

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 6 March 2024
starting at 10.30am

(Conducted via MS Teams)

There will be a governor pre-meeting at 9.45.

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	Welcome & introductions	Chair	1
2.	Apologies for Absence	Julie Hill, Company Secretary	1
3.	Declarations of Interest	All	1
4.1	Minutes of Last Formal Meeting of the Council of Governors and Matters Arising	Chair	1
5.	Role of Allied Health Professionals Presentation	Jodie Holtham, Deputy Director of Allied Health Professionals	15
6.	Committee/Steering Groups Reports: a) Membership & Public Engagement (<i>Enclosure</i>) b) Quality Assurance meeting and Approval of Revised Terms of Reference (<i>Enclosure</i>) c) Living Life to the Full (<i>Enclosure</i>)	Committee Group Chairs and Members	5
7.	Executive Reports from the Trust 1. Patient Experience Quarter 3 Report (<i>Enclosure</i>) 2. Performance Report (<i>Enclosure</i>) 3. Annual Plan on a Page 2024-25 (<i>Enclosure</i>)	Liz Chapman, Head of Service Engagement and Experience Julian Emms, Chief Executive	10
8.	Governor Feedback Session <i>This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended</i>	Martin Earwicker, Chair	2
9.	Any Other Business	Martin Earwicker, Chair	2

ITEM	DESCRIPTION	PRESENTER	TIME
10.	Dates of Next Meetings <ul style="list-style-type: none"> • <i>Joint Board and CoGs meeting – 8 May 2024 (in person/hybrid meeting)</i> • <i>Formal Council of Governors meeting – 12 June 2024</i> 	Martin Earwicker, Chair	1
11.	CONFIDENTIAL ISSUE: 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.	Martin Earwicker, Chair	1
12.	a) External Auditors Contract b) Extension to Non-Executive Directors' Terms of Office and Chair and Non-Executive Directors' Remuneration	Martin Earwicker, Chair	

Minutes of the Council of Governors Meeting held on

Wednesday, 06 December 2023 at 10.30am

(Conducted via MS Teams)

	<p>Present: Martin Earwicker, Chair</p> <p>Public Governors: Tom Lake Brian Wilson Jon Wellum Madeline Diver Baldev Sian Ros Crowder Graham Bridgman Sarah Croxford Debra Allcock Tyler John Jarvis James Cuggy Barbara Evetts</p> <p>Staff Governors: Guy Dakin Tina Donne</p> <p>Appointed Governors: Cllr Anna Wright Cllr George Shaw</p> <p>In attendance: Julian Emms, Chief Executive Alex Gild, Deputy Chief Executive Paul Gray, Chief Financial Officer Naomi Coxwell, Non-Executive Director Mark Day, Non-Executive Director Rajiv Gatha, Non-Executive Director Rebecca Burford, Non-Executive Director Aileen Feeney, Non-Executive Director Julie Hill, Company Secretary</p> <p>Guests: Kendra Ainley, Head of Innovation</p>
1.	Welcome and Introductions
	Martin Earwicker, Chair welcomed everyone to the meeting.
2.	Apologies for Absence
	Charlie Draper, Janine Lewis, Cllr Deborah Edwards, Steve Gillingwater, Cllr Michael Karim, Tom O’Kane, Liz Chapman.
3.	Declarations of Interest
	None declared.
4.1	Minutes of Last Formal Meeting of the Council of Governors and Matters Arising - 27 September 2023

	The minutes the meeting held on 27 September 2023 were approved as a correct record of the meeting.
5.	“Bright Ideas” Programme Presentation
	<p>The Chair welcomed Kendra Ainley, Head of Innovation to the meeting.</p> <p>Kendra provided an overview of the Trust’s Bright Ideas Programme which provided staff with the opportunity to put forward ideas for improvement.</p> <p>During the presentation, Kendra highlighted the following points:</p> <ul style="list-style-type: none"> • Innovation included ideas that resulted in progression and added new value, a search for new business, techniques and methods, updates to what already existed, new and better solutions etc • Quality Improvement, Research, Digital Transformation, Clinical Transformation and Bright Ideas were all examples of innovation • Innovation was essential to help keep up in increased demand for services, to improve outcomes for patients and to upskill the workforce • Examples of Bright Ideas included the Berkshire Healthcare Health Bus, the expansion of the SHaRON (Support Hope and Recovery Online Network) app into new services, automated clinical assessment tool and dementia “bus stops” on the wards to help orient people • Between November 2022 to November 2023, there were 45 Bright Ideas submitted of which 11 were completed (12 Bright Ideas were closed and were not selected for progressing <p>2023-2027 the aim was to:</p> <ul style="list-style-type: none"> • Develop - Continue to develop and grow a culture for innovation, by widening opportunities for improvement • Progress - progress an excellent communication with deliverables that benefit both internal and external audiences - including clear communication pathways • Grow - Continue to build on the current culture of Berkshire Healthcare, developing the notion that staff do have permission to innovate and are listed to and given feedback • Deliver On - Deliver on an innovation pipeline, utilising internal and external network training, development and coaching • Strengthen - internal linked/relationships between teams to ensure we have sight/knowledge of projects within the Trust • Evaluate - Evaluate progress quarterly <p>Roz Crowder asked if there was any service user/carer involvement in the Bright Ideas work.</p> <p>Kendra Ainley reported that service users/carers were not currently involved but the key priorities in the workstream being developed involved service users, carers and public to submit ideas.</p> <p>The Carers Lead was part of the Innovation Hub and can bring ideas from Carers along with the Lived Experience Lead was helping to engage Carers and Service Users.</p> <p>James Cuggy asked if there were any plans to incorporate AI (Artificial Intelligence) to help with innovation.</p> <p>Kendra Ainley confirmed that the Digital Transformation was already discussing where this can be used safely to speed up processes and free up staff time.</p>

	<p>Alex Gild reported that with the rapid development in technology decisions had to be made on the best application for the Trust along with clinicians bringing ideas which can be supported.</p> <p>Tom Lake asked if this had been tied in and co-ordinated with our ICB (Integrated Care Board) partners and wider networks.</p> <p>Kendra Ainley confirmed that she was a member of the BOB (Buckinghamshire, Oxfordshire, Berkshire) Innovation Programme.</p> <p>The Chair thanked Kendra for her presentation and noted with the constraints within the NHS being innovative in the use of technology was needed.</p>
6.	Annual Audit Committee Report to the Governors
	<p>The report was taken as read.</p> <p>The Chair welcomed Rajiv Gatha, Chair, Audit Committee and Non-Executive Director to the meeting.</p> <p>Rajiv thanked Non-Executive Directors Naomi Coxwell, Mark Day and previously Mehmuda Mian for their support over the past year. Rajiv also thanked Paul Gray, Chief Financial Officer and the Finance Team for their excellent work during the year.</p> <p>It was noted that the main function of the Audit Committee was to review the Trust's systems of internal controls. The Finance, Investment & Performance Committee was responsible for reviewing financial performance and operational performance and the Quality Assurance Committee was responsible for reviewing quality.</p> <p>The Trust used three external assurance service providers; Ernst &Young for external audit who the Governors were responsible for appointing, RSM for internal audit work and TIAA for anti-crime services.</p> <p>The Trust had received an unqualified, clean audit opinion with an overall rating of 2 for its Annual Accounts 2022-23.</p> <p>Of all the assurances received in Audit Committee during the year, the Chair of the Audit Committee was satisfied that the system of internal controls was effective and adequate.</p> <p>The Chair thanked Rajiv for his report.</p> <p>Tom Lake thanked Rajiv for the detailed report and noted that the HFMA checklist showed that the Trust was not doing well on culture, training and development and asked for more detail on this.</p> <p>Paul Gray explained that the HFMA checklist required the Trust to provide very clear documentary evidence that it was achieving the standards and there was room for improvement in terms of collating the evidence.</p> <p>Tom Lake noted the inability to bring Out of Area Placement intensive psychiatric patients back into the hospital to effectively step people down in a timelier manner.</p> <p>Julian Emms reported that there was an increase in the number of acutely unwell patients that had been sent out for psychiatric intensive care which resulted in acute beds being stepped down. A presentation on work being done on Bed Optimisation would be provided to Governors at a future meeting.</p>
7.	Role of Allied Health Professionals Presentation
	<p>Agenda item postponed until the next formal Council meeting.</p>

