of great benefit.	
		Last year I had excellent treatment in the physiotherapy department for Achilles tendonitis.	
Podiatry	1	The staff are brilliant and very professional and very caring. No complaints.	
Prospect Park Hospital	1		I have noticed that on every occasion that I have attended, I have seen staff parking their cars in the disabled spaces, whilst I can appreciate that they need somewhere to park, this really should not be allowed and more thought given to others.
Psychology -PPH	1		The worst care. Treatment was decided before I had even met the clinicians, when I said I felt this wasn't appropriate for me this was completely dismissed and I was still pushed into group therapy.
Rose Ward PPH	1	Rose Ward - exemplary care. Throughout our son's time on Rose ward the team of doctors, nurses and health care workers exhibited compassion, understanding and care. They are very special people. Thanks to their dedication and patience, we have our son back.	
School Nursing	1	Saw a member of the school nursing team at the immunisation clinic, and was so very pleased and grateful for her kindness, calmness, patience, and positivity.	
Upton Hospital Duty Nurse	1		The duty nurse was extremely rude and unpleasant. No proper courtesy. Was very bossy and ordered to sit down. Highly unfriendly facial expressions.
Westcall	1		<p>We were put in a side room. I had my other child of 5 with me too, very hot and trying to keep 2 little ones from running riot is a job. No one came and told us there was a huge wait and that that huge wait had an extra 3 hours added on top of the 3 hours we had already been there. I understand they are busy people but there's no communication between staff and patients.</p> <p>This has been sent to the Urgent Care services leadership team. The anonymous enquirer was asked to make contact with PALS to further discuss their experience; however they have not been in touch.</p>

8.5 PALS Activity

There were 361 queries during this period. There were 198 non BHFT queries reported by PALS. This is a decrease in activity compared to Quarter one.

The main reasons for contacting PALS were:

- Access to services – Choice and flexibility
- Communication with other organisations
- General information requests
- Communication. Written to patients

Contact around access to services included:

- Patients wanting to self-refer
- Intervention needing to be brought forward due to deteriorating condition and pressure on family
- Preference for 1:1 intervention
- Request for reasonable adjustments to be made
- Requesting a service closer to home
- Needs more input to increase mobility
- Wants on line access.
- Neighbour requesting access for vulnerable person
- Recognition of assessments from a private provider.
- Needs interim care in lead up to therapy.
- Wants to return to NHS provider.

9. 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. There is an implementation plan underway, being led by the Head of Service Engagement and Experience.

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 the Trusts' True North objectives has increased the focus on it within services. The Patient Experience Team is also formally monitoring this as part of ongoing Quality Improvement.

9.1 Friends and Family test responses

9.1.1 Overall responses

Our Trust overall recommendation rate to a friend for Quarter two is 91%; for community services the recommendation rate was 94% whilst for mental health services was 78%.

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

Our Trust overall recommendation rates to a friend was 93% for 2018/19, for community Hospital inpatients recommendation rate was 96% whilst for Mental health Inpatients this was 70%.

Data shows that introducing SMS as a way of providing FFT has proved very popular with 42% of responses being received via this method. There is on-going work to support services that do not use RiO to utilise the SMS system.

Based on the number of discharges from our services, there were 102,187 patients eligible to complete the FFT during Quarter two. 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.

July: 12%
 August: 9%
 September: 11%

Table 2: Quarterly number of Friends and Family Test responses

		Number of responses	Response Rate
2019-20	Q2	11,095	10.86%
	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%

9.1.2 Inpatient ward responses

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

Ward	Ward type	2019/20		2018/19				2017/18			
		Q2%	Q1%	Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1 %
Oakwood Ward	Community Inpatient Ward	100%	95.83%	95.83	100	100	95.83	100	72.97	93.75	100
Highclere Ward		100%	100%	97.5	94.12	97.37	93.98	94.64	96.7	100	100
Donnington Ward											
Henry Tudor Ward		90.48%	97.44%	90.91	93.48	89.8	97.78	97.59	42.86	98.86	93.5
Windsor Ward		91.89	-	100	100	96.67	88	95.24	94.44	100	100
Ascot Ward		100%	-	100	94.12	93.75	100	100	100	100	100
Jubilee Ward		96.34%	95.45%	92.86	100	94.92	97.5	97.83	100	100	100
Bluebell Ward	Mental Health Inpatient Ward	65.22%	60%	80	72.73	50	-	-	-	100	40
Daisy Ward		62.50%	75%	62.79	78.95	50	100	33.33	-	66.67	50
Snowdrop Ward		74.49%	71.11%	76.74	70.59	70.73	70.59	100	85.71	76.19	60
Orchid Ward		77.78%	84.48%	75	69.44	50	100	-	-	100	-
Rose Ward		76.92%	62.50%	45.95	62.5	0	100	33.33	100	50	100
Rowan Ward		86.67%	93.33%	100	83.33	-	-	-	-	-	100
Sorrel Ward		-	-	100	100	-	-	-	-	-	-

