

**COUNCIL OF GOVERNORS**

The next meeting will be held on Wednesday, 14 June 2023  
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.	<b>Welcome &amp; introductions</b>	Martin Earwicker, Chair	1
2.	<b>Apologies for Absence</b>	Company Secretary	1
3.	<b>Declarations of Interest</b> 1. <b>Annual Declarations of Interests</b> (Enclosure) 2. Agenda items	All All	1
4.1	<b>Minutes of Last Public and Private Formal Meeting of the Council of Governors - 8 March 2023</b>	Martin Earwicker, Chair	1
4.2.	<b>Matters Arising</b>	Martin Earwicker, Chair	1
5.	<b>Election Results - Uncontested Seats</b> (Enclosure)	Julie Hill, Company Secretary	1
6.	<b>Patient Experience Quarterly Report</b> (Enclosure)	Heidi Ilsley, Deputy Director of Nursing	10
7.	<b>National NHS Staff Survey Results</b> (Presentation)	Jane Nicholson, Director of People/Steph Moakes, Health, Wellbeing and Engagement Manager	15
8.	<b>Crisis Resolution Home Treatment Team Service</b> (Presentation)	Darren Bailey, Service Manager, Crisis Resolution Home Treatment Team Service	10
9.	<b>New Operational Structure</b> (Verbal)	Tehmeena Ajmal, Chief Operating Officer	20
10.	<b>External Well Led Review Report</b> (Enclosure)	Martin Earwicker, Chair	10
11.	<b>Committee/Steering Groups</b> Reports: a) Living Life to the Full (To follow) b) Membership & Public Engagement	Committee Group Chairs and Members	10

ITEM	DESCRIPTION	PRESENTER	TIME
	(Enclosure) c) Quality Assurance meeting (Enclosure)		
12.	<b>Executive Reports from the Trust</b>  a) Performance Report (Enclosure)	Julian Emms, Chief Executive	10
13.	<b>Governor Feedback Session</b> <i>This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended</i>	Martin Earwicker, Chair	5
14.	<b>Any Other Business</b>	Martin Earwicker, Chair	5
15.	<b>Dates of Next Meetings</b> <ul style="list-style-type: none"> <li>• 19 July 2023 - Joint NEDs and CoGs and Meeting - hybrid meeting - London House</li> <li>• 27 September 2023 - Formal Council meeting followed by the Annual Members Meeting</li> </ul>	Martin Earwicker, Chair	1
16.	<b>CONFIDENTIAL ISSUE:</b> <b>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.</b>	Martin Earwicker, Chair	1
17.	<b>Appointment of a new Non-Executive Director, a new Vice Chair and Extension of a Non-Executive Director's term of office</b>	Martin Earwicker, Chair	1

## GOVERNOR DECLARATIONS as at 19 May 2023



**Berkshire Healthcare**  
NHS Foundation Trust

NAME	CONSTITUENCY	INTERESTS DECLARED
AFFUL, Natasha	Public - Slough	None
ALI-NOOR Ruffat	Public - Slough	Independent legal advisor and advocate, High Court
ASTELL, Arlene	University of Reading	Director of Astellis
BERTHOLLIER, Natasha	Staff Governor	None
BRIDGMAN, Graham	Public Governor – West Berkshire Council	<ul style="list-style-type: none"> <li>• Director– Quintet Events Limited</li> <li>• Director – Red Sky Festival Limited</li> <li>• Director – Summer Nights Limited</li> <li>• Elected Member – Stratfield Mortimer Parish Council</li> <li>• Member, Law Society</li> <li>• Member, Conservative Party</li> </ul>
CARMICHAEL June	Staff Governor	None
CROWDER, Ros	Public – West Berkshire	<ul style="list-style-type: none"> <li>• I am a Trustee of a charity Sport in Mind</li> <li>• I am a member of The Royal Berkshire NHS FT</li> <li>• I am a member of and South-Central Ambulance Service NHS FT</li> <li>• I am currently a member of the BHFT Community Mental Health Transformation Delivery Group – this is in my role as a Trustee of Sport in Mind</li> </ul>
CROXFORD, Sahar	Public – West Berkshire	<ul style="list-style-type: none"> <li>• Trustee for Parenting Special Children</li> <li>• Industry Cloud Lead for Microsoft (NB I was formerly an Account Manager for Berkshire Health between 2019 and 2020)</li> <li>• Member of the Conservative Party (non-active)</li> </ul>
DAKIN, Guy	Staff Governor	<ul style="list-style-type: none"> <li>• Member of South-Central Ambulance NHS Foundation Trust</li> <li>• Member of Royal Berkshire NHS Foundation Trust</li> </ul>
DEE, Tim	Public Governor - WAM	<ul style="list-style-type: none"> <li>• Fellow of the Association of Chartered Certified Accountants (ACCA)</li> <li>• Fellow of the Royal Society for the Arts, Manufactures and Commerce (RSA)</li> <li>• Member of the Federation of Small Businesses (FSB)</li> <li>• Member of the Liberal Democrats (from May 2023), previously a member of the True and Fair Party (to May 2023)</li> </ul>

NAME	CONSTITUENCY	INTERESTS DECLARED
		<ul style="list-style-type: none"> <li>• Sole shareholder and director of Ancoram Limited (company number 14803214), providing technical accounting advice and sustainability reporting implementation under standards issued by the IASB, ISSB, EFRAG, Financial Reporting Council, SEC, FASB, GRI, CDP, TNFD and TCFD frameworks. This business does not serve the public sector or healthcare-related sectors</li> <li>• Occasional lived experience advisor at Samaritans UK &amp; Ireland (unpaid)</li> <li>• Volunteer at Windsor Methodist Church (unpaid)</li> <li>• Holdings of certain equities, bonds and other financial instruments issued by sustainable/ESG businesses into ESG funds, via my self-invested personal pension (SIPP), which is managed by EQ Investors on my behalf. I have no say over the investment decisions made by EQ Investors other than to confirm my risk appetite on an annual basis. Some of these investees may provide services to the NHS or other public sector bodies, but I do not have a 'look through' to the underlying investments in each fund</li> <li>• Former sole director of each of the following dissolved entities, none of which have served the NHS or public sector bodies except as mentioned below: <ul style="list-style-type: none"> <li>○ Ancoram LLC (incorporated in Delaware, USA), dissolved June 2016, did not trade</li> </ul> </li> <li>• Ancoram Limited (company number SC416534), dissolved May 2017, provided technical accounting and finance transformation consultancy to FTSE 100 insurance group and an international not-for-profit</li> <li>• Conquire Limited (company number 10801243), dissolved October 2019, did not trade</li> <li>• Tim Dee Associates Limited (company number 12131273), dissolved October 2020, did not trade</li> <li>• Ancoram Limited (company number 13911904), dissolved December 2022 on taking up permanent employment with ACCA – provided consultancy services to Metropolitan Thames Valley Housing (MTVH)'s</li> <li>• Migration Fund (a permanent endowment) in relation to co-producing support services for asylum seekers and refugees</li> <li>• Former 50% partner and controlling member of Ancoram International LLP (partnership number SO395112), dissolved March 2016, provided technical accounting training to FTSE 100 finance teams</li> <li>• Former public governor for the service user local constituency at South</li> </ul>

NAME	CONSTITUENCY	INTERESTS DECLARED
		<p>London and Maudsley NHS Foundation Trust (second term ended November 2022)</p> <ul style="list-style-type: none"> <li>Former chair of governors at Crown Lane Primary School, Lambeth (term ended November 2017).</li> </ul>
DIVER, Madeline	Public – Bracknell	<ul style="list-style-type: none"> <li>Member of Voice Community</li> <li>Bracknell Forest SACRE Vice Chairman</li> <li>Chairman of Bracknell Forest Interfaith Forum</li> <li>Trustee of the French Protestant Industrial Mission (British Committee)</li> <li>Member of South-Central Ambulance NHS Foundation Trust</li> <li>Member of Royal Berkshire NHS Foundation Trust</li> <li>Member of NHS Frimley Health Foundation Trust</li> </ul>
DRAPER, Charlie	Partnership Governor	None
EDWARDS, Deborah	LA Appointed – Reading	<ul style="list-style-type: none"> <li>RBC Elected Member Southcote Ward</li> <li>Member of the Labour Party</li> <li>Trustee of Launchpad</li> <li>Trustee of No5</li> <li>Member of the PPG for the Circuit Lane, Western Elms and Tilehurst GP Surgeries</li> </ul>
GERMER, Ian	Public – West Berkshire	I am a volunteer patient insight partner for Versus Arthritis and the Lay co-chair of the Versus Arthritis Research Experts Committee.
HUSSAIN, Amran	Public – Rest of England	None
GILLINGWATER, Steven	Public – Slough	None
JARVIS, John	Public – Wokingham	<ul style="list-style-type: none"> <li>Member of the Conservative Party</li> <li>Elected Councillor of Twyford Parish Council</li> </ul>
LAKE Tom	Public – Reading	<p>Member of the Labour Party.</p> <p>Information Officer for South Reading Patient Voice</p> <p>Wife, Jill Lake, Trustee of Reading Home-Start</p>
MYERSCOUGH Paul	Public - Reading	None
O’KANE Tom	Public – WAM	<ul style="list-style-type: none"> <li>Shares in GlaxosmithKline</li> <li>Patient Representative for Biomedical Research Centre (BRC) at Royal Marsden and Institute of Cancer Research (ICR)</li> </ul>
PRINCE Julia	Staff Governor	None
ROSE Suzanna	Berkshire Red Cross	Patron of Berkshire Branch, British Red Cross
SHARPE, Julian	Appointed – RB Windsor and Maidenhead Council	None

NAME	CONSTITUENCY	INTERESTS DECLARED
SIAN, Baldev	Public – Wokingham	<ul style="list-style-type: none"> <li>• Trustee (Chair of trust board) of local Charity No 277041 RSR) leading on constitutional matters, organisational structures, Safety, Safeguarding, Large Projects and General adviser to management.</li> <li>• I am a Veterans Ambassador for Transport for London, member and Remembrance day Marcher for London Transport Old Comrades Association</li> <li>• I am also a senior lead in Reading for the above charity's outreach deliverables, often in partnership with others and have been supporting projects in Royal Berks for the last 5 years in various areas. Outreach also includes feeding about 100 homeless (includes some refugees) twice a week in Reading for the last 4 years.</li> </ul>
STENT, Rosemary	Public – Bracknell	Member of the Conservative Party
TYLER, Debra Allcock	Public – Wokingham	<ul style="list-style-type: none"> <li>• Trustee and Governance Lead, Berkshire Community Foundation</li> <li>• Trustee, In Kind Direct</li> <li>• Ambassador, Africa Advocacy Foundation</li> <li>• Co-Chair of Judges, Soldiering on Awards</li> </ul>
WELLUM, Jon	Public – Reading	None
WILSON, Brian	Public – Bracknell	<ul style="list-style-type: none"> <li>• Member of the Labour Party</li> <li>• I am a Volunteer Driver for Sandhurst Voluntary Care – providing transport to local/elderly people needing to attend medical or other appointments.</li> <li>• And a Civilian Volunteer with Thames Valley Police, as a Member of the Independent Advisory Group for the Bracknell-Wokingham Local Policing Area. This is a quarterly Police-Public consultation group with much the same ‘spirit’ as the COG, holding the Local Area Commander to account and input to local policing and so on.</li> <li>• From 19<sup>th</sup> Aug. 2021 – appointed as a non-voting Committee Member of Sandhurst Residents Association (SRA), with responsibility for the recycling portfolio as Recycling Officer</li> </ul>

**Minutes of the Council of Governors Meeting held on**

**Wednesday, 08 March 2023 at 10.30am**

**(Conducted via MS Teams)**

	<p><b>Present:</b> Martin Earwicker, Chair</p> <p><b>Public Governors:</b> Tom Lake Brian Wilson Jon Wellum Madeline Diver Baldev Sian Tom O’Kane Steven Gillingwater Debra Allcock Tyler</p> <p><b>Staff Governors:</b> June Carmichael Tina Donne Natasha Berthollier Guy Dakin</p> <p><b>Appointed Governors:</b> Cllr Deborah Edwards Cllr Tahir Maher</p> <p><b>In attendance:</b> Julian Emms, Chief Executive Sally Glen, Non-Executive Director Julie Hill, Company Secretary Linda Jacobs, Executive Business Assistant</p> <p><b>Guests:</b> Helen Degruchy, Patient Safety Specialist Daniel Badman, Deputy Director of Nursing Ian Hayward, Assistant Director of Performance and Information</p>
<b>1.</b>	<b>Welcome and Introductions</b>
	Martin Earwicker, Chair welcomed everyone to the meeting.
<b>2.</b>	<b>Apologies for absence</b>
	John Jarvis, Ros Crowder, Rosie Stewart, Graham Bridgman, Arlene Astell, Isabel Mattick and Paul Myerscough
<b>3.</b>	<b>Declarations of Interest</b>
	<p><b>1) Annual Declarations of Interest</b> None declared.</p> <p><b>2) Agenda items</b> None declared.</p>

4.1	<b>Minutes of Last Formal Meeting of the Council of Governors and Matters Arising – 07 December 2022</b>
	The minutes the meeting held on 07 December 2022 were approved as a correct record of the meeting.
4.2	<b>Matters Arising</b>
	<p>Tom Lake asked if the Council could have an update on the work the Trust's work on waiting list management.</p> <p>Ian Hayward, Assistant Director of Performance and Information said that there were a number of metrics and targets within the Trust's Waiting List Report. It was noted that the Trust had commissioned an external company to review the waiting times data to ensure consistency of approach and data accuracy etc. The output from the review would be presented to the Trust Board in due course.</p>
5.	<b>National Patient Strategy Presentation</b>
	<p>The Chair welcomed Daniel Badman, Deputy Director of Nursing and Helen Degruchy, Patient Safety Specialist to the meeting.</p> <p>During the presentation, the following key points were made:</p> <ul style="list-style-type: none"> <li>• The National Patient Safety Strategy (PSS) was released in 2019 and was updated in 2020</li> <li>• The Strategy represented a fundamental shift in the way we approach patient safety in the NHS</li> <li>• There were seven improvement workstreams underpinning the Strategy</li> <li>• The Strategy would impact everybody who worked in the NHS</li> <li>• The Strategy would need to be aligned to our Quality Improvement Programme</li> </ul> <p>Patient Safety Incident Response Framework (PSIRF)</p> <ul style="list-style-type: none"> <li>• Decisions about patient safety incident responses would no longer be determined by level of harm</li> <li>• An Investigation (currently undertaken for all serious incidents) was one type of review methodology for patient safety incidents (PSIs). A toolbox of other methodology could be utilised</li> <li>• Keeping patients and families at the centre of learning responses was central to PSIRF</li> <li>• A Patient Safety Incident Response Plan (PSIRP) will be developed setting out a framework for how the Trust will be implementing the PSIRF. This will be signed off by Board and the lead Integrated Care Board</li> <li>• Sign off of individual investigations will be a function of individual trusts</li> </ul> <p>How will this impact patients, families and carers?</p> <ul style="list-style-type: none"> <li>• The Trust was working with Making Families Count to develop a set of principles for how we will work with those impacted by an incident.</li> <li>• The Trust will ensure any questions patients and families have are responded to, regardless of the methodology used</li> <li>• Patients and families will also be able to influence the methodology used</li> </ul> <p>What will be difference for them?</p> <ul style="list-style-type: none"> <li>• They will be able to influence the learning response methodology used</li> <li>• There will be a greater emphasis on them from the start strengthening the message that their involvement is not an after thought</li> <li>• There will be a focus on family involvement for a wider range of incidents not just those meeting the current Serious Incident or Statutory Duty of Candour thresholds</li> </ul> <p>Patient Safety Partner Roles can include:</p>



- Membership of Safety and Quality Committees - responsible for review and analysis of safety data
- Working with organisation boards to consider how to improve safety
- Involvement in patient safety training
- Participation in Investigation Oversight Group

#### The Patient Safety Syllabus

There is a generic, nationally developed patient safety training advocated within the Patient Safety Strategy.

Tom O’Kane asked if the Quality Improvement Programme could help with learning from patient safety incidents and process changes and noted safety needed to be Trust wide and extended an invitation for a Patient Safety Partner to attend a Governors Quarterly Quality Review meeting.

Daniel Badman said that the Trust’s Safety and Culture work covered more than patient safety. As part of the Quality Improvement Programme, the Trust had identified its “True North” goals, which was filtered down to all staff as part of the annual Plan on a Page process.

Tom O’Kane asked for more detail on the Duty of Candour and asked how this would involve families when a serious incident investigation was carried out.

Daniel Badman confirmed that the Duty of Candour requirement was not affected by any of the changes and would still apply to incidents of moderate harm and above.

Tom Lake asked if the process could include innovations and changes where the improvement is the focus.

Daniel Badman said that learning from incidents would improve patient experience and safety including discharges from other hospitals into our services.

The Chair thanked Daniel and Helen for their presentation and passed on his thanks to the team.

### **6. Bite Size Learning - Understanding Performance Reports**

The Chair welcomed Ian Hayward, Assistant Director of Performance and Information to the meeting.

Ian provided an overview of the True North/Council of Governors Performance Report and highlighted the following points:

- The True North Goals aligned to the annual Plan on a Page, Annual Objectives and regional and national objectives
- Our approach was adopted through Quality Improvement
- Categories of Metric; breakthrough objectives, Drivers, Tracker 1 and Trackers
- Business Rules to Metrics and Statistical Process Charts required for meeting actions
- Mixture of automated and manual data

#### Indicator Domains

- Harm Free Care
- Patient Experience
- Supporting our Staff
- Money Matters

Plus, Regulatory Compliance; Oversight Framework; System Oversight Framework and targets required from the NHS Long-term Plan (LTP).

	<p>Tom Lake commented that when we looked at harm free care but not harm free and effective care.</p> <p>Julian Emms said that most services had slightly different outcome measures and therefore this was difficult to capture in the high level performance report.</p> <p>The Chair thanked Ian for his presentation.</p>
<b>7.</b>	<b>Committee/Steering Groups</b>
	<p>Reports:</p> <p><b>a) Living Life to the Full Group</b> The report taken as read.</p> <p>Tom Lake reported at the last meeting a very informative presentation on Long Covid jointly by Berkshire Healthcare and Royal Berkshire Hospital.</p> <p><b>b) Membership and Public Engagement</b> The report was taken as read.</p> <p>Brian Wilson reported that Marcomms had used social media to increase membership in areas which were underrepresented. A campaign to look at improving other areas such as diversity was also being discussed.</p> <p>The Chair reported he has met with Kathryn McDermott, Director of Strategic Planning to discuss a way forward to reach underrepresented communities.</p> <p><b>c) Quality Assurance Group</b> The report was taken as read.</p>
<b>8.</b>	<b>Executive Reports from the Trust</b>
	<p>1. Patient Experience Quarter 2 Report The Report was taken as read.</p> <p>Brian Wilson referred to page 46 of the agenda pack and asked for more information about complaint ID 8700 which was listed as having moved to the serious incident process.</p> <p>The Chief Executive explained that the Trust had received a formal complaint but because the complaint met the serious incident threshold, it was being investigated through that process rather than just being investigated as a formal complaint.</p> <p>Tom Lake queried the descending figures with assistance in finding work and commented that this was surprising given that the Trust's Individual Placement and Support Service (IPS) was ramping up its work.</p> <p>Julian Emms explained that said that the Trust's IPS team had a number of vacancies and said that the team was now recruited to. It was noted that Alex Gild, Deputy Chief Executive had executive oversight of the IPS service.</p> <p>Tom Lake also noted that a number of CMHT review activities had a low score.</p> <p>Julian Emms said that the Trust's newly configured One Team Programme should help support more patients and reduce the caseloads for CMHT.</p> <p>2. Performance Report The Council of Governors noted the report.</p> <p>Guy Dakin noted the high number of Out of Area Bed Days and asked why this was so high.</p>

	<p>Julian Emms reported that post pandemic there had been an increase in demand on our inpatient units where we already had limited capacity. Also, a high number of patients with serious mental illness who were unknown to the Trust were contacting our services.</p> <p>It was noted that a review of bed modelling had taken place and the next steps would be discussed at the Trust Discursive Board.</p> <p>Guy Dakin asked what steps were being taken to reduce the length of time to recruit staff. Julian Emms acknowledged the difficulty to recruit to some posts and said that internal processes had been improved with the use of intelligent automation.</p> <p>Guy Dakin noted that assaults on staff were very high and asked what was being done to reduce this and asked if a presentation on the goals to tackle this can be provided to Governors.</p> <p>Julian Emms said that every assault was recorded which may be the reason for the high number. These were often concentrated on a few individual patients who had challenging behaviour.</p> <p>Tom Lake asked if there was a risk of the MHICS service overlapping with the additional roles of GP networks i.e. social prescribers and asked for clarity on this.</p> <p>Julian Emms said that there were currently a number of community-based options, the new primary care roles and responsibilities where patients may receive multiple assessments can be difficult for clinicians and patients to understand.</p> <p>3. Annual Plan on a Page Paper taken as read.</p> <p>The Plan on a Page was developed to provide context of the important factors for Services. Each year the previous plan is reviewed, and new guidance is set values for the year ahead. Teams set their specific plan and set objectives which feeds into their Appraisals in April and May.</p>
<b>9.</b>	<p><b>Governor Feedback Session</b> <i>This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended</i></p>
	<p>The Chair reported Pradip Patel, Chair of Frimley Health NHS Foundation Trust had retired.</p> <p>As member of the BOB Integrated Care Partnership, the Chair attended the second meeting where the Strategy was agreed.</p> <p>The Chair reported that Patricia Hewitt's, former Secretary of State for Health, review of the Integrated Care Systems is continuing. The development of the ICS is in early stages and may take a while before it is embedded.</p> <p>Julian Emms and Sally Glen left the meeting.</p>
<b>10.</b>	<p><b>Any Other Business</b> None</p>
<b>11.</b>	<p><b>Date of Next Meetings</b> 03 May 2023 - Joint Council of Governors and Trust Board Meeting 14 June 2023 - Formal Council meeting</p>
<b>12.</b>	<p><b>Confidential Issue</b></p>

The Council of Governors agreed 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.

## BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

### ELECTION TO THE COUNCIL OF GOVERNORS

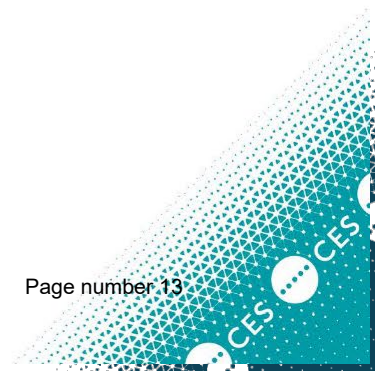
**CLOSE OF NOMINATIONS: 5PM ON 12 MAY 2023**

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

<b>PUBLIC: WEST BERKSHIRE 2 TO ELECT</b>
The following candidates are elected unopposed:  Graham Henry Bridgman Ian Germer  <i>No vacancies remain</i>

<b>PUBLIC: WINDSOR, ASCOT AND MAIDENHEAD 2 TO ELECT</b>
The following candidates are elected unopposed:  Sarah Croxford Tim Dee  <i>No vacancies remain</i>

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





**Berkshire Healthcare**  
NHS Foundation Trust

## **Patient Experience**

Quarter Four 2022-23 Report

Presented by: Heidi Ilsley, Deputy Director of Nursing

## **Patient Experience Report Quarter 4**

### **Introduction**

This report is written for the board and contains patient experience information for Berkshire Healthcare (The Trust) incorporating feedback from complaints, compliments, PALS, our patient survey programme, and feedback collated from other sources during the quarter.

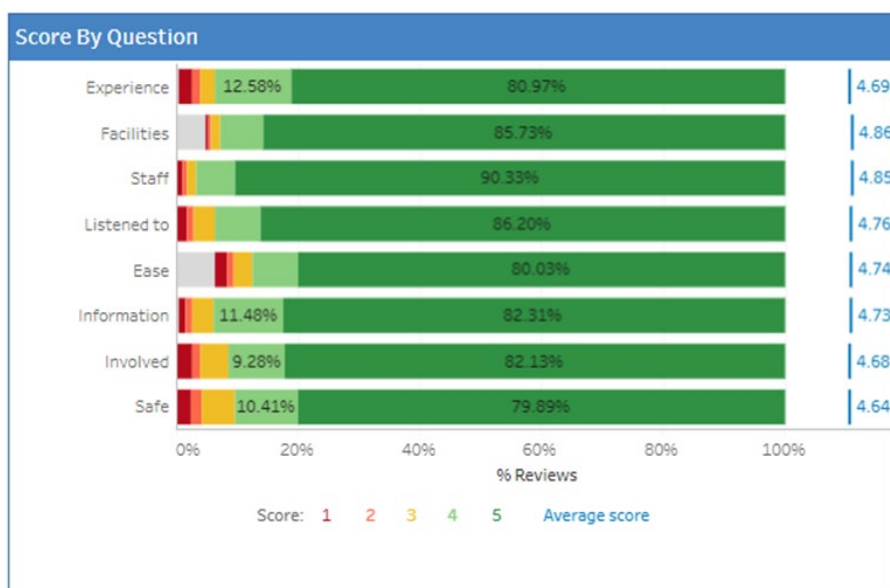
This report is written in the context of there being 125,927 reported patient contacts (from data supplied by our Informatics team) and discharges from our inpatient wards, with around 6,694 pieces of feedback collated through compliments, complaints, the patient experience survey, and MPs equating to around 5.31% service user feedback from contacts this quarter (an increase from 3.8% in Q3). The total amount of feedback received is expected to rise as more services utilise the patient feedback survey.

The 'I want Great Care' patient experience tool is now used as our primary patient survey programme and was introduced in December 2021, this is available to patients through online, SMS, paper, and electronic tablet; it is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge. As services start to embed the use of this tool, we are seeing an increase in the numbers of responses received which will support areas for improvement alongside hearing the patient voice both where the experience is good and where improvements could be made.

The tool uses a 5-star rating which is comparable across all services within the organisation and is based on questions in relation to experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to.

Thematic analysis demonstrates that the most positive themes were in relation to emotional support, empathy and respect (93% respondents reporting that staff are kind, friendly and understanding and that they are treated with respect, compassion and empathy); involvement in decision and respect for preference (with most staff involving patients in key decision regarding their care and considering patient wishes); Clear information, communication and support for self-care (with most patients feeling listened to and given opportunity to ask questions and given clear helpful advice and information and effective treatment delivered by trusted professionals (84% respondents describing their treatment as excellent or good and delivered by caring and professional staff).

Below is the trust overall scoring which is based on the 5658 responses received during the quarter; a 93.6% positivity rating was achieved with an average 4.74-star rating. It is worth noting that not all questions are scored by everyone, for example facilities related questions only apply where patients are seen in a building/are on a ward/outpatient appointment and are therefore not asked in all surveys. Our surveys are also available in easy read and differing languages.



For this quarter, 2 of the divisions that are proactively using the tool achieved an overall positivity scoring of over 95% (this is the threshold that we are aspiring to achieve at trust, divisional and service level scoring), these were Community Health East and Community Health West divisions, this is the same as Quarter 1, Quarter 2 and Quarter 3.

Other highlights from the quarter are that the total number of responses received via the patient experience tool has continued to increase with a further 19% increase in responses compared to Q3 and that 65% of enabled services received feedback, an increase of 4% from the previous quarter; whilst the percentage increase may seem small, this shows that services are consistently collecting feedback.

The thematic analysis and high-level findings are provided in an 'I Want Great Care' quarterly report, these are shared with the Clinical Directors for further sharing, learning and service improvements; this is alongside the live dashboard that all services have access to enabling them to see individual and collated scores and feedback.

**Table 1: The services with the largest numbers of feedback through the patient survey**

Service	Star Rating	Number of Responses	% Positive Score
Talking Therapies	4.46	603	83.6
District Nursing & Community Matrons Wokingham	4.94	214	99.1
District & Community Matrons West Berkshire	4.94	203	98.5
CRHTT East	4.24	198	85.4
St Marks Assessment & Rehab Centre	4.92	163	96.9
MSK Physiotherapy - WBCH	4.90	140	97.1
District Nursing & Community Matrons Reading	4.679	137	97.1
Upton Assessment & Rehab Centre	4.96	125	100
Community Respiratory Services - Community	4.87	120	97.5
Musculoskeletal (MSK) Physiotherapy East – Church Hill House	4.84	108	96.3

During the quarter, there were a total of 125,927 contacts (including discharges from wards), the Trust received a total of **58 formal complaints** (8 of these were secondary complaints, 50 were new complaints) there were a further **30 concerns that were locally resolved / responded to** as informal complaints. We also received **924 compliments** in addition to the



patient survey feedback and **24 MP enquiries**. The number of formal complaints received is slightly lower than Quarter three where 61 were received.

**72 formal complaints were closed** during the quarter with a 100% response within agreed timescale achieved.

Appendices 2 and 3 contain our PALS and Complaints information for Quarter four.

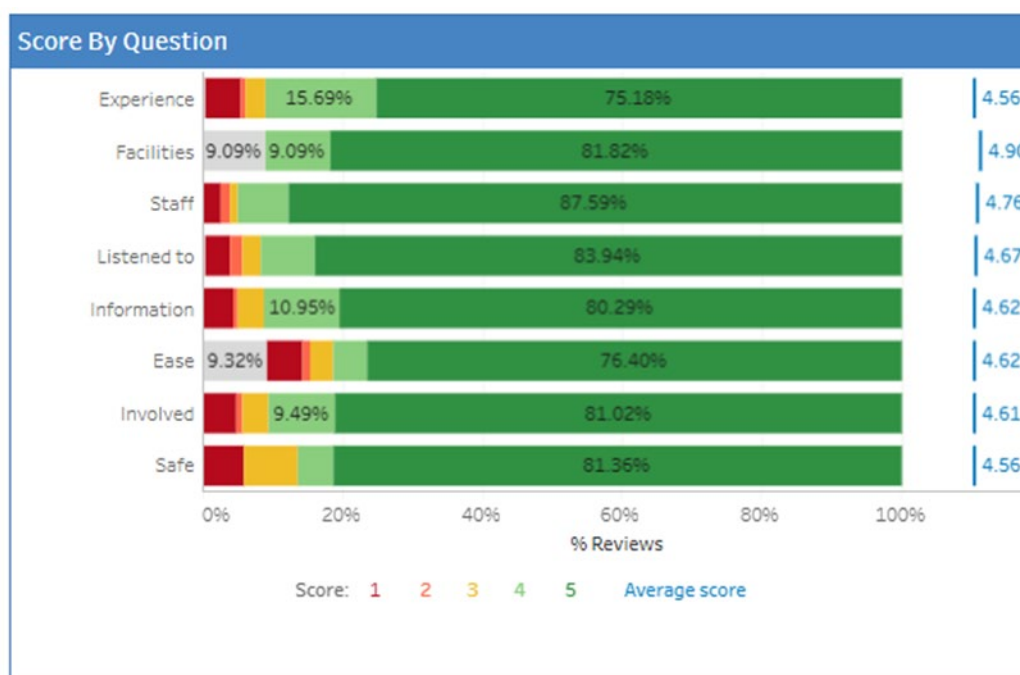
## What the data is telling us

Below is a summary and triangulation of the patient feedback we have received for each of our 6 divisions.

### Children and Young Peoples division including learning disability services.

**Table 2: Summary of patient experience data**

Patient Experience - Division CYPF and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	111	92	169	274
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	0.5%	0.4%	0.8%	1.15%
iWGC 5-star score	Number	4.81	4.80	4.86	4.64
iWGC Experience score – FFT	%	91%	95.6%	94.7%	90.9%
Compliments received directly by services	Number	47	80	82	72
Formal Complaints Rec	Number	11	11	15	14
Formal Complaints Closed	Number	15	12	13	16
Formal Complaints Upheld/Partially Upheld	%	60	67	54	56
Local resolution concerns/ informal complaints Rec	Number	11	6	9	5
MP Enquiries Rec	Number	21	10	13	16



For children's services the iWGC feedback form is not currently being well used and therefore it is less easy to draw conclusions; young people and parents/carers have been assisting in the ways to promote the new patient experience tool to other service users, including the design and layout of the new posters that will now be used across CYPF services.

Of the 274 responses, 224 responses related to the children's services within the division; these received 91.5% positivity score, with positive comments about staff and services and a few suggestions for further improvement, this included 3 reviews for Phoenix House our T4 adolescent day unit where comments about support and safety was very positive and there were some suggestions for further improvement regarding being listened to and crisis prevention. 41 of the responses related to learning disability services as detailed below and 9 to eating disorder services.

From the feedback that was received, ease and information were most frequent reasons for individual questions being scored below 4. Although 20% of respondents gave a score of 3 (satisfactory) to facilities and it therefore appears to be lowest star rating, it was only scored by 20 people with the responses from Phoenix House and Woodland respite centre where young people spend the longest periods of time all scoring 5 for that question.

### **Children's Physical Health Services**

There were 3 formal complaints for children's physical health services received this quarter. There were 2 formal complaints about the immunisation service, which both related to the concerns from parents about consent being obtained. The Head of Service is looking into how consent is obtained and documented. There was also a formal complaint about a delay in a family receiving an assessment report from an Occupational Therapist.

There was one locally resolved complaint received for the Immunisations team.

172 of the 224 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation services –East and Immunisation West; the Immunisation East received 86 of these responses all of which scored positively receiving a five-star rating of 4.59 and feedback included *"[name removed] was amazingly calm, patient, encouraging & understanding with my son. She made his experience exceptional given his needle phobia."* *"The lady was very kind to me and helpful"* and *"The nurse was nice and she explained why we were getting the vaccines and what it meant for the future.."*

Children's services have continued to undertake their feedback surveys this quarter for school nursing 3 young people completed the survey with all stating the service was good or better, responses included that they were listened to, understanding and feels like talking to a friend. Health Visiting are waiting for some changes to be made on their age range by iWGC but are keen to start using their surveys as soon as possible. There are also some responses that are associated with Health Visiting incorrectly which affects the overall rating for CYPF negatively. We are, along with iWGC looking into this to ensure it is rectified.

Children's services have continued to gain feedback via other methods during this quarter including an online focus group to learn from the experiences of parents/carers and nursery staff who have attended early years Speech and Language Therapy [SLT] drop-in surgeries in the past. This provided valuable learning detailed in the you said , we did section of this report. The CYPIT East team also attended the "Special Voices" parent group in Slough in February to hold a focus group. Areas of discussion generated included parental involvement, the voice of the child, and a lack of knowledge/understanding about how the CYPIT team operates.

## **Child and Adolescent Mental Health Services (CAMHS)**

For child and adolescent mental health services there were 11 complaints received (these were in relation to care and treatment received, waiting times and communication; themes around these included concerns about a lack of communication following referrals being accepted, and inaccuracies being recorded in letters from the service). In addition to this, the service received 16 enquiries via MPs, and most of these again related to waiting times.

There have only been 9 responses for CAMHS services received through our patient survey for this quarter. Currently the survey is accessed through online or configured tablets in the departments.

The admin team for CAMHS Getting Help collated feedback from young people who received a service. Experience of Being Referred to a Getting Help Service in the East of Berkshire. They have received 46 responses for this quarter with 38 of the responses describing being satisfied or very satisfied with the referral process ( 4 of the 46 were dissatisfied / very dissatisfied). As a result of the survey a focus group is planned to gain more detailed understanding of people's experience.

In addition to the current feedback tools, the anxiety and depression pathway have set up a question on the whiteboard in waiting rooms, asking for feedback and suggestions for young people and their families, there will be a differing question each month.

Compliments for our CAMHS services included that *Parents of a YP were extremely complimentary about the care and treatment received by CAMHS Phoenix for their daughter. They reported feeling very well supported and said many thank yous to the team. They reported that they feel the service has helped their daughter transition from an inpatient unit to the community with a smooth transition. And "I can't express my gratitude & support for the CAMHS team in the most critical day of my life and personally to \*\*\*\*. He was the person who was helping my family to get through from the first day in the hospital where my son was taken with suicidal attempt to the moment we were assigned to the specialist to take further care of him now. \*\*\*\* was very supportive, respectable and open to the needs. He was very sensitive talking to my son at his worst times showing all his professionalism and care, very attentive to the details"*.

## **Learning disability**

There was one complaint received this quarter for the Campion Ward.

28 responses from the patient survey have been received. These received 85.7% positive score, this was skewed by 2 responses not having a score; 1 person scored the services as a 1 however there are no comments to understand the reason for this; feedback included that staff were nice, "Communication was good as well as presentation.", "I got help I needed to make my life easier." and "We explained well with what is going to happen", there was a comment for improvement which was that meetings at patients home would be preferred.

41 responses from the patient survey have been received (9 in relation to the Wokingham based team), an increase from 24 responses last quarter. These received 90.2% positive score, 1 person scored the services as a 2 and comments were left regarding focus not being on their needs. Feedback included *"Couldn't have asked for better care and understanding for my son's needs."* *"I had the pleasure of working with [name removed]. Very professional, knowledgeable, and kind."* *And "[name removed] was compassionate and caring, she understood our situation and really helped us at our lowest."* There were a couple comments for improvement which included timing, follow up and wanting to be seen under the service for a longer time.

## Eating disorders

There were no complaints for eating disorders.

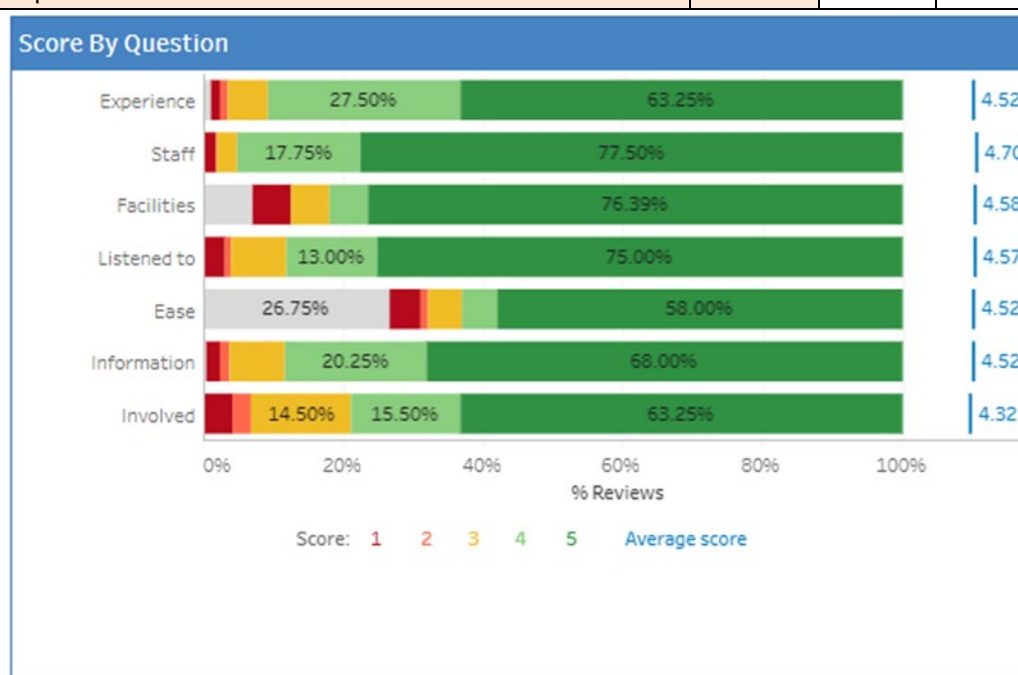
Of the 8 feedback responses received 7 scored a 5 with comments such as 'I feel I've been listened to', 'staff are friendly', 'I couldn't have asked for more help and 'x has made a positive impact on my life and really helped me'.

The services also have other methods of collating feedback to support service improvement including that The Berkshire PEACE team (Pathway for Eating Disorders and Autism Developed from Clinical Experience) have been running the parent participation groups, with parents invited from Berkshire, Buckinghamshire, and Oxfordshire. The February group took place online via MS Teams and 8 parents attended. Within Adult BEDs [Berkshire Eating Disorder service] have a good system in place of feeding back from the individual groups from day programme, individual first steps group, as well as continuing to regularly review day programme every 3 months. The service users have identified areas for improvement; including more information/ transparency of services and treatments at the point of assessment/ first steps group.

## Mental Health East division (Slough, Windsor, Ascot & Maidenhead, Bracknell)

**Table 3: Summary of patient experience data**

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	<b>Number</b>	183	309	349	400
Response rate (calculated on number contacts)	<b>%</b>	1.5%	2.2%	3.7%	2.4%
iWGC 5-star score	<b>Number</b>	4.56	4.57	4.58	4.52
iWGC Experience score - FFT	<b>%</b>	93%	92.9%	94.6%	90.8%
Compliments received directly by services	<b>Number</b>	43	201	43	37
Formal Complaints Rec	<b>Number</b>	9	13	12	12
Formal Complaints Closed	<b>Number</b>	7	12	9	12
Formal Complaints Upheld/Partially Upheld	<b>%</b>	71	50	66	33
Local resolution concerns/ informal complaints Rec	<b>Number</b>	5	2	3	2
MP Enquiries Rec	<b>Number</b>	0	1	0	2



12 complaints were received into the division during this quarter; in addition, there were 2 informal/ locally resolved complaints. 12 complaints were closed during the quarter of these 8 were upheld, 4 were partially upheld and 0 were not upheld. Five of the complaints related to care and treatment,

The services receiving the majority of iWGC responses were CRHTT East 198 responses, Memory Clinic – Bracknell 26 responses, CMHT Slough 23 responses and CMHT Bracknell 22 responses. CRHTT East received two formal complaints this quarter, one relating to communication, the other to care and treatment. They received one informal concern relating to attitude of staff. They closed two formal complaints, and both were upheld.

Across the CRHTT East survey responses the average 5-star score was 4.80 with 95.5% positive feedback, an increase from last quarter. 169 of the (overall number of responses received) scored a 4 or 5-star rating with many comments about staff understanding, being helpful, listening and being empathetic; *“They were really empathetic towards me. Great teamwork. Listened to what I had to say. Make me feel comfortable.”* This quarter, questions relating to feeling involved and ease were least likely to be positive with areas for improvement and dissatisfaction with the service about the support being limited and staff not listening.

Feedback from compliments for the service included, *“ I’d like to praise your CRHTT in East Berkshire. They have been absolutely stellar. Prior to moving to XX I’d occasionally been under the home treatment teams at xxx , xxx and xxxx at times over the last decade - your trust has shown what a CRHTT should look like and sets the benchmark for other trusts. I particularly appreciate their candour and support with getting me onto the right therapy pathway, I honestly didn’t think I’d ever get such great care from an NHS mental health trust - they’ve proved me wrong! (And I say this as a former service user governor at XX.) I’m also very grateful for their four week programme for family members/carers - I’ve not come across this at other trusts. My fiancé XX and I feel supported and encouraged by the team, through what has been a very difficult couple of weeks”*.

The Memory Clinic Bracknell received 100% positive score (4.92-star rating) and received positive feedback about thorough assessments, clear explanations and staff being understanding. *“Very friendly and kind approach, very thorough assessing process and we weren’t rushed at all. Conclusion and way forwards explained very clearly.”*

CMHT Slough received 91.3% positive feedback (4.37-star rating), many of the comments were positive about staff being supportive, kind and understanding. *“Because I was listened to for the first time and they were patient and they were thorough and I am glad I am in safe hands.”* One patient gave a score of 1 and said *‘Dr XX didn’t show any care for me at all and left me feeling cold and alone and not wanting to go on, just concerned with pills nothing else. A shameful experience.’*

Other areas for being worked on for improvement include that it takes a long time to get through on the phone, patients wanted to be given more information on the therapy they would receive, that it took a long time to be seen and that they were seen by a different psychiatrist at each appointment and wanted more consistency.

