

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 15 June 2022
starting at 10.30 am

(Conducted via MS Teams)

There will be a governor pre-meeting at 9.45am which is open to all governors

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	Welcome & introductions	Chair	1
2.	Apologies for Absence	Company Secretary	1
3.	Declarations of Interest	All	1
4.1	Minutes of Last Formal Meeting of the Council of Governors and Matters Arising –10 March 2022	Chair	1
5.	Election Results (Enclosure)	Company Secretary	1
6.	CAMHS Waiting List Presentation	Mairi Evans, Children, Young People and Families Clinical Director	20
7.	NHS Staff Survey 2021 Results Presentation (Enclosure)	Jane Nicholson, Director of People	20
8.	Digital Strategy Presentation	Mark Davison, Chief Information Officer	20
9.	Committees/Groups Reports: a) Living Life to the Full (<i>to follow</i>) b) Membership & Public Engagement (Enclosure) c) Quality Assurance meeting (Enclosure)	Committee Group Chairs and Members	10
10.	Appointments and Remuneration Committee – Extension of Non-Executive Directors' Terms of Office	Martin Earwicker, Chair	5
11.	Executive Reports from the Trust 1. Patient Experience Quarter 4 Report (Enclosure) 2. Performance Report (Enclosure)	Liz Chapman, Head of Service Engagement and Experience Alex Gild Deputy Chief Executive	15

12.	<p>Governor Feedback Session</p> <p><i>This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended</i></p>	Martin Earwicker, Chair	
13.	Any Other Business	Chair	2
14.	<p>Date of Next Meetings</p> <ul style="list-style-type: none"> • <i>20 July Joint Non-Executive Directors and Council of Governors Meeting</i> 	Martin Earwicker, Chair	1
15	<p>CONFIDENTIAL ISSUE:</p> <p>To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.</p>	Martin Earwicker, Chair	1
16.	To approve the minutes of the extraordinary Council of Governors meeting held on 4 May 2022	Martin Earwicker, Chair	1

Minutes of the Council of Governors Meeting held on

Wednesday, 09 March 202 at 10.30 am

(Conducted via MS Teams because of COVID-19 social distancing requirements)

	<p>Present: Martin Earwicker, Chair</p> <p>Public Governors: Tom Lake John Jarvis Ros Crowder Natasha Afful Brian Wilson Arlene Astell John Barrett Cllr Isabel Mattick Jon Wellum Madeine Diver Paul Myerscough Ray Buckland Rosie Stewart</p> <p>Staff Governors: June Carmichael</p> <p>Appointed Governors: Cllr Graham Bridgman Cllr Jenny Cheng Cllr Deborah Edwards Suzanna Rose</p> <p>In attendance: Julian Emms, Chief Executive Aileen Feeney, Non-Executive Director David Buckle, Non-Executive Director Rajiv Gatha, Non-Executive Director Mark Day, Non-Executive Director Julie Hill, Company Secretary Linda Jacobs, Executive Business Assistant Jennifer Knowles, Executive Office Manager & Assistant Company Secretary</p> <p>Guests: Matthew Poll, Clinical Psychologist, Talking Therapies Alison Durrands, Director of Transformation and Quality Improvement Heidi Ilsley, Deputy Director of Nursing</p>
1.	Welcome and Introductions
	Martin Earwicker, Chair welcomed everyone to the meeting and advised that Andrew Horne had resigned.
2.	Apologies for absence
	Natasha Berthollier, Charlie Draper, Tom O’Kane, Julia Prince.

3.	Declarations of Interest
	<p>1) Annual Declarations of Interest None declared</p> <p>2) Agenda items None declared</p>
4.1	Minutes of Last Formal Meeting of the Council of Governors - 1 December 2021
	The minutes the meeting held on 1 December 2021 were approved as a correct record of the meeting.
4.2	Matters Arising
	None.
5.	ARRS Specialist Mental Health Practitioner Role in Berkshire West
	<p>The presentation slides had been circulated in advance of the meeting and were taken as read.</p> <p>The Chair welcomed Matthew Poll, Clinical Psychologist, Talking Therapies.</p> <p>Matthew shared a presentation on the ARRS (Additional Roles Reimbursement Scheme) in Primary Care Mental Health Services and highlighted the following points:</p> <ul style="list-style-type: none"> • Mental health was known to be the most prevalent long-term condition in Primary Care as patients were often rejected from mental health services as they were not considered to meet the threshold, or they experienced long waiting times for IAPT services. • NHS England and NHS Improvement had published the revised Network Contract Directed Enhanced Service (DES) in March 2021 Additional Roles Reimbursement Scheme” (ARRS) Mental Health practitioner role was included in April 2021. • The areas of focus for 2021/22 and 2022/23 were: <ul style="list-style-type: none"> • Improving prevention and tackling health inequalities in the delivery of primary care • Supporting better patient outcomes in the community through proactive primary care • Supporting improved patient access to primary care services • Delivering better outcomes for patients on medication • Helping create a more sustainable NHS <p>Tom Lake asked whether the programme was funded nationally or partly from the GP practices.</p> <p>June Carmichael confirmed that the funding for the programme was a 50/50 split of costs from the Clinical Commissioning Group and the Primary Care Networks.</p> <p>Tom Lake asked how the liaison and the training of GPs was carried out.</p> <p>Mathew Poll said GP education was around knowing how and when to refer patients and around identifying mental health issues.</p> <p>June Carmichael reported the ARRS was a programme of work across all the Primary Care Networks and across multiple disciplines in healthcare.</p>

Ros Crowder asked how the AARS Programme would be evaluated. Ms Crowder also asked where Berkshire was positioned in the national rollout and had our model reflected Trusts that were ahead of us.

Matthew Poll confirmed that the system would be reviewed primarily by the Primary Care Networks and confirmed that Berkshire was at the early stages of the rollout. Outcomes of patients' treatment was also tracked through client satisfaction measures.

David Buckle asked if there was a national mandate to ensure all Primary Care Networks engaged in the programme as in his experience this could be challenging.

June Carmichael reported there was not a mandate for Primary Care Networks to engage but early indications were that the ARRS scheme was well received by GPs.

David Buckle commented that during his time as a GP some practices did not want to engage in wider system initiatives and that mechanisms needed to be in place to ensure patients flowed through the system effectively.

Julian Emms said we may have to compromise on recruitment given the workforce pressures and may need to think differently about banding and asked if we would recruit mixed roles in West Berkshire.

Matthew Poll said we were in the early stages of the recruitment and ARRS would work collaboratively alongside Primary Care Network workers.

John Barrett asked if there was a timeframe for appointing the new mixed roles.

Matthew Poll reported that the recruitment process was currently taking place but there were no mixed roles in place as yet.

Tom Lake commented that the public would be baffled that there was not a similar service for children and asked how the mixed roles would work alongside the CMHTs and for an update on the CMHT review.

Julian Emms said the roles were nationally mandate and agreed children's mental health services were underfunded.

Mr Emms reported that the CMHT review of roles and functions had changed which would have an impact on other services. Therefore a strategic review on how we organised services would have to be done and this may include revision of resources from secondary care.

The Chair thanked Matthew Poll for his presentation.

6. Committee/Steering Groups

Reports:

a) Living Life to the Full Group
 The report was taken as read.

John Barrett reported that the meeting had received a presentation by Carly Newman, Operations & Relationships Manager, No 5 Young People, Reading. The service provided free, confidential counselling and mental health support for 11–25-year-olds in the Reading area. The scheme was set up in 2015 and was now in 6 local secondary schools in central Reading.

The purpose of the service was to encourage young people to be involved in making decisions and giving feedback. There was currently a team of 8 young ambassadors. The Young Ambassador Scheme was open to any young person with lived mental health

experiences up to the age of 25. They did not have to have used the service but needed to have lived experience and received some support.

Martin Earwicker noted that Governors were always trying to encourage young people to become Governors. He said that he had asked Carly Newman for advice on how to contact young people and encourage them to stand in governor elections so that for their voices to be heard.

It was noted that Ms Newman had suggested making contact through schools, youth groups and community centres. Also, where young people accessed and used services. It was important to show young people how their experience of being a service user could help shape the future experience for other young people.

Trusted Information Sources

John Barrett drew attention to Thames Valley Police/Neighbourhood Alert. This was open for anyone to sign up to regular emails which were co-ordinated and vetted by the Police, Neighbourhood Watch & Community Message Co-ordinator for the Thames Valley Police Local Policing Area in which you live.

John Barrett reported that during the COVID-19 pandemic, this had important information from many different sources.

b)Membership & Public Engagement Group

The report was taken as read.

Tom Lake reported that the group had met on 9th February and had continued its review of the Trust's use of social media and internet presence.

Tom Lake reported that the group had received a very helpful summary from Cathy Saunders about the MarComms approach. It was noted that Marcomms had employed a social media officer for about a year, with a special focus on recruitment. In the four social media channels of Facebook, Twitter, Linked In and Instagram the trust has accrued about 30,000 followers. Social media was used to amplify the regular campaigns by the Trust on such topics as Covid-19 booster, Time to Talk Day and so on. Facebook was the most used channel with up to 4 posts a day on Trust pages, spaced out through the day.

Tom Lake reported that nominations for governor elections this year would open on 1st April. Tom urged all governors to encourage people to nominate themselves. Elections taking place in WAM (3), Slough (1), Wokingham (2), West Berks (1), Clinical staff (1).

Tom Lake reported that a suggestion from Jon Wellum, the Company Secretary had prepared an introduction to the business of writing a personal statement with examples from previous successful candidates to instruct and inspire nominees.

Tom Lake reported that as he was powering through list last term as a Governor, he was looking to stand down as chair. Brian Wilson had agreed to be nominated as chair of the group.

c)Quality Assurance

The report was taken as read.

The group had examined the Quality Account which looked back on how well the Trust had done in the past year at achieving its goals and defined its priorities for quality improvements in the coming year and how it expected to achieve and monitor them. The priorities also linked to the Trust Plan on a Page.

The group had noted that the Quality Account report had improved greatly over the past 5 years. Various questions were raised about the data and the effectiveness of the existing measures of quality. There was concern that some services which were performing well on

the metrics did not match governors' personal observations. There was a desire for more co-production in the Trust, and some concern that, although the Carers' Strategy was progressing, progress was slow, and the strategy had not been included in the priorities for next year.

The group had reviewed the latest data on waiting lists and noted that some, such as Diabetic Outpatients and MSK Physiotherapy in the West appeared to be increasing rapidly. There was a strong feeling that it was simply not acceptable for children to have to suffer long waits for assessment and treatment.

The group also examined the Q3 Patient Experience and Complaints Report and the dashboard for the new patient experience measure, which appeared to be doing well.

The group considered a sample anonymised complaint, which appeared, on the face of it, to have arisen largely because of relationship difficulties between a patient and a community nurse.

It was noted that a new scheme for running service quality visits by governors and NEDs had been set up, with the arrangements for the visits being made by the admin team. All the services and the dates of past and planned visits to them by governors and NEDs were available on a spreadsheet. Descriptions of the Trusts' services were available on its web site.

The opportunity to visit was available to all governors, not just members of QAG. The scheme was welcomed. Governors had usually visited in pairs, and there was approval for the suggestion that governors should book visits and invite others to join them on those visits. We noted that a visit to a service offered not only a great opportunity for the governor to get to know the Trust better, but also the opportunity to get to know a fellow governor.

In his report, Andrew Horne had explained that he was resigning from his post as a governor forthwith because of personal reasons, and a new chair would need to be found for QAG. Dr Horne thanked his fellow governors and all the staff of the Trust for making his term enjoyable.

7. Executive Reports from the Trust

1. Patient Experience Quarter 3 Report

The report was taken as read.

The Deputy Director of Nursing highlighted that the patient experience tool - I Want Great Care was now live.

2. Performance Report

The report was taken as read.

3. Annual Plan on a Page 2022-23

The paper was taken as read.

Julian Emms reported that the Annual Plan on a Page served as a template for each service to adapt it with their own objectives and to focus on areas/goals relevant to them.

Tom Lake commented it was good to see the wording at the bottom of the Plan on a Page "With our health and care partners: We will work in partnership with our health and social care partners to address Health Inequalities and to collaborate on the redesign of services to provide better and more efficient care" and should also include local authorities.

Ros Crowder asked if the individual services Plan on a Page was on the Trust website for the members of the public to access.

	<p>Julian Emms said that this version was on the website and that teams/services were expected to display their own versions within their areas and that due to the number of services it would not be practical to have all teams on the website.</p> <p>Ros Crowder asked if service users, the public, patients etc. had contributed to the information on the Plan on a Page.</p> <p>Julian Emms confirmed that the Plan on a Page was a combination of the feedback from staff surveys, complaints, incidents, Governors, Healthwatch and patients and carers.</p> <p>Jon Wellum asked how we can ensure that modifying a report to a particular service area was a true reflection of the risks prevalent in that area.</p> <p>Julian Emms reported that the Trust had a process called objective setting where the Directors and senior leaders visited services and asked teams for their thoughts on key objectives which was used to feed into the annual plan.</p>
8.	Quality Improvement Programme Update Presentation
	<p>The presentation slides had been circulated and was taken as read.</p> <p>The Chair welcomed Alison Durrands, Director of Transformation & Quality Improvement.</p> <p>Alison shared an Update on our Quality Improvement (Q1) Programme and highlighted the following points:</p> <ul style="list-style-type: none"> • There had been some staff turnover in the last year, but the QI team was now fully recruited to all posts. 2 team members had been recruited from a business/ commercial (non-NHS) background which had added a new objectivity and challenge to the teams usual ways of working. • There were 4 main branches of the work which the team continued to lead: <ul style="list-style-type: none"> • Quality management improvement training (QMIS) – divisional and frontline • Strategy deployment • Project leadership • Capability building <p>It was noted that just over 53% of clinical and 38% of corporate teams were now trained and the Trust was about to roll out wave 15 to 5 teams in the mental health west division. Wave 16 was also planned for August when the remainder of this division would be completed along with 1 or 2 corporate teams.</p> <p>It was also noted that bespoke training was also underway for those teams that did not quite fit into the traditional model of training. The road map of training would continue for the next 2 years (delayed slightly due to Covid).</p> <p>Ros Crowder asked if carers and service users can receive QI Training.</p> <p>Alison Durrands reported that carers and service users were not currently included in training at present.</p> <p>Julian Emms advised that the Emotionally Unstable Personality Disorder Pathway was redesigned by service users guided by quality improvement principles.</p> <p>The Chair thanked Alison Durrands for her presentation.</p>
9.	Governor Feedback Session
	None.
10.	Any Other Business

	<p>Tom Lake raised the issue of long CMHT waiting lists for children with an ADS diagnosis and during this time treatment for anxiety was not given, the child was now on a 12-month waiting list indicating a poorly integrated and standard of service.</p> <p>Tom Lake pointed out that reports were not showing the length of time waiting for treatment and asked if Governors were getting a fair picture of waiting list statistics from the first appointments. Tom Lake reported that he had contacted that Minoo Irani, Medical Director who was looking into this.</p> <p>Julian Emms said that David Townsend, Chief Operating Officer has previously reported to this Group on the CAMHS waiting lists and that children at urgent risk were given a same day or next day appointment.</p> <p>The Chair thanked Jenny Cheng and Andrew Horne for their service and valuable contribution as Governors and wished them well.</p>
11.	Date of Next Meetings
	<p>04 May 2022 - Joint Council of Governors and Trust Board Meeting</p> <p>15 June 2022 - Formal Council of Governors Meeting</p>

CLOSE OF NOMINATIONS: 5PM ON WEDNESDAY 20 APRIL 2022

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: WEST BERKSHIRE 1 TO ELECT
No valid nominations were received
<i>1 vacancy remains</i>

PUBLIC: WINDSOR, ASCOT AND MAIDENHEAD 3 TO ELECT
The following candidate is elected unopposed:
Marie Ann KRAG*
Tom O'KANE
<i>*subsequently withdrew her nomination</i>
<i>1 vacancy remains</i>

PUBLIC: WOKINGHAM 2 TO ELECT
The following candidates are elected unopposed:
Debra ALLCOCK TYLER
Baldev SIAN

Abi Walcott-Daniel
Returning Officer
On behalf of Berkshire Healthcare NHS Foundation Trust



CLOSE OF VOTING: 5PM ON 31 MAY 2022

CONTEST: Public: Slough

RESULT		1 to elect
GILLINGWATER, Steven Brian*	20	ELECTED
SHARMA, Sahibi*	18	
DEVE NAHAR, Shama	3	

*Result confirmed by recount

Number of eligible voters		727
Votes cast by post:	21	
Votes cast online:	20	
Total number of votes cast:		41
Turnout:		5.6%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		41

CONTEST: Staff Clinical

RESULT		1 to elect
DONNE, Tina	288	ELECTED
WEAVER-LOVELL, John	101	

Number of eligible voters		3,579
Votes cast online:	389	
Total number of votes cast:		389
Turnout:		10.9%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		389

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.





Yours sincerely

Abi Walcott-Daniel

Returning Officer

On behalf of Berkshire Healthcare NHS Foundation Trust

Making Berkshire Healthcare...