8.	Committee/Steering Groups
	<p>Reports:</p> <ul style="list-style-type: none"> a. Membership & Public Engagement The report was taken as read. Brian Wilson, Chair reported that at the last meeting there was a discussion on the Governors engagement role, particularly around encouraging people from underrepresented groups to become members of the Trust. b. Quality Assurance meeting The report was taken as read. John Jarvis reported that Tim Dee the previous Chair had resigned as a governor and that he was now the Chair of the Group. c. Living Life to the Full The report was taken as read. <p>Tom Lake, Chair reported that the Committee had another presentation from a third sector organisation which supported LGBTQ+ people.</p> <p>It was noted that the No 5 Counselling Service and Community Mental Health East were lined up for forthcoming meetings. In addition, the Trust's Carers Lead, Katie Humphrey had agreed to attend the next meeting to update the Group on the Trust's Carers work.</p>
9.	Executive Reports from the Trust
	<ul style="list-style-type: none"> 1. Patient Experience Quarter 2 Report The report was taken as read. 2. Performance Report The Council of Governors noted the report. <p>Guy Dakin congratulated everyone involved in the reduction in the number of staff assaults and level of staff turnover. Mr Dakin also noted access for children and young persons to the Eating Disorder Service had improved.</p> <p>Graham Bridgman queried the number of BAME (Black, Asian and Minority Ethnic) staff numbers in the Board Minutes compared to the 2021 Census.</p> <p>The Chair reported this would be looked at outside of the meeting and a response will be feedback (the response is attached to the minutes).</p> <p>Sarah Croxford asked how the inappropriate Out of Area Placements were accounted for and the implications going forward.</p> <p>Julian Emms reported that the length of stay had not increased significantly. Bed usage was dependent upon the number of people who were admitted and the length of time they spent as inpatients. It was noted that patients were not staying longer but the number of patients admitted had increased. There was also an increase in the number of patients previously not known to the Trust who required in patient treatment.</p> <p>The Trust's Bed Optimisation Programme was aimed at reducing length of stay and improving discharge planning processes. Patients clinically ready discharge frequently had to spend longer on the ward because of delays in local authorities sourcing packages of care etc.</p> <p>Mr Emms reported that the Trust was also reducing the size of wards at Prospect Park Hospital in line with best practice, but this would mean that additional beds would need to be procured elsewhere.</p>

	<p>Jon Wellum reported that Reading Borough Council had conducted a survey on the needs of mental health patients and carers, and he said that he had submitted a freedom to information request to Reading Borough Council to find out the results of the survey and said that he would share this information when received.</p> <p>Mr Wellum added that the role of the Integrated Care Systems was to make sure that health and social care was better integrated for the benefit of patients.</p> <p>The Chair commented that the Integrated Care Systems had the power to direct the NHS but not the local authority partners who had their own challenges. The Chair added that building good relationships between organisations was key to providing more joined up patient care.</p> <p>The Chair thanked Julian for his report.</p>
10.	<p>Governor Feedback Session <i>This is an opportunity for Governors to feedback relevant information from any (virtual) external meetings/events they have attended</i></p>
	None.
11.	<p>Any Other Business</p>
	None.
12.	<p>Dates of Next Meetings</p>
	<ul style="list-style-type: none"> • 07 February 2024 - Joint Non-Executive Directors and Council of Governors Meeting - In Person/Hybrid Meeting • 06 March 2024 - Formal Council Meeting - MS Teams
13.	<p>CONFIDENTIAL ISSUE</p>
	<p>To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.</p>
14.	<p>External Auditors – Extension to the Contract – Summary of the Decision Taken in Private</p>
	<p>The current contract with the Trust’s External Auditors (Ernst and Young) covered the accounting periods 2021-22 to 23-24 with the option for a further one-year extension to be agreed by both parties.</p> <p>The Council of Governors resolved to approve a one-year extension to the contract with Ernst and Young. After the one-year extension, the contract would be re-tendered.</p>

December 2023 Council of Governors Meeting – Query from Graham Bridgman about the WRES figures and the response

From: Ash Ellis <Ash.Ellis@berkshire.nhs.uk>
Sent: Thursday, December 7, 2023 1:44 PM
To: Julie Hill <Julie.Hill2@berkshire.nhs.uk>
Cc: Martin Earwicker <Martin.Earwicker@berkshire.nhs.uk>
Subject: RE: Governor Query on the WRES Trust Board Report

Hi Julie,

Thanks for this.

No there isn't fewer white staff, we are overrepresented in the 'white' and 'BME' categories compared to the overall Berkshire population. However the makeup of our staffing has changed, i.e. overall % of workforce being white has decreased by 0.56% from 69.4% to 68.84%, 'BME' has increased by 1% from 27.4% to 28.40%, and we have a little more people sharing their ethnicity than we had previously.

Hopefully this helps:

White

In the report we share that 3,420 of our workforce are white which is 68.84% of our workforce. Berkshire population at time of report we share was 62.9% white. The previous year we share that 3,318 of our workforce were white, which is 69.4%. So we increased our white workforce by 102.

BME

In the report we share that 1,411 of our workforce are 'BME' which is 28.40% of our workforce. Berkshire population at time of report we share was 27.7% BME. The previous year we share that 1,312 of our workforce were 'BME', which is 27.4%. So we increased our 'BME' workforce by 99.

Not-stated.

In the report we share that 137 of our workforce haven't shared their ethnicity, which is 2.76%. Berkshire population at time of report we share was 9.4% who haven't shared their ethnicity. The previous year we share that 148 of our workforce didn't share their ethnicity, which was 3.2%. So we have positively increased the number of our workforce sharing their ethnicity by 11.

Best wishes,

Ash Ellis

From: Julie Hill <Julie.Hill2@berkshire.nhs.uk>
Sent: Thursday, December 7, 2023 1:08 PM
To: Ash Ellis <Ash.Ellis@berkshire.nhs.uk>

Cc: Martin Earwicker <Martin.Earwicker@berkshire.nhs.uk>

Subject: Governor Query on the WRES Trust Board Report

Dear Ash

One of our governors has a query on the latest WRES TB Report in relation to the section below. He has looked at the 2021 census data for Berkshire which shows that 24.5% of Berkshire residents identify as being Asian, Black or Mixed ethnicity. His query is does that mean that there are fewer white staff working for the Trust now and hence we are not more representative of the Berkshire population?

Extract from the WRES TB Report

- The number of BME colleagues has increased by 99 to 1,411 from 1,312 last year. 28.40% of our colleagues are represented in the BME category, compared to 27.4% last year. We have a workforce that is fairly representative of the Berkshire population.

Regards

Julie

Julie Hill

Company Secretary

Julie.Hill2@berkshire.nhs.uk

Tel 07760 163369



Introduction to our Allied Health Professions



The Allied Health Professions

- **Art therapists**
- **Dietitians**
- Drama therapists
- Music therapists
- **Occupational therapists**
- Operating department practitioners
- Orthoptists
- **Osteopaths**
- **Paramedics**
- **Physiotherapists**
- **Podiatrists**
- Prosthetists and orthotists
- Radiographers
- **Speech and language therapists**



13 of the 14 AHPs are regulated by the Health and Care Professions Council (HCPC) with Osteopaths regulated by the General Osteopathic Council (GOsC).