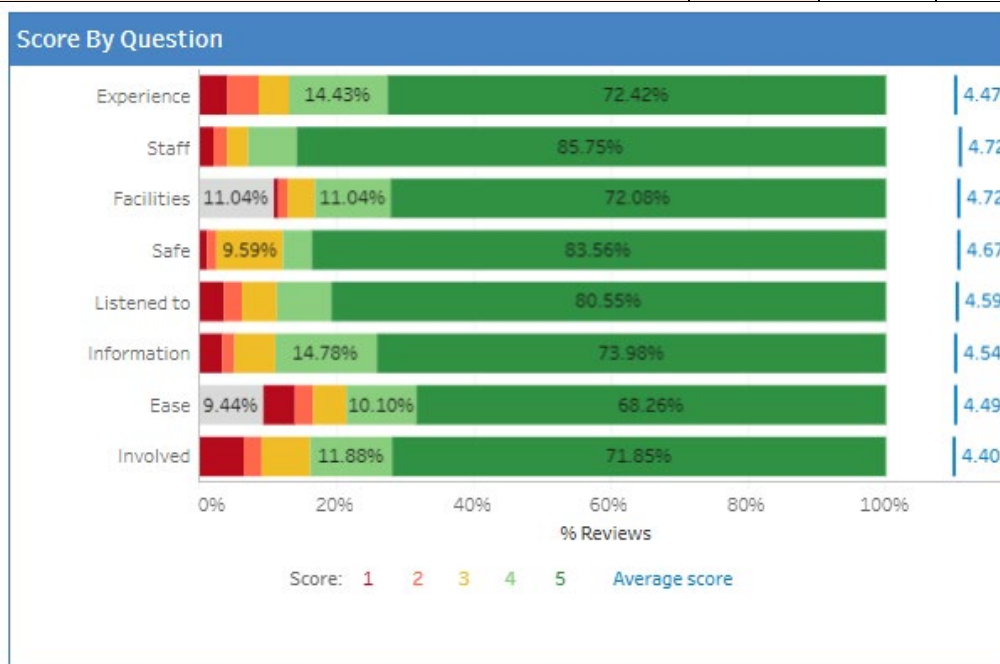
CMHT received 51 responses (Bracknell 26, WAM 17 and Slough 8) with 92.16% positive score and 4.49 star with 4 of the total responses scoring less than a rating of 4; comments included that *“Consultant was very kind and caring, and listened”, “Because it was totally professional cannot think of anything better” and “The whole CMHT have been fabulous. Caring and genuinely interested in my care. I feel supported and hopeful about the future.”* There were a number of positive comments about being listened to, staff being kind and helpful.

CMHT Bracknell received 22 feedback responses with a positivity score of 95.5% and 4.80-star rating. Comments included that “[Name removed] was lovely, she listened to me and didn’t rush through appointment. Very professional and kind.3 examples of positive free text comments)”, “[Name removed] was very understanding and presented questions in a respectful way.” and “I was very impressed with the new hospital facilities. The staff have been very professional and courteous as usual.” There were a number of positive comments about Staff being kind, listening and understanding.

### Mental Health West Division (Reading, Wokingham, and West Berks)

**Table 4: Summary of patient experience data**

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	<b>Number</b>	232	717	851	1095
Response rate (calculated on number contacts)	<b>%</b>	0.5%	1.6%	3%	2.4%
iWGC 5-star score	<b>Number</b>	4.53	4.61	4.46	4.53
iWGC Experience score - FFT	<b>%</b>	87%	90.4%	83.2%	86.9%
Compliments received directly by services	<b>Number</b>	434	589	680	320
Formal Complaints Rec	<b>Number</b>	14	10	20	10
Formal Complaints Closed	<b>Number</b>	11	13	13	17
Formal Complaints Upheld/Partially Upheld	<b>%</b>	55	85	54	41
Local resolution concerns/ informal complaints Rec	<b>Number</b>	2	4	5	3
MP Enquiries Rec	<b>Number</b>	2	3	6	5



The Mental Health West division has a wide variety of services reporting into it, including Talking Therapy services and Court Liaison as well as secondary mental health services. The division saw an increase in number of responses received this quarter, this was largely due to increase in responses from Talking Therapies. The 3 services with the most feedback through the patient survey were Talking therapies 603 responses, PMS West 73 responses and CRHTT West 58 responses.

Within Mental Health West the questions relating to ease and feeling involved had the least number of positive responses.

This division received 10 formal complaints during the quarter with CMHT receiving 5. There were 17 complaints closed with 7 being found to be upheld or partially upheld and 10 not upheld.

CRHTT West received one complaint this quarter, relating to care and treatment following a suicide attempt. They also received one informal complaint relating to care and treatment and one MP enquiry. Two complaints were closed across CRHTT West and neither of these were upheld.

For CRHTT there were 58 feedback questionnaires completed with a 70.7% positivity score and 4.19-star rating; with lots of positive comments about staff being supportive and listening, *"Very friendly, I felt listened to and understood. Fantastic support at a very hard time"*; a number of the less positive reviews talked about staff needing more training and not listening.

All of the five complaints for West CMHT's during the quarter, related to care and treatment. There were 17 complaints closed, 10 being upheld, six partially upheld and one not upheld.

There were 64 responses received with 84.4% positivity score and 4.23-star rating, 54 of these were positive with comments received that staff were understanding and listened, there were 10 negative responses with reviews stating that patients felt like staff didn't listen, appointments and treatment weren't given. Older adult and memory clinic combined have received 107 patient survey responses during the quarter with a 100% positivity rating (4.87-star rating) some of the feedback included *"Both appointments went smoothly. Everyone was kind and helpful. Reception made us feel welcome and relaxed. The doctors who did the assessments were friendly, patient, and professional. One, a trainee under supervision, was just brilliant - so calm. The atmosphere in the clinic and the kindness of the staff made a somewhat daunting experience OK."*

The West Psychological medicine service received 72 responses with an 86.1% positive score and 4.58-star rating (10 responses scored less than 4) many of the comments were positive about staff being supportive, engaging and listening well although a few felt that this was not the case.

For Talking Therapies, their patient survey responses gave a positivity score of 83.6% (4.46-star rating), 98 of the reviews scored less than 4. The vast majority of comments were still very positive about the staff, including that they were understanding, kind and listened. A number of the comments/areas for improvement were requesting the support to be provided sooner and less questionnaires and more talking. Some other areas for improvement were that they were not given an appointment and never followed up with the patient. For example, *"The therapist never made an appointment with me. Never followed up for another appointment. I needed an evening appointment, and she wasn't willing to give me an appointment at that time"*.

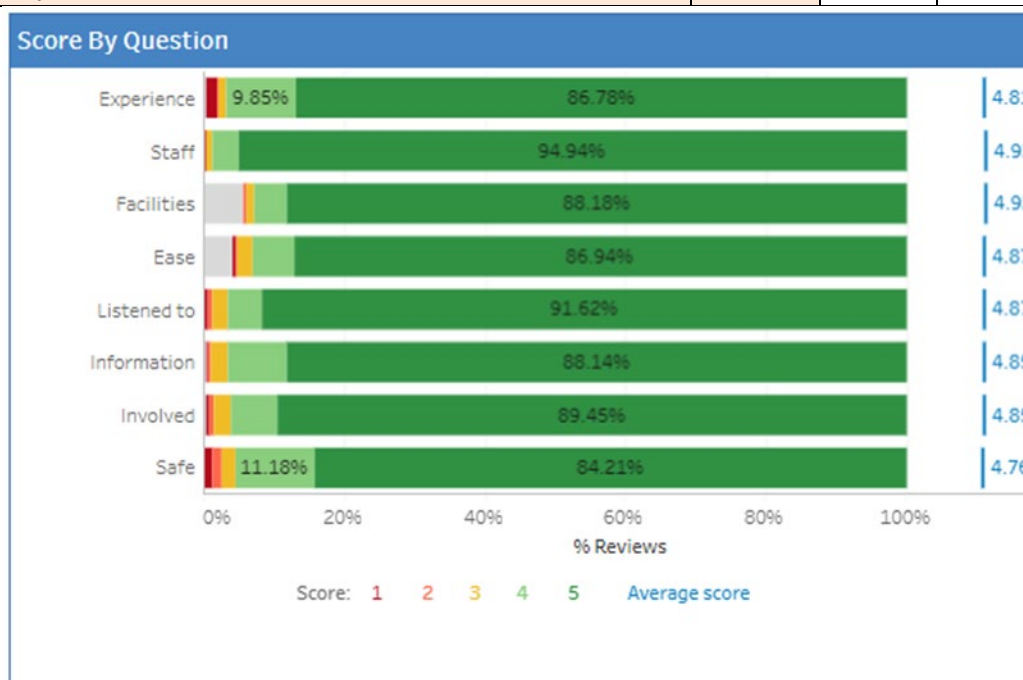
Examples of positive feedback about Talking Therapies included, *'I self-referred to Silvercloud mainly as talking therapies with someone in person daunted me a lot. I have found it useful to do things in my own time and to sit on my own and reflect on my answers and what matters to me. I feel much better and in control of my emotions and what parts of my life I need working on', 'I feel that sometimes people refrain from asking for help related to mental health issues in person due to social stigma and shame, hence an online platform is a wonderful way to slowly ease into receiving help. It is less intimidating than talking to someone in person or over the phone (according to me personally)' and 'Really useful service and I really enjoyed it being online as it was easier than making face to face appointments but although it wasn't face to face, I still felt supported and listened to.'* Patients reported that they felt *'grateful to not feel abandoned,' 'enjoyed it greatly so far' and were 'very appreciative of the support while they are waiting.'*

The service identified that the referral numbers for ethnic groups was decreasing so they did some targeted work reaching out to a Community Wellbeing Hub. The service received the following feedback as a result of this engagement, *'I want to thank you for the mental health counselling that I received at ACRE (Alliance for Cohesion and Racial Equality), offered by XX (Talking Therapies CBT Therapist). I was at the cliff end, but after the first and other counselling sessions, I feel confident and sure of myself'*.

### Community Health East Division (Slough, Windsor, Ascot and Maidenhead, Bracknell)

**Table 5: Summary of patient experience data**

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	755	1416	1427	1838
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3.4%	5.6%	9.3%	5%
iWGC 5-star score	Number	4.83	4.84	4.87	4.86
iWGC Experience score - FFT	%	96%	97.2%	96.7%	96.6%
Compliments received directly into the service	Number	174	201	298	247
Formal Complaints Rec	Number	5	1	3	4
Formal Complaints Closed	Number	2	4	2	5
Formal Complaints Upheld/Partially Upheld	%	100	50	50	60
Local resolution concerns/ informal complaints Rec	Number	6	2	2	1
MP Enquiries Rec	Number	0	0	0	0



Four complaints were received this quarter. Three for District Nursing, relating to care and treatment (two complaints about the service based in Windsor, and one for the Slough team), and one for Jubilee Ward, relating to discharge arrangements.

There were five complaints closed, one for Jubilee Ward, which was partially upheld, and four for District Nursing, which were equally split between partially upheld and not upheld.

Hearing and balance received 78 responses to the patient experience survey with a 97.4% positive score and 4.86-star rating.



East Community Nursing/Community Matrons received 175 patient survey responses during the quarter with a 98.3% positive scoring, many comments were about staff being kind and helpful, for example *“Excellent care and understanding by each and every one of the brilliant staff, can’t thank them enough for being so helpful and kind”, “Amazing service, not sure what we would do without them. I would like to thank each and every one of them for their kind, caring words,” “Lovely kind, caring people, truly thankful for the service and all they do for me. Look forward to the company”* and *“Great service. Staff are always friendly and very helpful.”* There were also some comments around timing of visits and *“Good service, though timed visits would be great as the DNs sometimes turn up when I am heading down for lunch and we end up missing each other.”*

The wards received 145 feedback responses (80 responses for Jubilee ward 93.8% positive score and 65 Henry Tudor ward 100% positive score). 1 of the responses giving a score of below 3 for Jubilee ward had positive comments so it appears there was confusion with the way the scoring worked, comments included *“Staff are good. Food not bad medium. Everything ok.”* Most of the comments for improvement were to prioritise better (take patients to toilet rather than make beds), more staff and more food choices.

As with MSK physio in the West, there was a high number of responses to the patient survey and a high positivity score of 94.9% (4.82-stars), comments were very complimentary about staff being professional and helpful, *“Excellent care, friendly staff, clear explanation of my injury and physio exercises I need to do”*. There were no themes emerging from the improvement suggestions this quarter.

Outpatient services within the locality received a positivity score of 96.8% with 4.89 stars from the 1,693 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *“Great service. So quick and so helpful. I couldn’t have asked for more. Wonderful team. Brilliant staff.”*

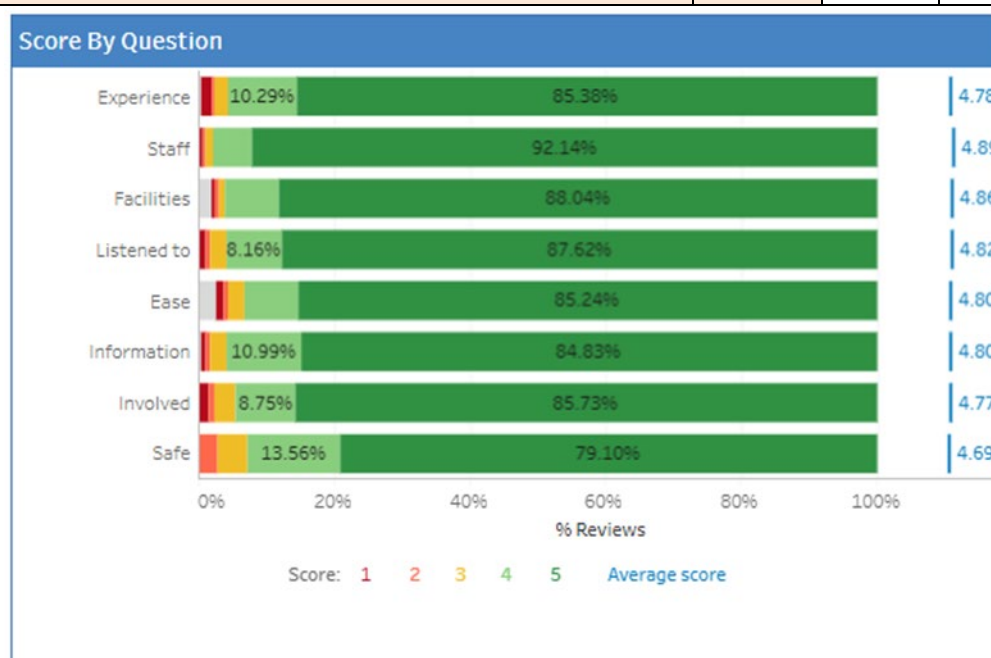
The diabetes service received 33 feedback responses with 97% positivity and some lovely comments including *“[name removed] was amazing! She listened to my concerns and the. Worked out an insulin medication plan with follow-ups to check how I am doing. Amazing! [name removed] had provided me with an amazing diabetic analysis on what I am using now and what medications will help me bring sugar levels under control.”* Alongside some helpful suggestions for the service to consider such as *“It would be helpful if one’s partner could also attend so they too could understand the situation and therefore be more supportive.”*

The Assessment and Rehabilitation Centre (ARC) also received positive feedback including *“I was so impressed with, literally, everything that I felt it important to communicate my thoughts to you. Even more excellent communication – Dr XX phoned me on XX to give me specific details and an opportunity to discuss the findings. Later that day... I found a letter waiting for me. The communication was from ARC and gave a detailed printout of all the procedures and outcomes. It was dated Sunday XX!”*.

## Community Health West Division (Reading, Wokingham, West Berks)

**Table 6: Summary of patient experience data**

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	675	1459	1763	2011
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	0.9%	3.1%	3.3%	2.4%
iWGC 5-star score	Number	4.76	4.84	4.81	4.81
iWGC Experience score - FFT	%	95%	96.3%	95.6%	95.7%
Compliments (received directly into service)	Number	126	167	289	217
Formal Complaints Rec	Number	7	5	7	6
Formal Complaints Closed	Number	11	4	6	8
Formal Complaints Upheld/Partially Upheld	%	55	50	50	50
Local resolution concerns/ informal complaints Rec	Number	16	16	14	16
MP Enquiries Rec	Number	3	1	2	1



Community Health West saw a significant increase in responses this quarter. There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 95.7% positive satisfaction and 4.81-star rating and the question on staff receiving a 97.7% positive scoring from the 2011 responses received.

There were 6 complaints received during the quarter, 2 of these related to District Nursing, 2 to WestCall, the Out of Hours GP service, one for phlebotomy and one for Podiatry.

There were 8 complaints closed for the division during the quarter with 2 being upheld, 3 not upheld, 2 partially upheld and one moved to a serious incident investigation. Three of the closed complaints related to waiting times with WestCall.

During this quarter the community hospital wards have received 139 responses through the patient survey receiving a 90.7% positive score and 4.47-star rating, (13 responses scored 3 and below) questions around feeling listened to and involved received the most results of 3 and below; comments include staff were friendly and helpful, "All staff were really nice.", "Everyone was really lovely and did their best to make me understand.", "Staff/doctors are very informative and provided great care and support." And "Outstanding loved my stay here that's because staff are so kind and caring," there were some individual comments where

patients were less satisfied, with comments including food was cold, need for more physiotherapy, more staff, and more equipment for staff.

WestCall received 15 responses through the iWGC questionnaire this quarter (93.3% positive score, 4.79-star rating, 1 score received below 4. Positive comments included (*"We saw [name removed] with our young daughter. I thought he was thorough, understanding, kind and very knowledgeable. I came away feeling we were listened to cared for."*, *"Friendly and caring staff and doctor. The nurse [name removed] had such a pleasant smile even though she was working on New Year's Day. Thank you, NHS."* and *"All the staff here were very kind and caring. Thank you!"*) WestCall received around 18545 contacts during the quarter.

Podiatry services received 150 patient survey responses. Most responses were very positive receiving 5 stars (overall 95.3% positivity 4.82-star rating) with examples including "Always considerate and first-class treatment given. Friendly & engaging staff." 2 examples of positive free text comments" and "Lovely clean place. The lady doing my feet was very friendly and waited till my wife came to explain how to file my nails. Very pleased with the result". There were three complaints for Community Nursing, two relating to care and treatment and one relating to attitude of staff. have received some of the highest numbers of feedback (554 across the 3 localities in the quarter, with a 98.4% overall satisfaction score and 4.90-star rating). To provide some context across our East and West District Nursing teams combined there are 35,100 contacts this quarter. Lots of comments included nurses were kind, helpful and knowledgeable, *"The triage nurse who called me back was so knowledgeable and explained everything clearly to me, I was really impressed"*, *"So helpful, gave me all the information I needed and supported us"* and *"All the nurses who come are lovely but [name removed] is particularly knowledgeable and never leaves without making my husband laugh first"*. There were several positive comments about nurses listening and there were very few suggestions for improvement, mainly around timing of visits and being given an allocated time for a visit.

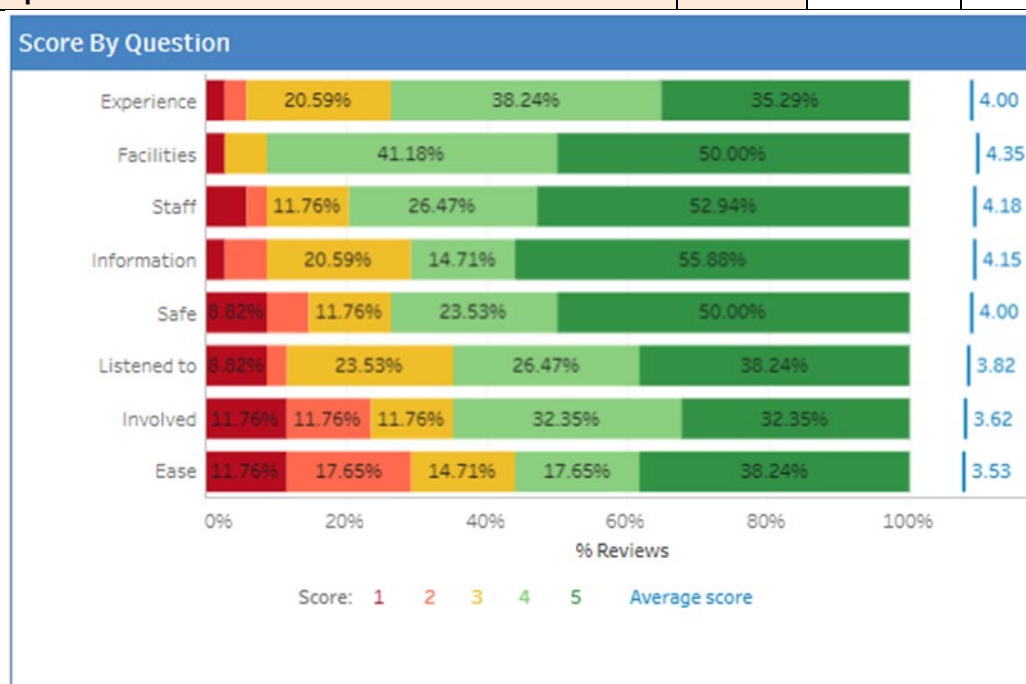
MSK Physio has received one complaint in the quarter relating to discharge arrangements. The service has received 23 compliments and 327 patient survey responses with a 96.9% positive score (4.87 star rating), very few areas for improvement were included in the feedback there were a few suggestions including that it would be helpful to have a video demonstration of exercises, waiting time for appointment and to be assessed before being discharged and the overall feedback was extremely positive with lots of comments about staff were friendly, professional, kind and understanding.