Outstanding for everyone

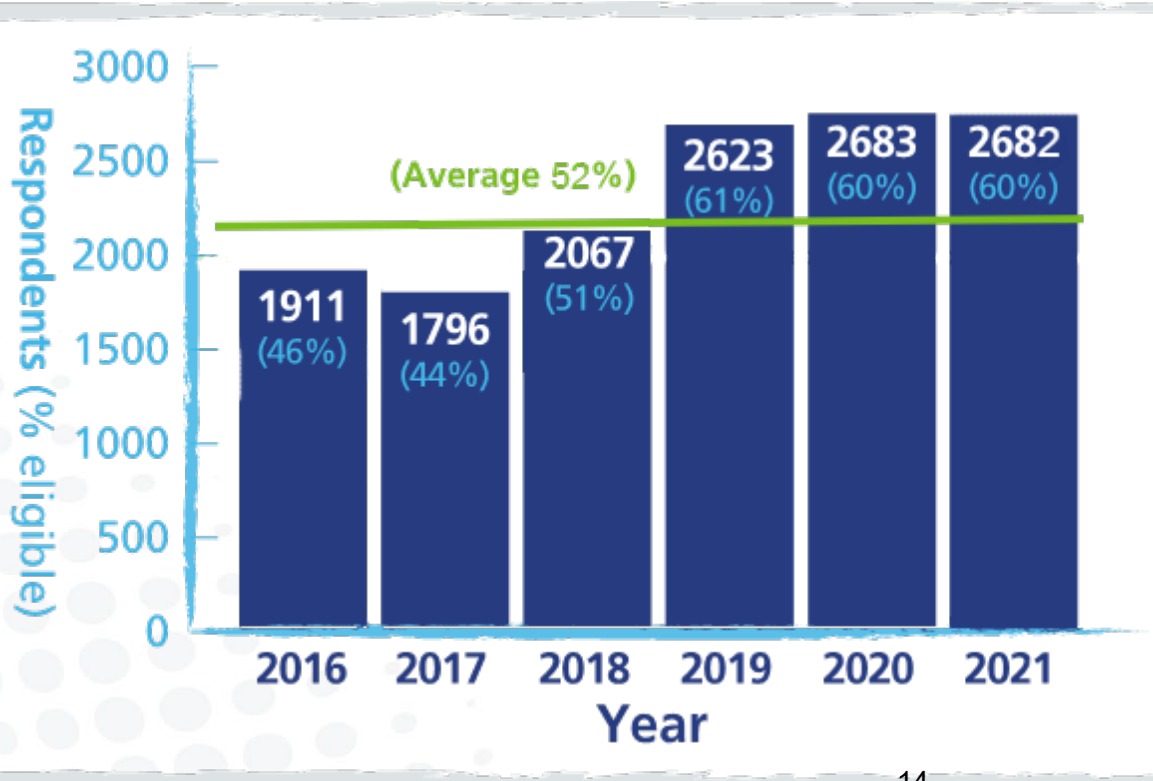
National staff survey results: 2021



Council Of Governors

National staff survey response rates

- year on year



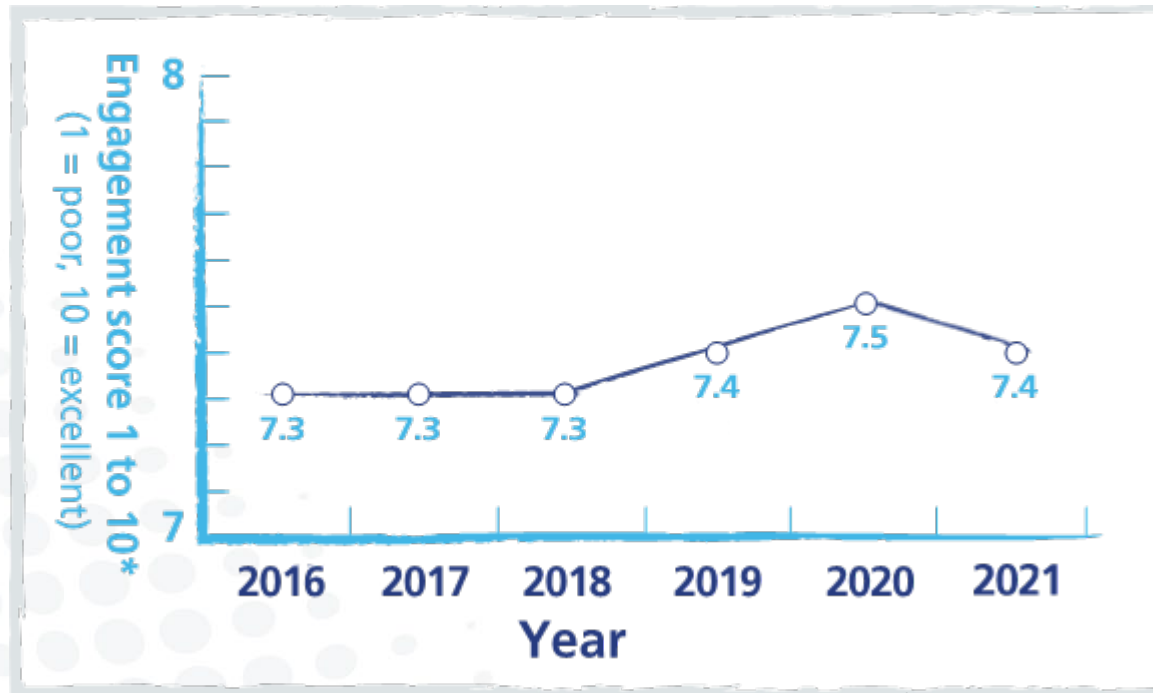
In 2021 **60%** of you took the time to tell us what it feels like to work here.
Thank you!

We have remained at least 7% above average for the last three years.

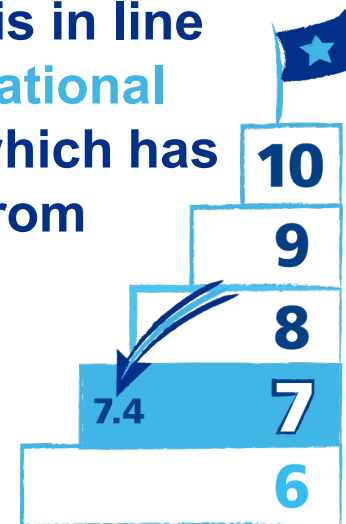
The average response rate for 51 Mental Health / Learning Disability and Community combined Trusts is **52%**.

Overall engagement score

Our overall engagement score is 7.4. No other combined Trust has scored higher than this.



Our slight decrease is in line with the national average which has reduced from 7.2 to 7.0.



*10 being the highest score available.

Overall engagement score

- how it's calculated

The overall staff engagement score is calculated as an average of the three grouped scores on “**Motivation**”, “**Advocacy**” and “**Involvement**”

NHS national staff survey			Berkshire Healthcare		
EEI	Qs	Statement	2019	2020	2021
Motivation	2a	Often/always look forward to going to work	65.8	66	61.4
	2b	Often/always enthusiastic about my job	78.6	78.3	74
	2c	Time often/always passes quickly when I am working	82	82.8	79.6
Advocacy	18a	Care of patients/service users is organisations top priority	83.9	87.7	86.4
	18c	Would recommend organisation as a place to work	70.4	77.8	73.5
	18d	If friends or relatives needed treatment would be happy with the standard of care provided by organisation	74.4	80.1	77
Involvement	4a	Opportunities to show initiative in my role	76.7	78.6	77.1
	4b	Able to make suggestions to improve the work of my team/dept	81.6	81.9	80
	4d	Able to make improvements happen in my area of work	65.7	66.5	65
Response rate	%		61	60	60



Staff survey results - themes



We are compassionate and inclusive



We are recognised and rewarded



We each have a voice that counts



We are safe and healthy



We are always learning



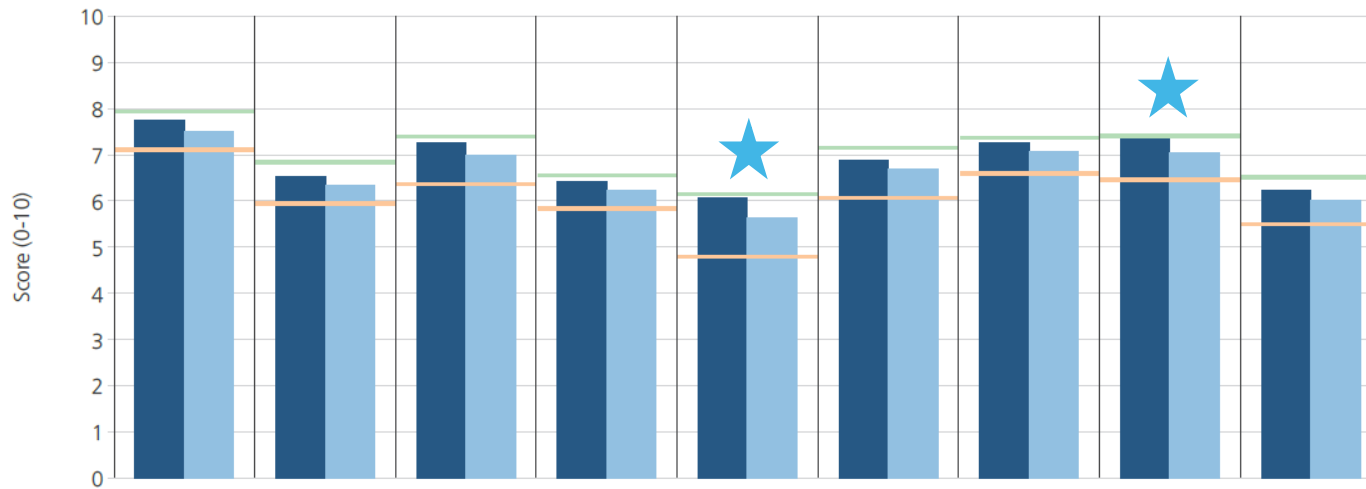
We work flexibly



We are a team

Staff Engagement

Morale



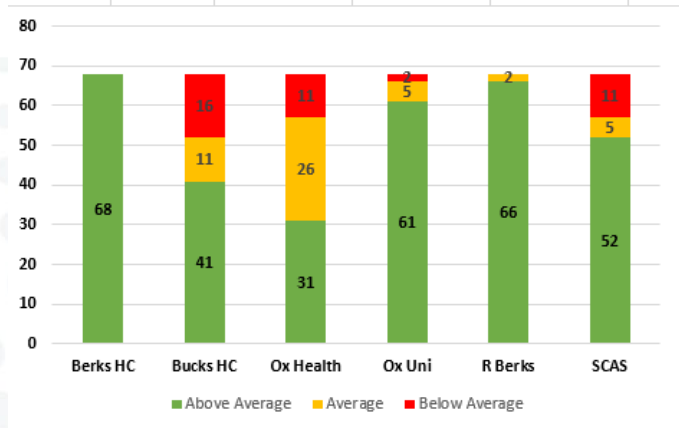
The **nine themes** from the survey have been updated this year to reflect the People Promise, along with Staff Engagement and Morale. Our scores are **above average** for combined Trusts in **all ten themes** and the **best** for two themes out of the ten.

Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.7	6.5	7.3	6.4	6.1	6.9	7.3	7.4	6.2
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	2,607	2,653	2,581	2,602	2,537	2,639	2,609	2,654	2,654

ICS Comparison

Summary score for people promise elements or themes (total 68)

	Total elements or themes	Above Average	Average	Below Average
Berks HC	68	68	0	0
Bucks HC	68	41	11	16
Ox Health	68	31	26	11
Ox Uni	68	61	5	2
R Berks	68	66	2	0
SCAS	68	52	5	11



^^Compared to average within their benchmarking group

ICS	Trust	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Engagement	Morale
BOB / Frimley	Berkshire Healthcare NHS Foundation Trust	7.7	6.5	7.3	6.4	6.1	6.9	7.3	7.4	6.2
BOB	Buckinghamshire Healthcare NHS Trust	7.3	5.9	6.8	6.0	5.0	6.1	6.7	6.9	5.7
Frimley	Frimley Health NHS Foundation Trust	7.3	5.9	6.8	6.0	5.6	6.1	6.7	7.0	5.8
BOB	Oxford Health NHS Foundation Trust	7.7	6.4	7.1	6.2	5.6	6.5	7.1	7.2	6.0
BOB	Oxford University Hospitals NHS Foundation Trust	7.3	5.9	6.8	6.0	5.3	5.9	6.6	7.0	5.9
BOB	Royal Berkshire NHS Foundation Trust	7.4	6.0	7.0	6.2	5.6	6.2	6.8	7.2	6.0
Ambulance	South Central Ambulance Service NHS Foundation Trust	7.1	5.4	6.2	5.2	4.8	5.1	6.4	6.0	5.2
Surrey Heartlands / Frimley	Surrey and Borders Partnership NHS Foundation Trust	7.7	6.6	7.3	6.4	5.9	6.9	7.3	7.4	6.2

Regional Comparison

- Top three scores/trusts across all elements/themes across the South East
- Solent are the strongest performing with 8 out of 9 top scores
- Surrey & Borders have also performed well
- All three top performing trusts are Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts

ICS	Trust	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Engagement	Morale
Surrey Heartlands	Ashford and St Peter's Hospitals NHS Foundation Trust	7.3	5.9	6.8	6.1	5.2	6.2	6.7	7.1	5.9
BOB / Frimley	Berkshire Healthcare NHS Foundation Trust	7.7	6.5	7.3	6.4	6.1	6.9	7.3	7.4	6.2
BOB	Buckinghamshire Healthcare NHS Trust	7.3	5.9	6.8	6.0	5.0	6.1	6.7	6.9	5.7
Kent & Medway	Dartford & Gravesend NHS Trust	7.2	5.8	6.8	6.1	5.5	6.2	6.7	7.0	5.9
Kent & Medway	East Kent Hospital University NHS Trust	6.9	5.6	6.3	5.7	5.1	5.6	6.4	6.4	5.5
Sussex and East Surrey Health	East Sussex Healthcare NHS Trust	7.2	5.9	6.7	6.0	5.3	6.0	6.7	6.8	5.9
Frimley	Frimley Health NHS Foundation Trust	7.3	5.9	6.8	6.0	5.6	6.1	6.7	7.0	5.8
Hampshire and IOW	Hampshire Hospitals NHS Foundation Trust	7.3	5.9	6.8	6.1	5.2	6.2	6.7	6.9	5.7
Hampshire and IOW	Isle of Wight (acute) NHS Trust	7.3	6.1	6.7	5.9	5.3	6.1	6.7	6.9	5.9
Hampshire and IOW	Isle of Wight (ambulance) NHS Trust	7.1	5.6	6.6	5.6	4.9	5.6	6.3	6.3	5.3
Hampshire and IOW	Isle of Wight (community) NHS Trust	7.6	6.5	7.2	6.2	6.2	6.7	7.2	7.2	6.3
Hampshire and IOW	Isle of Wight (mental health) NHS Trust	7.5	6.4	7.0	6.3	5.9	6.9	7.1	7.0	6.2
Kent & Medway	Kent & Medway NHS and Social Care Partnership Trust	7.5	6.3	7.0	6.3	5.9	6.7	7.2	7.0	6.1
Kent & Medway	Kent Community Health NHS Foundation Trust	7.9	6.5	7.2	6.3	5.9	6.8	7.3	7.3	6.2
Kent & Medway	Maldstone & Tunbridge Wells NHS Trust	7.3	5.9	6.8	5.9	5.7	6.0	6.6	7.0	5.9
Kent & Medway	Medway NHS Foundation Trust	6.9	5.7	6.4	5.6	5.4	5.9	6.4	6.5	5.5
National benchmark	National Average Benchmark	7.2	5.9	6.7	6.0	5.3	6.0	6.6	6.8	5.8
BOB	Oxford Health NHS Foundation Trust	7.7	6.4	7.1	6.2	5.6	6.5	7.1	7.2	6.0
BOB	Oxford University Hospitals NHS Foundation Trust	7.3	5.9	6.8	6.0	5.3	5.9	6.6	7.0	5.9
Hampshire and IOW	Portsmouth Hospitals University NHS Trust	7.3	5.9	6.8	6.0	5.3	5.9	6.6	6.8	5.7
Sussex and East Surrey Health	Queen Victoria Hospital NHS Foundation Trust	7.6	6.3	7.1	6.4	5.7	6.3	6.9	7.4	6.1
BOB	Royal Berkshire NHS Foundation Trust	7.4	6.0	7.0	6.2	5.6	6.2	6.8	7.2	6.0
Surrey Heartlands	Royal Surrey County Hospital NHS Foundation Trust	7.6	6.2	7.0	6.1	5.7	6.3	6.9	7.2	6.0
Hampshire and IOW	Solent NHS Trust	7.9	6.7	7.4	6.4	5.9	6.9	7.3	7.4	6.3
Ambulance	South Central Ambulance Service NHS Foundation Trust	7.1	5.4	6.2	5.2	4.8	5.1	6.4	6.0	5.2
Hampshire and IOW	Southern Health NHS Foundation Trust	7.5	6.3	7.0	6.2	5.5	6.7	7.0	7.0	5.9
Surrey Heartlands / Frimley	Surrey and Borders Partnership NHS Foundation Trust	7.7	6.6	7.3	6.4	5.9	6.9	7.3	7.4	6.2
Surrey Heartlands	Surrey and Sussex Healthcare NHS Trust	7.6	6.2	7.1	6.2	5.6	6.3	7.0	7.3	6.1
Sussex and East Surrey Health	Sussex Community NHS Foundation Trust	7.8	6.4	7.2	6.3	5.8	6.8	7.1	7.3	6.1
Sussex and East Surrey Health	Sussex Partnership NHS Foundation Trust	7.5	6.4	7.0	6.0	5.6	6.8	7.0	7.0	5.9
Hampshire and IOW	University Hospital Southampton NHS Foundation Trust	7.5	6.1	7.0	6.1	5.7	6.4	6.8	7.2	6.0
Sussex and East Surrey Health	University Hospitals Sussex NHS Foundation Trust	7.1	5.6	6.5	5.7	5.0	5.8	6.5	6.6	5.5

HSJ Top Mental Health Trust

Below shows the HSJ (Health Service Journal) table for top ranked Mental Health Trusts on staff recommending it as a place to work. If you combine the scores across all categories, we would come third nationally.

Trust	2017	2018	2019	2020	2021	Change 2020 to 2021
Berkshire Healthcare	66%	68%	71%	78%	74%	-4.2
Solent	59%	68%	69%	75%	73%	-2.1
Lincolnship Partnership	64%	68%	73%	75%	72%	-2.6
Derbyshire Healthcare	52%	56%	65%	75%	72%	-3.1
Northamptonshire Healthcare	66%	72%	74%	76%	72%	-4.1

Nationally the score for this question fell 7.4%

We are also now able to say that we achieved the top engagement score within our benchmarking group. 7.40 vs the next score of 7.38

We've had great success in areas...