Who works with us



Berkshire Healthcare
Allied Health Professionals

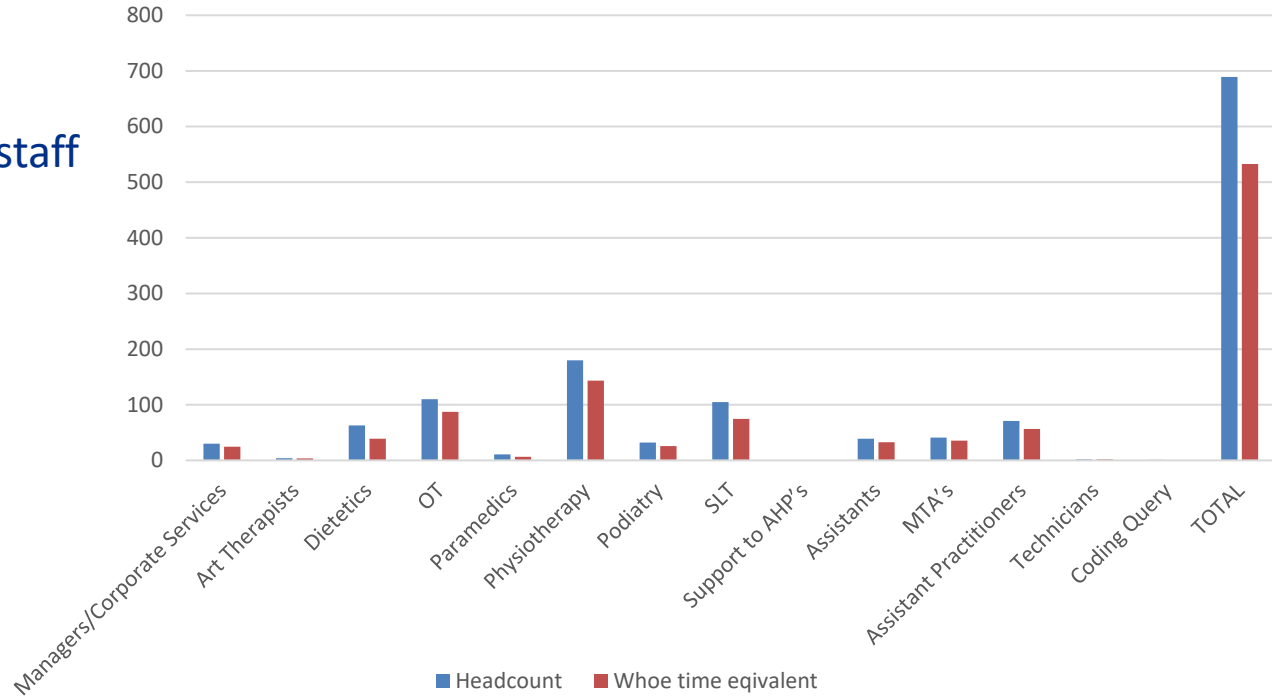
535 registered staff

154 Non-registered support staff

Activity co-ordinators

Volunteers

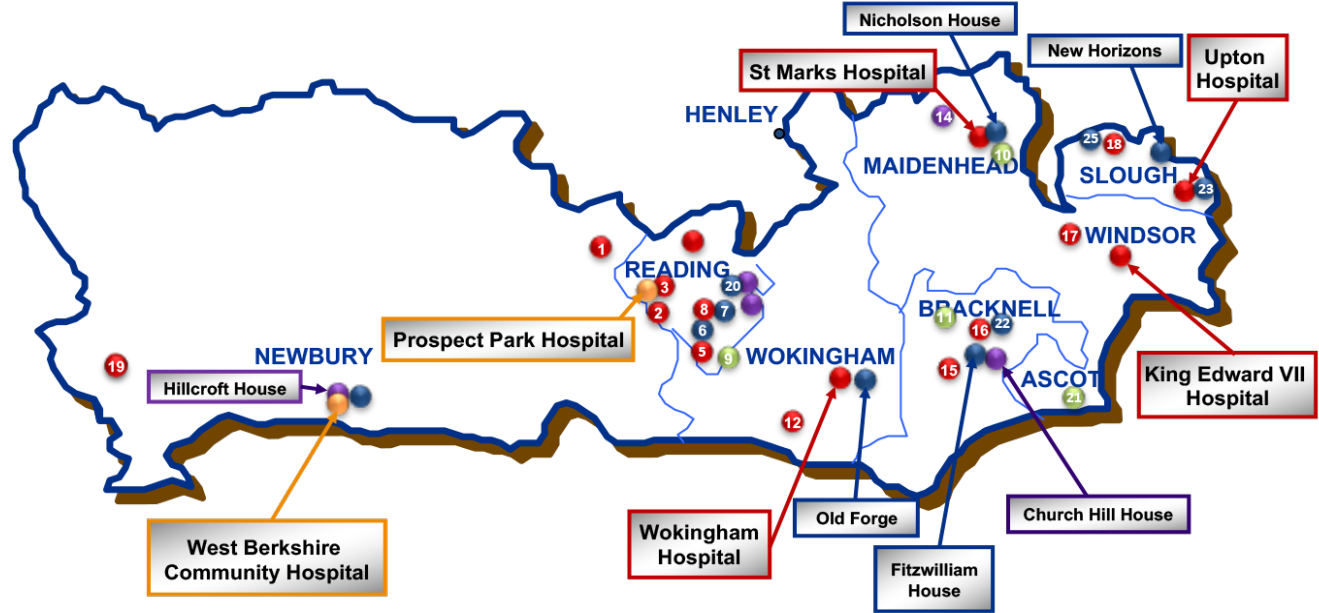
Berkshire Healthcare AHP Workforce 2021



Where we work

KEY:

- BHFT owned
- BHFT - PFI
- BHFT 3rd leased
- NHS PS Owned/Leased
- Possible with BHFT / NHS use
- (F) Freehold : (L) Leasehold



Key to other primary BHFT Health Services sites

- | | | | | |
|--|--|--|---|--|
| 1 Tilehurst Clinic (F) | 2 Southcote Clinic (F) | 3 Dellwood Hosp. (F) | 4 Cremyll Road (L) | 5 Whitley Clinic (F) |
| 6 Erleigh House | 7 Coley Clinic | 8 57-58 Bath Road (F) | 9 Shinfield House | 10 Maidenhead Golf Club |
| 11 Blue Mountain Golf Club | 12 Finchampstead Clinic (F) | 13 Erleigh Road | 14 Abell Gardens | 15 Great Hollands (F) |
| 16 Skimped Hill Health Centre (F) | 17 Dedworth Clinic (F) | 18 Britwell clinic (F) | 19 Hungerford Clinic (F) | 20 UoR (London Road) |
| 21 BEN Lynwood | 22 Brants Bridge | 23 Langley Health Centre | 24 Lower Henwick F | 25 Community Centre |