The services across the division received many compliments including *"..... Throughout the months I have known XX she has been a great friend, caring and considerate and very positive about my progress. Nothing has been too much for her. Equipment she has ordered in the morning has often arrived that same afternoon always in pristine condition. I can't speak too highly of her persuasive energetic approach to the work she does that has encouraged me especially on the bad days and her lighthearted sense of humour that emerges on the good days"*

## Mental Health Inpatient Division

Table 7: Summary of patient experience data

Patient Experience - Division MH Inpatients		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	21	33	21	34
Response rate	%	10.3%	16.5%	12.1%	27%
iWGC 5-star score	Number	3.92	3.77	3.44	3.96
iWGC Experience score - FFT	%	76%	75.8%	42.9%	73.5%
Compliments	Number	12	10	11	30
Formal Complaints Rec	Number	14	10	10	11
Formal Complaints Closed	Number	11	15	9	13
Formal Complaints Upheld/Partially upheld	%	45	67	55	46
Local resolution concerns/ informal complaints Rec	Number	2	1	1	1
MP Enquiries Rec	Number	0	0	0	0



There were 126 reported discharges from mental health inpatient wards (including Sorrel Ward). Only Bluebell, Daisy, Orchid, Snowdrop and Sorrel collected feedback from the patient experience tool this quarter, with no responses received from Oakwood, Rose, and Rowan. The satisfaction rate at 73.5% is skewed by 9 of the 25 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to ease receives the least positive scores with overall 5-star rating being 3.53; with 15 of the 34 giving a score of 3 or less to this question.

There were 11 formal complaints received for mental health inpatient wards during the quarter, with allegations / concerns around bullying/ harassment (physical and non-physical) being the main theme for 5 of the complaints. 4 of the total complaints received were about Sorrel Ward, and three of these related to care and treatment.

There were 13 complaints closed for this Division during the quarter and of these 5 were partially upheld and one was not upheld with the remaining 7 being upheld.

There were many positive comments received in the feedback including comments such as staff were helpful and caring, drug and alcohol misuse nurse was especially helpful. 7 of the 34 responses to the survey were from Sorrel Ward and of those 4 gave a positive score of 4 or 5. Most of the lower scores did not provide much additional feedback however there were

some comments about bathrooms and showers not locking properly, wanting to be more involved with their own care, feeling like care overall could be better and wanting to move on quicker. Examples of the feedback left are *“The drug and alcohol nurse were very friendly, approachable, consistent, and included me in the care plan and support in the community. Introduced me to a calendar to keep myself organised,” “The drug and alcohol nurse Very helpful and felt looked after and listened too,” “I was diagnosed with bipolar disorder at 18 years old. I have been through many psychiatric wards and rehabs over the years. Prospect Park is by far the most far advanced and ahead of their game in mental health care that I have had the pleasure of being a patient at. Everything works like clockwork and carers are helpful and the facilities are really great,” “[name removed] ward Staff are lovely supportive and promote independent thinking and holistic wellbeing.”* The 2 responses related to Place of Safety provided positive scores and comments.

**Demographic profile of people providing feedback** (Breakdown up to date as of Quarter 4 data from our Business Intelligence Team)

**Table 8: Ethnicity**

<b>Ethnicity</b>	<b>% Complaints received</b>	<b>% Patient Survey Responses</b>	<b>% Breakdown of Q4 attendances</b>
Asian/Asian British	8.62%	7.30%	9.67%
Black/Black British	5.17%	2.90%	2.67%
Mixed	3.45%	1.70%	3.49%
Not stated	10.34%	9.70%	15.89%
Other Ethnic Group	1.72%	6.50%	1.62%
White	70.17%	71.90%	66.66%

The above would indicate that potentially we have a higher number of complaints received compared to attendance percentage from those with Black/Black British heritage and that there is still more feedback being received from White British as a percentage of contacts than from others. It will be important to ensure as we continue to gain an increase in our patient survey responses that everyone is able to access and use the survey; the survey is provided in easy read and a number of differing languages, but it will be important to ensure that the prompts to complete this are not inhibiting feedback representative of the community and our patient attendance.

**Table 9: Gender**

<b>Gender</b>	<b>% Complaints received</b>	<b>% Patient survey responses</b>	<b>% Breakdown of Q4 attendance</b>
Female	46.55%	46.90%	53%
Male	48.28%	33.10%	46.98%
Non-binary/ other	0.00%	1.40%	0%
Not stated	5.17%	18.50%	0.01%

This would indicate that whilst the breakdown by attendance is fairly equally split as are complaints it would appear that we are still more likely to hear the voice of the patient through the patient survey if they are female.

**Table 10: Age**

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendance
0 to 4	3.45%	5.70%	18.41
5 to 9	5.17%		4.14
10 to 14	8.62%		4.34
15 to 19	8.62%		4.52
20 to 24	5.17%	4.50%	2.87
25 to 29	10.34%		3.14
30 to 34	5.17%	6.90%	3.56
35 to 39	8.62%		
40 to 44	6.90%	9.30%	3.58
45 to 49	3.45%		3.52
50 to 54	8.62%	13%	3.73
55 to 59	5.17%		4.32
60 to 64	1.72%	15.30%	4.46
65 to 69	3.45%		4.63
70 to 74	1.72%	17.20%	4.53
75 to 79	0.00%		5.56
80 to 84	0.00%	18.90%	6.16
85 +	6.90%		6.55
Not known	6.90%	8.80%	11.98

## Ongoing improvement

Complaint Handling Training continues to be delivered by the Complaints Office to support ensuring robust investigation and response to any complaints (formal or informal) that are received.

All services have access to a tableau dashboard detailing response to our patient survey including free text comments and this is refreshed daily to enable live data to be used by services alongside improvement work being undertaken.

Many of the teams are starting to use the feedback and improvement suggestions received through the iWGC tool, services like wards and outpatient departments are also starting to display these for services users and their loved ones to see.

Some examples of services changes and improvements are detailed below.

Service	You said	We did
Talking Therapies	It can feel daunting making contact with a service for the first time and some people would prefer not to speak to directly to a therapist initially and ease themselves into therapy	Developed a direct to digital pathway.  Direct to Digital launched in May 2022 and provides an innovative solution, allowing Talking Therapies clients immediate access to online support for depression and anxiety. Referral information is collected from patients electronically and they get quick and easy access to our SilverCloud programmes. A clinician then supports them

Service	You said	We did
		through the programme. Over 1300 patients have accessed this service so far.
	The waiting times for Step 3 therapy was too long and patients can feel abandoned from assessment or when stepped up from step 2 treatment with no contact or support whilst waiting	Offered Silvercloud to patients on our waiting lists. Patients on the waitlist for Talking Therapies are offered access to online treatment using the Silvercloud programme under the guidance of a support worker. Early results show that this has resulted in mood improvement in a number of cases and feedback from staff and patients is very encouraging.
	Our referral numbers told us that our engagement with ethnic minority groups needed improving	Targeted outreach by offering therapy clinics at ACRE Community Wellbeing Hub, Reading. Talking Therapies has committed to addressing ethnic health inequalities with the establishment of permanent Cultural and Ethnic Diversity Lead roles. The leads have already made great strides towards building, developing, and maintaining relationships with local communities, grassroots organisations, faith leaders and faith-based organisations. The team have also conducted targeted outreach to specific community locations, such as the ACRE community wellbeing hub (CWH) in Reading, to break down cultural barriers to accessing mental health treatment for groups including asylum seekers and refugees.
Community Inpatient Wards in the East (Slough and Maidenhead)	There are some language barriers (patients who did not have English as a first language) are finding it difficult to communicate their needs with the staff in the wards.	The admin lead created some communication leaflets using the 4 most common languages in this area (Hindi, Punjabi, Urdu and Polish) utilising words and pictures.
	There is a lack of activities/therapy.	We have now employed an activities co-ordinator across the wards and the therapy team have created some innovative groups on Henry Tudor Ward; gardening therapy, boccia and other 1:1 activities including crafts, colouring and nail painting.
PMS, Reading	Complaints/feedback was received from our service users that the interview room where they had to wait in and be assessed, seemed more like a box, and not welcoming.	This feedback was shared with the ED colleagues, that room has now been converted and is well decorated, does not seem as unwelcoming as before. The current room that is being used for interviews, is not cramped with the heavy furniture as the other room was, patients



Service	You said	We did
		have fed back that there is space and it is more welcoming.
Early Years Speech and Language Therapy	To access Early years surgeries on different days/times as well as be notified when a slot had become available at the last minute due to a cancellation. Support from the SLT team when they needed it, dependent on the needs of the child.	The Early Years team are looking into changing the schedule of the surgeries to allow for settings to access them at a different time and speaking to the local authority about notifying nurseries of last-minute slots that become available.  The Early Years SLT team has been working hard to ensure that settings and families can access the SLT team and improve the level of support that is given.
Feedback to CYPIT East team from Special voices parent group in Slough	parental involvement, the voice of the child, and a lack of knowledge/understanding about how the CYPIT team operates	Creating new targeted live online training packages to schools across East Berkshire. Updating our website Updating our report templates. Trialling new triage system for CYPIT SALT EY [Early years] to tackle waiting times. Creating new universal training packages for SLT to support parents whilst waiting support or before they need support in early years. Signposting families to GEMS Berkshire and Neurodiversity SHaRoN earlier in 0-5 years AAT pathway so families have access to support while they wait

## 15 Steps

Appendix 1 contains the 15 Steps visits that took place during Quarter 4, with the programme fully recommencing in April 2022.

There were 2 visits this quarter, one to the Hearing and Balance Service and the other to the Diabetes Service; both services are based in King Edward VII Hospital.

## Summary

It is very positive to see further increased volumes of patient feedback through our patient survey month on month and all managers and divisional leaders have access to the live tableau dashboard to view this. It is also positive to see a number of services proactively using the feedback to make changes and displaying this for patients and their loved ones to see.

Responses about staff have remained overwhelmingly positive although we recognise that this is not the experience for everyone and do see some feedback and complaints relating to staff attitude for the vast majority of patient contacts their experience of our staff is a good one; we continue to foster our culture of kindness and civility across the organisation.

It has been noted that in some cases we continued to receive scores of 1 (the lowest rating) but with very positive comments alongside this rating which doesn't quite equate; this has been fed back to iWGC who have advised that this is a recognised issue with feedback



across the Trusts that they work with and that as they consider this as a minimal impact, there are no plans to amend the supporting information that is given about the rating scale.

## 15 Steps Challenge

### Quarter 4 2022/23

During quarter four , 2 visits were carried out.

#### Hearing & Balance- King Edward VII Hospital

Positives observed during the visit:

- Clinic felt calm and well organised.
- Toilets were clean.
- Team members picture were clearly displayed and up to date.
- Noticeboards were well maintained and not overloaded with information.
- All areas of the department were clean and tidy with no clutter.

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

- The QMIS Board was out of date - Manager reported that as they were working on reducing waiting times, huddles had not been taking place, this will be revisited by the team.
- Some of the décor was a bit tired and peeling off in the waiting area - Manager said the children's area was being redecorated in a few weeks.
- Waiting lists is still below target - This was work in progress and had improved recently due to recruiting new staff.

#### Diabetes- King Edward VII Hospital

Positives observed during the visit:

- Access for wheelchair users.
- Posters and information available in alternative languages.
- Staff were very approachable and accommodating.
- Clinic was well signposted.
- Toilet areas were clean.

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

- Photo board was not up to date and pictures were missing - This was in progress and there had been some changes to staff.

- No receptionist was available on the day of visit - Receptionist was off on day of visit but there is usually one present during clinic times.
- The feedback board was empty in the waiting area- Lead nurses highlighted that information would be helpful to demonstrate that feedback is acted on, this will be addressed.

**Linda Nelson & Pauline Engola**  
**Professional Development Nurses**  
**April 2023**

## Appendix 2: complaint, compliment and PALS activity

### All formal complaints received

Service	2021-22						2022-23						
	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	5	8	10	9	32	13.85	11	10	18	↓	14	53	22.00%
CAMHS - Child and Adolescent Mental Health Services	5	10	6	10	31	13.42	4	6	13	↓	10	33	14.00%
Crisis Resolution & Home Treatment Team (CRHTT)	5	4	2	4	15	6.49	3	9	6	↓	4	22	9.00%
Acute Inpatient Admissions – Prospect Park Hospital	11	8	7	6	30	12.99	13	7	9	↓	6	35	15.00%
Community Nursing	4	5	2	1	12	5.19	3	0	4	↑	5	12	5.00%
Community Hospital Inpatient	6	8	6	5	25	10.82	4	3	2	↓	1	10	4.00%
Common Point of Entry	0	1	1	0	2	0.87	0	1	3	↓	1	5	2.00%
Out of Hours GP Services	1	1	5	2	9	3.9	1	0	1	↑	2	4	1.50%
PICU - Psychiatric Intensive Care Unit	3	1	2	1	7	3.03	1	2	0	↑	4	7	3.00%
Urgent Treatment Centre	1	1	0	0	2	0.87	1	0	0	-	0	1	0.50%
Older Adults Community Mental Health Team	0	0	0	2	2	0.87	1	1	0	-	0	2	1.00%
Other services during quarter	18	14	14	16	64	27.71	19	11	15	↓	11	56	23.00%
<b>Grand Total</b>	<b>59</b>	<b>61</b>	<b>55</b>	<b>56</b>	<b>231</b>	<b>100</b>	<b>61</b>	<b>50</b>	<b>71</b>		<b>58</b>	<b>240</b>	<b>100.00%</b>

## Locally resolved concerns received

Division	Jan	Feb	March	Qtr 4
CYPF	1	1		2
Community Mental Health East	1	1		2
Community Mental Health West		1		1
Community Physical Health East			1	1
Community Physical Health West	4	8	2	14
<b>Total</b>	<b>6</b>	<b>11</b>	<b>3</b>	<b>21</b>

## Informal Complaints received

Division	Jan	Feb	March	Qtr 4
CYPF	1	1	1	3
Community Mental Health West		1	1	2
Community Physical Health West		1	1	2
Corporate	1		1	2
Mental Health Inpatients			1	1
<b>Total</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>10</b>

## KO41a Return

We have been informed by NHS Digital that they are no longer collecting and publishing information for the KO41a return on a quarterly basis, but will now be doing so on a yearly basis. We will expect to be asked to submit our information in May 2023, so this will next be reported in the Q2 2023 report.

## Formal 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).

## Outcome of formal complaints closed

Outcome	2021-2022				2022-2023							
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Higher or lower than previous quarter	Q4	Total for year	% of 22/23	
Not Upheld	27	36	34	21	23	22	23	↑	38	106	43.00%	
Partially Upheld	19	18	22	22	21	30	26	↓	25	102	41.00%	
Upheld	9	11	6	6	12	9	7	↓	8	36	15.00%	
SI	0	0	0	0	1	0	1	↑	1	3	1%	
<b>Grand Total</b>	<b>55</b>	<b>65</b>	<b>62</b>	<b>49</b>	<b>57</b>	<b>61</b>	<b>57</b>		<b>72</b>	<b>247</b>	<b>100.00%</b>	

46% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 58% quarter 3), these were spread across several differing services.

### Complaints upheld and partially upheld

Service	Main subject of complaint											
	Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangements	Financial Issues/Policy	Medical Records	Patients Property and Valuables	Waiting Times for Treatment	Grand Total
Adult Acute Admissions - Bluebell Ward	1											1
Adult Acute Admissions - Daisy Ward									1			1
Adult Acute Admissions - Rose Ward					1							1
Adult Acute Admissions - Snowdrop Ward				1								1
CAMHS - AAT						1						1
CAMHS - ADHD				1							1	2
CAMHS - Rapid Response			1	1								2
CAMHS - Specialist Community Teams				2					1			3
Children's Occupational Therapy - CYPIT					1							1
CMHT/Care Pathways				4	1			1				6
Community Hospital Inpatient Service - Jubilee Ward							1					1
Community Hospital Inpatient Service - Windsor Ward										1		1
Crisis Resolution and Home			1	1								2

Treatment Team (CRHTT)												
District Nursing				2								2
Out of Hours GP Services											2	2
Phlebotomy		1										1
PICU - Psychiatric Intensive Care - Sorrel Ward	2											2
Psychological Medicine Service				1								1
Talking Therapies - Admin/Ops Team				1								1
Talking Therapies - PWP Team				1								1
<b>Grand Total</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>15</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>33</b>

## PHSO

During Quarter 4, we had one new case referred to the Ombudsman, which relates to the Older Adults Mental Health Team in the west. This is being reviewed by the PHSO to see if an investigation is appropriate.

We received the outcome of a complaint that had been under investigation for a few years. The PHSO had partially upheld an element of the complaint against us, and we have complied with their recommendations.

## Compliments

The chart below shows number of compliments received into services, these are in addition to any compliments received through the iWGC tool.

	2021/22					2022/23				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total to date
					2021/22					2022/23
Compliments	1076	986	960	772	3794	1076	1119	1403	924	4522

## Top 10 services with the highest number of compliments

Service	Number of compliments
District Nursing	156
Diabetes	79
Intermediate Care	37
CMHTOA/COAMHS - Older Adults Community Mental Health Team	36
Community Respiratory Service	21
Children's Speech and Language Therapy - CYPIT	20
Cardiac Rehab	19
Community Hospital Inpatient Service - Oakwood Ward	19
Community Hospital Inpatient Service - Windsor Ward	19
Older Adults Inpatient Service - Orchid ward	16

## PALS activity

PALS provides a signposting, information, and support service across Trust services within Berkshire. The service deals with a range of queries with an emphasis on informal resolution. PALS collaborates with the complaints team in order to triage queries which may merit a formal investigation.

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 is available across all inpatient areas. The PALS Manager continues in the role Armed Forces Service Network champion. PALS is also responsible for responding to postings on the NHS website which refer to Trust services.

There were 310 queries recorded during Quarter four. An increase of 47 since Quarter 3. 303 queries were acknowledged within the 5 working day target but the recording of queries has fallen behind due to the volume of queries coming into the service. PALS has engaged a volunteer on a part time basis, and this has improved direct access to the service. The volunteer is also recording queries which has improved the rate of data collection.

In addition, there were 189 non-BHFT queries recorded. Work is ongoing as part of the QMIS process to reduce this number. Another member of the Patient Experience Team is consistently helping with the recording process in order to improve the rate of data collection.

The services with the highest number of contacts are in the table below:

Service	Number of contacts.
CAMHS AAT	28
Phlebotomy	27
CAMHS ADHD	20
CMHT Care Pathways	20
CAMHS CPE	17
CRHTT	15
IPASS	11



Formal Complaints closed during Quarter four 2022-23

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
8760	Wokingham	CAMHS - Rapid Response	Low	Experience of pt not being acknowledged by staff for their gender, action plan to be put in place for future cases	Upheld	Sage and Thyme training identified for staff	Attitude of Staff
8751	Reading	Community Hospital Inpatient Service - Oakwood Ward	Low	Pt discharged from Oakwood, after 2 hours of being at home an ambulance was called and he was readmitted to the RBh. Family believe it was a negligent discharge that should never of happened	Not Upheld	No consent received	Discharge Arrangements
8761	Wokingham	CAMHS - Anxiety and Depression Pathway	Low	lack of neurodiverse inclusivity within the support offered to pt. Inefficient and ineffective triaging	Not Upheld		Care and Treatment
8777	Reading	Psychological Medicine Service	Minor	emergency contact numbers not used at the time of crisis. Pt left for 21 hrs in A&E with no clear plan from MH services	Upheld	MHAA Team made aware the defer resulted in patient waiting longer in ED, the team will make sure that this does not happen again  There is now a designated space for mental health service users when attending ED.	Care and Treatment
8782	Wokingham	CMHT/Care Pathways	Minor	DECEASED Pt: Family wish an investigation into how a pt with sever MH issues was allowed to come of their medication. How abuse within the house was allowed without any services being aware	Partially Upheld	Apology given for the lack of contact about the investigation taking place. The clinical care and decision making were appropriate and safe.	Care and Treatment
8743	Windsor, Ascot and Maidenhead	Common Point of Entry	Low	complainant unhappy that services would not help the patient but instead sent the information to police and safeguarding	Not Upheld		Communication
8781	Reading	Adult Acute Admissions - Rose Ward	Minor	complainant during previous admissions of pt to PPH. - Response to include: •Concerns about PPH not involving complainant during the CPA discharge meeting •Difficulties to get through to the wards in PPH, either not responding to phone or asking to call back.	Upheld	Review the Carer Lead role in the absence of Clinical Development lead and re nominate the role to another member of the Multi-Disciplinary Team  Carers Clinic to be piloted, where an afternoon will be set aside for appointments with families to discuss their loved one's care and treatment with Multi-Disciplinary Team members  Pilot of a monitored email for Carers and relatives to use to contact the ward and avoid frustration of being unable to access the ward via the telephone.	Communication
8786	Reading	Adult Acute Admissions - Daisy Ward	Low	Allegedly pt was previously taken off medication which led to an episode. Pt currently in PPH where they have had their items taken away due to policy	Not Upheld	pt refused consent	Care and Treatment
8795	Slough	CMHT/Care Pathways	Low	Pt feels there is a lack of respect and humanity for Dr due to their history. They feel they should be entitled to a proper MH assessment	Not Upheld	Dual diagnosis worker to engage and facilitate joint assessment	Care and Treatment
8792	Slough	CMHT/Care Pathways	minor	1. pt believes drug prescribed made them violent. 2. clinicians appeared on pt's parent's door step threatening to call police if they ever drive again 3&9. DVLA revoked license allegedly due to calls may by SCMH, wants to know what they are going to do about it. 4. requested Christian consultant which too a year 5&6. pt fees psychiatrist won't listen about lack of Vitamin B, states it has caused MH issues 7. lack of trust hindering recovery 8. pt refusing to see psychiatrist and under DPA stating SCMH cannot tell the GP 10. feels all bad treatment is due to complaint raised when in PPH	Partially Upheld	IO to liaise with the lead clinician for the Physical Health Clinic to request pt is offered a Physical Health check (her last one was 3rd December 2021). Pt is concerned about her physical health due to being on antipsychotic medication, and this will help assuage her concerns.  IO to liaise with a Psychologist/Psychological therapist colleague to identify Psychoeducation/independent workbook materials in relation to managing stress in the context of complex trauma.  IO to ensure it is reflected in pt's clinical records that she feels Promethazine makes her physically and verbally hostile, and if possible she would like to explore alternative medications should short-term anti-anxiolytics be required.	Care and Treatment
8800	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	Low	tried to obtain to get help from GP/CMHT/Crisis no one would help until 1 week before admission feels this is negligence	Partially Upheld	staff to consider not withholding phone numbers when calling patient	Care and Treatment
8803	Wokingham	Community Hospital Inpatient Service - Windsor Ward	Low	E800 Denture missing + issues with discharge and other missing items	Upheld	Claim for denture – complainant to send receipt to IO.  Information and reminders to staff about care of patient's property.  Information and reminders to staff about discharging patients in appropriate clothes.	Patients Property and Valuables
874	Windsor, Ascot and Maidenhead	District Nursing	Low	Care and treatment provided to the pt. The complainant also said they were appalled at their attitude.	Not Upheld	no consent received	Care and Treatment
8768	Wokingham	CMHT/Care Pathways	Moderate	Sec 117 funding to support transport to and from school safely	Partially Upheld	To consider training for staff in relation to pre/post transition s17 aftercare.  To review needs assessment process pre/post transition to identify and agree a single overarching needs assessment that carries forward post-18 (it is possible currently to carry out a Care Act assessment pre-18 and so it may be that this is standardised?)	Financial Issues/Policy
8848	Windsor, Ascot and Maidenhead	District Nursing	Low	Family feel the DN team is disjointed and uncoordinated, both internally and also in its relationships with other services. The District Nursing team does not appear to be providing sufficient support for the EOL patient; the level of support seems to be variable and insufficient. CHC funding was due to be applied for but then not	Not Upheld	withdrawn due to local resolution	Care and Treatment
8762	Slough	CAMHS - AAT	Minor	YP's personal data sent to the wrong address	Upheld	When receiving a completed Healos Invite, ensure it is saved in the correct folder with the CYP initials, as a PDF file as soon as it is opened  Process for opening / storing / labelling invitations and completed documents communicated to admin team  In the event of a data breach by admin in future, admin have been instructed to escalate this to Joint Team Leads as a matter of urgency, before contacting the relevant family/families. Contact to be made with the family by telephone, not via email / voicemail / text. Ensure that we do not ask for patient identifiable information to be sent via email, due to risk of further breaches.	Confidentiality
8789	Reading	Talking Therapies - Admin/Ops Team	Minor	Lack of support from service following a fire incident December 2021	Partially Upheld	apology offered as offer of initial appointment was greater than the 5-6 months explained at outset	Care and Treatment