- = no responses received

9.1.3 Learning Disabilities

There were 12 surveys received for the Learning Disability Inpatient Ward, Champion Unit. The recommendation rate for Quarter two is 58.33%. There was no qualitative feedback on the surveys that were completed, and these results have been shared with the leadership team within the Learning Disability service for further exploration.

The Head of Service Engagement and Experience is leading a project to create a Trust standard for accessible surveys formats across the survey programme including the FFT. There were 94 responses received from patients seen by the community teams for people with a learning disability, compared to 96 in Quarter one and 26 in Quarter four.

The recommendation rate for Quarter two is 85%, compared with 83% in Quarter one, 86% in Quarter four and with 71% in Quarter three.

9.1.4 Carer FFT

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

Table 25: Carer FFT Responses

Number of responses					
2019/20		2018/19		2017/18	
Q1	335	Q1	67	Q1	111
Q2	408	Q2	201	Q2	32
		Q3	314	Q3	39
		Q4	258	Q4	86

9.1.5 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 August 2019.

Table 26: Community Health services FFT data; August 2019

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

%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 August 2019 the Trust recommendation rate has increased to 95% for community services; this continues to be monitored.

Table 27: Mental Health services FFT data; August 2019

Trust Name	Aug-19		Apr-19		Feb-19		Nov-18		Jul-18	
	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR
Berkshire Healthcare	12%	86%	19%	87%	21%	86%	37%	83%	5%	87%
Solent NHS Trust	9%	89%	9%	92%	13%	92%	11%	94%	9%	87%
Southern Health NHS FT	3%	91%	3%	92%	2%	93%	2%	92%	3%	92%
Avon and Wiltshire MH Partnership	11%	87%	17%	89%	14%	90%	16%	89%	13%	91%
Oxford Health NHS FT	9%	92%	9%	92%	9%	93%	9%	93%	9%	91%

%RR – Recommendation rate

There has been a decrease in the number of responses received over Quarter two. This is in part due to annual leave within services, where staff proactively promote and offer the survey to patients.

As the Family and Friends Test response rate is receiving less than the 15% target an action plan for improvement has been put in place and is being monitored through the Trust Finance Performance and Risk Committee, as well as being a Driver metric for the Patient Experience Team.

10. Our internal patient survey

At the end of the quarter we have received feedback from 3,830 patients or carers compared to 5,236 in the last quarter.

This quarter there has been a significant drop in responses but we have noticed a drop in numbers across all of the summer months. Mental Health Services are still showing an increased level of responses with responses showing from Champion Unit and Willow Ward

which is positive. Community Health services have seen a significant drop in responses mainly impacted by Immunisation and School Nursing being term time only.

The highlights are:

- 81% reported the service they received as good or better – a reduction from 86% in Quarter one and Quarter four
- Community Health Services had responses from 2,487 patients and carers with 88% of them reporting the service they received as excellent or good
- Mental Health Services responses increased to 1,343, with 68% of patients and carers rating the service provided as excellent or good
- 12 services carrying out the internal patient survey were rated 100% for excellent or good care with a further 18 services rating 85% or above

11. Learning Disabilities survey

There were 50 survey responses by people seen by our Community Team for people with a Learning Disability during Quarter two; a decrease from 96 in Quarter one and increase from 26 in Quarter four. A selection of the results is in the table below (there were 49 responses to the questions);

Table 28: Patient survey responses – Community based Learning Disability Services

My meeting with you was helpful. (49)	Response Breakdown	Response Breakdown	I got answers to my questions. (49)	Response Breakdown	Response Breakdown
Not at all	0	0	Not at all	2.04	1
Not much	0	0	Not much	0	0
A little	6.12	3	A little	6.12	3
Quite a bit	2.04	1	Quite a bit	4.08	2
A lot	73.47	36	A lot	71.43	35
Question not answered	18.37	9	Question not answered	16.33	8
You were polite and friendly to me (49)	Response Breakdown	Response Breakdown	You listened to me. (49)	Response Breakdown	Response Breakdown
Not at all	0	0	Not at all	0	0
Not much	0	0	Not much	0	0
A little	2.04	1	A little	2.04	1
Quite a bit	0	0	Quite a bit	0	0
A lot	81.63	40	A lot	81.63	40
Question not answered	16.33	8	Question not answered	16.33	8

The inpatient survey has been revised and below is a selection of the results from Quarter two.