Our Teams

Unscheduled Care

Inpatients West

Inpatients East

HDT

Frailty Liaison

Intermediate Care West

Intermediate Care East

UCR & ICHST

UCR & ICHST

Postural management

Care Homes

CBNRT

ESD

CARRS

Mobility Centre

West Call - Paramedics

Community physio

ARC & Community physio

Inpatient Mental Health & LD

Mental Health
CMHT
Perinatal
Veterans
Older Adult
AARS

Mental Health
CMHT
Older Adult
AARS

Children, Young People & Learning Disabilities

Early years West

Early years East

School Age West

School Age East

CAMHS

Phoenix House

Neurodiversity

Dietetics

BEDS

Learning Disabilities

Scheduled Care Physio

MSK West

MSK East

IPASS - Pain

MSK TAS

IPASS - Spine

FCPs

MSK CSS

AIRS

BLIS
Berkshire Long
Covid Integrated
Service

Podiatry

Acute - RBH

Community

Dietetics & Nutrition

Acute - RBH

Community

Diabetes service

Adult Speech & Language

Community

Corporate Services



Other AHPs with Berkshire Healthcare

Divisional Director of Children, Young People & Families (CYPF) and Berkshire Eating Disorders Service (BEDS)

CAMHS Transformation Lead

Learning Environment Lead

Digital transformation Manager

Patient safety

Quality Improvement

Information Governance

CAMHS Service Manager

CMHT service manager

Clinical Governance Lead

Individual Placement Support Team Lead

Community Team Manager

Divisional Director for Community Services

UCR Manager

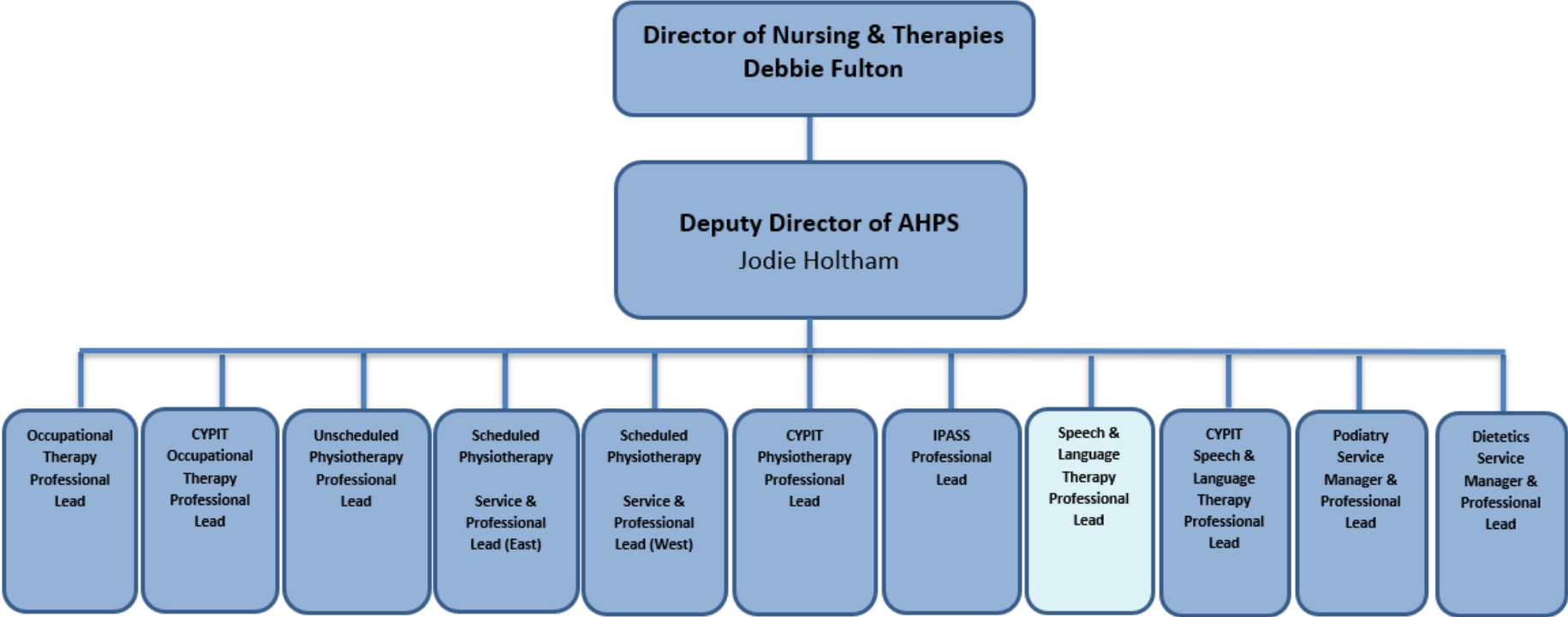
Clinical Practice Educator

Head Of Adults & Older Peoples Services

CPE Manager

Director of Transformation and Quality Improvement

AHP Professional Leadership

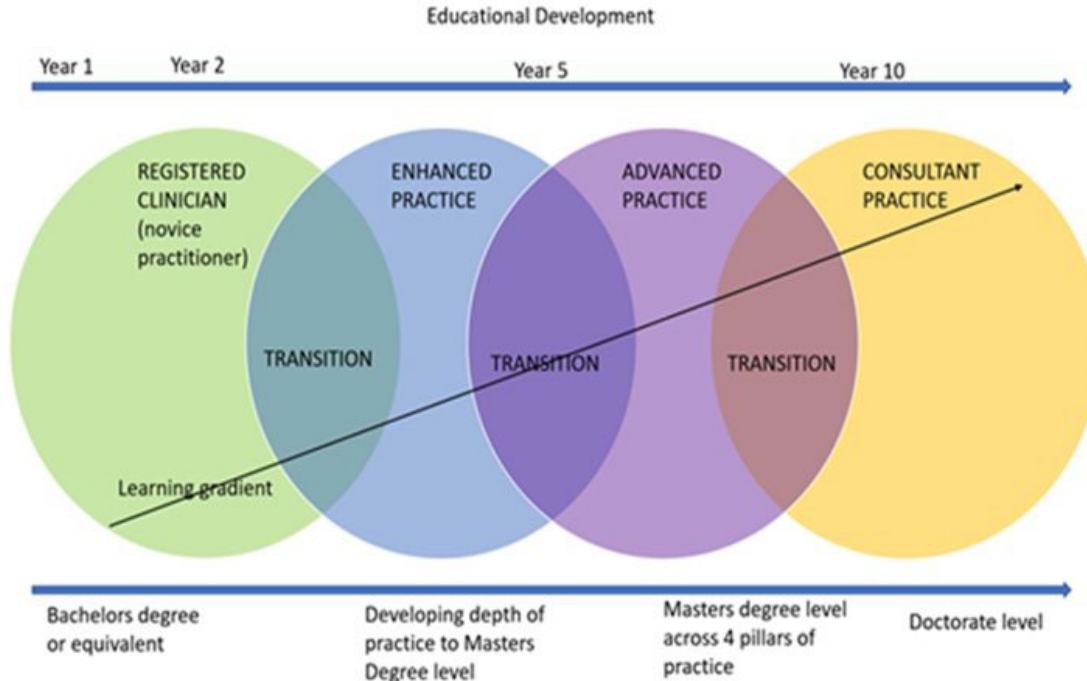


Career Pathways

Within Allied Health Professions



NHSE Levels of clinical practice



Advanced Clinical Practice

Within Allied Health Professions



Multi-professional framework for advanced clinical practice in England



"New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours."