	Average	Our Score
If a friend or relative needed treatment I would be happy with the standard of care provided	64.9%	77%
My organisation acts on concerns raised by patients / service users	77%	85.6% ↑
I would recommend my organisation as a place to work	63.2%	73.5% ★
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	72.2%	80.7%
The extent to which my organisation values my work	49.1%	58.6%
If I spoke up about something that concerned me I am confident my organisation would address my concern	55.1%	65.8%
I am confident that my organisation would address my concern about unsafe clinical practice	64.2%	72.8% ↑
My organisation takes positive action on health and well-being	63.5%	74.5%
I am able to access the right learning and development opportunities when I need to	59.4%	67.4%
The team I work in has a set of shared objectives	75.6%	84% ↑ ★
Teams within this organisation work well together to achieve their objectives	53.1%	63.2%

These are our top 11 scores compared to the national average.

The stars indicate where we have achieved the top score compared to other combined trusts and the arrows are where we have increased since 2020.



We have had the top score on this question for the last 5 years

There's still work to do...

Whilst we have made **excellent progress** in many areas, we can see that there are some areas in which, **despite effort and action**, there has been **little progress** made. The **trend has not changed** over the past 5 years. Two of our key areas for improvement remain:

- **Equality, diversity and inclusion**
- **Work pressures and workload**

There are programmes of work in progress but as they are relatively new, they will need time to embed. We may need to do something **differently** in these areas and will be looking to engage with you as our **leaders** about how we achieve this change



Sexual orientation & Gender Identity



Berkshire Healthcare
NHS Foundation Trust

We have an unwavering commitment to the **Pride agenda**, and we're proud that we have made it into the **Stonewall Top 100 LGBTQ+ inclusive workplaces**. We are 5th in the health sector and were also awarded a **Gold rating**. We have also commissioned experts to deliver training and raise awareness of LGBTQ+ issues.



We are pleased to see that the Staff Survey was updated this year to include inclusive gender identity options and will look further into this data with the Pride network.

Our scores show that there is a significant **differential in experience** between each of the different sexual orientations (as listed on the staff survey). We will work with the Pride network to look at these differentials and potential route causes.

	Gay or Lesbian (2%)	Bisexual (2%)	Other (1%)	Prefer not to say (6%)
Questions scoring at least 3% above the average	28	10	18	3
Questions scoring within 3% (+/-) of the average	35	32	22	9
Questions scoring at least 3% below the average	28	49	48	80

Workforce Race Equality Standard (WRES)

The experience of our BAME colleagues is not always positive, and this is not acceptable.

Question		2020	2021
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	20%	20%
	BAME	31%	29%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	18%	14%
	BAME	23%	23%
Percentage believing that the trust provides equal opportunities for career progression or promotion	White	70%	67%
	BAME	50%	46%
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / team leader or other colleagues	White	5%	5%
	BAME	12%	14%

In the last year, we have held a 3 day **rapid improvement event** to address the racial abuse of staff at PPH, with projects and actions set as a result. We have also continued our work on **Just Culture** and introduced a new **Violence Reduction Role**.



Together we can be the change

The BAME Network held a series of **conversations with the Exec team** and have since launched **Let's Talk sessions**.

Equality, diversity and inclusion -

So what are we doing in 2022?

We are continuing to address the differentials in experience as aligned with our **EDI strategy**, as well as support the development of allies of this culture change. This is a three year strategy and we know that it may take time to make these changes translate into results but are committed to seeing these results.

Some of the actions to support this workstream include:

- ✓ Review staff survey results and work with networks and services to **agree priorities**
- ✓ Review the **recruitment processes** and introduce **inclusive recruitment training**
- ✓ Design and deliver an inclusive **talent strategy**
- ✓ Refresh our **leadership** offers
- ✓ Focus on **declaration rates**



Focus on... work pressures and workload

What we're hearing through various forums around workplace pressures and workload experienced by staff are reflected in some of our lowest scores.

The three questions below were in our **10 lowest scoring questions** and there are other questions which results contribute to this picture. This reflects the workforce gaps that we continue to see, that has been heightened by Covid.

We are working with our ICS partners and national team to look for ways to reduce burden on staff due to the cost of living as well as lobbying for pay support.

Question	Average	Our Score
Do you work additional unpaid hours over and above your contracted hours?	62.1%	67.2%
Satisfaction with level of pay	37%	34.5%
Do you experience unrealistic time pressures? (Sometimes/often/always)	26.2%	24.4%



So what are we doing about work pressures?



Berkshire Healthcare
NHS Foundation Trust



This information reinforces that we need to continue focus on recruitment and retention, as well as looking at how we can balance operational pressures.

Some of the work we will be looking at in the next year includes:

- ✓ Re-establishing a small working group to conduct a deep dive into the number of people working additional unpaid hours and how we can **reduce those work pressures**.
- ✓ Address clunky systems and processes through business process improvement work to reduce burden
- ✓ Enhancing our **benefits package** to support you with the increased financial burden in the coming year
- ✓ Expanding our newly launched **Wellbeing Champion Network** to support a focus on wellbeing at team level
- ✓ Continuing to focus on **improving staff experience** to improve our retention for all staff

This work continues to be at the centre of the **people strategy**, focusing on keeping the wellbeing of our people firmly at the centre of our organisational culture.



What's happening now...



1. We need to work with the new EDI team to discuss the results in more detail with the Staff Networks
2. Our HRBP's are working with divisional staff to share across teams and look at what needs incorporating into existing plans/strategies and what requires new actions.

Report from the Membership and Public Engagement Governors' Subgroup for Council of Governors on 15th June

Brian Wilson (Chair 'Designate')

The group met online on 11th May, with a reduced attendance due to holiday commitments, in the main. Nonetheless, a wide ranging and good quality discussion ensued. Aside from holiday absences, we also touched on the need for additional Governors, new or otherwise to join this Group and contribute to and develop its role and business.

As the meeting was not quorate, there will be the need for the CoGs Meeting of 15th June to approve my appointment as Chair of this Governors' Subgroup.

As part of my 'induction' into the role, grateful thanks to Tom Lake for two hours of his time, face to face in Reading on 27th May. A very valuable input into the role, the Group and exploring what we can look at and achieve as a Group in the coming months and more. I have a similar, online meeting due on 21st June with Julie Hill and Jenni Knowles. Further such meetings would be most welcome, particularly with Cathy Saunders and her Marcomms Team. On 22nd June I will be attending the online training "Effective Chairing for Governors".

The social media outputs in a range of social media platforms continues to be excellent, with very interesting and varied content from across the Trust. I would urge all Governors (and others) who have a social media presence to spare a few minutes from time to time to like, repost/retweet and perhaps even comment on the content of individual posts. With our own social media accounts, we can often reach a wider audience that is not yet seeing the outputs and this may help seed additional engagement.

The membership numbers and diversity are of particular interest in the Slough and WAM areas. All areas are deserving of such attention, but initial efforts in these two areas are under consideration, so as to not spread effort too thinly. Personal contacts in these areas which this Group's Governors have will be approached to 'research' the areas.

A further train of thought is to look at the viability of including in the Trust's social media outputs, say, a quarterly "Call to Membership", as an additional post or tweet. Another idea is perhaps to include a small print strap line at the end of some current posts to pique the interest in clicking on a link to see what membership is all about. This is at only initial thoughts stage.

Online Membership Application Form: this, we feel, needs revision. For example, the form refers to Focus Groups and other face to face aspects of membership (also, layout and presentation could be improved). Covid has changed this landscape dramatically and perhaps this 'feature' should be removed from the form for the short to medium term. In the wider context, we would welcome input and guidance as to the practicality and timescale over which this practical side to engagement will be recommenced, or perhaps not?

Similarly, a review of attendance at events other than Reading Pride would be useful, but in the context of worth, time, effort, resources and costs.

Governors' Document Repository: we are unclear as to the content and Governor access to it. We would welcome advice about who to approach to pick up with this and its development, as an initial action. The Repository could be a very useful learning archive or reference for new and less experienced Governors in particular, containing, for example, all the presentations made across the range of formal meetings by Trust departments and groups and the Governors' Visit Reports.

Report on Governors QA group for Council on 15th June 2022
Tom Lake

QA group continues to deliver activities full of interest, whether the regular quarterly meetings or the sporadic QA visits to services made by governors.

At our meeting on 23rd May waiting times were one focus of several, as they have been for a few meetings past. Karen Cridland, who leads the neurodiversity division, spoke to her paper on waiting times and the progress in bringing them down for autism assessment and ADHD assessment and treatment in children and young people. These very long waiting times had been an object of public concern for some time with CCGs never providing enough funding to bring them down permanently until told firmly by the CQC that they must work with the Trust to that end. The neurodiversity teams for children and young people have been more than doubled with new funding, procedures have been revised, nurse prescribers brought in for ADHD treatment, and some assessment work has been contracted out to Healios and Psychiatry UK on a pilot basis. Despite ever-rising number of referrals, increased complexity of cases and the Covid pandemic the proportion of patients waiting for more than 53 weeks is now declining as the changes bed in. We must hope that a corner has been turned. Karen also reminded us of the support on offer to patients while waiting.

We are still getting to grips with the rich presentation format chosen for waiting times which is giving rise to numbers of queries. We were concerned that of those waiting to be seen by the Reading CMHT some 60% or so had been waiting for more than a year.

The statistical side of the complaints and compliments part of the patient experience report appeared unexceptional, though we note that the detail of complaint handling demands extensive staff effort and gives rise to many opportunities for learning and improvement.

We are looking forward eagerly to seeing richer information from the new patient feedback system.

This quarter's analysis of an anonymised complaint and response reminded us clearly that it is not enough to set out the facts. In the best case a dialogue can take place which can assuage anger. In the case in question the investigating officer was unable to reach the complainant by phone or email and we felt that the written response would have left the complainant feeling as unhappy as before. An innovation of asking one governor to prepare an analysis of the complaint and response beforehand was well received and helped us get through a good deal of business in the time allotted.

In person and virtual QA visits continue. Linda Jacobs and her office team are making arrangements. There is a combined spreadsheet for directors and governors visits so that overlaps are avoided. We heard reports on a virtual visit to the tiny ASSIST team and an in-person visit to the Crisis and Home Treatment Team (CRHTT). Our written reports are attached.

I invite all governors to make time to attend the meetings of this vital group. There is so much to learn and find out about the workings of the trust and it is usually very rewarding. With Andrew Horne having stepped down as governor, Paul Myerscough has stepped in as chair despite his other responsibilities, but we are looking to for someone else to take it on and relieve Paul of it.

COUNCIL OF GOVERNORS

Meeting – 15 June 2022

Report of the Appointments and Remuneration Committee held on 30 May 2022

The report covers the following issues

- A proposal to re-appoint Aileen Feeney, Non-Executive Director for a second term of office
- A proposal to extend the term of office of Mark Day, Non-Executive Director for a further one year

Membership of the Appointments and Remuneration Committee

Martin Earwicker, Chair
Paul Myerscough, Lead Governor
John Jarvis, Public Governor
Deborah Edwards, Appointed Governor
Julia Prince, Staff Governor

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Report of the Council of Governors' Appointments and Remuneration Committee

Background

At its meeting in September 2021, the Committee acknowledged that along with other NHS organisations, the Trust was facing unprecedented challenges in terms of responding to the impact of the COVID-19 pandemic and in meeting the increased demand for services. The challenges were further compounded by the forthcoming legislative changes to the integrated care systems.

Whilst acknowledging the importance of maintaining Non-Executive Director independence to ensure that the Board benefits from fresh thinking and challenge through the appointment of new Non-Executive Directors, this needed to be carefully managed to ensure that the Board was not de-stabilised by having an influx of new Board members at any one time. The Council agreed to consider proposals for extensions to individual Non-Executive Directors' terms of office upon the recommendation of the Appointments and Remuneration Committee.

The Appointments and Remuneration Committee met on 30 May 2022 and agreed to recommend to the Council the following:

1. Re-Appointment of Aileen Feeney, Non-Executive Director

The Trust's Constitution recognises that Non-Executive Directors coming to the end of their first three year term of office who have performed well and express a wish to continue in office can be re-appointed by the Council of Governors on the recommendation of the Appointments and Remuneration Committee.

The Constitution (Annex 9, Appendix 3) states:

"1.2.2where the Appointment Committee considers that the non-executive Director coming to the end of his term of office should be reappointed for a further term, the Appointment Committee shall make a recommendation to the Council of Governors to this effect."

Aileen's first term of office is due to expire on 1 November 2022. Aileen is a member of the Quality Assurance Committee. Aileen is also a Mental Health Act Manager. More recently, Aileen has also been appointed as a member of the Finance, Investment and Performance Committee.

Her career spanned both the commercial and charity sectors, most recently as Chief Executive for a UK-wide patient support charity. Aileen spent most of her career in the Energy industry, in senior leadership roles that focussed on strategic business and technology transformation both in the UK and overseas.

Aileen holds several voluntary positions including being Lay Member for NHS Blood & Transplant, Trustee of a mental health support charity, a Member of Wokingham School's Circle Trust and a business mentor for the Prince's Trust.

Recommendation 1

The Appointments and Remuneration Committee recommends to the Council of Governors that Aileen Feeney, Non-Executive Director be re-appointed for a second term of office upon the expiry of her current term of office on 31 October 2022. The second term of office will end on 31 October 2025.

Mark Day, Non-Executive Director – Extension to Term of Office

Mark Day, Non-Executive Director's second term of office is due to expire on 31 August 2022 (he will have served six years).

Mark chairs the Trust Board's Appointments and Remuneration Committee and the Charitable Funds Committee and is a member of the Finance, Investment and Performance Committee. Mark is also the Non-Executive Director Lead for Freedom to Speak Up and is the Non-Executive Director Staff Wellbeing Champion..

Mark started his career with Crookes Healthcare (subsequently Boots Pharmaceuticals) and then moved to the Automobile Association where he embarked on his Human Resources career path. A number of different Human Resources related roles were undertaken until the organisation was acquired by the Centrica Group. Feeling that the time was right for a move into a different industry sector mark joined the Board of the Hospital Saving Association as Director of Human Resources.

Shortly after joining the Hospital Saving Association (subsequently becoming Simplyhealth) Mark assumed Director responsibility for the customer service operation and focussed on improving the personal service provided by the organisation. In addition to achieving consistent years of being in the Sunday Times 100 Best Companies to Work For, many industry awards were achieved for the exceptional service provided to both corporate clients and individual customers.

Recommendation 2

The Appointments and Remuneration Committee recommend to the Council of Governors that the term of office of Mark Day, Non-Executive Director be extended for a further year upon the expiry of his current term of office (1 September 2022 to 31 August 2023).



Berkshire Healthcare NHS Foundation Trust – Chair and Non-Executive Directors’ Terms of Office

Name	6 Year NED Term of Office ends	Extension	Notes
Non-Executive Directors			
Mehmuda Mian	1 June 2018 to 31 May 2021	31 May 2023	Extension approved by the September 2021 CoGs
Mark Day	31 August 2022	31 August 2023	Recommendation to approve a one year extension to Mr Day’s term of office to be made to the Council of Governors meeting in June 2022
Martin Earwicker	30 November 2022	30 November 2025	Approved subject to satisfactory annual appraisals
Naomi Coxwell	12 December 2023	12 December 2024	Would need CoGs approval
Aileen Feeney	31 October 2022 (first term) 31 October 2025 (second term)	31 October 2026	Recommendation to approve Ms Feeney’s second term of office to be made to the June 2022 Council of Governors’ meeting (the proposed additional one year extension would be considered by the Council of Governors in 2025 (upon the expiry of Ms Feeney’s second term of office)
Rajiv Gatha	First term - 1 October 2021-30 September 2024		
Sally Glen	First term – 1 June 2022-31 May 2025		



Berkshire Healthcare
NHS Foundation Trust

Patient Experience

Quarter Four 2021-22 Report

Presented by: Liz Chapman, Head of Service Engagement and Experience

Quarter Four – Patient Experience Report (1 January 2022 – 31 March 2022)

1. Introduction

This report is written for the board and contains the quarterly patient experience information for Berkshire Healthcare (The Trust) incorporating; complaints, compliments, PALS, and our new patient survey programme (which is collected using paper, online, text, kiosks, and tablets) through the platform *iWGC (I want great Care)*.

2. Complaints received

2.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2020-21 and 2021-22 by service, enabling a comparison. During Quarter four 2021-22 there were 56 complaints received (including re-opened complaints), which mirrors the numbers for the same period for 2020-21.

There were 114,715 reported patient contacts and discharges from our inpatient wards, giving a sustained complaint rate of 0.05%.

Table 1: Formal complaints received

Service	2020-2021						2021-22						
	Q1	Q2	Q3	Q4	Total for year	% Of Total	Q1	Q2	Q3	Higher or lower than previous quarter	Q4	Total for year	% Of Total
CMHT/Care Pathways	4	11	7	12	34	15.96	5	8	10	↓	9	32	13.85
CAMHS - Child and Adolescent Mental Health Services	2	3	3	6	14	6.57	5	10	6	↑	10	31	13.42
Crisis Resolution & Home Treatment Team (CRHTT)	4	2	3	4	13	6.1	5	4	2	↑	4	15	6.49
Acute Inpatient Admissions – Prospect Park Hospital	7	4	1	9	21	9.86	11	8	7	↓	6	30	12.99
Older Adults inpatients – Prospect Park Hospital	0	0	1	0	1	0.46	2	0	2	↑	3	7	3.03
Community Nursing	2	1	5	2	10	4.69	4	5	2	↓	1	12	5.19
Community Hospital Inpatient	5	6	3	4	18	8.45	6	8	6	↓	5	25	10.82
Common Point of Entry	1	1	3	1	6	2.82	0	1	1	↓	0	2	0.87
Out of Hours GP Services	4	0	3	1	8	3.76	1	1	5	↓	2	9	3.90

Service	2020-2021						2021-22						
	Q1	Q2	Q3	Q4	Total for year	% Of Total	Q1	Q2	Q3	Higher or lower than previous quarter	Q4	Total for year	% Of Total
PICU - Psychiatric Intensive Care Unit	2	0	0	2	4	1.88	3	1	2	↓	1	7	3.03
Urgent Treatment Centre	1	0	1	0	2	0.94	1	1	0	↓	0	2	0.87
Older Adults Community Mental Health Team	1	1	1	2	5	2.35	0	0	0	↑	2	2	0.87
Other services in Q4	11	33	20	13	78	36.62	16	14	12	↑	13	64	27.71
Grand Total	44	62	51	56	213		59	61	55		56	231	100

The 'other services' complaints were split over 13 different services, and there is nothing of note to report as these services only saw numbers of 1 or 2 complaints.