8797	Bracknell	CMHT/Care Pathways	Low	Unhappy with the Trust response regarding Dr ORIGINAL COMPLAINT BELOW Pt feels harassed by doctor and care co-ordinator	Not Upheld		Attitude of Staff
8798	Bracknell	CMHT/Care Pathways	Low	Pt believes clinician breached their confidentiality agreement as believes intimate details of therapy have been discussed with other clinicians, wants recordings of conversations to be destroyed	Not Upheld		Confidentiality
8858	Bracknell	Admin teams and office based staff	Low	Patient say he has not been sent information requested in SAR	Not Upheld	No breach in timescales for SAR, apology offered for not acting.	Communication
8823	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Family feel a number of opportunities to help the pt have been missed by services, feel Crisis could have done more but praise what was done	Not Upheld	not pursued as no consent granted	Care and Treatment
8842	Bracknell	Immunisation	Low	YP immunised without parent consent form being completed	Not Upheld	Imms service to review non responder process for year 9 children receiving dose 1 to ensure that the same information about HPV being a two-dose vaccination is included/provided. Imms service to review information sent to families re HPV to ensure that it is explicitly stated that the consent form covers BOTH doses of the HPV and that by signing the form parents are consenting to two doses. Imms service to review questions asked prior to vaccination to decide whether question relating to previous vaccinations should be made even more explicit for HPV dose 2 – i.e. to ask the young person "Did you have any adverse reactions or feel unwell following dose 1 of your HPV?"	Communication
8815	Wokingham	District Nursing	Low	Deceased pt: Family believe the OT lied about their status within the NHS, entered the property without permission, broke furniture and stole a wedding ring	Not Upheld	Staff could have recorded that furniture was broken and broke further when attempted to move. An incident that occurred should be recorded.	Attitude of Staff
8831	Slough	Talking Therapies - PWP Team	Minor	family unhappy with the care provided by TT, questioning what they can do next to help the pt	Not Upheld		Care and Treatment
8833	Windsor, Ascot and Maidenhead	CAMHS - ADHD	Low	lack of information provided to family until MP enquiry, records requested and yet to be sent, emails bounce back as the inbox is full	Partially Upheld	Update website	Waiting Times for Treatment
8821	Reading	Out of Hours GP Services	Moderate	Pt called to obtain antibiotics as previously prescribed with the same symptoms, complainant unhappy this took approx 18 hours	Upheld	WestCall post Bank Holiday Analysis Meeting Implementing Rota Master for shift transparency and ease	Waiting Times for Treatment
8818	Reading	Adult Acute Admissions - Daisy Ward	Low	Pt feels sectioning took place due to incorrect information documented in their medical records from July 2018	Partially Upheld	Learning identified around documentation of nearest relative	Medical Records
8829	Bracknell	Talking Therapies - PWP Team	Minor	Pt unhappy with the way the therapist managed them and their sessions	Partially Upheld	Reflection undertaken by Therapist	Care and Treatment
8689	Slough	CAMHS - Rapid Response	Moderate	Mother complaining about care for daughter. Multiple calls to RRT and ended with hospital admission.	Partially Upheld	Breakdown in referral process between Trusts. Feedback given to both.	Care and Treatment
8838	West Berks	Out of Hours GP Services	Moderate	SCAS referred for 1 hour call back, chased 1hr 17 mins later. Family took pt to hospital themselves where they later died	Serious Untoward Incident Investigation	escalated to SI	Waiting Times for Treatment
8822	Reading	CAMHS - ADHD	Low	Family unhappy they have yet to receive any help from services despite completing all the forms	Not Upheld		Waiting Times for Treatment
8807	West Berks	CMHT/Care Pathways	Minor	Why do services wish to place the pt on CTO when discharged from unit? Issues around S117 funding need to be sorted. Pt would prefer a new CC. Feels being detained is a violation of their rights	Not Upheld	awaiting IO confirmation of outcome	Care and Treatment
8824	Reading	Adult Acute Admissions - Snowdrop Ward	Low	Pt feels he is being lied to, states the Dr is hostile and they are being detained longer than necessary	Not Upheld		Care and Treatment
8830	Reading	Adult Acute Admissions - Snowdrop Ward	Minor	Complaint is re snowdrop ward professionalism, confiscation of phone, apparent double dose of meds and lack of section 17 leave.	Not Upheld	There is some evidence of planning around removing property but is of poor quality.	Care and Treatment
8845	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Very unhappy with members of the Crisis team, from being hung up on and not understood	Partially Upheld	Apology offered by staff as appropriate. Offer made to pt to work to find a way he finds therapeutic	Attitude of Staff
8791	Wokingham	CMHT/Care Pathways	Minor	Pt appalled at the level of care provided and the rudeness of staff within the service	Partially Upheld	Pt request for support with Mental health and medication to be discussed with MCHS Pt offered an apology for feeling dismissed and not listened to by CMHT staff Refer pt to previous letter dated 7th of February from service manager regarding the barter option If required, provide guidance to GP on how to restart medication	Care and Treatment
8837	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	pt unhappy with staff's verbal and physical conduct on the ward as well as allegedly denying the pt basic human rights	Not Upheld		Attitude of Staff
8801	Reading	CMHT/Care Pathways	Low	Pt does not understand how MH treatment can be given without a firm diagnosis. Wishes to know diagnosis with evidence behind it. Also wishes to know what the MH team meant by 'we've got it wrong'	Not Upheld		Care and Treatment
8811	Windsor, Ascot and Maidenhead	CAMHS - Specialist Community Teams	Minor	request for complaint investigation to be reviewed ORIGINAL COMPLAINT BELOW lack of support available to the YP	Not Upheld	Feedback, mums concern regarding gap in service provision for under 12s and alternative therapy for anxiety.	Care and Treatment
8840	West Berks	CAMHS - Specialist Community Teams	Minor	Complainant feels there are several inaccuracies that they find damaging and caused the complainant to feel depressed and suicidal in the recently received assessment report. They would like it rewritten	Partially Upheld	Letter/report to be amended	Medical Records
8835	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Minor	Unhappy with response, wishes to see CCTV ORIGINAL COMPLAINT BELOW Unprofessional behaviour from a staff member on the ward	Partially Upheld	Staff member to undertake supervision and reflective sessions	Abuse, Bullying, Physical, Sexual, Verbal

8696	Reading	CAMHS - Specialist Community Teams	Low	BHFT Clinicians not turning up to appts. Regular appts seem to have stopped. Handover not actioned between clinicians. Lack of concern for pt's suicidal thoughts	Partially Upheld	Clearer information be provided to service users stating that unconfirmed appointments will be cancelled automatically by the service.	Care and Treatment
8749	Slough	CMHT/Care Pathways	Low	Pt going through a custody battle which maybe lost due to stay in PPH and CMHT diagnosis which wasn't there before	Not Upheld	If patient wishes; following receipt of complaint response, then IO has offered to forward complaint to Children, Young People and Families services.	Communication
8876	Bracknell	CMHT/Care Pathways	Low	Complainant wishes the historical element of their complaint to be investigated ORIGINAL COMPLAINT BELOW Complainant unhappy that the patient may need to do shared accommodation despite all multi agencies saying otherwise	Not Upheld		Care and Treatment
8839	Slough	District Nursing	Minor	DECEASED PT: family feels UTI with the patient was missed	Partially Upheld	Importance of confirming that emails sent to GP surgeries have gone, and need to follow up that actioned Importance of following care plan for individual patient including Ketone monitoring if BMI high. Staff now have ketone meters and have completed Diabetic update training. IDENTIFYING OBS THAT ARE AND TAKING APPROPRIATE ACTION TO RULE OF SEPSIS PROCEDURE FOR TAKING CLEAN URINE SAMPLE FROM PATIENTS WITH INDWELLING URETHRAL CATHETERS Explore NMPs within Community Nursing as alternative to GP PROCESS FOR TEAMS TO RAISE CLINICAL CONCERNS WHEN TIMELY RESPONSE NOT RECEIVED FROM GP	Care and Treatment
8885	Windsor, Ascot and Maidenhead	CAMHS - Specialist Community Teams	Minor	Family wish to know when SCT will commence as coming to the end of ITT they feel there should be no brake in therapy. Family extremely concerned about the escalating behaviour of the YP further concerns added 27.2.23	Partially Upheld	There needs to be a process in place for the retrieval of emails in a teams general email inbox and the message being relayed to the individual clinician Care plans and decisions around the formulation of care and treatment should be given out during the sessions.	Care and Treatment
8856	Reading	Podiatry	Low	1. Pt feels the nurse who attended to the wound should not have handed over to, what they felt was an unskilled, untrained person to do the dressing. 2. Pt feels the reception staff for the clinic was extremely rude to them on the phone following their appt.	Not Upheld		Care and Treatment
8863	Slough	Common Point of Entry	Low	Attitude of the call handler	Not Upheld		Attitude of Staff
8873	Windsor, Ascot and Maidenhead	District Nursing	Minor	DN's attended stating they were not trained to use the hoist and both had bad backs so could not lift the pt who was left in urine soaked clothes due to blocked catheter	Partially Upheld	Reflection and learning with staff members OH and Physiotherapy support offered for back pain CC to complete High Risk M&H when booked later in 2023	Care and Treatment
8904	Reading	Neuropsychology	Low	Issues with communication from the service, no medication renewal	Not Upheld		Communication
8879	West Berks	Phlebotomy	Low	Pt feels the booking system is not fit for purpose	Partially Upheld	points 1-3 not upheld point 4 partially. Options have now been removed to simplify the process	Access to Services
8869	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	pt unhappy about the conditions they are being kept in, the attitude of the staff and other pts. States the Dr should visit every 2 hrs in seclusion but only comes once a day. Feels they are medicating out of spite. Want to appeal against Sec 3	Not Upheld		Care and Treatment
8859	Reading	Adult Acute Admissions - Bluebell Ward	Minor	Pt feels the ward did not display effective and engaging care, several allegations of bullying from staff. Letters sent to ward manager were not acknowledged or responded to. Pt wishes to know what ongoing training is being provided to staff re communication with pts.	Partially Upheld	The trust is will continue to work with all staff as part of the objectives in supporting them to provide the best care to our patients.	Abuse, Bullying, Physical, Sexual, Verbal
884	Windsor, Ascot and Maidenhead	CAMHS - ADHD	Minor	No follow up call provided since initial medication despite being advised there would be. Complainant concerned as repeat prescriptions of controlled medication are given without YP being seen	Upheld	Reminder to all clinicians about care during titration: process, responsibilities and importance of following and documenting this Reminder to all staff regarding the expectations and the importance of entering updates into the records for the records to have a clear care plan and be a full record of care provided	Care and Treatment
8854	West Berks	CMHT/Care Pathways	Minor	Pt wishes a plan to be put in place for future support	Not Upheld		Care and Treatment
8820	Reading	Adult Acute Admissions - Bluebell Ward	Low	Complainant wishes to know pt's treatment plan in the community, feels the pt is not fit enough to attend appts etc. Complainant wishes for pt to be able to obtain residential treatment	Not Upheld		Care and Treatment
8897	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Discharged from A&E after 2 days following a suicide attempt. Pt feels they should have been admitted. Also unhappy with Care Coordinator	Not Upheld	CMHT Care Coordinator to be notified of pt's request for support to raise awareness of her condition with family and friends chosen.	Care and Treatment
8853	Slough	Community Hospital Inpatient Service - Jubilee Ward	Minor	Family unhappy the pt was discharged home from the ward. Pt fell within 24 hrs, taken to A&E with pneumonia.	Partially Upheld	A local resolution is now in place to manage the way the initial assessments are completed with a check list for essential equipment for discharge. This will be added to the daily handover. In service training on discharge processes and communication with patient and families will be arranged Clear communication process for referral to be implemented between the ward and social services regarding the installation and assessment for pendant/falls alarms All staff will be invited to training on record keeping and a regular review of this will be implemented	Discharge Arrangements
8884	Reading	Out of Hours GP Services	Low	Long delay in being seen despite having an appt. Cu's why a prescription was not forth coming from the triage nurse	Partially Upheld	TB Service Manager emailed Locum Agency to ensure staff rostered do fulfill shifts by double checking WestCall Action Plan to use Notice Boards to update patients at PCC (Westcall meeting 21/2/23 action 11.5)	Waiting Times for Treatment
8836	Reading	Adult Acute Admissions - Rose Ward	Low	Complainant is concerned for the safety of the pt due to physical abuse from other patients, issues surrounding when food is served on the ward and the Dr not attending a scheduled appt	Not Upheld	Complaint withdrawn	Abuse, Bullying, Physical, Sexual, Verbal
8868	West Berks	Immunisation	Low	Vaccine received without consent being given from parent	Not Upheld		Communication

8857	Reading	CMHT/Care Pathways	Moderate	Bad communication for the ward to the family. Family feel current presentation of the could have been avoided and would like to understand what went wrong	Partially Upheld	review of policies to be undertaken	Care and Treatment
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Making Berkshire Healthcare...

# Outstanding for everyone

National staff survey results: 2022



Jane Nicholson

Page number 46

2022...

# Strong results *within a wider setting*

2022 felt different to the previous two years and in some ways, harder. We started moving away from Covid being the primary focus, but it certainly didn't go away. We started to deal with the longer-term impact in areas such as pressure to ramp up services again, clear the backlogs and manage additional acuity.

So, it's reassuring to see that we are maintaining our positive scores (*even when other trusts haven't*) and that we are above average within our group in nearly all areas.

Of the 60 questions which were the same as 2021...

Increased more than 3%	25
Within 3% (+/-) or or 2021 score	34
Decreased more than 3%	1

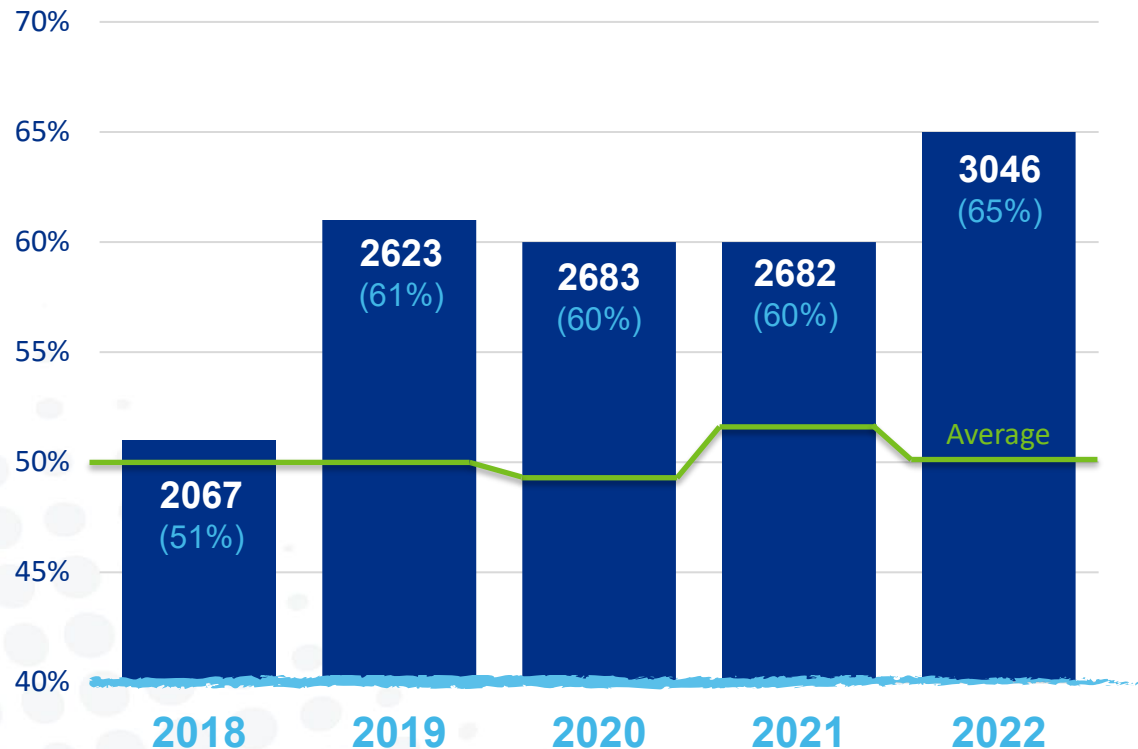


# National staff survey response rates

- year on year



Berkshire Healthcare  
NHS Foundation Trust



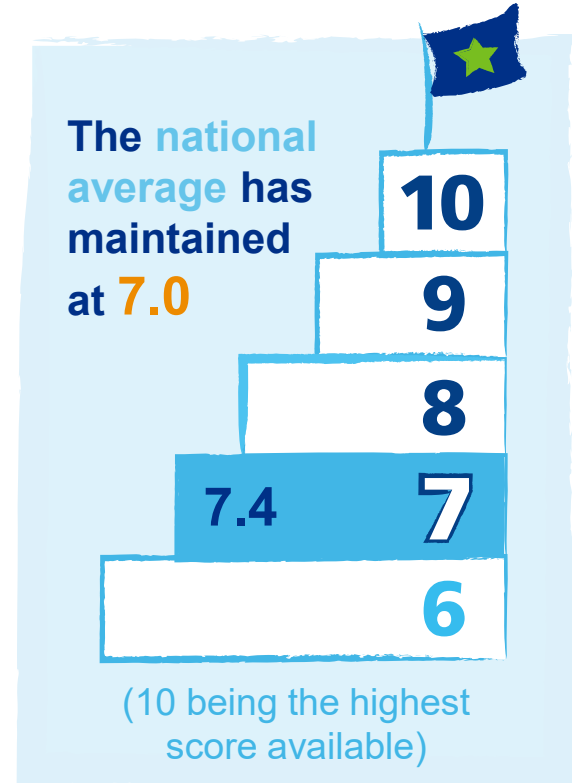
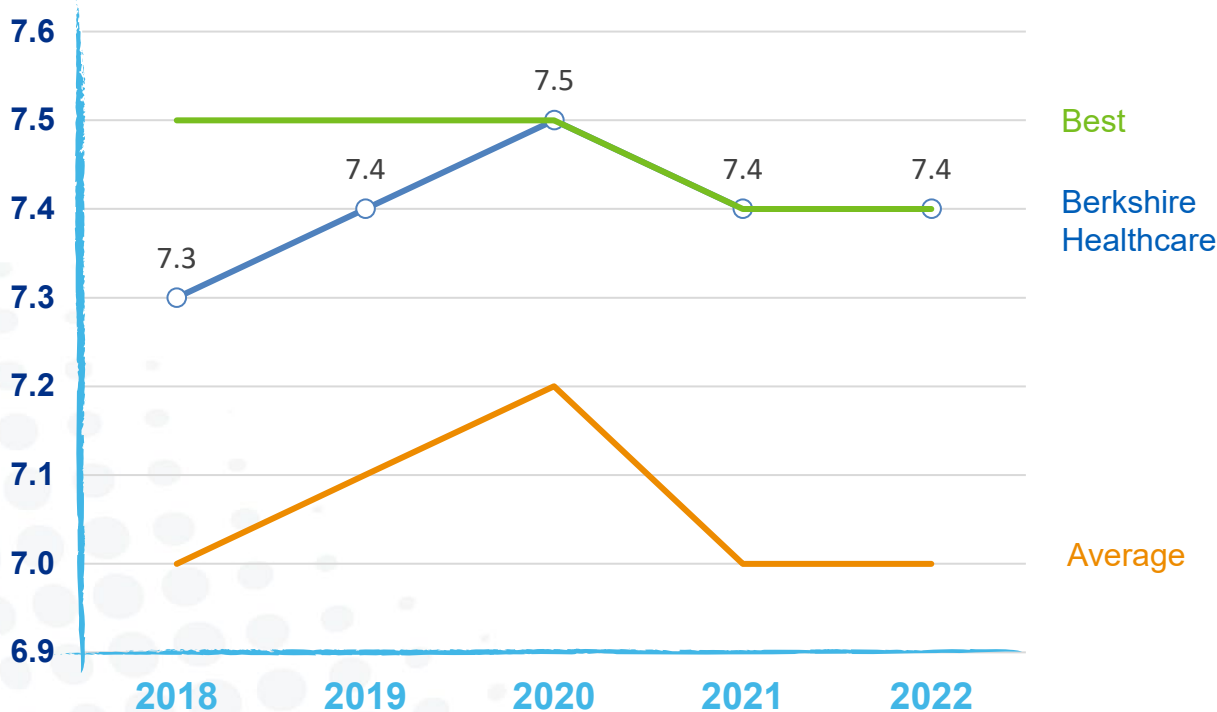
In 2022 **65%** of you took the time to tell us what it feels like to work here. **Thank you!**

We are now **15%** above the average response rate for 51 Mental Health / Learning Disability and Community combined Trusts (50%).