<https://www.hee.nhs.uk/our-work/advanced-clinical-practice/what-advanced-clinical-practice>

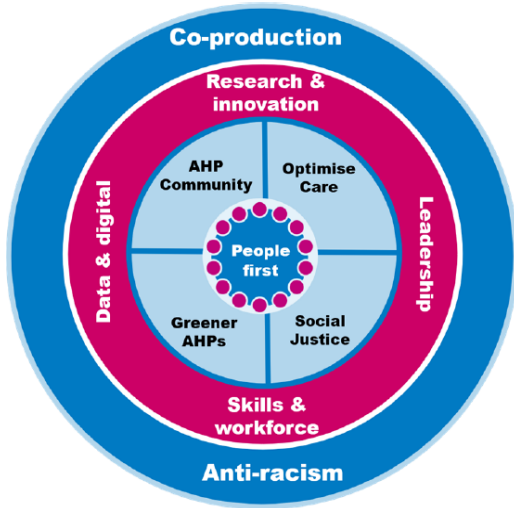
<https://advanced-practice.hee.nhs.uk/>

[Multiprofessional framework for advanced clinical practice in England](#)

NHSE: Chief AHP Office



The Allied Health Professions (AHPs) Strategy for England 2022 to 2027: **AHPs Deliver**



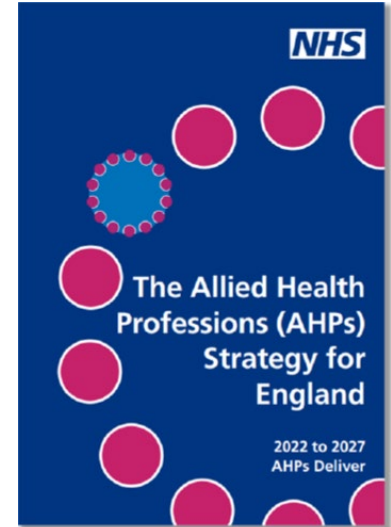
Key Themes

Four 'Enhanced Foundations'

1. AHPs champion diverse and inclusive leadership
2. AHPs in the right place, at the right time with the right skills
3. AHPs commit to research, innovation, and evaluation
4. AHPs can further harness digital and innovation through data

Five 'Areas of Focus'

1. People first
2. Optimising care
3. Social justice: Addressing health and care inequalities
4. Environmental sustainability: Greener AHPs
5. Strengthening & Promoting Allied Health Professions (AHP) community



AHPs Deliver: Strategy purpose

The Allied Health Professions (AHP) Strategy for England: AHPs Deliver, has been developed to provide strategic direction to the AHP community across England, to help the AHP community and those they work with maximise their contribution to the aim of **improving health outcomes** for all, providing better **quality care**, and improving **sustainability of health and care services**. During the lifecycle of the strategy it will be important that the AHP community continue to build on the **innovation** demonstrated throughout the pandemic and apply this learning to the challenges services now face in recovering.



NHS England South East Region

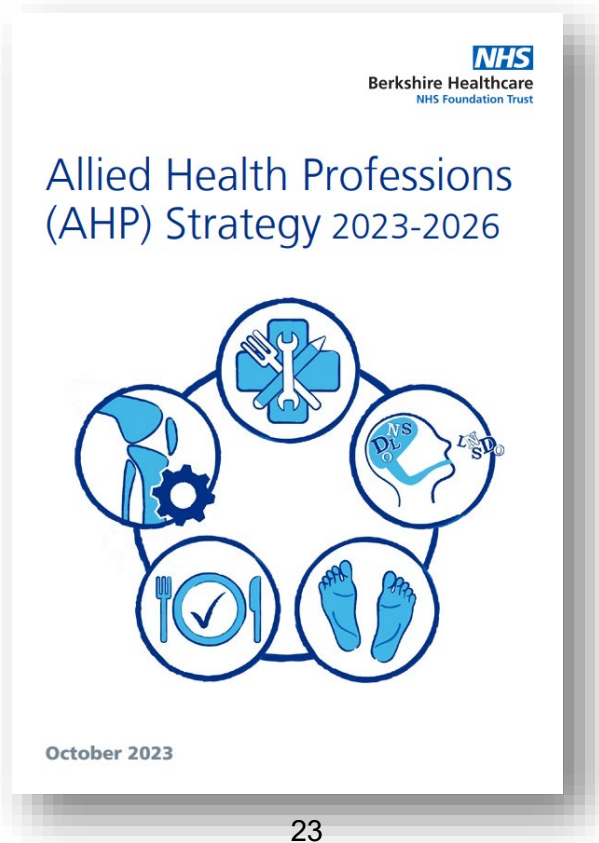
Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board



AHP Faculties



Berkshire Healthcare AHP Strategy



Key national, regional and local drivers



Berkshire Healthcare
Allied Health Professionals

BHFT are invested in supporting this agenda and recognises the importance that our AHP workforce have on delivering high quality care

- **Apprenticeships**
- **Preceptorship**
- **Support Workforce**
- **Return to Practice**
- **International Recruits**
- **Education & Student Placements**
- **Clinical & Advanced Practice**
- **Increase diversity in our leadership**
- **Research**

Thank you

GOVERNORS' SUBCOMMITTEE MEMBERSHIP & PUBLIC ENGAGEMENT

The most recent M&PE Subcommittee meeting was held online via MS Teams on 31st January. The attendance was the lowest we have seen for a rather long time, for whatever reason. This may also be the current experience of the two other subcommittees as well.

Subcommittee meetings are open to all Governors who can make themselves available and are an excellent opportunity for learning more about aspects of the work of the Trust. They are also another opportunity to experience some really excellent and additional presentations to Governors from Trust services and some external health-related organisations. I would encourage all Governors to come along, in person or virtually to as many meetings as possible.

Membership Newsletter:

The Newsletter continues to be very informative and a good vehicle for promoting the work of the Trust with its content and readability. Tom Lake made the suggestion that the “patient experience stories” selected for inclusion in the Board Papers would be interesting stories for the Membership to read. This will be actioned. Real Life stories would be a very good way to feature the value of membership. Ian Germer added the suggestion that changes such as online triage and how that would affect patient lives would also be of interest to members.

Membership Report:

The overall membership numbers and the individually measured characteristics had shown little movement over the quarter and seemed to be somewhat stable.

Membership Strategy:

The majority of the meeting's time was spent discussing the Trust's Membership Communications Strategy (2023 – 2026). In terms of membership numbers, the focus will be on recruitment activity in the demographic categories where there is a shortfall in target numbers.

We discussed a number of ideas where Governors, particularly Elected Governors could assist in outreach to the desired demographic groups. It was identified by Governors that further work would be useful on expanding what could be termed “the message” that should be presented to potential members.

Cathey Saunders, Director of marketing & Communications welcomed the support and was happy for Governors to be proactive with this in their constituencies. A small subgroup of Cathey Saunders, Brian Wilson, Ian Germer and Tom Lake will pursue this. We await some suggested dates from Cathy for our first meeting, likely online.

Brian Wilson

Chair, Governors Subcommittee on Membership & Public Engagement

Governors Working Group- Quality Assurance Group

12th February 2024

Sarah Croxford

I had the opportunity to solo-chair my first Governor Quality Assurance Group meeting via Teams in February. As unfortunately my co-chair, John Jarvis has been unwell and we wish him a speedy recovery.

The core highlights and discussion of the meeting included:

- [Reviewing the responsiveness of the PALS team](#)
- [Waiting list reports](#)
- [Patient Experience](#)
- [Complaints](#)
- [Service Visits](#)

PALS Service

The first discussion item was the responsiveness of the PALS team. The PALS service provides a vital “front door” between the patient and the trust. Supported by a full-time member of staff and volunteers, the length of time about responding to enquiries is taking too long. The governors discussed the complaints about the PALS service and its responsiveness and suggested asking for a trial return to a more responsive system. The governors also noted the difference between the PALS service provided by other trusts and the role of the volunteer who helps with the service. They agreed to pursue the issue in the Board's Quality Assurance Committee as well.

Waiting List Report

We explored in detail the progress of the waiting list report led by Jodie Holtham, this hugely in-depth report provides significant insights on the number of people waiting for a service versus targets and compares to the previous months. The Governors, review this closely to understand where services are seeing excessively high wait lists or unseen patients and to investigate the reasons as to why that may be. This will also include looking at the parity across places to assess whether there are learnings or inconsistencies in the service that could be reviewed and learned from. Reviewing positive improvements is as important as those that need significant review.