There were two reportable complaints for the Criminal Justice Liaison and Diversion service, but one complaint was a re-opened complaint.

3 of the 56 formal complaints received were about, or mentioned, Covid, these were:

- One regarding the vaccine given to school aged children
- Two were regarding care on inpatient wards and reduced activities available during the outbreaks with restrictions in place during Covid

Complaints are reported against the geographical locality where the care was received which is the most meaningful way of recording. The following tables show a breakdown of the formal complaints that have been received during Quarter three and where the service is based. Complaints relating to end-of-life care are considered as part of the Trust mortality review processes.

2.2 Adult mental health service complaints received in Quarter four

29 of the 56 (52%) complaints received during Quarter four were related to adult mental health service provision.

Table 2: Adult mental health service complaints

Service	Geographical Locality						Grand Total
	Bracknell	Portsmouth	Reading	Slough	West Berks	Wokingham	
Adult Acute Admissions - Bluebell Ward			3				3
Adult Acute Admissions - Snowdrop Ward			1				1
CMHT/Care Pathways	2		1	1	2	3	9
CMHTOA/COAMHS - Older Adults Community Mental Health Team			1		1		2
Criminal Justice Liaison and Diversion Service - (CJLD)		2					2
Crisis Resolution and Home Treatment Team (CRHTT)			4				4
Learning Disability Service Inpatients - Campion Unit - Ward			1				1
Older Adults Inpatient Service - Rowan Ward			2				2

Service	Geographical Locality						Grand Total
	Bracknell	Portsmouth	Reading	Slough	West Berks	Wokingham	
PICU - Psychiatric Intensive Care - Sorrel Ward			1				1
Psychological Medicine Service			1				1
Talking Therapies - PWP Team	1		1				2
Veterans TILS Service			1				1
Grand Total	3	2	17	1	3	3	29

2.2.1 Number and type of complaints made about a CMHT

9 of the 56 complaints (16%) received during Quarter four related to the CMHT service provision, detail below. There were 10,437 reported attendances for CMHT and the ASSiST service during Quarter four, giving a complaint rate of 0.09%, compared 0.10% in Quarter three, 0.07% in Quarter two and 0.04% in Quarter one.

There were two formal complaints for the Talking Therapies service in Quarter four.

Table 3: CMHT complaints

Main subject of complaint	Geographical Locality					Grand Total
	Bracknell	Reading	Slough	West Berks	Wokingham	
Attitude of Staff	2				1	3
Care and Treatment		1		2	2	5
Waiting Times for Treatment			1			1
Grand Total	2	1	1	2	3	9

5 of the complaints about the CMHT related to care and treatment, these included.

- Concerns about the level of care being offered
- A lack of support from the CMHT (predominantly for services based in West Berkshire and Wokingham).

2.2.2 Number and type of complaints made about CPE

There were no complaints received about CPE in Quarter four out of 1,368 contacts.

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

During Quarter four, 7 of the 56 complaints (12%) related to Adult and Older Adult Acute Mental Health inpatient services (including APOS) and Sorrel Ward. This is a decrease from the 9 received in Quarter three (18%), Quarter two (20%) and Quarter one (24%).

There were 235 reported discharges from mental health inpatient wards (including Sorrel Ward) during Quarter four giving a complaint rate of 3%, a reduction from 4.5% in Quarter three.

Table 4: Mental Health Inpatient Complaints

Main subject of complaint	Ward				Grand Total
	Bluebell Ward	Snowdrop Ward	Rowan Ward	Sorrel Ward	
Abuse, Bullying, Physical, Sexual, Verbal	1				1
Attitude of Staff	1			1	2
Care and Treatment	1	1	1		3
Discharge Arrangements			1		1
Grand Total	3	1	2	1	7

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

In Quarter four, 4 of the 56 complaints (9%) were attributed to CRHTT, an increase from 2 in Quarter three but comparable with other quarters during the year where there were 4 in quarter two, and in Quarter one we received 5.

There were 14,363 reported contacts for CRHTT during Quarter four giving a complaint rate of 0.03%, compared to 0.01% in Quarter three, 0.02% in Quarter two and 0.03% in Quarter one.

Table 5: CRHTT complaints

Main subject of complaint	Geographical Locality	
	Reading	Grand Total
Attitude of Staff	1	1
Care and Treatment	1	1
Confidentiality	1	1
Medical Records	1	1
Grand Total	4	4

2.3 Community Health Service Complaints received in Quarter four

During Quarter four, 14 of the 56 complaints (25%) related to community health service provision. The table below shows further details.

Table 6: Community Health service complaints

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
Community Hospital Inpatient Service - Ascot Ward						1	1
Community Hospital Inpatient Service - Donnington Ward					1		1
Community Hospital Inpatient Service - Highclere Ward				1			1
Community Hospital Inpatient Service - Oakwood Ward		2					2

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	Windsor, Ascot, and Maidenhead	Wokingham	
Community Physiotherapy			1				1
District Nursing					1		1
Integrated Pain and Spinal Service - IPASS						1	1
Out of Hours GP Services		2					2
Podiatry						1	1
Rapid Response						2	2
Sexual Health	1						1
Grand Total	1	4	1	1	2	5	14

2.3.1 Community Health Inpatient Ward Complaints

During Quarter four, 5 of the 56 complaints (9%) received related to inpatient wards. This is compared to 6 in Quarter three, 8 in Quarter two and 6 in Quarter one.

There were 462 reported discharges from community health inpatient wards during Quarter four giving a complaint rate of 1.1%, compared to 1.2% in Quarter three, 1.3% in Quarter two and 1% Quarter one.

Table 7: Community Health Inpatient complaints

Main subject of complaint	Ward				Grand Total
	Ascot Ward	Henry Tudor Ward	Highclere Ward	Oakwood Ward	
Care and Treatment		1	1	2	4
Discharge Arrangements	1				1
Grand Total	1	1	1	2	5

The five complaints received were in relation to four of the seven community inpatient wards. The top theme was care and treatment.

There has been a further reduction in complaints received about the Oakwood Unit who received two of the five complaints for Community Health Inpatients in Quarter four.

2.3.2 Community Nursing Service Complaints

District Nursing received one complaint in Quarter four, compared to 2 in Quarter three, 5 in Quarter two and 6 in Quarter one.

There were 71,052 reported attendances for the Community Nursing Service during Quarter four giving a complaint rate of 0.002%. Complaints against the Community Nursing Service continues to be a very small complaint rate, which is well below the Trust overall rate of complaints per contact.

Table 8: Community Nursing Service complaints

Main subject of complaint	Geographical Locality
	Windsor, Ascot, and Maidenhead
Care and Treatment	1
Grand Total	1

2.3.3 GP Out of Hours Service (WestCall) Complaints and Urgent Care Centre

There were 2 complaints in Quarter four for WestCall, out of 16,725 reported attendances, giving a complaint rate of 0.011%, which is a decrease compared to 0.027% in Quarter three, 0.006% in Quarter two, 0.005% for Quarter one and 0.01% for Quarter four.

There were no complaints for the Urgent Care Centre, which had 3,979 attendances.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children

There were three complaints for Children's physical health services in Quarter four, details are below.

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

Service	Geographical Locality			Grand Total
	Reading	West Berks	Windsor, Ascot, and Maidenhead	
Children's Speech and Language Therapy - CYPIT	1			1
Children's Occupational Therapy - CYPIT			1	1
Immunisation		1		1
Grand Total	1	1	1	3

2.4.2 CAMHS complaints

During Quarter four, 10 of the 56 complaints (18%) were about CAMHS services (compared to 6 in Quarter three). There were 8,928 reported attendances for CAMHS during Quarter four giving a complaint rate of 0.11%, compared to 0.07% in Quarter three, 0.14% in Quarter two and 0.06% for Quarter one.

Table 10: CAMHS Complaints

Service	Main subject of complaint			Grand Total
	Attitude of Staff	Care and Treatment	Waiting times for Treatment	
CAMHS - AAT		2		2
CAMHS - ADHD		1	1	2
CAMHS - Anxiety and Depression Pathway	1			1
CAMHS - Rapid Response	1	1		2
CAMHS - Specialist Community Teams		1	2	3
Grand Total	2	5	3	10

There was an increase from 6 to 10 complaints for CAMHS. Five of these related to Care and Treatment, three related to waiting times and two related to staff attitude. We have seen a slight increase in formal complaints around waiting times from one in Quarter two, two in Quarter three to three in Quarter four.

2.5 Learning Disabilities

There were no complaints about the community-based team for people with a Learning Disability and there was 1 complaint for our Learning Disability Inpatient Ward (Campion Unit) during Quarter four.

3. KO41A return

Each quarter the complaints office submits a quarterly return, called the KO41A.

The return looks at the number of new formal complaints that have been received by profession, category, age, and outcome. The information is usually published a quarter behind, but it can be three quarters behind. The table below shows the information for Mental Health Trusts, up to and including Quarter four 2021-22.

Table 11: KO41A Return

	2018-19				2019-20				2020-21				2021-22	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Mental Health complaints - nationally reported	3,598	3,651	3,391	3,450	3,507	3,502	3,335	3,303	2,058	3,049	2,753	2,854	3,312	3,227
2Gether NHS Foundation Trust	17	14	21	20	24	16	..	..	..	..	..	..	..	..
Avon and Wiltshire Mental Health Partnership NHS Trust	78	72	77	51	56	67	59	63	42	67	48	65	74	68
Berkshire Healthcare NHS Foundation Trust	49	45	38	51	47	52	56	51	40	47	37	51	48	46
Cornwall Partnership NHS Foundation Trust	31	28	20	30	24	22	23	19	12	27	15	8	94	27
Devon Partnership NHS Trust	44	56	33	45	52	46	56	49	15	31	49	40	46	50
Dorset Healthcare University NHS Foundation Trust	91	90	92	54	61	60	64	88	60	109	98	95	97	119
Kent and Medway NHS and Social Care Partnership Trust	87	115	121	118	121	128	124	90	70	111	78	80	115	95
Oxford Health NHS Foundation Trust	50	56	58	56	52	61	72	68	44	54	54	55	51	56
Somerset Partnership NHS Foundation Trust	17	14	24	18	24	24	17	19	45	90	..	..	..	..
Southern Health NHS Foundation Trust	91	95	82	68	73	51	52	51	29	51	40	31	28	32
Surrey and Borders Partnership NHS Foundation Trust	26	36	16	26	22	28	32	27	9	27	24	17	20	20
Sussex Partnership NHS Foundation Trust	209	192	181	173	178	217	219	194	99	164	154	198	267	286

When looking at this data, it is important to do so with the following in mind:

- The numbers do not reflect the complexity of the complaints
- It does not give an indication of the quality of the responses e.g. how many of these are re-opened complaints
- Some Trusts with low levels of reported formal complaints and combined PALS and Complaints offices have a rigorous process of informal resolution before accepting a complaint as formal (this approach needs to be managed carefully as the regulations do not give the instruction to do this)
- Some Trusts with high levels of reported formal complaints treat every complaint contact as formal
- One Trust with low levels of reported formal complaints has an average response time of over 120 days

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 four there were 49 complaints closed.

Appendix one contains a listing of the formal complaints **closed** during Quarter four.

4.1 Outcome of closed formal complaints

Table 12: Outcome of formal complaints closed

Outcome	2020-2021						2021-2022					
	Q1	Q2	Q3	Q4	Total	% Of 20/21	Q1	Q2	Q3	Comparison to previous quarter	Q4	% Of 21/22
Not Upheld	9	25	19	18	71	36%	27	36	34	↓	21	51.00%
Partially Upheld	13	34	20	28	95	48%	19	18	22	-	22	35.00%
Upheld	12	6	0	7	25	12.50%	9	11	6	-	6	14.00%
Disciplinary Action required	0	0	0	0	0	0	0	0	0	-	0	0
Grand Total	34	65	39	53	191		55	65	62		49	

49% of complaints closed were either partly or fully upheld in the quarter (compared to 43% last quarter), these were spread across several differing services. Of these, 2 were about staff attitude (down from 3 in Quarter three), 3 were in relation to medical records, and 20 related to care and treatment received (up from 19). There was a CAMHS complaint about waiting time and one care and treatment complaint for Children's Speech and Language Therapy had an element around waiting times for an appointment. Complaints upheld or partially upheld for care and treatment equated to 68% of all closed complaints for Quarter four.

Table 13: Complaints upheld and partially upheld

Service	Main subject of complaint						Grand Total
	Access to Services	Attitude of Staff	Care and Treatment	Communication	Medical records	Waiting Times for Treatment	
Adult Acute Admissions - Daisy Ward			1				1
CAMHS - Rapid Response			1				1
CAMHS - Specialist Community Teams						1	1
Children's Speech and Language Therapy - CYPIT			1				1
CMHT/Care Pathways			4				4
Common Point of Entry	1						1
Community Hospital Inpatient Service - Henry Tudor Ward			1				1
Community Hospital Inpatient Service - Highclere Ward			2				2
Criminal Justice Liaison and Diversion Service - (CJLD)					3		3
Crisis Resolution and Home Treatment Team (CRHTT)			1				1

Service	Main subject of complaint						Grand Total
	Access to Services	Attitude of Staff	Care and Treatment	Communication	Medical records	Waiting Times for Treatment	
District Nursing			2				2
Immunisation				1			1
Learning Disability Service Inpatients - Campion Unit - Ward		1					1
Out of Hours GP Services		1	4				5
Podiatry			1				1
Talking Therapies - PWP Team			1				1
Veterans TILS Service			1				1
Grand Total	1	2	20	1	3	1	28

4.2 Response Rate

The table below shows the response rate within a negotiated timescale, as a percentage total.

Weekly open complaints situation reports (SITREP) are 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: Percentage response rate within timescale negotiated with complainant

2021-22				2020-21			
Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100	100	100	100	100	100	99	100

All complaints closed in Quarter four were closed within an agreed timescale.

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 1st January and 1st March 2022. This does not include where a different organisation was leading the investigation but does include re-opened complaints. The population data has been aligned to the information provided by the Trust Business Intelligence Team and is based on the characteristics of attendances during Quarter 4 2020/21.

Table 15: Ethnicity

Ethnicity	Number of patients	% Complaints received	% Breakdown of 2020-21 Q4 attendances
Black/Black British	3	5.36	2.67
Mixed	1	1.79	3.49
Not stated	11	19.64	15.89
White	41	73.21	66.66
Grand Total	56		

As a way of improving ethnicity recording, information is sent back to services where this is not documented on RiO. The Complaints Office also discuss the importance of capturing this information when delivering the Complaint Handling Training.

5.2 Gender

There were no patient complaints where the person identified as anything other than male or female during Quarter four.

Table 16: Gender

Gender	Number of patients	% Complaints received	% Breakdown of 2020-21 Q4 attendances
Female	31	55.36	53
Male	25	44.64	46.98
Not stated	0	0	0.009
Grand Total	56		

5.3 Age

Table 17: Age

	Number of patients	% Complaints received	% Breakdown of 2020-21 Q4 attendances
0 to 4	1	1.79	18.41
5 to 9	2	3.57	4.14
10 to 14	5	8.93	4.34
15 to 19	7	12.50	4.52
25 to 29	1	1.79	2.87
30 to 34	5	8.93	3.14
35 to 39	1	1.79	3.56
40 to 44	1	1.79	3.58
45 to 49	2	3.57	3.52
50 to 54	2	3.57	3.73
55 to 59	7	12.50	4.46
65 to 69	1	1.79	4.63
70 to 74	3	5.36	4.53
75 to 79	4	7.14	5.56
80 to 84	6	10.71	6.16
85 +	2	3.57	6.55
Not known	6	10.71	11.98
Grand Total	56		

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.

There has been one new enquiry where the PHSO has asked for further information, but they are not currently progressing the case. We have been asked by the Local Government Ombudsman to provide information on a case that they are investigating, which does not relate to care we have provided.

We have closed one case, relating to Talking Therapies, which the PHSO did not uphold. The table below shows each case against the service.

There are currently two cases open for investigation, one for Oakwood and one for Podiatry.

Table 18: PHSO

Month open	Service	Month closed	Current Stage
Jan-21	Community Inpatient Services	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Feb-21	Community Inpatient Services	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Apr-21	Veterans TILS	n/a	PHSO have been sent information to aid their decision on whether they will investigate
May-21	Talking Therapies	Apr-22	PHSO have been sent information to aid their decision on whether they will investigate
Jun-21	Community Nursing	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Jul-21	District Nursing	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Jul-21	Talking Therapies - Admin/Ops Team	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Aug-21	Health Visiting	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Aug-21	Podiatry	n/a	Investigation underway
Sep-21	Children's Speech and Language Therapy - CYPIT	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Sep-21	CMHT/Care Pathways	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Sep-21	Veterans TILS Service	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Nov-21	Oakwood Ward	n/a	Investigation Underway
Dec-21	Corporate	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Jan-22	Criminal Justice Liaison and Diversion Service	n/a	PHSO have been sent information to aid their decision on whether they will investigate
Jan-22	Children's Speech and Language Therapy - CYPIT	n/a	Local Government Ombudsman (LGO) have been sent information to assist with their investigation

7. Multi-agency working

In addition to the complaints detailed in this 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 received that were led by another organisation during Quarter four; three led by NHSE, two by Frimley Health, two by SCAS, one by EBPC, one by West Berks CCG and one by a GP.