# Overall engagement score

Our overall engagement score has maintained at 7.4.

We are still achieving the best score for our group.





# 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	2020	2021	2022
Motivation	2a	Often/always look forward to going to work	66	61.4	63.8
	2b	Often/always enthusiastic about my job	78.3	74	75.2
	2c	Time often/always passes quickly when I am working	82.8	79.6	80.5
Advocacy	18a	Care of patients/service users is organisations top priority	87.7	86.4	86.5
	18c	Would recommend organisation as a place to work	77.8	73.5	73
	18d	If friends or relatives needed treatment would be happy with the standard of care provided by organisation	80.1	77	76.5
Involvement	4a	Opportunities to show initiative in my role	78.6	77.1	79.9
	4b	Able to make suggestions to improve the work of my team/dept	81.9	80	79.9
	4d	Able to make improvements happen in my area of work	66.5	65	65.1
Response rate	%		60	60	65



# 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



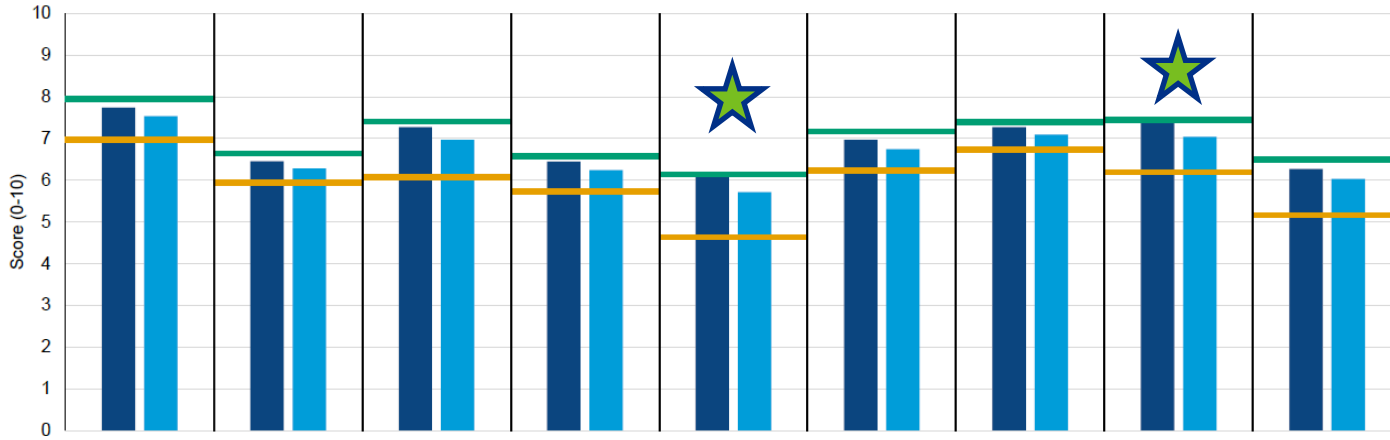
We are a team



Staff engagement






Staff morale



The **nine** themes from the survey 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.

Your org	7.7	6.5	7.3	6.4	6.1	7.0	7.3	7.4	6.3
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	3039	3042	3022	3027	2947	3036	3038	3043	3045

# We've had **great success** in areas...

Section	Description	Organisation 2022	Best	National Average 2022
People Promise element 1: We are compassionate and inclusive	Compassionate culture sub-score	7.7 	7.7	7.2
	Compassionate leadership sub-score	7.5	7.8	7.4
	Diversity and equality sub-score	8.4	8.7	8.3
	Inclusion sub-score	7.4	7.6	7.3
People Promise element 5: We are always learning	Development sub-score	6.9	7.0	6.7
	Appraisals sub-score	5.4 	5.4	4.9
Theme: Staff Engagement	Motivation sub-score	7.5 	7.5	7.2
	Involvement sub-score	7.3	7.5	7.1
	Advocacy sub-score	7.5	7.6	6.9

**The stars** indicate where we have achieved the **top score** compared to other combined trusts.

# ...getting top marks in some questions...






	Average	Our Score
Time passes quickly when I am working	75.7%	80.5%
My organisation takes positive action on health and wellbeing	63.7%	74.3%
The team I work in has a set of shared objectives	75.5%	82.6%
I have adequate materials, supplies and equipment to do my work	63.3%	70.8%
I would recommend my organisation as a place to work	62.8%	73%

We've got the top score on this question for the last 5 years...

...and this one for the last 3 years

# ...and showing **positive trends** in others



		2018 Score	2022 Score	Movement	Distance from Picker average
Have adequate materials, supplies and equipment to do my work		63.3%	<b>70.6%</b>	<b>7.3%</b>	<b>9%</b>
Relationships at work are unstrained		51.7%	<b>58.7%</b>	<b>7.0%</b>	<b>4%</b>
Immediate manager asks for my opinion before making decisions that affect my work		62.6%	<b>69.0%</b>	<b>6.4%</b>	<b>2%</b>
Have realistic time pressures		19.9%	<b>26.0%</b>	<b>6.1%</b>	<b>0%</b>
Would feel confident that organisation would address concerns about unsafe clinical practice		67.3%	<b>73.3%</b>	<b>6.0%</b>	<b>13%</b>

# There's still work to do in areas...

Section	Description	Organisation 2022	Best	National Average 2022
<b>People Promise element 1:</b> We are compassionate and inclusive	Compassionate culture sub-score	7.7	7.7	7.2
	Compassionate leadership sub-score	7.5	7.8	7.4
	Diversity and equality sub-score	8.4	8.7	8.3
	Inclusion sub-score	7.4	7.6	7.3
<b>People Promise element 4:</b> We are safe and healthy	Health and safety climate sub-score	5.9	6.2	5.7
	Burnout sub-score	5.3	5.5	5.2
	Negative experiences sub-score	8.1	8.3	7.9
<b>Theme: Morale</b>	Thinking about leaving sub-score	6.3	6.6	6.1
	Work pressure sub-score	5.7	5.9	5.3
	Stressors (HSE index) sub-score	6.8	7.0	6.7

**The boxes** indicate areas where want to be closer to the **top score**.


These scores reflect existing areas of work:

- Compassionate leadership, Diversity & inclusion
- Wellbeing & negative experiences
- Retention
- Excessive working hours

# ...with some questions below average responses...

		Organisation 2022	National Worst 2022	National Average 2022
I have personally experienced discrimination at work from patients / service users, their relatives or other members of the public in the last 12 months		8.4%	17.8%	6.8%
Reported last experience of physical violence at work		87.5%	79.4%	89.6%
Experienced musculoskeletal problems as a result of work activities		26.4%	30.9%	24.6%
Felt pressure from manager to come to work while unwell		18.8%	20.2%	14.9%
I have worked additional UNPAID hours for this organisation		64.9%	78.2%	61.2%
Experienced discrimination on the grounds of:				
- Religion		6.6%	10.1%	4.2%
- Ethnic background		56.9%	69.6%	40.6%

# ...and showing downward trends in others...

		2018 Score	2022 Score	Movement	Distance from Picker average
I am unlikely to look for a job at a new organisation in the next 12 months		54.4%	<b>53.3%</b>	<b>-1.2%</b>	<b>3%</b>
Received appraisal in the past 12 months		93.3%	<b>91.9%</b>	<b>-1.4%</b>	<b>8%</b>
Often/always enthusiastic about my job		77.8%	<b>75.2%</b>	<b>-2.6%</b>	<b>6%</b>
Time often/always passes quickly when I am working		83.8%	<b>80.9%</b>	<b>-2.9%</b>	<b>6%</b>
Satisfied with level of pay		35.1%	<b>29.5%</b>	<b>-5.6%</b>	<b>0%</b>



# Workforce Race Equality Standard (WRES)



The experience of our black and ethnic minority colleagues is considerably poorer than those who are white, and this is not acceptable.

Question		2021	2022
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	20%	19%
	BAME	29%	29%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	14%	15%
	BAME	23%	21%
Percentage believing that the trust provides equal opportunities for career progression or promotion	White	67%	68%
	BAME	46%	52%
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	14%	13%

Overall we have seen positive trends across the WRES indicators over the past 5 years and improvements in our scores this last year, with one staying the same.

We are now scoring better than average in all indicators.

**Despite this, the gap in experience remains and is not closing as much as it should, either locally or nationally.**

# Workforce Race Equality Standard (WRES) – trend information

		2018 Score	2022 Score	Movement	Distance from benchmark median
Staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public	White	22.5%	<b>18.5%</b>	<b>-4%</b>	<b>-6.9%</b>
	All other ethnic groups	31.2%	<b>29.4%</b>	<b>-1.8%</b>	<b>-2.4%</b>
Staff experiencing harassment, bullying or abuse from staff	White	20.1%	<b>15.4%</b>	<b>-4.7%</b>	<b>-2.1%</b>
	All other ethnic groups	26.2%	<b>20.8%</b>	<b>-5.4%</b>	<b>-2%</b>
Staff who said their organisation acts fairly with regard to career progression/promotion	White	62.9%	<b>68.1%</b>	<b>5.2%</b>	<b>5.8%</b>
	All other ethnic groups	41.4%	<b>51.7%</b>	<b>10.3%</b>	<b>2.1%</b>
Staff experiencing discrimination from manager / team leader or other colleagues	White	6.8%	<b>5.2%</b>	<b>-1.6%</b>	<b>-0.5%</b>
	All other ethnic groups	16.9%	<b>13.2%</b>	<b>-3.7%</b>	<b>-0.4%</b>

# Workforce Race Equality Standard (WRES) – Divisional analysis

	Gap in experience (Organisation)	Lowest (Division)	Highest (Division)
Staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public	10.9%	1.6%	13.5%
Staff experiencing harassment, bullying or abuse from staff	5.5%	-21.1%	14%
Staff who said their organisation acts fairly with regard to career progression/promotion	16.4%	10%	27%
Staff experiencing discrimination from manager / team leader or other colleagues	8.1%	-5.8%	11.6%

# Workforce Disability Equality Standard (WDES)

The experience of colleagues with disabilities is considerably poorer than those without, and this is not acceptable.

Question		2021	2022
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Non-disabled	20%	20%
	Disabled	30%	27%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Non-disabled	11%	12%
	Disabled	19%	18%
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	Non-disabled	64%	65%
	Disabled	53%	61%
Percentage of staff satisfied with the extent to which their organisation values their work	Non-disabled	61%	61%
	Disabled	51%	52%
Percentage of disabled staff saying their employer has made reasonable adjustment(s) to enable them to carry out their work	Disabled	81%	81%

Overall we have seen positive trends across the WDES indicators over the past 5 years and improvements in our scores over the last year with one staying the same.

We are scoring better than average in most indicators.

As with ethnicity, **the gap in experience sadly remains.**



# Workforce Disability Equality Standard (WDES) – Trend info (1)

		2018 Score	2022 Score	Movement	Distance from benchmark median
Staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public	with a long lasting health condition or illness	18.8%	<b>12.3%</b>	<b>-6.5%</b>	<b>0%</b>
	without a long lasting health condition or illness	9.4%	<b>5.4%</b>	<b>-4%</b>	<b>-1.6%</b>
Staff experiencing harassment, bullying or abuse from managers	with a long lasting health condition or illness	26.1%	<b>18.1%</b>	<b>-6%</b>	<b>-0.8%</b>
	without a long lasting health condition or illness	13.1%	<b>11.5%</b>	<b>-1.6%</b>	<b>-0.6%</b>
Staff experiencing harassment, bullying or abuse from other colleagues	with a long lasting health condition or illness	34.7%	<b>26.8%</b>	<b>-7.9%</b>	<b>-5.2%</b>
	without a long lasting health condition or illness	22.0%	<b>19.7%</b>	<b>-2.3%</b>	<b>-4.7%</b>
Staff who said they reported harassment, bullying or abuse	with a long lasting health condition or illness	60.1%	<b>59.8%</b>	<b>-0.3%</b>	<b>-0.5%</b>
	without a long lasting health condition or illness	54.9%	<b>57.3%</b>	<b>2.4%</b>	<b>-2.5%</b>

# Workforce Disability Equality Standard (WDES) – Trend info (2)

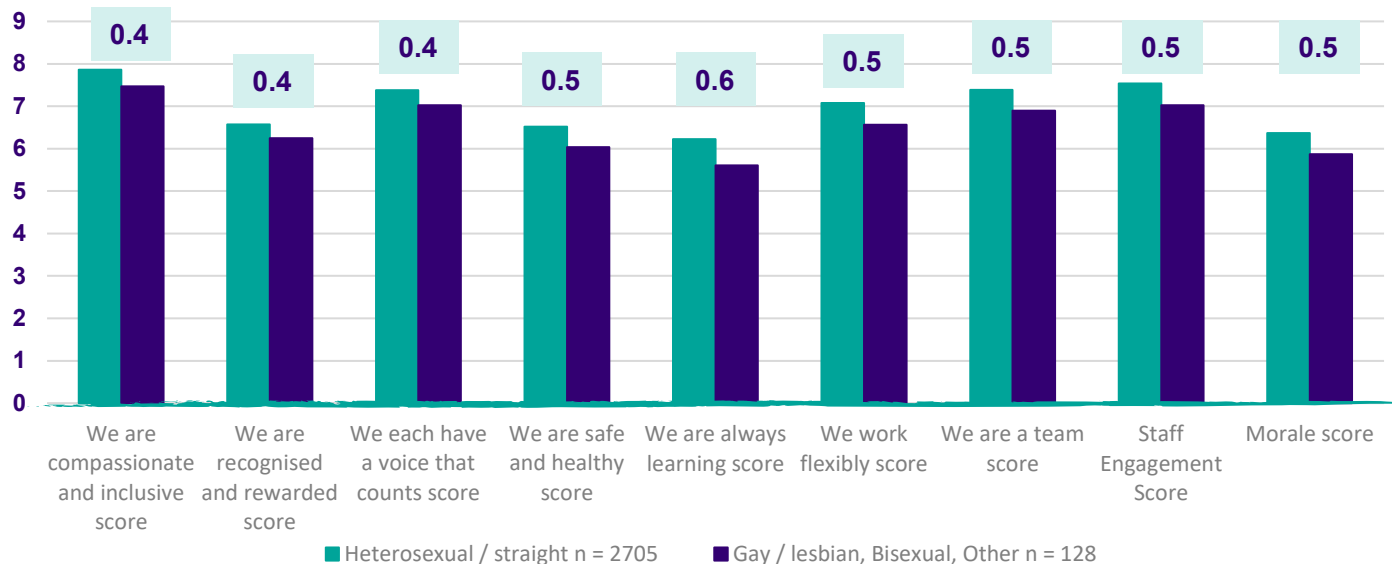
		2018 Score	2022 Score	Movement	Distance from benchmark median
Staff who said their organisation acts fairly with regard to career progression/promotion	with a long lasting health condition or illness	56.6%	<b>60.6%</b>	<b>4%</b>	<b>4.6%</b>
	without a long lasting health condition or illness	58.6%	<b>64.5%</b>	<b>5.9%</b>	<b>3%</b>
Staff who have felt pressure from their manager to come to work despite not feeling well enough	with a long lasting health condition or illness	26.7%	<b>22.5%</b>	<b>-4.2%</b>	<b>3.6%</b>
	without a long lasting health condition or illness	16.9%	<b>16.0%</b>	<b>-0.9%</b>	<b>3.3%</b>
Staff satisfaction with extent work is valued by the organisation	with a long lasting health condition or illness	44.2%	<b>51.9%</b>	<b>7.7%</b>	<b>7.9%</b>
	without a long lasting health condition or illness	58.4%	<b>61.4%</b>	<b>3%</b>	<b>8.2%</b>
Staff engagement	with a long lasting health condition or illness	7.0	<b>7.2</b>	<b>0.2</b>	<b>0.5</b>
	without a long lasting health condition or illness	7.4	<b>7.5</b>	<b>0.1</b>	<b>0.3</b>

# Workforce Disability Equality Standard (WDES) – Divisional Analysis

	Gap in experience (Organisation)	Lowest (Division)	Highest (Division)
Staff experiencing harassment, bullying or abuse from patients, managers or colleagues	11.7%	3.1%	17.2%
Staff who said they reported harassment, bullying or abuse	2.5%	-14.6%	28.2%
Staff who said their organisation acts fairly with regard to career progression/promotion	3.9%	-4.9%	6.8%
Staff who have felt pressure from their manager to come to work despite not feeling well enough	6.5%	-5.5%	17.9%
Staff satisfaction with extent work is valued by the organisation	9.4%	0.4%	16.3%
Staff engagement	-0.4	-0.1	-0.8
Has your employer made adequate adjustment(s) to enable you to carry out your work?	80.9%	57.7%	92.3%

# Sexual orientation

The report indicates that colleagues who identify as gay/lesbian/bisexual/other have a poorer experience compared to their heterosexual/straight colleagues, this is not acceptable.



A further 5% (164) of respondents did not want to share their sexual orientation.



# Sexual orientation

## Top/bottom 3 questions

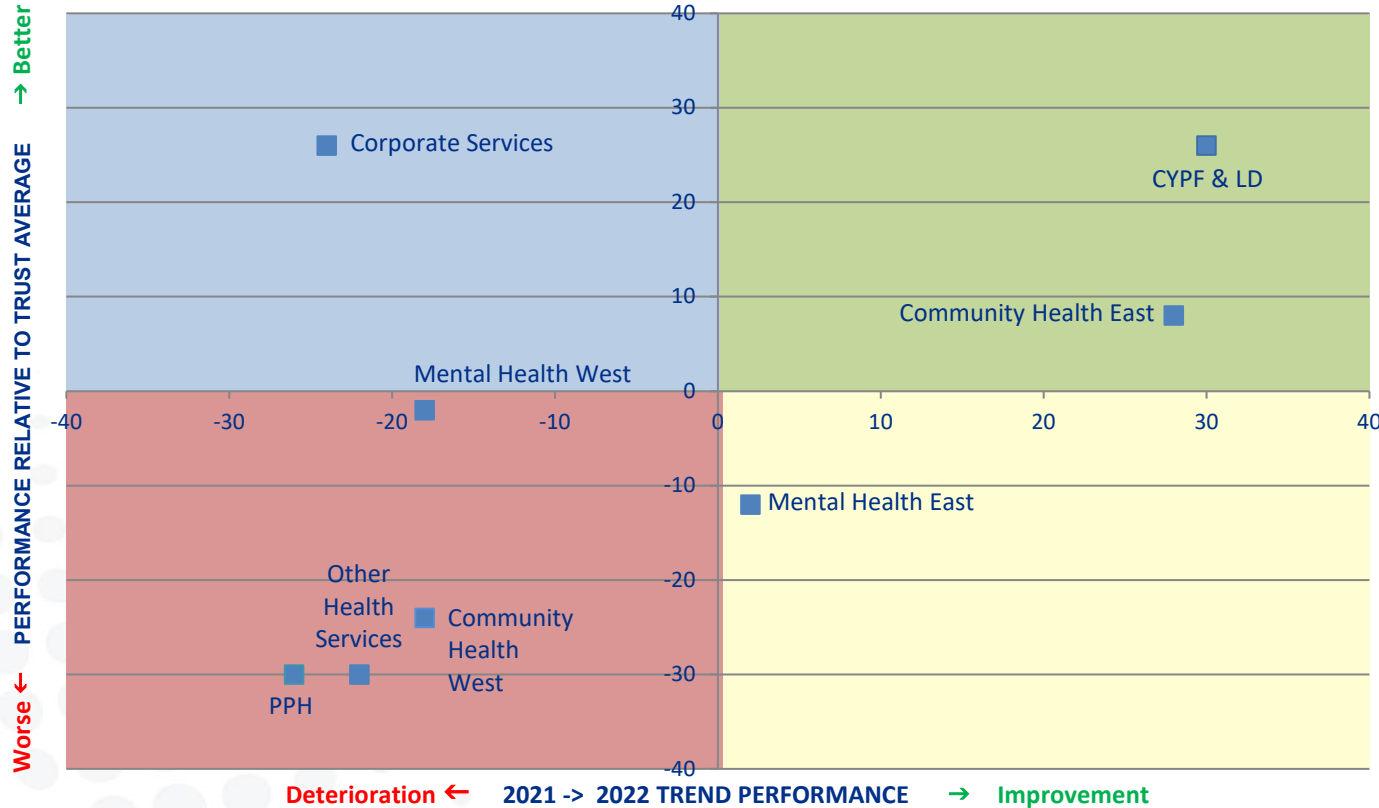
	Organisational Average	Heterosexual / straight	Gay / lesbian, Bisexual, Other	Gap in experience
<b>Questions with the biggest negative gap in experience</b>				
In last 12 months, have not felt unwell due to work related stress	61.2%	62.9%	45.2%	18%
In last 3 months, have not come to work when not feeling well enough to perform duties	48.8%	50.2%	31.0%	19%
Never/rarely exhausted by the thought of another day/shift at work	43.3%	45.2%	28.9%	16%
<b>Questions with the smallest gap in experience</b>				
Organisation offers me challenging work	76.8%	77.4%	77.3%	0%
Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	78.6%	78.9%	78.6%	0.3%
Never/rarely find work emotionally exhausting	20.3%	20.7%	21.1%	-0.4%

# Divisional movement

<p><b>Good</b> Above average performance, negative trend</p> <p><b>Challenge: Review, re-engage and re-connect</b></p>	<p><b>Great</b> Above average performance, positive trend</p> <p><b>Challenge: Share and Sustain</b></p>
<p><b>Poor</b> Below average performance, negative trend</p> <p><b>Challenge: Game changing remedial action</b></p>	<p><b>Below-par</b> Positive trend but below average performance.</p> <p><b>Challenge: Build on improvements and accelerate</b></p>

This chart is an indicator of movement but does not show the strength of either the movement or performance compared to average.