Patient Experience Report

The depth of information across both the Patient Experience Report and the Waiting List report provides an excellent opportunity to understand the common services that can be identified and visited by the Governors and NEDs and presented by Heidi Isley

The Governors were keen to look at areas to support that can highlight areas of opportunity and whether technology can play a role in surfacing up the relevant analysis for I Want Great Care through Intelligent Automation and sentiment analysis. Saving time for the reviewers of the services.

Recommended Services for visits that have not been visited previously by NEDs or Governors are:

- Psychological Medicine (PMS) West
- Crisis Resolution Home Team (CRHTT) East; Liaison and Diversion
- Continence Trust Wide Adult (Wokingham)
- Crisis Resolution Home Team (CRHTT) West.

Compliant Review

The formal complaints report provides an extra layer of review with the opportunities to note more around whether investigations have been investigated and outcomes assessed. Part of this involved reviewing an anonymised complaint letter about the minor injuries' unit. The Governors fed back that often the level of detail and technical language used in the response letter can be difficult for a "layperson" to understand without formal medical training and it would be helpful for future complaint responses to be reviewed and for the Governors to take this in turns to review the style of each response from a layperson's perspective.

Service Visits

The service visits provide a vital opportunity for NEDs and Governors to assess first hand each service from a patient and staff experience. To achieve the best success from this, the QAG Governors have recommended to draft standard questions help open the dialogue, which for newer Governors could be helpful. For the service we are visiting, it would be helpful to include how a short video to provide more interactive information about the role of a governor.

GOVERNOR QUALITY ASSURANCE GROUP

TERMS OF REFERENCE

Authority

The Group is established and authorised by the Council of Governors which is also responsible for approving these terms of reference and any amendments thereto.

Summary Purpose

The purpose of this group is to consider and provide assurance to the Council of Governors on quality related matters and to undertake specific scrutiny on related issues remitted to it by Council or by the Trust Board/Executive.

Membership

The Group shall comprise members drawn from the public, staff and stakeholder/partnership constituencies. Other Governors will be free to join Group meetings.

The Chair of the Trust will be, ex officio, a member of the Group.

Membership will be reviewed formally every three years to provide all Governors with the opportunity to seek membership and to achieve fair representation.

Members of the Group will elect their own Chair.

The Group will meet a minimum of four times a year and a report on its work will be provided at each Council meeting.

To enable the Group to discharge its duties, the Director of Nursing & Therapies, or their nominated deputy will attend Group meetings.

The Company Secretary or their nominated representative will provide secretariat support and appropriate governance advice and guidance.

Responsibilities

The Group's key responsibilities will be:

1. To consider service quality performance information to gain assurance that the Trust is achieving required standards and is meeting the terms of its authorisation and CQC registration and to provide periodic reports to Council to supplement the performance information provided by the Trust. The nature of the information to be received and reviewed by the Group will be identified in discussion with relevant Trust officers and may be revised in the light of experience.

2. To review any quality matters remitted to it by the Council of Governors or Trust Board/Executive and to produce a report of its findings.
3. To undertake visits in line with the agreed programme to assess the quality of Trust's services, including discussions with service users and staff.
4. To produce detailed reports on the findings from the assessments undertaken for submission to the Trust and submitting summary reports for information to the Council of Governors.
5. To raise any matters viewed as urgent with relevant Trust officers.
6. To undertake revisits wherever necessary.

These terms of reference will be reviewed by the Group not less than every 2 years and any agreed proposed amendments submitted to the Council of Governors for approval.

Revised: 12th February 2024

Approved by Council: 6th March 2024

For review: February 2026

Living Life To The Full Group Report To Council - 6 March 2024

Tom Lake

Madeline Diver has agreed to take over the chair of the group on her return from the wilds of Tasmania, and I will be happy to assist and support her until the end of my term. I hope the group will enact this change at its next meeting.

On 21st February the group met to hear from youth counselling service No5 and to hear a bi-annual update on the Carer's strategy from Katie Humphrey. We have now recently heard from 3 remarkable charities doing invaluable work in parallel with the Trust: Sport in Mind, SupportU and now No5 as well as hearing from the Trust's own Community Mental Health service.

Katie Humphrey outlined the work undertaken under the Carers Strategy, showing convincing work towards the aim of reaching level 3 of the Triangle of Care standard. There is now a good internal overview of the work under the strategy available to management, with teams undertaking annual self-assessments of their standing and submitting annual improvement plans and a useful dashboard. Council may wish to have a direct report on the progress under the strategy later this year.

Alison Wylding and Carly Newman gave us a gripping account of the work of No5. A word that echoed through the presentation was "trust" – the proposition was that young people can best be helped by adults in whom they have established trust.

No5 serves young people of ages 11-25 in all the RG postcodes. Their work had been based on trainee clinicians' placements as youth counsellors with No5 but demand has increased so much since 2019 that they now have 10 employed clinicians. Reading University presumably plays a large role in the supply of trainees, and also contributes to the flow of applicants for help.

No5's applications have gone from 318 in 2019 to 1119 in 2023, but despite employing counsellors the service has gone from delivering 5016 sessions in 2019 to delivering 8626 in 2023 – not proportionate to the demand. Projects are offered to those on the waiting list, and it has been found that simply being accepted onto the waiting list is already helpful to their applicants. The proportion of young adults applying has increased. We heard that relations and dialogue with CAMHS and safeguarding authorities have enlarged and improved over this period and some are referred by CAMHS.

No5 can offer up to 20 sessions per applicant under a process agreed with the Berkshire West CCG which specifies open access and early intervention. Their counsellors are all specially trained for youth counselling.

We heard that of the roughly £500K budget just £31K comes from the NHS; No5 is benefitting from National Lottery and other grant-givers multi-year grants for the first time.

No 5 is known for co-producing its services with its young applicants and has youth ambassadors to help applicants and spread knowledge of the service.

One can hardly imagine what the effect on the trust and population would be if this service and others like it were to be wound up, so one hopes that they will receive the support and assistance that they need in the difficult times to come. +



Patient Experience

Quarter Three 2023-24 Report

The attached report highlights key activity and feedback, including complaints, compliments and feedback through the iWGC feedback tool.

One of the Trust's strategic goals is to increase feedback gathered through the iWGC tool and to ensure that this is used for improvement; many services are reviewing ways to increase feedback; this report includes some examples of how the feedback is being used to identify and make improvements.

There are no significant changes in terms of themes or trends arising from the data within this report.

The complaint data and iWGC thematic analysis are also included as appendices to the report.

There have been no 15-step visits undertaken during the quarter, a review of this programme is currently being undertaken and visits will recommence from April 2024.

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

Patient Experience Report Quarter 3 2023/24

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.

The below table shows information related to the overall Trust position in terms of patient experience feedback.