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 19: MP Enquiries

Service	Care and Treatment	Communication	Discharge Arrangements	Medication	Other	Support Needs (Including Equipment, Benefits, Social Care)	Waiting Times for Treatment	Grand Total
Adult Acute Admissions - Rose Ward	1							1
CAMHS - ADHD	2			1		1	2	6
CAMHS - Anxiety and Depression Pathway							2	2
CAMHS - Common Point of Entry (Children)	1							1
CAMHS - Specialist Community Teams	2						2	4
Children's Speech and Language Therapy - CYPIT	1							1
CMHT/Care Pathways		1	1					2
CMHTOA/COAMHS - Older Adults Community Mental Health Team		1						1
IT					1			1
Neuropsychology	1							1
Grand Total	8	2	1	1	1	1	6	20

There were 20 enquiries raised by constituents to their MPs in Quarter four. This compares to 10 in Quarter three, 15 in Quarter two and 17 in Quarter one.

Eight of the MP enquiries related to care and treatment (one with an element about waiting times) and six were regarding waiting times. The enquiries for waiting times were all related to CAMHS services. Overall, 13 of the enquiries were for CAMHS (up from four).

8.2 Local resolution complaints

Complaints can be raised directly with the service, where the service will discuss the options for complaint management with those raising the complaint 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, without involvement of the Complaints Office. 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	Count of Service
Adult Acute Admissions - Rose Ward	1
Children's Speech and Language Therapy - CYPIT	2
CMHT/Care Pathways	1
Community Based Neuro Rehab - CBNRT	1
Continence	1
Criminal Justice Liaison and Diversion Service - (CJLD)	1
District Nursing	4
Health Visiting	2
IMPACTT	1
Other	1
Physiotherapy Musculoskeletal	3
Talking Therapies - High Team	1
Talking Therapies - PWP Team	1
Grand Total	20

There were 20 local resolution complaints logged in Quarter four, up from 17 in Quarter three, 16 in Quarter two and down from 35 in Quarter one. This focus and importance of recording local resolution complaints continues to be discussed in the regular Complaint Handling Training course delivered by the Complaints Office.

Communication was the most common theme for the local resolutions that were logged with 5 relating to this subject. There were four local resolution complaints relating to discharge planning.

There were no common themes coming out of the four concerns logged by District Nursing.

8.3 Informal complaints received

An informal complaint is managed locally by the service through discussion with the Complaints Office. It is a concern raised through the complaints office but can be resolved without the need of a full investigation. Complainants are offered the option to resolve informally, but the option to escalate to a formal complaint remains.

There have been 18 informal complaints received in Quarter four compared to 13 in Quarter three, 25 in Quarter two and 32 in Quarter one.

Table 21: Informal complaints

Service	Main subject of complaint					Grand Total
	Access to Services	Care and Treatment	Communication	Confidentiality	waiting Times for Treatment	
CAMHS - AAT			1		1	2
Children's Occupational Therapy - CYPIT		1				1
Children's Speech and Language Therapy - CYPIT					1	1
CMHT/Care Pathways		2	3			5
Community Hospital Inpatient Service - Windsor Ward		1				1
District Nursing	1	1				2
Eating Disorders Service		1		1		2
Neuropsychology					1	1
Patient Experience			1			1
Phlebotomy					1	1
School Nursing			1			1
Grand Total	1	6	6	1	4	18

8.4 NHS Choices

There were 5 postings on NHS Choices during Quarter four; 4 were negative and 1 was positive. PALS responded to these with contact information and the offer of a further conversation about their experience. It was also sent on to the services for their attention.

Table 22: NHS Choices

Service	No of postings	Positive	Negative
WestCall	3	Dr was insightful, kind, calming and went above and beyond to ensure I got the care I needed. Was comforting when I explained that I didn't realise my symptoms were more severe than I'd previously thought. Honestly want to write a thank you card as was one of the most supportive doctors I've spoken to in a long time. Very grateful for the experience I've had.	<p>Been on the phone with 111 with bad back pain over few days with coming back problem for years. 111 service advice to explain to WestCall doctor what's been going on and how long, to explain that GP didn't care at all about my problem. Unfortunately not even WestCall doctor cared much. All it sounds as she just wanted to tick a box call me back. Every timeline was bad and I said I didn't hear her properly she would raise her voice with anger. Not mentioning that she didn't sound interested in what I have been saying to her or trying to explain about my symptoms and pains. 111 consultant was the best person I have spoken so far, interested, caring, giving the right advice. Lady over the phone didn't help much. NHS service it's getting worse and worse over the years looks like they don't even care for patients. I wouldn't write a review but I just had enough. Every time I call GP, they don't care it doesn't matter if it's about me or my children. When I call 111, they try to help but WestCall or emergency ward doesn't really look like they to their job.</p> <p>Rang 111 on the Saturday morning as I had a temperature after finishing a course of antibiotics for a urine infection, they put me through to west call and I spoke with a doctor who advised that I see a doctor at the royal Berkshire hospital but that was going to be at 6:30 that evening. So I turned up on time as requested but had to wait half an hour before I was called to go in. Things just seemed to go downhill rapidly from there the doctor was ok did what he had to then he said</p>

Service	No of postings	Positive	Negative
			<p>that he wanted to run some tests on the urine sample I had provided. I was just left in there for what seemed like an age then a nursing assistant come in saying she needed to do a blood test she then used one of those prickers for blood sugar test then started to squeeze the blood out without much success but she persisted till she was satisfied she had enough in the small syringe she had and of she went only to come back a short while later saying that she had been using the little syringe incorrectly so she was going to have another go. We went through the whole process again with similar results so she decided to take blood from my arm imagine my dismay when she came back with the necessary equipment only to look at it obviously with no idea how to use it fortunately, she broke the needle before trying put it in my arm so she went to get the doctor who gave me a prescription for more antibiotics. When I then presented it in my local pharmacy I was told that it could not be dispensed as the script was incorrectly filled out so I then had to get in touch with west call to get a new script which they sent directly to the pharmacy but when I picked it up the dosage was different from the original and the amount of tablets is incorrect so I don't have enough to complete the course so will now have get back in touch later when there back at the royal Berkshire hospital.</p>
West Berkshire CMHT	1		<p>I thought Hillcroft house was supposed to be there for me, but nothing but staff sickness all the time, left in the isolation in trying support myself major changes. I know the staff trying to help, but no focus to my care, no care planning central to my welfare as just complaints about me having go else we're unmet needs thankfully got help for. Nothing ends argument who right or wrong. I lost trust in the psychiatry as a patient as seem to be from an old world of authority only over my welfare no more than a submissive which put me further way from mental help as not considered unmet needs impact on my mental health. The mental health service makes me feel worse about myself ever before. that can't even understand the basic about me, that focus always elsewhere for need something else has no connection with me. I have no choice to move forward with or without them and can honestly say the mental health service makes me feel even worse that I am an outcast, simple things understanding how my psychical health impacts on my mental health, every label thrown at me putting me down can be human for sake. My feeling is the mental health service is more interested in itself than me and only there as patient to meet there need exclusively and the run around can't do in finding the mental health support, and rather be discharged in this situation as mental health service only makes my mental health worse.</p>

Service	No of postings	Positive	Negative
Neuropsychology	1		<p>My Assessment was conducted face-to-face by Assessor X on 26th Nov 21. I was accompanied by Supporter Y. For the follow-up phone-call on 16th Dec 21 I was alone. At the Assessment, X started talking to Y over my head about offering Y a job interview. I found this unprofessional and rude. I have problems with loud noise, and X made a joke of it later on the phone. Both Y and I thought the questions put to me at interview weren't far-reaching enough or age-related. (Assessor X also seemed unpleasantly surprised to learn that I'd been educated to university level.) On 1st Dec I was told my case had been referred to a Multi-Discipline Panel - this turned out to be X and one other. When I received the Assessor's Synopsis there were a lot of inaccuracies in it - the invention of a maternal half-brother, misquoting myself and Y, and more. Acting on Y's advice, in the phone-chat on 16th Dec I asked Assessor X for a further accompanied interview to discuss the inaccuracies in person. I also asked to be given the Assessment Results to date but was told I couldn't have one until X judged whether the inaccuracies were relevant to the conclusions reached. It didn't seem to occur to Assessor X that, relevant or not, any inaccuracies would undermine my faith in the Assessor's judgment. Assessor X then asked me for Supporter Y's phone number, on the grounds that Y too had raised queries. X didn't ask whether Y or I would mind this exchange of personal information. I found this unprofessional and disrespectful. By this time I no longer trusted the Assessor's 'take' on anything, nor did I think they had listened to me properly. Assessor X did admit to having little experience with older people - so if I was given to X as a Test Case I think in all fairness I should have been told, and my case handled appropriately. Finally on 16th Dec we left it that I would contact my Supporter Y and get back to X to arrange an interview - but before I could do this, X's Office rang me on 20th Dec with an interview date. I felt pushed and rushed into a decision. At this point I felt I had no choice but to withdraw from any further dealings with the Assessor, and therefore sadly Autism Erleigh. I was too afraid of Assessor X; I couldn't cope with any more misjudgements. I am very upset and disappointed - I waited 3 years for this chance, my trust was broken, my case-notes scrapped, I was left with no answers, and worse, unable to cope with the fallout. At the very least, I hope Autism Erleigh will use my experience to improve their service for future clients. Thank you for taking the time to read this - it has been one of the most painful things I've ever had to write.</p>

8.5 PALS Activity

PALS has continued to provide a signposting, information, and support service throughout the pandemic response. PALS has continued to facilitate the 'Message to a loved one' service, which involves collating messages for patients, which are then delivered on the ward. This was available across all inpatient areas. The PALS Manager continues in the roles of Freedom to Speak Up champion and Armed Forces Service Network champion.

There were 518 queries recorded during Quarter 4. 444 were responded to within 5 working days and 5 were taken up as a formal complaint. In addition, there were 284 non-BHFT queries recorded. The longest wait for an acknowledgement was 12 working days. This is due to capacity within the service and the complexity of some of the queries that are coming through. Due to these service pressures and as described in the Quarter 3 report, we extended the acknowledgement target to 5 working days to manage expectation and this is monitored as part of the Quality Improvement processes within the wider Patient Experience Team. This will be escalated to a driver metric whereby there would be a structured process to monitor and test/implement improvement ideas.

There were a broad range of services involved in these queries but the highest number of queries received were in relation to:

- CMHT. Care Pathways
- Operational HR
- Admin Teams and Office based staff.
- CAMHS – AAT

CMHT. Care Pathways

- Sharing of information, consent, and capacity.
- Communication with relatives and clinicians.
- Family concerns about support provided. Management of physical health condition. Signposted to external agencies.
- Advocacy support and referrals.
- Appointment cancellations.
- Requesting a change of clinician and concerns about prescribed medication. Requesting a review of diagnosis and discharge concerns.
- Access to medical records.

CAMHS

- Parents seeking updates/ confirmation of referrals.
- Patient seeking a supporting letter.
- Parent seeking additional support prior to discharge.
- Requesting diagnosis report and rubber stamping of private diagnosis.
- Concerns about waiting times.
- Process for onward referral to ADHD pathway.
- Delay in sending questionnaires.

There were 15 Covid related queries which were predominantly how to visit loved ones on the ward and vaccination queries.

9. The Friends and Family Test

9.1 Overall responses and iWGC

There has been significant engagement with services in the build of this new measurement and reporting tool, with plans to further develop the surveys with more service/care group specific questions as part of the third phase of the project.

The Patient Experience Team, along with staff from across the Trust are learning how to use the management interface system for iWGC and attached as Appendix two is a Trust summary report taken from this system which shows the data collected during Quarter four.

We receive responses through a variety of methodologies. These range from the following: Online surveys, paper surveys, QR Codes on posters, survey pins on business cards and SMS (SMS due to be active from May 2022).

During Quarter four, we received 1,021 reviews in total , 816 online (including an electronic link, tablet and kiosk) reviews and 205 paper surveys.

The collated responses demonstrated:

- 4.66/5 Trust wide experience score
- 92.9% positive experience

- 3.7% negative experience

Services have access to real time reporting through the Management Interface (MI) system and can pull both the scores and comments, either as list or a word cloud. Reporting can also be shown in a dashboard and split by service, location, care group etc. Services are able to monitor reviews against care as well as seeing suggestions for improvement with real time access to the results.

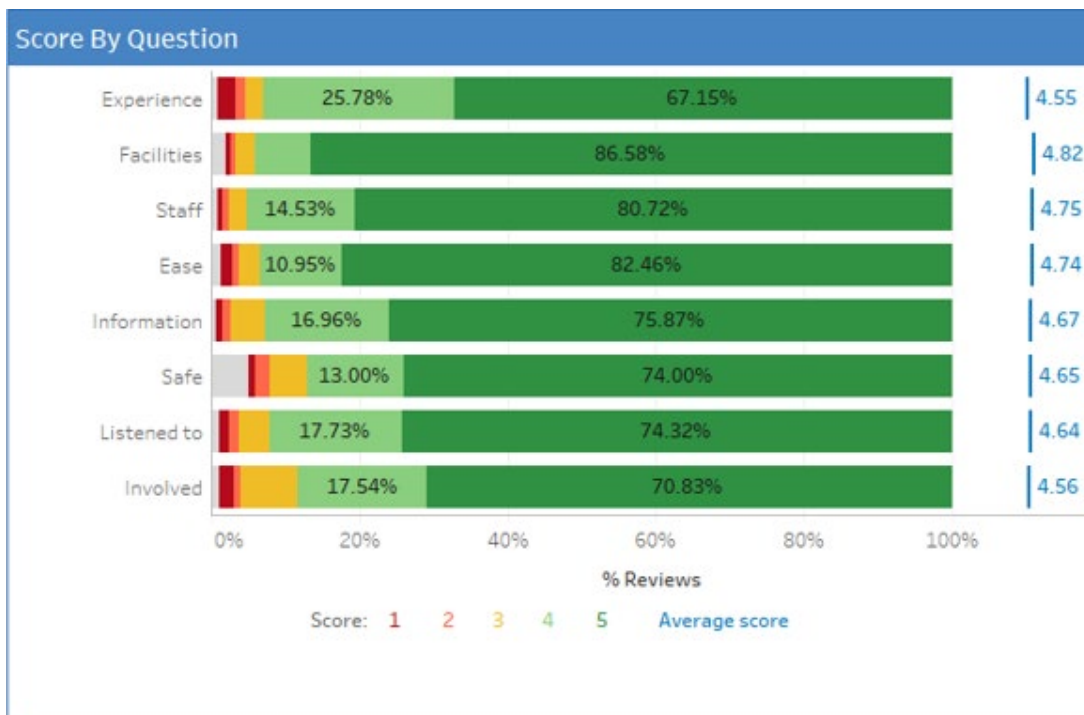
Below are examples of some of the feedback that has been shared with us during Quarter four, that will enable services to understand the patient experience within their services and will support improvement work where appropriate:

Service	Feedback	Improvement suggestion
Community Nursing	Staff member was polite and patient, he explained the procedure and asked my consent. Very empathetic care	Telephone before arriving, so I am ready. Supply same size of dressing as I had in hospital.
Intermediate care	Staff were all very friendly and made me feel at ease Very supportive in all aspects.	Time of visits changed every day.
Sexual health clinic	Happy to come to this clinic, .if staff were not professional and friendly I would not be here	
School Nursing	Bedwetting clinic is amazing, its been so hard but the clinic has helped so much.	Would have been better if the GP would have told me about this service years ago it would have saved me and my son so much time, expense and would not have affected his emotional wellbeing and sense of self so much. GPs really need a better understanding of what the school nurses do as they seem to have no idea.
CRHTT	as soon i got there they sorted things out straight away. staff were very patient. follow up very good and i was seen at home rather than a hospital. Difficult time for me and put me back on track	
Community Ward (east)	the staff who have a massive workload helped me as much as they could. I felt the ward was under manned and they did so well considering	Catering company leaves a lot to be desired. Lottery on choices. Not the ward staff fault
Audiology	When people attend a hospital they don't want fuss , they want a calm environment with things explained clearly by staff that know what they are talking about in an easy to understand manner . This was my experience today .	
MSK Physio	Physios asked relaxed questions to assess extent for my problems and waded my questions well and monitored progress. Tailored care progress my needs. Fantastic service and care given.	There was a delay following referral from my doctors to the first session Emails to be sent in a timely manner. I would receive