# Divisional movement



Based on  
People promise  
elements/themes  
and the  
sub-scores

# Next steps...

HR Business Partners are working with divisional leads to look at the results and having discussions about next steps. This will include looking into the information at a lower level and planning listening and feedback events

We will also be sharing the information with our **Staff Networks** and supporting next steps.

## Review the results with your team

The results have been shared in an email from Julian and an overview will be communicated in the All Staff Briefing on the 16 March.



Our results are live on **Nexus** along with this presentation, with some additional slides containing prompts about how to discuss the results with your teams.

<b>Council of Governors Meeting Date</b>	14 June 2023
<b>Title</b>	<b>External Well-Led Review Report</b>
<b>Purpose</b>	The Trust commissioned DCO Partners to undertake an external Well-Led Review. Giles Peel, DCO Partners will be attending the meeting to present the findings of his review.
<b>Business Area</b>	Corporate
<b>Author</b>	Giles Peel, DCO Partners
<b>Relevant Strategic Objectives</b>	Relevant to all strategic objectives
<b>CQC Registration/Patient Care Impacts</b>	Well-Led is one of the CQC's inspection domains
<b>Resource Impacts</b>	N/A
<b>Legal Implications</b>	N/A
<b>Equality and Diversity Implications</b>	N/A
<b>SUMMARY</b>	<p>NHS England's Code of Governance for Provider Trusts recommends that Trusts commission an external review of governance every 3-5 years.</p> <p>The Trust commissioned DCO Partners to undertake an external well-led review of governance. The review process included a desk top review of key documents, one to one interviews with all Board members, interviews with the Integrated Care Boards' Chief Executive and a Governor Focus Group. DCO Partners observed the online February 2023 Trust Board meeting and attended the in person Trust Board Discursive meeting in March 2023 as well as watching the recording of the February 2023 Quality Assurance Committee meeting.</p> <p>The Trust Board will be considering the report and identifying any actions in response to the review at the Trust Board Discursive meeting on 13 June 2023. The Trust will give a verbal update at the Council of Governors meeting on 14 June 2023.</p>

# Berkshire Healthcare NHS FT

## A Well-Led Review by DCO Partners Ltd

**28 March 2023**

This report is intended to provide an independent developmental review of the Trust's governance. The review was conducted between December 2022 and March 2023. Issues raised in this report were identified in the course of our review, but they may not represent the totality of the position currently faced by the Trust. The contents of the report should not be shared with any third party without the express permission of DCO Partners Ltd.



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## Introduction

1. DCO Partners were commissioned to conduct an external developmental Well-Led review (WLR) between December 2022 and March 2023. This review is the first independent one for seven years but follows an Outstanding assessment from a full CQC inspection in March 2020. The Chair wishes to gain assurance on the Board's effectiveness, its ability to guide the Trust and to provide the right leadership to maintain optimum functionality.
2. DCO Partners are experienced advisers in healthcare and have conducted six other WLRs for NHS trusts in the past three years, as well as numerous investigations into unexpected deaths, serious incidents, clinical governance and NHS re-organisation (including Provider Collaborative development). The DCO team comprised Giles Peel, a governance specialist, and Professor Mike Bewick, a clinician and former Deputy Medical Director of the NHS.

## Scope and approach

3. The Trust carried out a highly detailed self-assessment using NHS Improvement's WLR question framework and Key Lines of Enquiry (KLOEs) (first published June 2017) in October 2021. Separately, the Board conducted its own Annual Evaluation of Effectiveness in 2022. The Chair therefore requested a bespoke review that, whilst keeping in mind the KLOEs, sought to analyse a broader set of factors that explored external relationships, board dynamics and ideas for the future direction and conduct of the Board.
4. In a three-month period, the DCO team began with a wide-ranging documentary review, exploring the quality of paperwork, the depth of the Trust's policy base and the detail of management information being supplied to the Board. It then conducted one-to-one interviews with all Board members, as well as with external stakeholders representing the Integrated Care Boards (ICBs) that oversee the Trust. An observation phase saw the team attend several Board and Committee meetings, having first held a focus group meeting for the Council of Governors. The team kept in regular touch with the Chair and Company Secretary and updated them on the progress of its work throughout the review.

## Documentary Review

5. A full summary of documents reviewed is enclosed at Appendix 1. Overall, we found the standard of paperwork to be high, with a very strong policy base underpinning thorough and conscientious record keeping. The business of the Board is planned and tracked carefully, and summarised in a Board Paper Register that is published annually. This sets out a plan for the Board's decision making and shows the meetings where the work would be considered. All in all, this was very comprehensive and well organised.
6. The NHSI WLR Self-Assessment in October 2021 was very thorough and set out a strong evidence base to underpin its answers. The document is structured around the eight KLOEs and sets out answers to each one. The responses are consistent with an Outstanding-rated Trust and our only comment with this exercise was that no gaps were identified anywhere in the document. This, even if accurate, does not create an impression of an organisation that is fully self-reflective.
7. The annual Evaluation of Board Effectiveness report is another self-assessment document. The 2022 report shows a strong and unified Board with a very clear sense of purpose. It did identify areas for improvement, and these included: making more time for the Board to consider ideas and innovation, reducing the length of board papers, the need to communicate the Trust's vision internally and a desire to return to more face-to-face meetings of the Board and its Committees.
8. The Trust also conducted a Stakeholder Survey in 2022. The scores were impressive in most areas and shows a Trust that is communicating well and has effective working relationships with its stakeholders. The only subject areas where scores were less strong (in the median range) were for: working together on long-term strategies, a view that the leadership has the necessary blend of skills and experience and the visibility of the Executive Team below CEO level. All these topics were covered by us during the interviews.
9. We also had a close look at the quality of minutes from Board and Committee meetings. We reviewed ten sets of minutes covering Public Board meetings, Board meetings in committee, Discursive Board meetings and Board Committee meetings. The standard is very high and covers sufficient detail of the conduct of meetings and conclusions reached. We had one major comment, which was that all of these tended to summarise each discussion with a phrase such as "The Trust Board noted the report.". This gives the impression that decisions are rarely presented to the Board in formal session. We comment on the dynamic of meetings later, but this did tend to provoke a question about where the Trust Board makes its decisions in practice – a key issue for creating an effective audit trail in modern governance.



## Interviews

10. Our interviews were conducted on a one-to-one basis and were designed to obtain the Board's views confidentially. We summarise the views received below, and where appropriate distinguish between Executive and Non-Executive viewpoints. All those interviewed were extremely candid, and reflected considerable pride in the Trust and the work that is being done. A list of interviews conducted and meetings observed is shown at Appendix 2.
11. The Executives (EDs) showed a strong respect for their Non-Executive colleagues (NEDs) and reflected on a very positive board dynamic where everything can be aired. They all had extensive knowledge and relayed that expertise in a sensible, confident way. Themes discussed included the Trust's status as a Digital Global Exemplar, the complex work involved in being part of two Integrated Care Systems and the reflection that the NEDs would always push them to be more ambitious for the organisation.
12. The NEDs were equally complimentary about their ED colleagues but wanted to do more for the Trust, expressing a degree of frustration about a lack of involvement in system working (a common complaint from Foundation Trust NEDs across England), and a determination to influence strategic thinking to achieve more concrete plans for the Trust. The NEDs were concerned about the size of their board packs, the levels of information provided (often too detailed) and a desire to be able to sift information to enable them to be more directional. The NEDs were also interested in contributing to the debate around workforce and had several ideas about promoting talent management.
13. For all Board members, there was strong vocal support for the style and impact of the Chair, who is seen as encouraging debate and enthusiastically driving the Trust to improve itself. All were well aware of the risk of complacency within the organisation and expressed a determination to guard against this.
14. The external interviewees were warm in their praise, but their comments did reflect the very different stages of development that exist between the two ICSs (one is seen as less mature than the other in terms of evolution). The Trust was described as "good to work with" and "data driven". In terms of areas to develop, a desire was expressed to learn more about the Trust's emerging strategy, together with a wish that the organisation takes more initiative when it comes to developing ideas for system change. Both organisations described that their main point of contact was with the Executives – the CEO (who sits on one ICB), Deputy CEO (who sits on the other ICB), CFO and CNO – for whom there was plenty of praise. Both ICBs said that there was almost no visibility of the NEDs apart from the Chair. Clinically, the Trust was described as "nurse-led". One other area of observation was that the Trust excelled at the traditional provider/commissioner model of relationships and now needed to think in more detail about how to progress in the new world of system collaboration. These interviews also threw up the very clear challenge of working across two ICBs – this is never easy and the combination of geography and obviously different approaches to collaboration will be adding to the Trust's workload at present.

## Observations

15. We observed a Board meeting in public and in committee (private) in February 2023, and a discursive Board meeting in March. We also attended a Quality Committee meeting in February. With the exception of the Discursive Board, all the other meetings were held virtually. Some directors expressed a wish to see the numbers of virtual meetings reducing.
16. For the meeting in public there was a formal approach to discussion, with informative agenda items including a Patient story. On the day of the meeting the Chair was absent, so another NED took over. Our view was that the meeting covered a wide range of topics, including patient safety, finance and detailed reviews of performance. There was good NED scrutiny, and the answers were conscientious, often led by the CEO employing impressive analysis. On the negative side, the meeting ran the risk of superficiality, and no issue was gone into in any real depth, nor were any real decisions taken by the Board. We understood that a Never Event had recently occurred and had been referenced in the Board papers for the meeting in public, but this was not referenced in the meeting (we are aware the NEDs were heavily involved in this but this was perhaps a missed opportunity for transparency at a meeting in public). It was also not clear what attempts had been made to explain areas complexity to the Public. There were frequent uses of acronyms (for example "CDEL" and simply "ICB" without any further explanation about which one) and other jargon, and knowledge was assumed for areas such as the use of True North Goals in performance scorecard reporting. As it happened there were few attendees from the public but there should be an aim to create more effective transparency by using plain language at such meetings.
17. The private Board meeting in committee had a very short executive report which prompted no questions initially from the NEDs. A verbal report was received from the Finance Committee Chair but not from the

Quality or Audit Committee Chairs – this may have been simply down to timing. The Board received an excellent analysis of the current system issues from the CEO, ably supported by the EDs. At least one NED commented that they felt “semi-detached” from the ICSSs, a comment that was effectively fended off by the Executive team, but it seemed to be a revealing moment because not being fully sighted on this key area of health reorganisation could become more of an issue over time. There was little to no discussion on risk, but there was a presentation on strategy at a high level. This was well received, but again the NED participation in this was unclear (although a lack of co-production was raised by them), as were the next steps or specific deliverables. We reflected that this meeting was again fairly high-level and did confirm some of the gentle frustrations that were aired by the NEDs. Again, there were not many decisions sought from the Board at this meeting.

18. The Quality Committee was a stronger meeting which, quite properly went into much greater clinical detail. The agenda was information rich and various staff members gave detailed briefings. Here it was good to see a range of staff at different levels appearing and it helped to provide an impression of strength in depth, as well as exposing more junior staff to NEDs. Never Events were raised here, after NED prompting, and there were also useful explorations of patient safety cultures and how they vary across the Trust. Overall, it was a good meeting. It was very collegiate, not a bad thing in itself, but it would be good to reflect on how challenge can be useful in terms of reinforcing oversight and prompting learning for staff.
19. The Discursive Board meeting was well attended in person and contained a number of topics for in depth discussion. Here we saw the Board at its best; it was more candid, with more effective NED challenge and with frank insights from the Executives. The meeting covered many current risks and set these out in such a way that the Board could spot the linkages in terms of causation as well as solutions. We particularly liked the way in which the Executives foreshadowed future initiatives (such as virtual wards, and the impact of the new Mental Health Act) and encouraged the NEDs to give an early view. We felt that this was the most impressive meeting that we observed, and trying to distill some of this energy into the more formal meetings of the Board and Committees would be a positive step.

### The Council of Governors focus group

20. This was held virtually about halfway through our review. The meeting was attended by ten Governors, representing a good cross section from elected to nominated and including staff governors. The Governors were complimentary about the Board and valued their relationship. They felt that there were good opportunities to see the work of the Board, and enjoyed the breakout sessions with NEDs that take place at joint meetings (although they wanted more chances to get to know the NEDs better and lamented the lack of face-to-face meeting opportunities). In terms of areas for development, they highlighted a concern that their representing the public role was not fully developed and wanted more chances to work on this. They also wanted more opportunities to contribute to strategy development. Finally, they felt that the “Outstanding” label was not always helpful and warned against any complacency.

### The Board dynamic and skills mix

21. A significant part of our remit was to comment on the effectiveness of the Board. In terms of the composition, we believe that this is a highly effective team comprised of talented individuals. There are many very experienced people here, who bring their knowledge to bear in a practical and pragmatic way without ego or grandstanding. The Executive team is led by a highly experienced CEO who is ably supported by a great mixture of other directors. We felt that their working methods are highly effective, and they are justifiably proud of their results. The Chair is highly thought of by his Board, and again there are a range of very experienced NEDs who work well together, several of whom have spent considerable time in this Trust and whose forthcoming departure will be keenly felt.
22. It is perhaps because of this that we felt that the dynamic is sometimes rather understated. There is not a great amount of overt challenge around the table, it is always very calm and considered, and it was not always easy to see where the real decisions are made. The answer is that it is a mixture, sometimes this happens in committee and sometimes the decisions are included in a subtle way in the papers that the Board “notes”. We got no sense that any director is inhibited, quite the contrary, and the Chair and CEO both clearly encourage debate and discussion. However, it might be useful for the Board to reflect on how business flows up to its level, and what decisions it should, and needs to, reserve to itself.
23. In terms of skills mix, the question was put to each board member at interview. We received consistent replies that future NED recruitment might usefully focus on areas such as commercial negotiation, innovation, joint ventures, partnership working, strategy, people and workforce. This is as much to reflect known departures from the Board as future intentions.

## Emerging themes

24. Throughout the course of our work some themes emerged that we wish to highlight. These are not listed in any order of importance; we merely want to set out views that were expressed in the course of our work.

### Risk

25. There is a comprehensive Board Assurance Framework which was often quoted, and we received a consistent picture of principal risks from interviews. These were stated as workforce, the emerging system position and its likely effects, failure to innovate, and then strategy, which we address below. So, we felt that the risk picture is well understood, and the thought processes around it are aligned across the membership of the Board. The one area to reflect on is the extent to which the risk appetite of the Trust is agreed. This came across as a serious of concerns about where best to target resources towards the clinical and quality issues that could be tackled next. We felt that the Board could spend useful time debating and agreeing its risk appetite. One other minor comment is that in the observations of meetings, we rarely heard anyone speak explicitly about risks or risk implications.

### Management Information

26. This was a concern of almost all the NEDs, who felt that the size of board packs and the length of papers all conspire to make their role more difficult. Some NEDs talked about the difficult task of sifting the real information from the broader whole, which takes time and risk missing a key metric. This was not a criticism of the performance regime, which gets widespread praise – we had a strong impression that the Board has a highly accurate picture of clinical risk and patient safety. It is more a case of changing custom and practice. There is some irony here in that the Trust is a digital exemplar, but the Executives might want to reflect on this area and the Board to debate it in a specific session, and then agree on what management information it requires.

### Strategy

27. This topic came up time and again and represented the only obvious divergence of views between EDs and NEDs that we encountered in our review. Summarised simply, the NEDs are keen to get a more tangible outcome from the highly praised work done on strategy so far, converting it into outputs and a smaller number of focused strategic objectives. There is a clear desire here to attach more substance to the excellent horizon scanning work carried out to date. We sense that there needs to be a frank board discussion in this area before too much longer.

### Clinical leadership and quality improvement

28. There is a high degree of cooperation across all the clinical specialities led by the Director of Nursing and Medical Director. There is much to commend in their approach to clinical risk and the ‘ground up’ rather than ‘top down’ approach. The benchmark for this approach is of course Virginia Mason Institute programmes in the USA, which some other NHS Trusts and third sector charities have specifically undertaken. The work of Don Berwick in the aftermath of Mid Staffs is another strong pointer for good practice. Our message is that while quality improvement is approached rigorously in this Trust, there are lessons to be learnt from other sectors as well as the NHS, particularly in how best to deliver improvements at scale. With the geographical dispersion of a community and mental health trust this is always a bigger challenge, but one the Trust must keep in mind. Users of the services are consulted through regular feedback but are not as involved, as far as we have observed, in the design of digital services. This is an area for development, perhaps using patient-centred design, and links to our next point on digital health. One additional point, worth making, it is very rare for us to interview a deputy CEO, who as a former CFO had such good insight into clinical risk; this is testament to a highly functioning board which is not just focused on finance as a priority.

### Innovation and digital services

29. Innovation and how best to encourage and exploit it is another cross-cutting theme here. It comes across as a concern that the Trust needs to do more with partners, as well as the desire to exploit the digital reputation of the Trust. The Trust has an excellent record in developing a digital platform for patient notes, internal communication and the reporting of incidents. It is also active in the development of an ICS wide digitally enhanced offer to patients. Most organisations have developed e-learning and video portals for staff and patients to improve access in the wake of the recent pandemic. The Trust is taking this further by developing its own digital strategy. As the demands of medicine increase with little increase in resources, digital offers a cost-effective solution for many services. The digital strategy needs to be bold and should have the joint aims of improving patient access and reducing demand especially for high-cost care pathways, requiring admission. Virtual wards and care are examples of a national strategy usually aimed at the acute sector, but it was very encouraging to see the Trust considering these as part of service improvement and research at the Discursive Board meeting. It now needs to be bold in taking the initiative, perhaps by engaging with a digital partner in another sector?

## Conclusions

30. This is a very high-performing and competent Trust, rightly proud of its reputation. The following points are made in the spirit of challenge and in recognition that lesser performing organisations would not be able to contemplate such improvements. The Board is providing leadership in an environment of turbulence and change, and in an emerging system that is complex and not fully formed, with plenty of fragmentation in terms of geography and organisation. The next programme of board development could usefully provide an even better visibility of system issues, reflections on challenge and decision-making as a board, and the delivery of a strategy for real change underpinned by quality improvements and innovation. The following conclusions are offered:
- A. Translating the efforts that have led to the Trust's Outstanding rating (and the reputation that goes with it) into a very different world of complex health system negotiation and collaboration across five counties is a major new challenge
  - B. The Executive team present an excellent picture to the Board in a polished and well-thought through approach (including the widely quoted True North Goals), synonymous with an Outstanding Rated Trust – however this does not always reflect the NEDs' wishes or provide the fullest picture of the world the Trust faces in system terms
  - C. In terms of strategy and design of services, the Trust could do more to engage with service users and other stakeholders at an earlier stage
  - D. The Council of Governors are supportive but feel disempowered in terms of their public role and in terms of building stronger relationships with NEDs – physical engagement has not recovered from Covid
  - E. The Trust is a net contributor to the system, but this approach is led by the Executives rather than the Board. Is there any role for the NEDs in this area?
  - F. Board (in Public and In Committee) and Committee meetings are collegiate, but from documentary evidence they can sometimes appear to lack substance and challenge with many agenda items included for the Board to note. This evidence trail does not always make it clear where the substantial discussions are being held or where the decisions are made, and at what level. In future, minutes could better reflect the challenge and direction that are offered to the executives by the Board
  - G. There is strong evidence that the Board Committees cover a range of key performance issues and accept this responsibility enthusiastically
  - H. The private Trust Board Discursive Meetings have wide ranging agendas and offer good opportunities for the Board to get into reasoned consideration of key issues, helping to build understanding
  - I. There will always be a risk of complacency in such a high-performing organisation – the Board must continue to acknowledge this and be ready to challenge it wherever it appears
  - J. The organisation is “data heavy” and it requires some effort to sift through briefing packs to receive the key messages and derive conclusions. This is ironic for an organisation that is lauded as a Digital Exemplar, and may need to be reviewed further to develop innovation, especially in clinical practice
  - K. The Trust has not quite decided on the amount of face-to-face contact time it wishes to have between Board members or with other stakeholders such as Governors – it is not clear if the Trust thinks that this is a major issue but for some it is, and needs to be addressed
  - L. Specific challenges that the Board currently faces include:
    - Bed numbers, ward sizes and high occupancy rates
    - Highly complex entry and discharge routes
    - Disparity in workloads across specialty teams
    - Building an accurate picture around equality data
    - Abuse of BAME staff by service users
    - Obtaining a detailed picture of workforce issues from Board Committee work up to the Board itself
    - Digital inequality in terms of access
  - M. There was a strong feeling observed that talent management could be accelerated across the Trust, particularly to encourage BAME staff to progress in terms of senior leadership roles across the Trust and elsewhere. One way of achieving this would be to establish a shadow board to track the work of the real board and to expose younger members of staff to the responsibilities of senior leadership roles

## Recommendations:

- I. Strategy development needs more specificity, to allow the NEDs to engage and to translate the aspirations of the Trust into concrete plans over a 5-year timeframe and led by the Trust Board. From this can follow harder-edged strategic objectives
- II. A board development plan is now needed to cover a variety of new areas and to reflect gaps in knowledge on the part of NEDs. Areas to cover include:
  - Developing a risk appetite
  - A better understanding of system working and the impact of working with two very different ICSs, now that they are up and running
  - Understanding the potential for collaboration with stakeholders such as Local Authorities, the Voluntary Sector and Private healthcare, and how best to negotiate this
  - A dedicated programme to pursue innovation and ideas generation
- III. The Trust is capable of more innovation, especially in the digital area, and the Board should discuss faster progress as part of its strategy, and consider taking on a digital partner
- IV. The Board should consider how best to support the Governors over their Public duty and to look for opportunities to work with NEDs
- V. The Trust should consider establishing a shadow board to expose suitable candidates to the work of senior leadership, and promote diversity