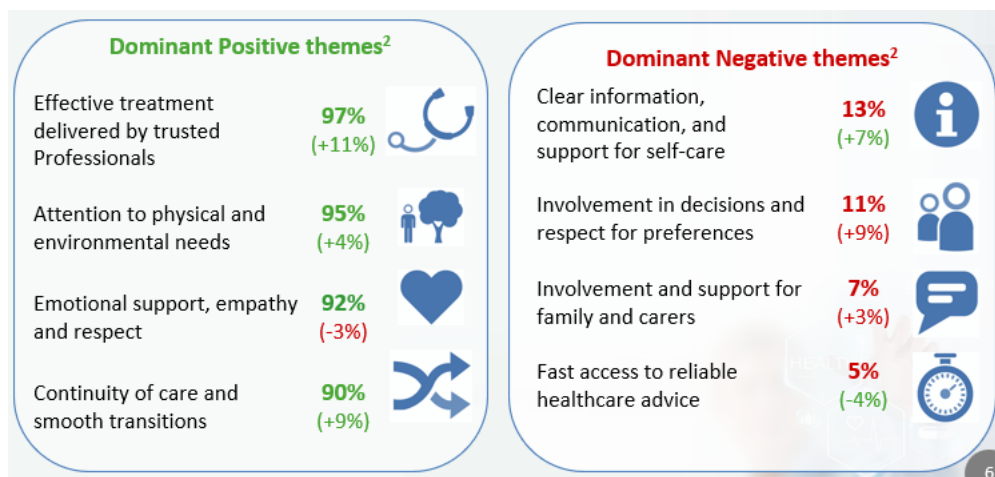
The iWGC tool is used as our primary patient survey programme and is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge via a variety of platforms. The tool uses a 5-star rating which is comparable across all services within the organisation and is based on questions in relation to experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to.

Table 1

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total patient contacts recorded (inc discharges from wards)		216,579	219,999	233,201	
Number of iWGC responses received	Number	6,450	7,156	7,286	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3%	3.3%	3.1%	
iWGC 5-star score	Number	4.71	4.79	4.77	
iWGC Experience score – FFT	%	93.8%	94.5%	93.7%	
Compliments received directly by services	Number	1091	1229	1408	
Formal Complaints Rec	Number	68	64	75	
Number of the total formal complaints above that were secondary (not resolved with first response)		11	10	11	
Formal Complaints Closed	Number	53	64	69	
Formal complaints responded to within agreed timescale	%	100%	100%	100%	
Formal Complaints Upheld/Partially Upheld	%	62%	55%	52%	
Local resolution concerns/ informal complaints Rec	Number	36	50	30	
MP Enquiries Rec	Number	24	11	19	
New Complaints open to PHSO	Number	3	3	3	

There are no significant changes identified in analysis of data that differs from previous reports, the highest number of complaints continued to relate to specific care and treatment concerns. The number of MP enquiries received has increased from 11 to 19. Physical Health in West Berks received the highest number of MP enquiries. We have received secondary complaints from two complainants.

Overall feedback remains overwhelmingly positive; the below show the most positive and negative themes based on free text responses within the iWGC experience tool that patients have documented to explain their experience.



The brackets () in the picture above shows the comparison to the report for quarter two. This demonstrates that there has been an improvement in three of the positive themes, and two of the negative themes. An area that will be monitored over the next quarter is 'involvement in decisions and respect for preferences', which has shown a 9% decrease in satisfaction compared to last quarter.

Appendices 1 and 2 contain our PALS and Complaints information for Quarter three.

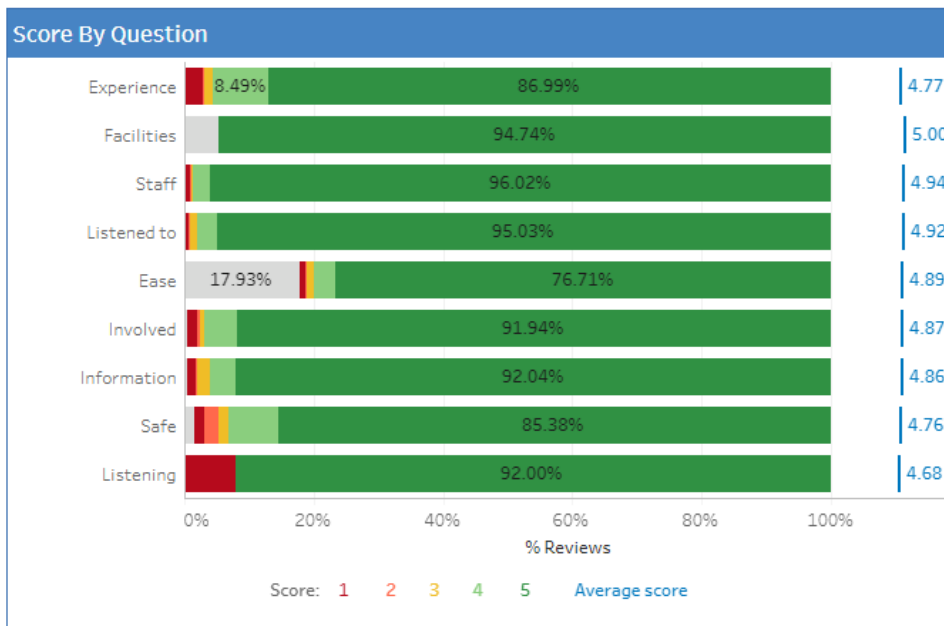
What the data is telling us

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	556	1169	930	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.1%	3.4%	2.7%	
iWGC 5-star score	Number	4.59	4.7	4.87	
iWGC Experience score – FFT	%	89.3%	96.6%	95.5%	
Compliments received directly by services	Number	72	55	81	
Formal Complaints Rec	Number	14	15	9	
Formal Complaints Closed	Number	14	14	5	
Formal Complaints Upheld/Partially Upheld	%	93%	57%	80%	
Local resolution concerns/ informal complaints Rec	Number	6	14	8	
MP Enquiries Rec	Number	15	7	4	



For children’s services the iWGC feedback has seen a drop in the responses from last quarter, further work with the services is continuing to improve this, 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 930 responses, 899 responses related to the children’s services within the division; these received 96.1% positivity score, with positive comments about staff being helpful and kind and a few suggestions for further improvement, this included 6 reviews for Phoenix House where comments about staff being supportive and nurturing were very positive and there were some suggestions for further improvement regarding more detail about what to expect from the service and how to cope at home. 12 of the responses related to learning disability services and 19 to eating disorder services.

From the feedback that was received, ease and feeling listened to were most frequent reasons for individual questions being scored below 4.

Children’s Physical Health Services

There were 3 formal complaints for children’s physical health services received this quarter. One for School Nursing, one for Children’s Occupational Therapy and for the Immunisation service

846 of the 899 patient survey responses were in relation to children’s physical health services. The 2 services with most responses were the Health Visiting team, Wokingham and Health Visiting, Bracknell; the Health Visiting team in Wokingham received 268 of these responses which scored positively receiving a five-star rating of 4.93 and feedback included “[name removed] was very open attentive, supportive and communicated very important information with warmth. I felt seen, heard and cared for.” “We were warmly welcomed and made to feel very comfortable early in the session. Having a safe space with toys means conversation is easy and as a parent I can relax and pay attention to the conversation. The topics and points to discuss were easily approached and [name removed] made me and my child’s development feel very normal, which is great!”. 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.

Child and Adolescent Mental Health Services (CAMHS)

For child and adolescent mental health services there were 7 complaints received, these were primarily in relation to care, and treatment received and waiting times. Themes around

this included clinical care received and long wait for treatment. In addition to this, the service received 3 enquiries via MPs, a reduction from 7 in Q2. Most of these related to waiting times.

There have been 50 responses for CAMHS services received through our patient survey for this quarter. Currently the survey is accessed through paper surveys, online or configured tablets in the departments.

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 Children and Young Peoples division included.

'I just wanted to thank you for everything you've done for Young Person and for our family. I'm grateful for all the time and effort you have put in to try and understand and help support us at this tricky time for both our children.'

'I'm very grateful. I didn't think it would have made such a difference in a short time'

Further work is being carried out with CAMHS to improve uptake as part of the wider patient experience improvement plan.

Learning disability

There were no complaints received this quarter for Campion Ward regarding care and treatment on the ward.