Table 29: Patient survey responses – Campion Unit

How do you feel about food and drink on Campion? (36)	Response Breakdown	Response Breakdown	How do you feel about talking with staff on Campion? (35)	Response Breakdown	Response Breakdown
Positive	58.33	21	Positive	57.14	20
Not sure	25	9	Not sure	14.29	5
Negative	16.67	6	Negative	28.57	10
How do you feel about safety on Campion? (36)	Response Breakdown	Response Breakdown	How do you feel about the help from staff on Campion? (34)	Response Breakdown	Response Breakdown
Positive	55.56	20	Positive	61.76	21
Not sure	25	9	Not sure	23.53	8
Negative	19.44	7	Negative	14.71	5

12. 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. Further work on this project is taking place in Quarter three, as this has been on hold due to absence in 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. PPI Champions have been established across the community health west and mental health west localities, and are in the process of developing their local plans and vision.

Appendix Two contains the 15 Steps report for quarter two. There were 4 visits during this period; one to an inpatient ward and three two were in community based services.

13. Compliments

There were 1,389 compliments reported during Quarter two. The services with the highest number of recorded compliments are in the table below.

Table 30: Compliments

Service	Number of compliments
Talking Therapies	483
ASSIST	229
Cardiac Rehab	108
Community Hospital Inpatient	68
Community Respiratory Service	61
Integrated Care Home Service	38
District Nursing	36
Adult Acute Admissions	31
CMHTOA/COAMHS - Older Adults Community Mental Health Team	29
Heart Failure Team	28

Table 31: Compliments, comparison by quarter

	2018-19					2019-20	
	Q1	Q2	Q3	Q4	18/19	Q1	Q2
Total Compliments	1,008	1878	1,670	1,409	5,965	1,404	1,389

14. Changes made as a result of feedback

Examples of changes made as a result of feedback are detailed below

PPH:

'Hello my name is' badges were introduced as a result of feedback from a carers group The Clinical Director attended. They wondered why we weren't using the hello my name is... as a way of encouraging that immediate welcome when carers are coming on to the wards. We have fed back to the carers group what we have done and sent them some photos of our staff wearing them and they are really pleased.

This feedback was also shared with our Community Health wards who have now also implemented the badges.

Perinatal:

Service users said they wanted group work and to meet others in the same position. The service is looking to introduce monthly groups (to provide social interaction as many mothers are isolated). In addition many ex-service users would like the opportunity to 'give something back' so there is potential for peer volunteers within the service; therefore a quarterly peer support experience group is currently being scoped.

CRHTT:

Feedback was that telephone manner was abrupt and information requested was repetitive. Telephone approach has improved considerably through feedback and monitoring behaviour and assessment form has been made smarter. There has been significant reduction of negative feedback in these areas as result.

Community Nursing West Berkshire:

As a result of a delay in adequate pain control to a palliative patient who had experienced pain overnight and was not due to be visited until late afternoon a team member from each team now contacts all palliative patients/families first thing in the morning to check they are ok and intervene/arrange a visit sooner if there are any issues with symptom control.

Continence service:

A patient evaluation of the prescription service was undertaken and it highlighted patients wanted an alternative method of ordering (other than telephone) and they were wanting more information on new product developments. The service are as a result just in the process of contacting all patients with a flier regarding email ordering and a focus group which will happen in the new year, where patients will be invited to attend an exhibition and educational event.

Hi-Tech care team:

We set up our PICC clinics with the starting time for 8.am but we have patients that are still working and they have suggested earlier appointments we have adapted the service to accommodate patients earlier in the morning

Intensive Community Rehab:

You said: that you were not always fully informed about the service and what it entails.

What we did: On accepting a referral, we advise the client/family whilst still in hospital about the service offer. Then on the initial visit to client home, again the service is explained to client and family.

You said: Unsure of what time staff will visit.

What we did: All Clients are called before visiting

Immunisation Team:

Children have fed back through the patient experience tools that they would like more privacy. As a result a pop up privacy screen as been ordered for trial.

Elizabeth Chapman

Head of Service Engagement and Experience