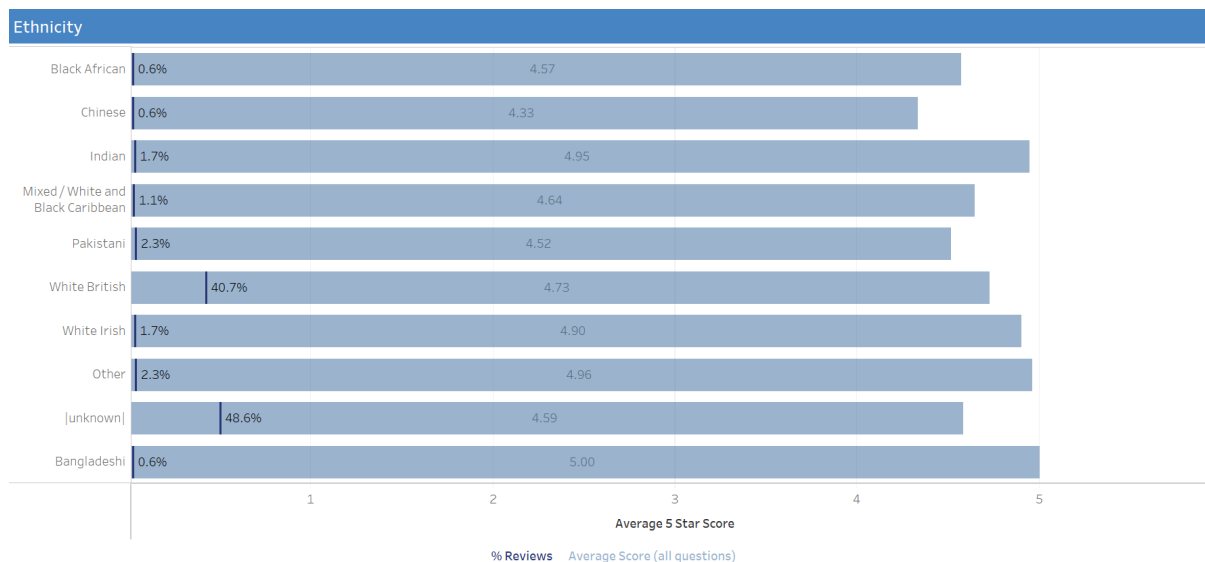
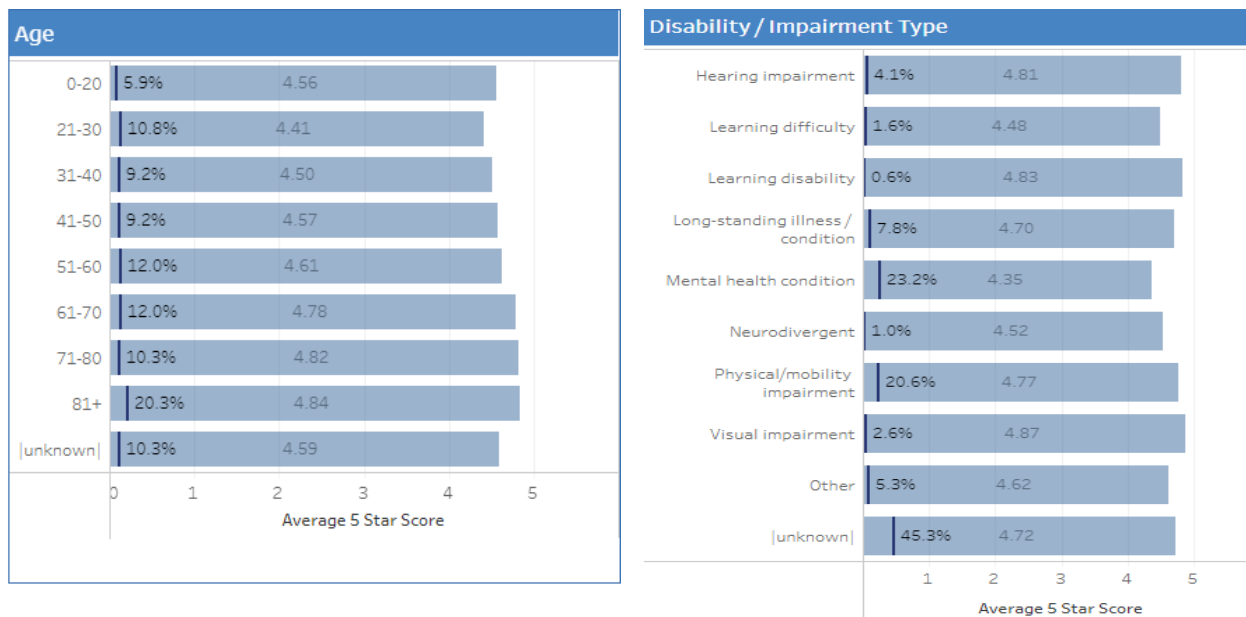
Service	Feedback	Improvement suggestion
	Exercises were clear and information/emails sent with pictures to better explain.	emails with exercises a week after my appointment.
Court Justice Liaison and Diversion	The way [name removed] dealt with situation never made me feel uncomfortable and instilled lots of confidence in me to make sure I did the things I needed to do. Very supportive, got to meet on face to face basis. Very nice. I am so much happier since engaging with the service, [name removed] was a great help and I enjoyed our check in phone calls. Very helpful.	In the way you give information to people, other people might not be getting as much support as I did. Daunting question is 'how can we help you' this is a hard question to answer when you yourself don't even know the answer.

The pictures below show some examples of the information on the service level reports.

Picture 1: Review summaries



Picture 2: Examples of characteristic information



The tables below contain the FFT results; this will be presently differently moving forward from the quarterly reports for 2022-23.

Table 23: Response rate for the FFT

		Number of responses	Response Rate
2021-22	Q4	1021	0.54%
	Q3	5271	4.53%
	Q2	6124	6%
	Q1	5788	5.66%
2020-21	Q4	4259	4.66%

		Number of responses	Response Rate
	Q3	4597	4.66%
	Q2	3018	3.33%
	Q1	3572	4.66%
2019-20	Q4	10,083	9.29%
	Q3	10,933	10.69%
	Q2	11,095	10.86%
	Q1	11,721	12.20%

During this reporting period we have been transitioning to the new patient experience tool and for a variety of reasons, as a result, we have experienced a drop in FFT response. As the new tool is currently being embedded, we are seeing that not all services are actively capturing feedback from patients as yet, some services have experienced technical issues such as not using the correct survey links, some services have also requested new question sets which has meant their original surveys were disabled and not in use. Although the online version of the form has been available for all adult service questionnaires since the outset, kiosks and ipads have been delivered during the quarter to support a wider range of options for patients to complete the questionnaire and the SMS system will be functional from May 2022; this will all assist in improved uptake.

Table 24: FFT percentage positive rating split by community health and mental health services

	2020/21				2021/22			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Community Health Services	70%	90%	85%	89%	93%	90%	94%	87%
Mental Health Services	60%	85%	81%	83%	75%	84%	86%	92%
Trust Total	59%	90%	85%	89%	87%	88.3%	90%	93%

*Rating of good or better than good has replaced recommendation to a friend

Table 25: FFT results for Inpatient Wards, shown as a percentage

Ward	Ward type	2020/2021				2021/2022			
		Q1%	Q2%	Q3%	Q4%	Q1%	Q2%	Q3%	Q4%
Oakwood Ward	Community Inpatient Ward	0.00%	0%	0%	100%	52%	100%	100%	100%
Highclere Ward		0%	50%	67%	0%	81%	100%	75%	85%
Donnington Ward		98.30%	100.00%	93%	100	70.66	88.88%	97%	90.50%
Henry Tudor Ward		100%	0%	93%	100%	100%	85%	100%	0%
Windsor Ward		100%	90%	100%	100%	95%	100%	100%	0%
Ascot Ward		0%	100%	50%	98%	100%	92.22%	96%	0%
Jubilee Ward		0%	0%	100%	0%	75%	100%	50%	86%
Bluebell Ward	Mental Health Inpatient Ward	50%	100%	100%	100%	67%	0%	0%	0%
Daisy Ward		100%	0%	67%	85%	100%	0%	83%	100%
Snowdrop Ward									

Ward	Ward type	2020/2021				2021/2022			
		Q1%	Q2%	Q3%	Q4%	Q1%	Q2%	Q3%	Q4%
Orchid Ward		0%	100%	75%	0%	92%	94.73%	0%	0%
Rose Ward		100%	0%	100%	0%	100%	100%	0%	100%
Rowan Ward		0%	0%	0%	0%	100%	0%	100%	100%
Sorrel Ward		100%	0%	100%	0%	100%	0%	0%	0%

Table 26: Carer FFT results

	2018/19	2019/20	2020/21	2021/22
Q1	111	67	335	18
Q2	32	201	408	94
Q3	39	314	242	58
Q4	86	258	411	20

The Trust Carer Lead has taken on the responsibility of promoting and collecting the carer FFT, and the Patient Experience Team are continuing to report on the results.

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

There is no activity to report for Always Events, Patient Participation, and Involvement Champions as these were not carried out as part of the pandemic response.

The 15 Steps Programme restarted during Quarter two, the report is attached as Appendix three.

There continues to be open and regular channels of communication between the Patient Experience Team and the Healthwatch organisations across Berkshire, on individual cases and for sharing communication with our communities.

The Trust asked Healthwatch Wokingham, Healthwatch Reading and Healthwatch West Berkshire to conduct service user research about its Ageing Well services; 2hr Urgent Community Response and 2 Day Community Rehabilitation.

The aim was to get an overview of care whilst accessing the Ageing Well services and how our patients felt about their experience. The report is attached as Appendix four.

The service created an action plan based on this report which is in the table below:

Table 27: Actions following Ageing Well report.

You Said	We did (or are doing)
Communication and awareness of the service can be reviewed to ensure patients understand the service and their care	A communication strategy is being developed. The service information for intermediate care 2-day element is being developed at the moment by the teams, the 2 hrs element have an information handout. We will need to work on having versions in different languages and easy read and for the information to signpost to a central line (in and out of hours) rather than individual staff mobiles.
How do we communicate what happens after the Urgent Community Response service	Review exit strategy and discharge methods for patients. Engage with Community Voluntary sector, Health Watch and Age UK to co-design follow up care support.
Joined up care - patients telling a story once - how do services work closer together?	We have identified that there are different templates for community services including UCR teams across. Our solution is to streamline paperwork to reduce duplication.

You Said	We did (or are doing)
Equipment - understanding the issues and reporting issues	Meeting with NRS and their therapists regarding equipment issues; there is a process for considering other equipment and calling NRS for advice on alternatives.
Consistency: ensure that the Urgent Community Response service is referred to by the correct name by teams	Owned by the teams who have been reminded of using consistent language.
Development of fridge magnets to indicate the most recent visit	Fridge magnets have been ordered and delivered. Need a process for completion; concern that the magnets will not work due to volume of visits and ownership of filling it in. Agreed to trial a sign in sheet for staff to complete with the name and role.

11. Compliments

There were 772 compliments reported during Quarter four. The services with the highest number of recorded compliments are in the table below.

It is worth noting that in addition to these compliments logged there are many compliments coming through via the patient experience tool.

Table 28: Compliments

Service	Number of compliments
Talking Therapies - Admin/Ops Team	272
District Nursing	143
Physiotherapy Musculoskeletal	44
Community Respiratory Service	32
Community Dietetics	22
Heart Function Service	21
Children's Speech and Language Therapy - CYPIT	17
Criminal Justice Liaison and Diversion Service - (CJLD)	17
Community Hospital Inpatient Service - Highclere Ward	14
Podiatry	12
CMHTOA/COAMHS - Older Adults Community Mental Health Team	12

Table 29: Examples of compliments received during Quarter four

<p>Windsor Ward - Wokingham Community Hospital</p> <p><i>Thank you so much for the extra special care you took in looking after me, during my stay in Windsor Ward. Your kindness and helpfulness were really appreciated at this difficult time for me. I found being in hospital such an ordeal, particularly with the covid situation, so your friendliness was special.</i></p>	<p>Criminal Justice Liaison and Diversion Service - (CJLD)</p> <p>Email from patient's grandad: <i>Thank you and your team for all there help and understanding. To say that ***** is a different boy is an understatement, he is now totally changed into a talkative, well behaved, loving young Man and working well with his education.</i></p>
<p>CRHTT – East</p> <p><i>Hi Manager, I truly am so relieved to be feeling more like my old self...just wanted to reiterate my thanks to you all. You and your team were very supportive. WAM Dr, Support Worker and Psychologist have been very good. I am so relieved to feel the light at the end of the tunnel...I've got my smile back. Hallelujah 😊. PS I'm cooking and baking again! Wonderful!</i></p>	<p>Community Dental Service</p> <p><i>I would like to say how incredibly impressed I have been with Community Dentist xx</i></p> <p><i>My son, who is 6, has been terrified of dentists since he was 3 years old, after being treated badly during a routine check-up with a previous dentist.</i></p>

	<p><i>xx put my son at ease immediately. We have seen so many dentists in the past year, and she is by far the most outstanding - not just in her approach and attitude, but her kindness and empathy made all the difference.</i></p> <p><i>I would like dentist HM* to be acknowledged and rewarded for her efforts - she has been truly amazing, and I am so grateful.</i></p> <p><i>Kind regards,</i></p> <p><i>Mother of patient*</i></p>
<p>Health Visiting</p> <p><i>It was so useful having xxx to talk to about all the elements on your mind as a first-time mum. Explaining each part of the red book each time, which we hadn't previously been told about was really informative - gives you more of an understanding of your baby and their checks. It would have been useful to have had this explained in hospital/initial visit, but we are grateful to xxx for doing this for us. For my husband it was also good as she checked on how he was doing to - sometimes the partners are overlooked – thanks :-)</i> really pleased with the knowledge and expertise so far.</p>	<p>Health Hub - Wokingham</p> <p><i>I would like to take this opportunity to say a huge thank you to who took my call yesterday as the delivery of night bags was out of stock.</i></p> <p><i>The call handler went the extra mile to assist in procuring the bags desperately required.</i></p> <p><i>The whole team has always spoken to me, making me feel valued as a user of the service.</i></p> <p><i>It makes life for me as a carer so much easier taking one worry out of my hands.</i></p> <p><i>So a huge thank you to the customer facing team and all others involved ensuring we are well looked after and valued.</i></p>
<p>The Rainbow Room, West Berkshire Community Hospital</p> <p><i>Many thanks for your letter to my Dad, xx and myself after the passing of my Mum. I have wanted to email since we received your letter but have only just got round to it!</i></p> <p><i>I just wanted to thank you all for looking after my Mum during her last few days in the Rainbow Room and also for making us all feel at home and well cared for too at what was such a distressing time for us all. I think once Mum had arrived with you, we found it strange not being as 'medical' as the RBH and this took us a while to adapt to but soon became a comfort - everything was explained by your team and we were soon at ease with letting nature take its course and keeping Mum as comfortable as we could without interfering and causing unnecessary distress to her. All of Mum's needs were met and every time the team came in to reposition her/change her etc, she always looked far better and more comfortable than when we were with her (clearly none of us would have made very good nurses!!)</i></p> <p><i>On the night Mum passed away, I knew that it was going to happen and am still battling with myself for not listening to my instinct and not staying with her until the end but I'm sure in time this will pass. xx had spoken with my brother and had put his mind at rest about leaving on the Sunday and so I kept going over what xx had said and told myself it was ok to go. At times I have felt that if we had been contacted to return a bit earlier, we could have been there for her in her final moments but I do understand that things can change very quickly and it was out of everyone's control really - when it's time for someone to go, it's time for them to go! Again, I wanted to thank you for being so kind to us on that night and after Mum had passed away, giving us the time we needed - not that any of us really knew what we needed or how long we should have stayed with her after but we were certainly made to feel at ease and that was much appreciated and made that time easier.</i></p> <p><i>Having spent a month visiting Mum in hospital, I am really feeling a void now that we are not doing that and this has been on my mind quite a lot. When I had my babies, I really felt that I wanted to speak with the midwives again and I have found this much the same! So thank you for giving me the opportunity to do that - even though I am just waffling on and actually giving feedback on the care we received, rather than my Mum!</i></p> <p><i>Anyway, once again, thank you so much for looking after us all and especially the care you gave my poor old Mum during her final days. Please can you also thank xx and xx for reassuring us all when we needed it - we will be forever thankful for such a positive experience at the most devastating time of our lives!</i></p>	

Thank you again for all that you do. for everyone - you really are all heroes!

Urgent Community Response Team Wokingham

Thank you for your amazing care and immense support you gave my husband. You and your team gave him another chance to live again. We are both immensely grateful. Thank you for bringing generosity and magic to the work you do. It makes me happy to see my husband improving. Every day he sits in his chair and eats his lunch. He has regular physio and is so well looked after that he has already gained one kilogram. I would love to meet you and am sorry to have missed you when you visited him.

Just to say a huge thank you to everyone involved at looking after my dad before he passed away. The care he received was exceptional from the Rapid Response Team and carers. I wish I could remember everyone's name but please pass on a special thank you. Such compassion and care from everyone who looked after Dad. Before Dad passed, we discussed how to say, 'thank you' and we decided on some vouchers to have a drink on us at the Brown Bag. You all do such an amazing job and hope you realise what comfort you bring to people at a difficult time.

Table 30: Compliments, comparison by quarter

	2020/21					2021/22				
	Q1	Q2	Q3	Q4	2021/22	Q1	Q2	Q3	Q4	2020/21
Compliments	873	975	1,010	1,319	4,177	1076	986	960	772	3794