# Appendix 1

## List of documents reviewed



## Appendix 1 – List of documents reviewed

N0	Title	Folder No	Folder Name
1.	Stakeholder Survey 2022	1	Board Assessment and Stakeholder Survey
2.	Trust Board Annual Review of Effectiveness 2022	1	Board Assessment and Stakeholder Survey
3.	Well-Led Framework Self-Assessment 2021	1	Board Assessment and Stakeholder Survey
4.	QAC meeting papers – March 2022	2	QAC minutes and papers
5.	QAC March 2022 Presentation	2	QAC minutes and papers
6.	QAC meeting papers – June 2022	2	QAC minutes and papers
7.	QAC meeting papers – August 2022	2	QAC minutes and papers
8.	QAC meeting papers – November 2022	2	QAC minutes and papers
9.	QAC November 2022 Presentation	2	QAC minutes and papers
10.	QAC November 2022 – Minutes	2	QAC minutes and papers
11.	BAF and CRR – December 2022	3	Trust Board (Private) and BAF CRR
12.	In Committee Board Minutes – July 2022	3	Trust Board (Private) and BAF CRR
13.	In Committee Board Minutes – Sept 2022	3	Trust Board (Private) and BAF CRR
14.	In Committee Board Minutes – Nov 2022	3	Trust Board (Private) and BAF CRR
15.	TB Discursive Notes – October 2022	3	Trust Board (Private) and BAF CRR
16.	TB Discursive Notes – June 2022	3	Trust Board (Private) and BAF CRR
17.	TB Discursive Notes – March 2022	3	Trust Board (Private) and BAF CRR
18.	TB April 2022 - Strategic Plan Review	4	Strategy
19.	TB Discursive Meeting – June 2022	4	Strategy
20.	TB September 2022 – Strategy Refresh	4	Strategy
21.	TB Discursive meeting – October 2022	4	Strategy
22.	TB July 2022 – ICB Briefing	5	ICS
23.	Annual Report 2021-22	6	Annual Report and QA 2021-22
24.	Quality Accounts 2021-22	6	Annual Report and QA 2021-22
25.	Board Paper Register 2022	3	Trust Board (Private) and BAF CRR



## Appendix 2

### List of interviewees and meetings observed





## Appendix 2 – List of interviewees and meetings observed

### Interviews:

Martin Earwicker, Chair

Julian Emms, CEO

Rajiv Gatha, NED and Chair of Audit Committee

Naomi Coxwell, NED and Chair of FIP Committee

Sally Glen, NED and Chair of Quality Assurance Committee

Mehmuda Mian, NED

Aileen Feeney, NED

Mark Day, NED

Alex Gild, Deputy CEO

Debbie Fulton, Director of Nursing

Minoo Irani, Medical Director

Paul Gray, CFO

Tehmeena Ajmal, COO

Steve McManus, CEO Bucks, Oxs and Berks ICB (and CEO RB NHSFT)

Fiona Edwards, CEO Frimley ICB

### Observations:

Council of Governors Focus Group - 27 January

Trust Board meeting (in Public and Private) - 14 February

Trust Quality Assurance Committee - 28 February

Trust Board Discursive meeting - 14 March



## **Membership & Public Engagement Governor's Working Group Report for Council of Governors Meeting 14<sup>th</sup> June 2023**

Over a number of meetings it has been noticeable that attendance has dwindled to a rather small number of attendees, particularly Public Governors. Whilst I believe the numbers remain quorate, I have to express my agreement with view expressed by other Governors that this is indeed an issue which needs to be addressed. The other two Governors Working Groups seem to have a similar position and trend, compounded by the need to have new Chairs in the not too distant. I can't help feeling that M&PE and Governor visits are not being promoted as fully as we might as a result.

The beginnings of addressing the above may well be helped through the Governor Elections season. New Governors returned unopposed and a few election contests will mean that we will have a full complement of Public and Staff Governors. The political scene has also changed quite dramatically. Five of our Borough Councils now have new leaders: West Berkshire; Slough; Wokingham; Bracknell Forest and Windsor & Maidenhead (WAM). All five new Leaders have been emailed with a request to appoint a Councillor to the CoGs. So far we have had only one response, but no Appointed Governors to my knowledge.

It was very pleasing to see from our last meeting that the take up of patient/family/carer responses through We Want Great Care continues to increase quarter on quarter. Of special note is the number of service units and staff who are actively promoting this and, in some instances, creating some interesting and innovative ways to get more feedback into the system.

Marcomms also outlined their approach to addressing the shortfall in certain categories in the Membership data, across a range of demographic and diversity measures, including younger persons. A big "thank you" again to Marcomms for their support for M&PE. This sounds very encouraging and all Governors can make a contribution in this area using their own knowledge of their constituencies and volunteering names and organisations that can be approached with a view to promoting membership of the Trust. To support this, a survey has been devised to scope out Governors' activity across social media channels. This should be launched in early June.

The Trust will be at Bracknell Pride on 10<sup>th</sup> June (and yes, I have volunteered to attend as a Public Governor for Bracknell Forest!). Also, there are plans to utilise the Health Bus for public events and engagement. Once we have a list of dates and venues, we should encourage all Governors to 'sign up' and attend in their areas, or farther afield of course.

**Brian Wilson**  
**Chair, Governors' Working Group on M&PE**

## **Governors Quality Assurance Committee**

Paul Myerscough (acting Chair)  
Report to Council of Governors - 14<sup>th</sup> June 2023

The governors' Quality Assurance Group (QAG) provides an opportunity for governors to hear about Trust services and discuss quality matters. It exists to inform governors about the Trust; it is not part of the Trust governance process (unlike the Board Quality Committee).

- The QAG team previews the quarterly Trust Patient Experience report before it goes to Council. We see the waiting time statistics collected from services of the Trust, and also the list of 60 or so formal complaints raised against the Trust each quarter. A regular item is the 'anonymised complaint' which provides us with correspondence between the Trust and a complainant.
- It is important that governors visit services and see for themselves what is happening on the frontline. The QAG meeting provides a focus point for reporting on service visits.
- Members also offer opinions about quality matters that may have come to their notice and field questions to the manager who represents the Director of Nursing at the meeting.
- From time-to-time we call in the manager of a service for a briefing.

**The Quality Assurance committee last met on 22nd May.** This was an on-line meeting. The QA group has a standard agenda (mentioned above) and no significant issues were raised on this occasion.

We noted a few changes to the **waiting list data** presented. We were pleased to see a break-down of the psychiatry waits into 'seen' and 'unseen' categories, and questioned the recent increased waiting for CHMT services in Wokingham.

Governors were pleased to see from the Patient Experience Report a further increase in the uptake of "I Want Great Care" **feedback system**. Governors are keen that all services are reported through this system. Those services that have yet to fully adopt it need encouragement or help to make a workaround.

Already the report is highlighting service improvements that result directly from the feedback given by patients. The PPH CRHTT (Crisis Team) recently created a presentation to explain how the feedback system has improved their processes. It was proposed that this is given to all governors at a future Council meeting.

The quarterly **report on complaints** shows a low number compared to the previous quarter, and much in-line with the numbers presented for the same quarter last year.

We are all aware of a minority of people who are vaccination sceptics. The **anonymised complaint** indicated how the Trust addresses this issue in the case of the schools' vaccination team. We felt the Trust's response to a parent who complained that their child had been vaccinated without her consent was good. It demonstrated a thorough-going process which probably costs the Trust a significant amount of time and effort (and thus money!) to accommodate a tiny minority of service users.

**On visits**, we reviewed reports about the Community Geriatrics services at PPH, and Wokingham Community Hospital, and the community ward at West Berkshire Community Hospital. Governors were generally impressed with the services which often support older people during the recovery period after an acute hospital visit and before final discharge to home. Of concern in all cases was the incompatibility of the acute hospitals' computer systems making follow-up on treatment and medication reliant on paper records which are sometimes missing.

***Consider joining the group for the next meeting on Mon 11th September. And why not schedule some visits to services that interest you!?*** There are plenty of opportunities for governor visits – contact [Katrina.leach@berkshire.nhs.uk](mailto:Katrina.leach@berkshire.nhs.uk) or [linda.jacobs@berkshire.nhs.uk](mailto:linda.jacobs@berkshire.nhs.uk)

***This group needs a Chair!*** No special knowledge or experience required.  
contact Paul Myerscough (<mailto:myerscough.paul@gmail.com>)

# Report to Council of Governors For Quarter 4 2022/23

## June 2023



# Chief Executive Highlights Update

## Local

- **Mental Health Services for military veterans** across the South East Region came together as one service from 1 April 2023. OpCourage, the NHS Veterans Mental Health and Wellbeing Service is the overarching name for three specialist services for veterans:
  - NHS Veterans' Mental Health Transition, Intervention and Liaison Service (TILS)
  - NHS Veterans' Mental Health Complex Treatment Service (CTS)
  - NHS Veterans' Mental Health High Intensity Service (HIS)

Referrals for all three parts of this service in the South East are now processed and triaged by one central team at Berkshire Healthcare. OpCourage will continue to offer specialist support for ex-military personnel who are finding life difficult after their time in the forces and is provided by a collaboration between the NHS and the third sector across eight counties. This support ranges from connecting veterans and their families with practical services to assist with adjusting to civilian life, through to psychological therapies that have been adapted to treat combat related trauma.

- **National NHS Staff Survey Results 2022** - Our overall performance remains very high with top scores in a number of questions and good overall trend data when looking at questions over the last 5 years. Our response rate has increased by 5% this year to 65%. However, the results also show that we are making minimal progress in areas such as work pressures and the unwarranted differential experiences of our staff with protected characteristics

# Chief Executive Highlights Update

## Local Continued

- Building upon the work done by the Community Mental Health Transformation Programme, **Project One Team** will create a brand-new Mental Health model for Berkshire. This new model will feature operational, structural and process improvements. The Project One Team commits to do the following:
- Bring together East and West Berkshire's Community Mental Health Services in to one clear service offer, eliminating any unwarranted variation between localities
- Provide consistency and equity of service provision no matter where you reside in Berkshire
- Move towards a more holistic approach that considers physical and social determinants of mental health
- Better utilise community assets and voluntary sector organisations
- Reduce or eliminate unnecessary barriers to accessing services such as upper age limits
- Work across multi-agency boundaries
- Allow earlier intervention, improve access and interfaces between Primary and 'Secondary' or specialist care

# Chief Executive Highlights Update

## National

- The NHS Staff Council comprising 14 unions representing all NHS staff apart from doctors and dentists, accepted the Government's headline pay rise offer of 5% for 2023/24 and a one off sum of at least £1,655. Individual unions, including the RCN and Junior Doctors are continuing with industrial action
- The NHS remains under severe pressure. NHS England's monthly performance data highlights that:
  - 78 week waiting lists are down 90% since September 2021. However, whilst long waits have been brought down, more people are joining the waiting list which is now at a record high of 7.3m reflecting the fact that demand is high and rising.
  - 2.3m diagnostic tests were conducted in March 2023 – the highest monthly number ever
  - More than 12,000 people were affected by delayed discharges
- Health Education England, NHS Digital and NHS England have merged into a single organisation. Around 9,000 roles will be removed.
- The Times reports that Britain's reliance on international nurses has reached "unsustainable" levels as new analysis reveals international recruits have accounted for two thirds of the rise in numbers since 2019.

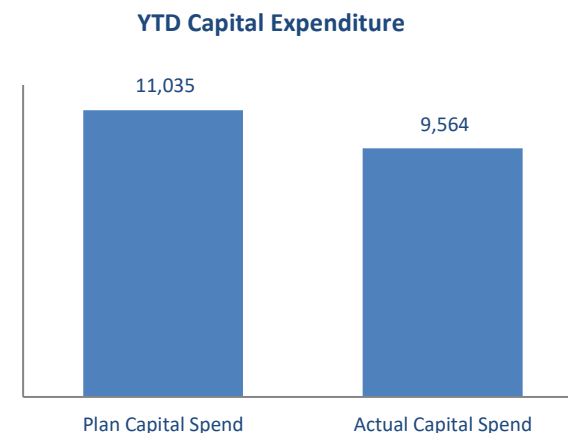
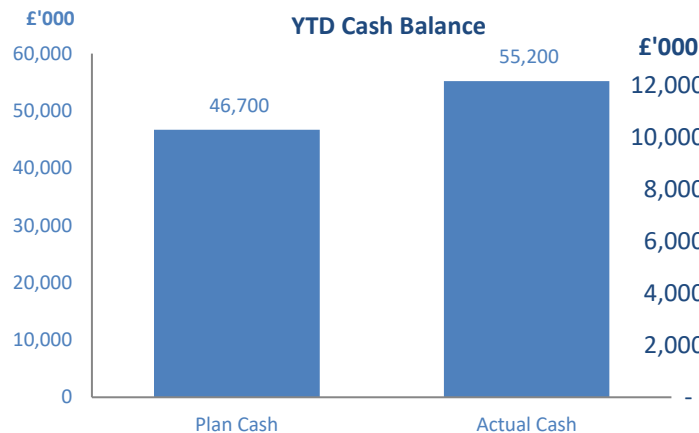
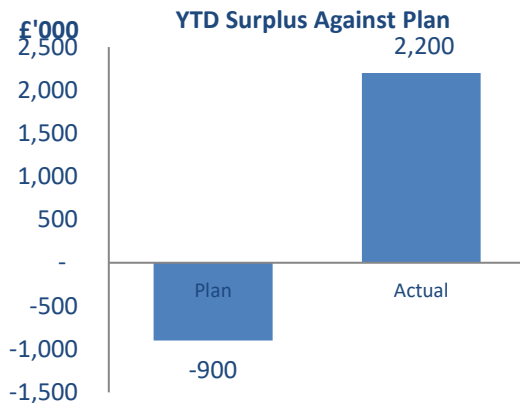
# Chief Executive Highlights Update

## National Continued

- The Independent reports that the Royal College of Psychiatrists (RCP) have warned more must be done to close the "mortality gap" for people with severe mental illness. The RCP said adults with severe mental illness are almost five times more likely to die before the age of 75 from preventable illnesses in England.
- The Government has confirmed that funding promised to develop the Social Care workforce in England has been halved. In 2021, the Government pledged "at least" £500m for reforms, to be spent on training places and technology over three years. However, according to a recent statement by the Department of Health and Social Care that figure is now £250m.
- The Institute for Public Policy Research (IPPR) recently published findings which showed Britain's poor record on health is costing the economy £43bn a year and cutting the annual incomes of individuals affected by long-term sickness by up to £2,200 a year on average. It is calculated that a 1 per cent decrease in the proportion of workers off due to long-term sickness is associated with an additional 180,000 workers joining the workforce, and every pound invested in the NHS results in around £4 back to the economy. The IPPR said improving the country's health was vital both for the economy and to boost the incomes of disadvantaged groups.



# Finance – Subject to Audit



## Year to Date

The Trust delivered a surplus of £2.2m against a deficit plan of £0.9m. We agreed to increase our surplus as part of the Buckinghamshire, Oxfordshire and Berkshire West financial position and following the receipt of some additional funding.

Recruitment against Service Development Funding is behind plan and income has been deferred in line with this slippage.

We were set an efficiency target of £10.1m for the current financial year and we reported £5.2m efficiencies for the year. A large proportion of this is non recurrent.

## Cash

Our cash balance at the end of March was £52.2m, £8.5m ahead of plan.

Deferred income, surplus YTD position and timing of payment runs contribute to this better than plan position.

## Capital Spend

The capital programme underspent by £1.5m against plan at the end of December. This results from the delay to the Place of Safety project which will now complete during 2023/24.

## iWantGreatCare

Indicator		Target
Recommendation Rate	94%	95%

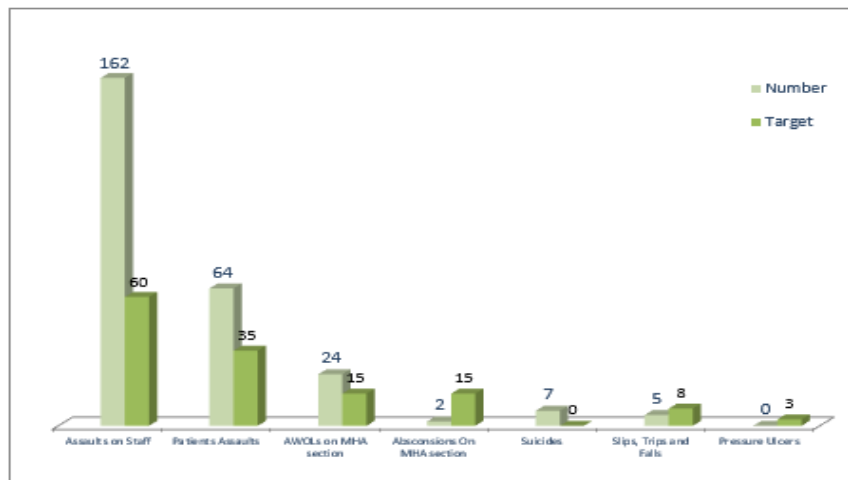
The response rate in Quarter 4 2022/23 was 5.31% against a target of 10%. The average positive score rating was 4.74

## Safer Staffing

Indicator	RAG Rating
Safe Staffing	Amber

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 2023** rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been a decrease in Assaults on Staff, Patient to Patient Assaults, Absconsions. There has been an increase in the number of Absconsions, Falls per 10,000 occupied bed days and apparent suicides reported as SIs. There have been no reported Category 3 and 4 pressure ulcers due to lapse in care in Quarter 4 2022/23.

## Performance Report to Council of Governors – People January to March 2023

### Staff Turnover

<u>Target</u>	<u>Actual</u>
16.0%	15.9%

### Agency Position

<u>Target</u>	<u>Actual</u>
< 6%	3.0%

No target during Q4 2022/23

### Sickness

<u>Target</u>	<u>Actual</u>
< 3.5%	4.2%

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

### Appraisals

<u>Target</u>	<u>Completed %</u>
> 95%	80.4%

Target achieved in June 2022

### Days Taken For Recruitment

<u>Target</u>	55
Days Taken Q2	90

# Board Assurance Framework Risk 2023/24 Summary



Risk Description	Update
<p><b>Risk 1</b> 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"><li>• The Trust has a three year strategy in both ICSs to support our collective workforce issues. The research work for this has been commissioned.</li><li>• Improved workforce planning is helping the Trust to anticipate both short term and long term workforce needs</li><li>• In the short term we are filling immediate workforce gaps with international nurses and Allied Health Professionals and developing an NHS reservists' pipeline to provide additional resources to support peak workforce needs.</li><li>• In the longer term, we are investing in apprenticeships where we know we have structural workforce issues. We are also seeking to make internal recruitment processes simpler and more efficient and for staff already working in the organisation having a competency based system of progression that negates the need for interviews.</li><li>• The two Integrated Care Systems have commissioned the universities of Sheffield Hallam and Huddersfield, supported by PwC to conduct research into the impact of living in a high cost area on the local healthcare labour market. The economic analysis stage has been completed. PwC are currently developing a range of mitigations at a local, system and national level.</li></ul>

# Board Assurance Framework Risk 2023/24 Summary Continued



Risk Description	Update
<p><b>Risk 2</b> 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"> <li>Financial Planning approach for 2023-24 agreed with the Senior Leadership Team in November 2022 and with the Trust Board in December 2022.</li> <li>NHS England requested that the BOB Integrated Care System further reduce its system deficit financial plan and the May 2023 Trust Board agreed revised financial plan for the Trust.</li> </ul>
<p><b>Risk 3 (new system risk description)</b> There is a risk that due to political, operational, workforce and funding pressures across health and care the Integrated Care Systems fail to deliver on their core aims of improving population health outcomes, reducing health inequalities, increasing system efficiency and contributing to wider social and economic development.</p>	<ul style="list-style-type: none"> <li>Integrated Care Systems have developed NHS Joint Forward Plans. This will be followed by the development of implementation plans.</li> <li>The Trust is taking a lead role in scoping the local systems Mental Health Provider Collaboratives. NHS England has identified the BOB Mental Health Collaborative as an accelerator site.</li> </ul>
<p><b>Risks 4 and 5 have been amalgamated into the new Risk 3</b></p>	

# Board Assurance Framework Risk 2023/24 Summary Continued

Risk Description	Update
<p><b>Risk 6</b> There is a risk of a rise in demand for community and mental health services and a lack of available capacity may have a significant adverse impact on some services. 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. The services with the greatest risk are Mental Health Inpatient, Community Nursing, Neurodiversity (ASD &amp; ADHD) and Common Point of Entry currently.</p>	<ul style="list-style-type: none"> <li>• The Quality Improvement 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.</li> <li>• The Trust has a programme to reduce Mental Health bed occupancy and the average length of stay</li> <li>• The Trust has commissioned Moorhouse Consultancy to review the Trust's waiting list management systems and processes</li> </ul>
<p><b>Risk 7</b> 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"> <li>• The Trust has retained its CyberEssentials+ accreditation.</li> </ul>

# Key Performance Indicators – Oversight Framework Quarter 4 2022/23



<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
72 hours Follow Up	80%	91%	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	95%	71.45%	This is the percentage of patients waiting 6 weeks or less for Audiology diagnostic tests. There are staff shortages within this service.
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. Note that there was a system outage in Q2.
RTT Community: incomplete pathways	92%	100.00%	This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams.

# Key Performance Indicators - Oversight Framework Continued



<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
Urgent Community Response	70%	89.50%	This is an indicator for our Community Health Services which measures the percentage of urgent referrals seen within 2 hours. 70% National Target
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	90	22	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. Revised target for 2022/23



# Key Performance Indicators – Oversight Framework Continued

<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
Out of Area Placements occupied bed days - West	138	282	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. Revised target for 2022/23.
Improving Access to Psychological Assessment Treatment and Recovery	75% 95% 50%	95% 100% 49.00%	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	2	This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services. 2 Cases for the same patient were identified on Oakwood ward for Q1 2022/23

# Key Performance Indicators Oversight Framework Continued

<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
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 3 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.