Liz Chapman

Head of Service Engagement and Experience

21 April 2022

Formal Complaints closed during Quarter four 2021/22

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
8326	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Pt feels the Crisis service is 'atrocious and potentially fatal'	Not Upheld		Care and Treatment
8322	Portsmouth	Criminal Justice Liaison and Diversion Service - (CILD)	Low	Patient is unhappy the reason for his arrest and nature of the offence is recorded on his medical records. He feels it has adversely affected him as people he has asked for treatment have declined. He has spoken to the ICO.	Not Upheld		Medical Records
8330	Bracknell	District Nursing	Low	Family unhappy the pt has been discharged as they were not in when DN's called and a note was left to say pt does not fit criteria fo DN service	Partially Upheld	Share learning with team-importance of good communication with patient and family members. Importance of ensuring optimum dressing regime followed and if family taking on some or all of role that have been supported and confident, competent to do so.	Care and Treatment
8352	West Berks	Out of Hours GP Services	Minor	No call recieved from Dr following 111 call, 15 hours later	Partially Upheld	Apology to patient for missing the 2-hour call back target Service to send additional courtesy messages to the service user if there are protracted delays.	Care and Treatment
8349	Reading	Learning Disability Service Inpatients - Campion Unit - Ward	Low	Pt does not feel wanted on the ward as they are informal. Feels the staff ignore him and walk off and are constantly on their phones	Partially Upheld	Arrange for the ward manager to reiterate the message that phones must not be taken on to our ward. Arrange for the ward manager to order more fob watches	Attitude of Staff
8350	Reading	Out of Hours GP Services	Moderate	Pt unhappy with diagnosis following a call on 17.12.21	Upheld	Presentation of Ectopic Case at WestCall Clinical Meeting to raise awareness	Care and Treatment
8324	Wokingham	CMHT/Care Pathways	Low	Pt unhappy with Dr meeting, does not want communication with them again. States they do not hear from their CC and has been on the wait list for 2.5 yrs	Not Upheld		Attitude of Staff
8353	Wokingham	Immunisation	Low	Complainant on behalf of all school age children regarding the the content of the Flu spray	Not Upheld	Not processed as formal complaint as issues are outside scope of formal complaint and related to national policy	Medication
8346	Reading	Crisis Resolution and Home Treatment Team (CRHTT)		pt states the people who answer the calls for Crisis are always so depressing, they do not say their names but insist the pt says theirs. Pt feels their attitude lacks any form of help	Not Upheld	Local resolution	Attitude of Staff
8306	West Berks	Community Hospital Inpatient Service - Highclere Ward	Low	Complainant thanked IO for the work involved but would like clarification on several points from the response ORIGINAL COMPLAINT Complainant believes there are several areas for improvement on the ward, including mobilising pts, help with food, lack of advice regarding medication given and information regarding Ulcers on discharge. Ulcer care seems lacking throughout admission, during and discharge.	Partially Upheld	A medication list is sent with the patient as per protocol but for staff to ensure that any details surrounding the prescription of insulin is detailed on the discharge letter. Contact number of the Care Manager and name of Care agency is added to the discharge letter, detailing package of care Visitor guidance clearly displayed and conversation had with relatives prior to visiting the inpatient unit about the new guidance Patients' dietary needs clearly displayed by the patients bed, red tray system in operation detailing if patients require assistance	Care and Treatment
8321	Reading	Common Point of Entry	Low	Patient unhappy that she has been denied access to our MH services. She said she has been overlooked by services despite multiple referrals and has been discharged prematurely and without her knowledge	Partially Upheld		Access to Services
8361	Reading	Adult Acute Admissions - Bluebell Ward	Low	3 further point to be answered before finally directing to the PHSO RO COMPLAINT Unhappy with response raising many questions on various points of our response letter ORIGINAL COMPLAINT: Pt feels we did not take into consideration their physical health issues and medication when prescribing and that we denied physical health meds when the pt was in PPH	Not Upheld	Original complaint - not upheld Re-opened complaint (altered issues) - partially upheld. Physical health to be discussed on admission. S132 rights to be read and documented.	Care and Treatment
8304	Portsmouth	Criminal Justice Liaison and Diversion Service - (CILD)	Low	Pt extremely unhappy with the response and BHFT holding information about them, also feels there is conflicting statements between all services ORIGINAL COMPLAINT pt wishes their medical records rectified and in some cases erased, general operational questions also to be answered	Partially Upheld	apology offered for where there were errors in report and that staff member did not wear a mask	Medical Records
8282	Reading	Out of Hours GP Services	Minor	Pt disputing call back was made by Dr ORIGINAL COMPLAINT: Pt promised called back from SCAS within 2 hours - no call made. Family called 999, pt taken to hospital with double pneumonia, hypertensive with low oxygen levels	Partially Upheld	Apology to complainant via response letter WestCall to develop pre-emptive text alert system warning patients of delays. This will be sent on receipt of a referral from 111	Care and Treatment
8266	West Berks	Immunisation	Low	Informal concerns raised regarding the 2nd C19 vac and the HPV vac ORIGINAL COMPLAINT Family unhappy with informal responses into the handling of the incident for which the Child was not Covid vaccinated due to their medical history	Upheld	Initial concerns - Local resolution	Communication
8324	Wokingham	CMHT/Care Pathways	Low	Pt unhappy with Dr meeting, does not want communication with them again. States they do not hear from their CC and has been on the wait list for 2.5 yrs	Not Upheld		Attitude of Staff
8297	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	Not happy with the response, want another meet with Dr on the ward and still waiting for a 2nd opinion ORIGINAL COMPLAINT Family unhappy that new Dr has said pt does not have schizophrenia, family want to know why the pt has been taking meds for that for 10 yrs if doesn't have it believes PPH are refusing to help the pt and are not talking to the family	Not Upheld		Care and Treatment
8291	Wokingham	Out of Hours GP Services	Minor	Family not satisfied with the response, feels offended at some of the content ORIGINAL COMPLAINT Pt seen at WestCall, family feel the Dr was very patronising and said the pt to needed drink 'Chicken Broth and full sugar orange Squash' Dr called Paediatric Dr under complainants request. PRESS INTEREST	Partially Upheld	Apology to family for misunderstanding behind clinicians' words and actions which resulted in hurt feeling. Clinician has reflected on this case and given a full and frank explanation of the reasoning behind the actions he took.	Attitude of Staff
8382	Bracknell	Sexual Health	Low	family member unhappy at the procedure performed on the pt and not being allowed to be involved, pt feeling unwell and family feel this is due to the treatment	Not Upheld		Care and Treatment

8364	Windsor, Ascot and Maidenhead	CAMHS - Anxiety and Depression Pathway		pt's counsellor unhappy with the outcome of the pts CAMHS assessment and the phrasing of the assessor when they said 'we can't always gets what we want in life'	Not Upheld		Attitude of Staff
8367	Bracknell	CAMHS - AAT	Minor	Pt journey over the last 6 years stating the pts lengthy struggle through to the eventual diagnosis of Autism	Not Upheld		Care and Treatment
8390	Wokingham	Rapid Response	Low	3. Family have one final question, wanting to know time when pt was checked as 10 mins after DN departure the pt had stopped breathing. Re-opened complaint - 2. family have raise 4 further questions following the response Original complaint - DECEASED Pt: 1. Family wish to know what happened when the nurse from RRT went to visit the pt	Not Upheld		Care and Treatment
8345	Slough	CMHT/Care Pathways	Low	Patient unhappy with care and treatment from mental health services. Unhappy with diagnosis and medication. Also lost property when admitted. Patient unhappy with attitude of staff and seeking compensation	Partially Upheld	Ward staff to return property that has been located on the ward since patient's discharge Email from complainant requesting specific support moving forward to be shared with care coordinator to explore further	Care and Treatment
8374	Wokingham	CMHT/Care Pathways	Minor	Patient is unhappy with CMHT. He says they do not assess need for care and do not offer help when contacted. He also says the manager offered to make a referral for him if he withdrew his complaint.	Partially Upheld	Service Manager to clarify role of duty and response to callers as learning for the wider team Patient to be offered medical review as part of the joint meeting with Consultant Psychiatrist and team lead Patient to commence psychological therapy as soon as possible as medication has had limited impact to date	Care and Treatment
8370	Reading	Adult Acute Admissions - Bluebell Ward	Low	Pt unhappy with the way duty psychiatrist spoke with the patient when admitted to PPH and angry that they listened to their mother believing this will hinder care	Not Upheld		Attitude of Staff
8358	Wokingham	Podiatry	Minor	Pt seen by a different podiatrist who allegedly caused an issue which had been resolved, family safe new podiatrist did not have any knowledge of diabetes	Partially Upheld	Communication was not satisfactory to patient on 1st Dec when the patient presented with a new wound to right third toe. The Podiatrist (1st Dec app) should have fully explained what was present before and after their treatment of the new wound and ensured before at the end of the treatment that the patient had fully understood this and the treatment plan agreed. This will be feedback to the podiatrist involved to ensure that they are made aware of the improvement required.	Care and Treatment
8316	Bracknell	CMHTOA/COAMHS - Older Adults Community Mental Health Team		Complainant feels the clinicians involved entered the premises without permission and they consider them an intruder. The Police were called	Not Upheld		Abuse, Bullying, Physical, Sexual, Verbal
8354	Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	High	Daughter unhappy with the lack of rehabilitation provided to her father. Concern around PU care	Upheld	See IO report for detailed action plan	Care and Treatment
8319	West Berks	CMHTOA/COAMHS - Older Adults Community Mental Health Team		Family still unhappy with outcome and asking for completed action plan detailing the learning Family have questions around the Doctor ORIGINAL COMPLAINT - 2020 Family unhappy that police came into their home following an alleged call from services and safeguarding regarding the EOL pt	Not Upheld	Outcome was recorded in first complaint	Communication
8295	Reading	CMHT/Care Pathways	Low	Family concerns for staff member (relative) and delays in CMHT dealing with pt. Family feel safeguarding issues and email exchange needs to be reviewed they also feel the Trust has taken inappropriate steps with pt/staff member over the Covid period	Upheld	There was confusion with the referral and communication between CMHT, the Gateway and GP.	Care and Treatment
8407	Bracknell	CMHT/Care Pathways	Low	Unhappy with the attitude of staff members in the meeting plus the Dr when they arrived at pt house 15 points to address. Audio recording of meeting included	Not Upheld		Attitude of Staff
8409	Bracknell	CMHT/Care Pathways	Low	Patient unhappy with how the Dr spoke to him when regarding a meeting patient had arranged with sals in Church Hill House. Patient was meeting sals to appeal CTO and felt Dr was trying to influence them	Not Upheld		
8411	Portsmouth	Criminal Justice Liaison and Diversion Service - (CILD)	Low	Patient had a meeting with IO on his previous complaint and 'accidentally' recorded the meeting on his bodycam. He says the notes from that meeting are inaccurate and his accidental recording is evidence of that	Partially Upheld		Medical Records
8359	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Care and treatment of the patient from CRHTT - feel the staff are unprofessional / CMHT - no follow up has been provided / GP - medication issues	Partially Upheld		Care and Treatment
8383	Windsor, Ascot and Maidenhead	CAMHS - Specialist Community Teams	Minor	Family feel the pt needs to be seen urgently and feels it is outrageous they have to wait 3 years	Not Upheld		Waiting Times for Treatment
8399	West Berks	CMHT/Care Pathways	Minor	Agreed in october that pt should have support , it took 7 weeks for a call from services. care coordinator set up agreement for specific dates to call but did not call. CC arranged home visits on 4 occasions and cancelled each one. promised a call by a team lead, did not happen. pt feels let down	Upheld	Staff members cancelling appointments will make their supervisors aware so this can be monitored. Once a staff member is allocated to a new patient, there will be an expectation that they will be contacted within 2 weeks. This may not necessarily mean treatment will start but introduction should take place	Care and Treatment
8420	Reading	Veterans TILS Service	Minor	Pt expressing dissatisfaction in the service to date. Does not understand why they are under Berkshire when they live in West Sussex with a GP in Hampshire. Pt carrying a ligature around with them for the next opportunity. Issues with face 2 face meeting and unhappy with phone and zoom	Partially Upheld	Ensure admin check with client that online is acceptable for them for list appointment in both TILS and C TS and discuss that F2F appointments are available if preferred When referring to CTS, explore with clients the mode of appointments the would prefer and note any needs and that support calls would usually be via telephone for example when on wait list for treatment with CTS. The current referral form from TILS to CTS currently states preference for F2F as option, we will amend the form to add an option as only F2F appointment required. When offering support calls on the phone the clinician to acknowledge to the client if they have requested Face to face appointments and explain rationale for the telephone appointments. Feedback to staff re learning If seeing clients at venues, explore if comfortable with venue and if there are any issues, work with them to find solutions or escalate to supervisor and record in notes Feedback to staff re learning When conducting risk assessments on the phone with clients, take into account previous engagement with clinician and how open the client might be - if any concerns then move to face to face as soon as possible	Care and Treatment

8403	Reading	CAMHS - Specialist Community Teams	Minor	parent feels pt needs urgent assessments, believes they were on a wait list in 2016 and were discharged. Pt's behaviour is concerning and now at home as parent believes school is currently not the best place. ASD traits	Partially Upheld	SCT mental health assessment will determine whether an ASD referral needs to be pursued. Letter of advocacy sent to parent to present to school Patient and Parent to be invited to 'emotional coping skills' psychoed group with SCT	Waiting Times for Treatment
8398	Wokingham	CAMHS - ADHD	Low	overall provision and a lack of therapeutic support, family feel this contravenes NICE Guidance for children with autism. CAMHS have offered medication as the only solution and the pt is now unable to attend full-time education or access any therapeutic support from such a setting since June 2019.	Not Upheld	It has been agreed to discuss patient's situation at the CAMHS Complex Cases Panel on 3/03/2022 to consider whether specialist services, either National or local could contribute to the current care plan by offering either further assessment or intervention. Dr will continue to offer the health perspective in any planning regarding Thomas' education	Care and Treatment
8362	Reading	Children's Speech and Language Therapy - CYFIT	Low	Promised activity sheets whilst on wait list, never received. Told by reception staff pt not on the list, complainant wishes to know if on, how long to wait, still waiting for sheet 2 months later. Why when she calls does no one pick up.	Partially Upheld	When there has been no response to telephone messages x 2, practitioners to send brief letter (email or post) explaining we have been unable to contact them and provide details of how to contact service Practitioners to be reminded of 'tone' when providing advice to parents and how for some parents who are anxious about their child's development this can be misinterpreted as patronising. Preferred method of contact to be recorded on RIO under "communication needs" and practitioners to be reminded to refer to this when following up referrals or telephone messages. Activity sheets to be forwarded	Care and Treatment
8397	Reading	CAMHS - Rapid Response		Pt presented at RBH A&E from school due to disclosure of suicidal ideations. School are very concerned at the lack of support from the CAMHS service	Partially Upheld	No response required. f2f meeting had, referrals made, pt safe	Care and Treatment
8378	Windsor, Ascot and Maidenhead	District Nursing	Minor	DECEASED PATIENT. EOL Care. Poor management of patient's pain and husband's last catheter changes. Paramedics were called due to patient's severe chest pains and they felt the tension caused through pain and last catheter change was the root cause of the chest pain	Partially Upheld	The delays around gaining authorisation paperwork and communication between the district nursing service and the palliative service need to be addressed. Clear guidelines need to be put in place for the process of what happens when JIC Meds are prescribed for palliative patient and how this is communicate to the district nursing teams.	Care and Treatment
8436	Slough	Community Physiotherapy		family unhappy at the lack of physio following discharge from hospital and the fact the physiotherapist did not follow consultant instructions	Not Upheld	Closed as Local resolution	Care and Treatment
8341	Reading	Adult Acute Admissions - Daisy Ward	Minor	Historic concerns relating to medication and then stay in PPH from April 2021, plus incorrect entries on medical records. Pt wishes to transfer from Slough CMHT to WAM CMHT too	Partially Upheld	Advocacy will continue to support patient with the plan to address her concerns regarding medical information being incorrect in her medical notes. Cco to prioritise discussion around this with patient and advocacy, and consultant to look at this and make a decision around the information that patient does not believe should be in her nursing notes, in particular around Somatisation Disorder.	Care and Treatment
8425	Reading	Talking Therapies - PWP Team	Minor	Pt feels they are not getting support due to the process/system of the organisation	Partially Upheld	Admin will now send a text message to the client asking them to contact Talking Therapies not just leave a voice message. This will be followed with an email. Email will be sent to Admin staff to remind them of this procedure. When Daily Supervisor Team open a referral on IAPTUS for Talking Therapies they will email the referral to Talking Therapies Admin so that they are aware of the referral and then send out the opt in by email, telephone call and text message. Email will be sent to all DS staff to remind them of this process.	Care and Treatment
8401	Wokingham	CMHT/Care Pathways	Low	Pt has 16 points they wish to raise centred around the CMHT worker	Not Upheld		Care and Treatment
8411	Portsmouth	Criminal Justice Liaison and Diversion Service - (CILD)	Low	Patient had a meeting with IO on his previous complaint and 'accidentally' recorded the meeting on his bodycam. He says the notes from that meeting are inaccurate and his accidental recording is evidence of that	Partially Upheld		Medical Records
8350	Reading	Out of Hours GP Services	Moderate	2 points to answer from original response ORIGINAL COMPLAINT Pt unhappy with diagnosis following a call on 17.12.21	Upheld	Presentation of Ectopic Case at WestCall Clinical Meeting to raise awareness	Care and Treatment
8306	West Berks	Community Hospital Inpatient Service - Highclere Ward	Low	Complainant thanked IO for the work involved but would like clarification on several points from the response ORIGINAL COMPLAINT Complainant believes there are several areas for improvement on the ward, including mobilising pts, help with food, lack of advice regarding medication given and information regarding Ulcers on discharge. Ulcer care seems lacking throughout admission, during and discharge.	Partially Upheld	A medication list is sent with the patient as per protocol but for staff to ensure that any details surrounding the prescription of insulin is detailed on the discharge letter. Contact number of the Care Manager and name of Care agency is added to the discharge letter, detailing package of care Visitor guidance clearly displayed and conversation had with relatives prior to visiting the Inpatient unit about the new guidance Patients' dietary needs clearly displayed by the patients bed, red tray system in operation detailing if patients require assistance	Care and Treatment

15 Steps Challenge

Quarter 4 2021/22

Considerations

- Covid restrictions were still in place for some services and it was thought inappropriate to do 15 steps visits at this time.
- One of the Lead Nurses for Professional Practice was unavailable for whole of January.
- 15 Steps schedule restarted for March, due to work commitments and annual leave only two visits were carried out.

Henry Tudor Ward, St Marks

This was a good visit and the team saw many positives

- The ward appeared calm with evidence of effective leadership.
- The ward was clean and organised.
- Safety of the patients was a high priority.
- Staff were warm and welcoming and were appropriately dressed with ID badges clearly visible.
- It was clear who was in charge.
- There were many facilities for the patients to enjoy, like the garden area, a spacious day room and the support of an Activity Co-ordinator to help with activities and rehabilitation.
- Staff had access to a WhatsApp group for support with work issues.

There were some observations made which were discussed at the time of the visit with the manager.

- The staff board needed updated – Manager confirmed that this was in progress.
- Patient information only appeared to be in English – Recommendation was made to make information in other languages available.
- Water dispenser and squash is usually only available in the summer months – Suggested that its made available all year round.
- The day room appeared cluttered with an excess of chairs – The newly appointed Activity Co-ordinator will be looking into how these can be more effectively used or stored.

Podiatry, St Marks

Positives observed during the visit

- Podiatrist in charge was very helpful and accommodating.

- Staff were cheerful and helpful.
- Staff had a social WhatsApp group.
- Clear evidence of changes and improvements that had recently been implemented through QMIS.
- Clinic rooms were clean and spacious.
- Appointments for urgent cases were on target.
- Good interaction between staff and patients.

There were some observations made which were discussed at the time of the visit with the podiatrist in charge on the day.

- Waiting room area is very compact and did not allow for a receptionist.
- Patient information only appeared to be in English – Recommendation was made to make information in other languages available.
- Patient information for wheelchair users was not at a convenient height – Suggestion made to move the information so everyone could reach it.
- Patient feedback box and forms not clearly identifiable – Suggested that the box and forms are placed in a more visible situation and labelled more clearly.
- Non urgent case waiting times were around 28 weeks which is outside of the target – Recruitment had been an issue but this has recently improved with new appointments to the team.

Friends & family team discussion:

Members of all the teams said that, should a family member or friend be admitted to any of the services visited they would feel confident in the care that they would receive.

Linda Nelson and Pauline Engola
Lead Nurses for Professional Practice
April 2022

Report to Council of Governors For Quarter 4 2021/22

June 2022



Paul Gray

Chief Executive Highlights Update

Local

- **New Chief Operating Officer** - following a national recruitment exercise, Tehmeena Ajmal was appointed to the role of Chief Operating Officer. Tehmeena was previously working in Oxford Health NHS Foundation Trust and joined the Trust in mid-April 2022 so that she could have a good period of induction prior to taking over from David Townsend on Monday 16 May 2022. Responsibility for Estates and Facilities which used to be part of David Townsend's portfolio has transferred to Paul Gray, Chief Financial Officer
- **Dr Jayne Chidgey-Clark, The National Guardian** met the Trust Board in April 2022. Mike Craissati, the Trust's Freedom to Speak Up Guardian also joined the session. Dr Chidgey-Clark shared her thoughts around how organisations can promote a strong and positive culture around raising concern and speaking up. The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC's report "[The Freedom to Speak Up](#)" (2015). These recommendations were made as Sir Robert found that NHS culture did not always encourage or support workers to speak up, and that patients and staff suffered as a result. The office leads, trains and supports a network of Freedom to Speak Up Guardians in England and conducts speaking up reviews to identify learning and support improvement of the speaking up culture of the healthcare sector.

Chief Executive Highlights Update

Local Cont...

- **Minister of Defence People and Veterans, Leo Docherty MP, met with military veterans and mental health experts from the Trust to learn more about the vital support we offer.** Leo Docherty visited them at our newly refurbished OpCourage clinic space on the University of Reading campus on Thursday 28 April 2022. He learned more from the team about what we do and how we improve people's lives. He also heard their views on what he can do to help more people access specialist support. OpCourage is a dedicated service designed to help former UK armed forces personnel and reservists access treatment and support from the NHS and third sector partners, including specialist psychological therapy on the NHS for veterans for issues more common to those who have served: such as anger management, addictions and psychological trauma. The South-Central service is run by us to support veterans across Berkshire, Buckinghamshire, Oxfordshire, Hampshire and the Isle of Wight - including the Minister's Aldershot constituency. Now in its 10th year, our service was the among the first of its kind to be rolled-out across England – and supports around 400 veterans a year.
- **The Trust's Library and Knowledge Services** and Royal Berkshire NHS Foundation Trust collaborated to promote health literacy to those aged 16+ in local schools. The project won the Information Literacy Award from CILIP (the UK's library information association) Information Literacy Group and the Information School at the University of Sheffield for achievement in the field of information literacy. It was presented at the Librarians' Information Literacy Annual Conference (LILAC) in Manchester. It is a national award selected from libraries across all sectors. Information literacy is 'the ability to think critically and make balanced judgements about any information we find and use. It empowers us as citizens to reach and express informed views and to fully engage in society'. 69

Chief Executive Highlights Update

National

- **Latest NHS Staffing Trends** - according to the latest NHS workforce statistics published at the end of March 2022, the number of staff resigning voluntarily hit almost 70,000 in the nine months to January 2022. This was up from around 49,000 in the same period in 2020, and 57,000 in the same period during 2019. Part of the increase appears to be driven by thousands of staff who would normally have resigned in 2020 choosing to leave in 2021 instead, boosting the numbers for that year. However, the rise in 2021 is still around 5,000 higher than the long-term trend once this is accounted for. The number of staff pointing to work-life balance as a reason for leaving their role in the 2021 period was 40 per cent higher than in the same period two years before. Despite the rise in voluntary resignations, the number of full-time equivalent staff increased by 7 per cent between February 2020 and December 2021, with the greatest annual increase seen in “support to clinical staff”, which could include nursing associates and physician assistants.
- **Health and Social Care Act 2022** - The Health and Care Bill received Royal Assent on 28 April 2022, becoming the Health and Care Act 2022. Central to the Act is the requirement for every part of England to be covered by an Integrated Care System (ICS) and putting these organisations on a statutory footing from 1 July 2022.

Chief Executive Highlights Update



Berkshire Healthcare
NHS Foundation Trust

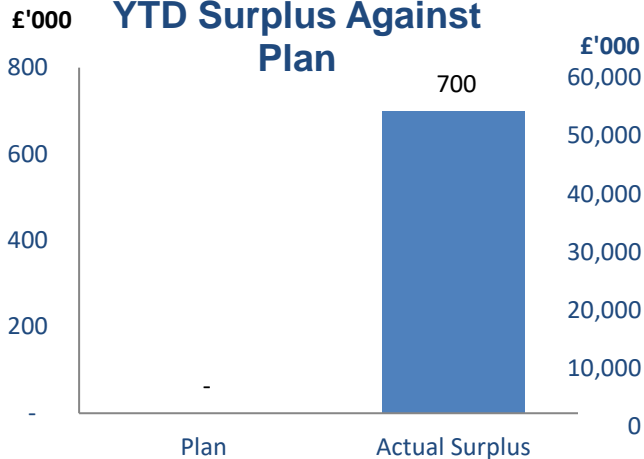
- **NHS Providers National Data May 2022** – highlighted that although the prevalence of COVID-19 in the community continues to decrease, trusts are still facing ongoing operational and workforce challenges alongside the task of clearing huge care backlogs. For example, staff absences have decreased but remain high, with an average of 75,226 staff absences each day between 7 April and 4 May, of which about 30% (22,365) were COVID-19 related.

Finance



Berkshire Healthcare
NHS Foundation Trust

YTD Surplus Against Plan



Year to Date

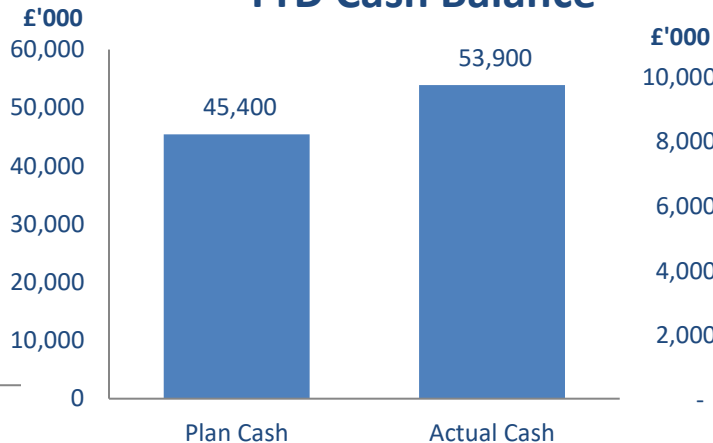
The Trust delivered a £0.7m surplus against a plan to breakeven.

Marginal costs attributable to COVID19 continue to be lower than anticipated.

Costs have not materialised as planned in relation to the Service Development and Spending Review Funding, which has resulted in income being deferred.

We were set an efficiency target of 0.78% for the second half of the year and delivered savings in line with this target.

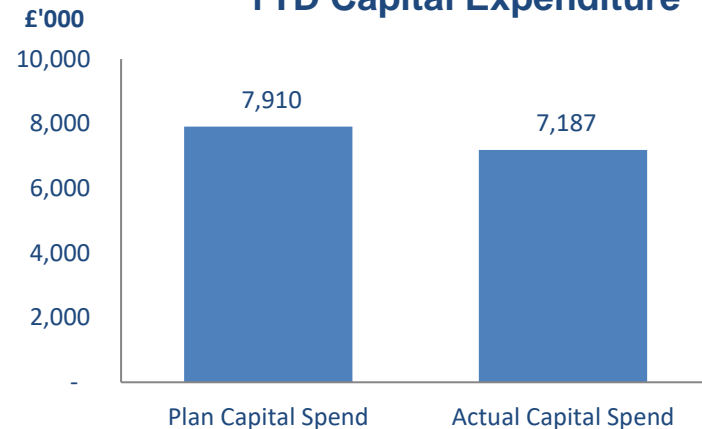
YTD Cash Balance



Cash

Our cash balance at the end of March was £53.9m, £8.5m ahead of plan. This is the result of slippage on the capital programme, the surplus, low working capital balances and deferred income.

YTD Capital Expenditure



Capital Spend

The capital programme underspent by £0.7m against plan at the end of the year. Most of the underspend was against PFI schemes offset by expenditure on schemes funded by capital allocations from NHS England and Improvement which were not included in the plan. There was a small underspend (£0.1m) against the capital control total set for us by the Integrated Care System.

Friends and Family Test

Indicator		Target
Recommendation Rate	92.9%	85%

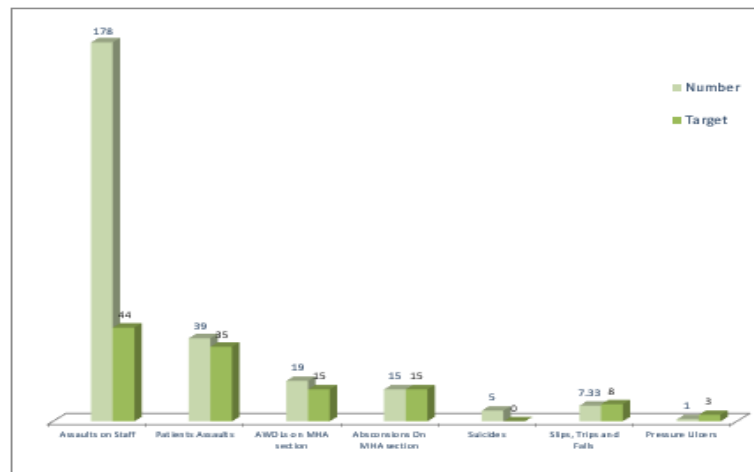
The response rate in Quarter 4 2021/22 was 0.54% against a revised target of 10%. The Trust changed to iWantGreatCare system in December 2021 and SMS text will be rolled out in May 2022.

Safer Staffing

Indicator	RAG Rating
Safe Staffing	Green

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

User Safety



The above chart is showing the March 2022 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been an decrease in Assaults on Staff, Patient to Patient Assaults, AWOLs and Suicides. Absconsions remained the same. There was an increase in Slips Trips and Falls per 10,000 occupied bed days. There has been one reported Category 3 and 4 pressure ulcers due to lapse in care in Quarter 4 2021/22.

Staff Turnover

Target

16.0%

Actual

15.9%

Agency Position

Target

< 6%

Actual

2.6%

No target during Q4 2021/22

Sickness

Target

< 3.5%

Actual

4.5%

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

Appraisals

Target

> 95%

Completed %

79.2%

The target of 95% was achieved in July 2021

Days Taken For Recruitment

Target

55

Days Taken Q3

93.6

Board Assurance Framework Risk 2021/22 Summary

Risk Description	Update
<p>Risk 1 Due to national workforce shortage and increasing scarce supply, pressure driven by new funding to meet demand and service development, there is a risk of failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost which could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users</p>	<ul style="list-style-type: none"> • We have a three year strategy in both ICSs to support our collective workforce issues • We have developed a Growth Workforce Model which provides a structured and rebalanced approach to our workforce based on four workforce pipelines: local ad hoc recruitment; increasing our student placements: international recruitment and apprenticeships. • Apprenticeship model and funding support designed with 3rd sector partners, operating to support our community engagement and inequalities work. • We have completed a review of the People Directorate workforce and have invested in those areas required to meet demand. We continue to look at ways that digitalisation will reduce duplication and waste in some of our HR systems and processes to allow staff to focus on more value adding activity.
<p>Risk 2 Failure to achieve system defined target efficiency and cost base benchmarks lead to an impact on funding flows to the Trust, and underlying cost base exceeding funding. Risk is described in the context of system funding allocations (CCG, spec comm budgets etc) being allocated and controlled at ICS level, flowing to providers on a risk share and/or relative efficiency basis.</p>	<ul style="list-style-type: none"> • The Trust was reporting a £0.7m surplus against the requirement to breakeven in 2021/22 subject to the outcome of the external audit. • Cost growth combined with COVID-19 income reduction and rising inflationary pressures was driving a Cost Improvement Programme target of c3%. • Work was continuing to identify schemes and further mitigations.

Board Assurance Framework Risk 2021/22 Summary Continued

Risk Description	Update
<p>Risk 3</p> <p>There is a risk that with advent of Integrated Care Boards, placing our two Integrated Care Systems on a statutory footing from July 2022, the Trust's position of influence in our systems is eroded, system partners may seek to position for opportunities around us, and our capacity to transform mental health and community services for our Berkshire Population will be constrained.</p>	<ul style="list-style-type: none"> • The Trust is well represented at system transformation and governance groups. • Trust CEO and other directors involved directly in ICS / ICB governance design. • The Trust is clear that the role of the Integrated Care Board (ICB) is to discharge tightly defined statutory functions, membership power will reside with executive appointments to the ICB commissioning body • Development of the wider Integrated Care Partnerships with local authority and Primary Care Network representation will be critical to shaping and agreeing priorities for each ICS. This is where the Trust will need to develop its influence, alongside ensuring representation of the provider voice on the ICB through its likely one or two members.
<p>Risks 4 and 5 have been amalgamated into the new Risk 3</p>	
<p>Risk 6</p> <p>There is a risk of a rise in demand for community and mental health services and a lack of available capacity will have a significant adverse impact on some services.</p> <p>Services have been impacted by the pandemic which has led to an increase in the number of services with demand challenges and the need for response to unmet and increased activity.</p> <p>The services with the greatest risk are Mental Health Inpatient, Community Nursing, Neurodiversity (ASD & ADHD) and Common Point of Entry currently.</p>	<ul style="list-style-type: none"> • The Trust has good engagement with the developing Primary Care Networks. • The QI team has been involved in multiple projects across the organisation at front line level, divisional level, trust wide level. The QI team has also been supporting large trust wide projects such as Organisational development, leadership, medication initiation in CYPF. Serious incidents approach plus the trust Breakthrough objectives such as self-harm, physical assaults against staff and falls. • Executive to Executive meetings being held with each provider in Frimley and BOB ICS • Executives attending a number of ICS and PLACE leadership meetings to agree priorities and understand/influence changes which will impact on Trust services • External consultancy to be commissioned to review the demand for mental health beds. <u>The first draft of the report is expected in June 2022.</u>
<p>Risk 7</p> <p>Trust network and infrastructure at risk of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption.</p>	<ul style="list-style-type: none"> • ISO27001 accreditation and annual external verification retained

Board Assurance Framework Risk 2021/22 Summary Continued



Risk Description	Update
<p>Risk 8 A COVID 19 and planning for potential future infection surge</p> <ul style="list-style-type: none"> There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of responding to potential further waves of COVID-19 alongside other viruses such as Norovirus and Flu over the winter period. There is a risk that there may be insufficient staff to provide safe care due to staff acquiring Covid 19 infection and other viruses more common over the winter months like Norovirus and Flu There is a risk that staff who could potentially transmit infection to patients and other staff in the trust where they are asymptomatic. There is a risk that lessons from previous Covid infection surges will not be fully learned and essential improvements may not be implemented as population infection rates reduce There is a risk that patients have an adverse outcome resulting from unmet healthcare needs and waiting times as a result of Covid 19 and other viruses more common in the winter causing surge pressure on services. 	<ul style="list-style-type: none"> Adherence to national guidance around return to work following close contact or positive covid test including the development of a flow chart and check list available on the Trust's staff intranet to explain the current national guidance FFP3 masks available for all staff working with Covid positive patients and for those who prefer through their own risk assessment to use in place of FRSM. Ongoing FIT testing programme in place Appropriate PPE, good ventilation and adherence to universal IPC requirements remains essential.
<p>NB Risk 8B – COVID-19 Recovery has been closed.</p>	

Key Performance Indicators – Oversight Framework



<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
72 hours Follow Up	80%	88%	This is the percentage of Mental Health Patients discharged from our wards who were seen within 3 days of discharge.
DM01 Diagnostics Audiology - 6 weeks	99%	99.47%	This is the percentage of patients waiting 6 weeks or less for Audiology diagnostic tests.
A&E 4 Hour Waits	95%	99.17%	This is the percentage of patients waiting in the Trust's Minor Injury Unit to treat/discharge or transfer within 4 hours.
RTT Community: incomplete pathways	92%	99.90%	This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams.

Key Performance Indicators - Oversight Framework Continued



Urgent Community Response	TBC	84.00%	This is an indicator for our Community Health Services which measures the percentage of urgent referrals seen within 2 hours. A 70% national target will be in place from 2022/2023
Early Intervention in Psychosis New Cases - 2 week wait	60%	90.00%	This is the percentage of patients who present with first episode psychosis, who are assessed and accepted onto a caseload and receive a NICE Concordant package of care.
Out of Area Placements occupied bed days - East CCGs	45	215	The number of occupied bed days for acute and older adult from Frimley CCGs who were sent out of area as there was no bed available within the Trust.

Key Performance Indicators Oversight Framework Continued



Out of Area Placements occupied bed days - West	45	219	The number of occupied bed days for acute and older adult patients, from West CCGs who were sent out of area as there was no bed available within the Trust.
Improving Access to Psychological Assessment Treatment and Recovery	75% 95% 50%	98% 100% 52.00%	This measures the percentage of IAPT patients who were assessed within 6 weeks, started treatment within 18 weeks, and the percentage of those who have recovered.
Clostridium Difficile due to Lapse In Care - Year to Date	6	3	This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services. 2 Cases - 1 each for Orchid ward and Windsor ward were identified in Quarter 3 2021/22 and 1 case on Ascot Ward in Q4.

Key Performance Indicators – Oversight Framework Continued



MRSA	0	0	This is the number of cases of the infection methicillin-resistant Staphylococcus aureus identified on our wards as occurring due to lapse in care.
Gram Negative Bacteraemia	0	0	This is the number of cases of infection Gram Negative Bacteraemia cases including, E coli, Pseudomonas and Klebsiella identified on our wards as occurring due to lapse in care. Whilst 11 cases have been reported, none have been identified as lapse in care.
MSSA	0	0	This is the number of cases of the infection Methicillin-sensitive Staphylococcus aureus identified on our wards as occurring due to lapse in care.