Overall, there were 12 responses for all Learning Disability services from the patient survey received, responses were for the Community Teams for People with a Learning Disability, the Learning Disability Intensive Support Team and Campion Unit the Learning Disability inpatient unit. These received a 66.7% positive score, this was skewed by 1 response not having a score; other feedback included that staff were kind, *"Very positive and caring experience."*, *"Always kind, understanding and willing to help outside of box."* and *"Welcoming staff was good."*, there were comments for improvements including staff need to listen and patients want more information. 2 of the 4 responses that received with a score below 4 left no comments in the free text boxes, the remaining 2 had comments which included wanting more information, for staff to be polite, respectful, show kindness and treat people with dignity.

Eating disorders

There was one complaint for eating disorders regarding the transition of a young person from children to adult services.

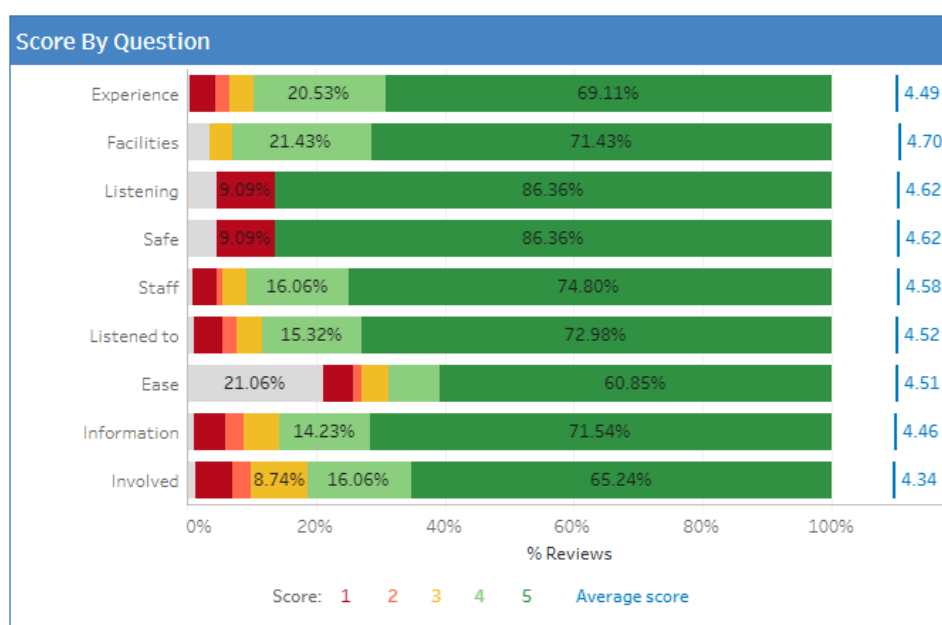
Of the 19 feedback responses received, 13 scored a 5 with comments such as *"The staff showed endless patience and cared deeply for me. They taught me so much and gave me the tools I need to be able to go forward, even though I still struggled with putting measures into practice by the time I left. I don't know if I'll ever fully recover but BEDS at least have me a fighting chance."*, *"The nurse that treated me was excellent. She spent a lot of time answering my complex questions and put me at ease throughout my treatment. Thank you."*, *"Everyone is very lovely and helpful."*. Areas for improvement included better communication and that the waiting time was too long.

Mental Health Division

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	Number	449	448	492	
Response rate (calculated on number contacts)	%	2.7%	2.2%	2.5%	
iWGC 5-star score	Number	4.64	4.58	4.49	
iWGC Experience score – FFT	%	92.7%	89.1%	89.6%	
Compliments received directly by services	Number	37	26	20	
Formal Complaints Rec	Number	16	12	14	
Formal Complaints Closed	Number	16	13	15	
Formal Complaints Upheld/Partially Upheld	%	37%	23%	33%	
Local resolution concerns/ informal complaints Rec	Number	4	2	2	
MP Enquiries Rec	Number	1	2	0	



14 formal complaints were received into the division during this quarter; in addition, there were 2 informal/ locally resolved complaints. 15 complaints were closed during the quarter. 5 of these were either fully or partially upheld and 10 were not upheld. Four of the complaints related to communication or care and treatment, and a further four related to attitude of staff. Two complaints were from the same patient.

The services receiving the majority of iWGC responses were CRHTT East 147 responses, Psychological Medicine Service East, 117 responses, Memory Clinic Bracknell 37 responses and CMHT Bracknell 18 responses.

Across the CRHTT East survey responses the average 5-star score was 4.27 with 83.7% positive feedback, a decrease from last quarter. 123 of the (overall number of responses received) scored a 4 or 5-star rating with many comments about staff understanding, being helpful, listening and kind; "CMHT gave me an appointment at short notice. Dr and the crisis team were very professional and kind, helped me to get my medication quickly too." 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 feeling like they were not listened to, discharged without being seen and lack of communication.

Feedback from compliments for the service included, *'you are amazing, I just can't get over how you have changed my life in 5 weeks'*.

The Psychological Medicine Service - East received 83.8% positive score (4.25-star rating) and received positive feedback about staff being helpful, understanding, caring and supportive. *"My issues or needs were dealt with very, very professionally by all the wonderful staff here at Wexham Park Hospital who were and are extremely understanding to my needs and to what has happened and how I suffered and had been affected and my sufferings in all sense or forms. They took me under their wing and have guided me through most sympathetically and will be continuing to carefully closely with connection and help from my own GP account. I am truly thankful and most grateful. They are wonderful people here at the hospital are very, very supportive and They and will be continuing to be supportive and for that I am also extremely grateful along with my family's happiness and gratitude for what has been given and offered to me, so thank you. It has been an incredible journey just last week here at the amazing Wexham Park Hospital which I call hotel so thank you all of you I feel like the I've got my me back and I'm more than willing to continue whatever is required to help me and what has already been."*

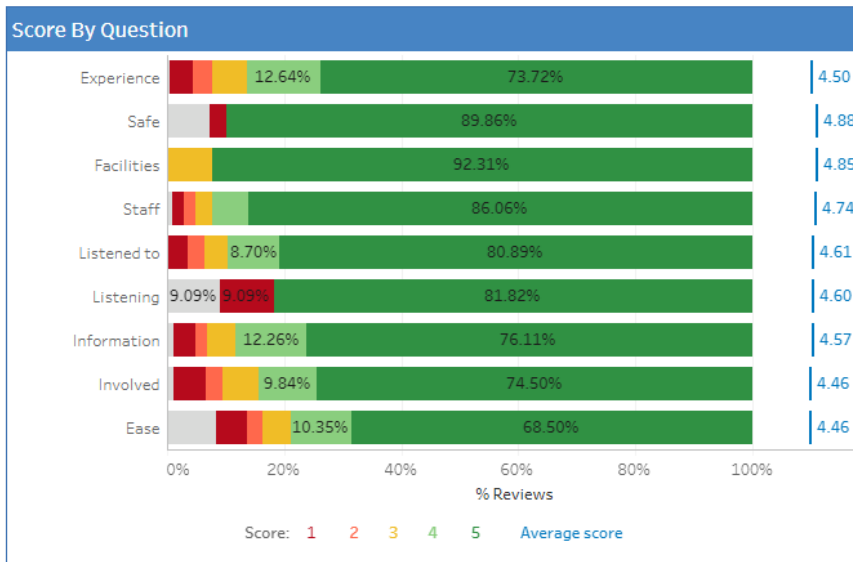
Memory Clinic Bracknell received 100% positive feedback (4.91-star rating), many of the comments were positive about staff being kind, friendly and listened to them. *"[name removed] was friendly and welcoming. She showed strong empathy and was very professional. I enjoyed talking to her. I left feeling more positive and looking forward to being taken out by a support worker."*

CMHT received 41 responses (Bracknell 19, WAM 4 and Slough 18) with 97.6% positive score and 4.61 star with 1 of the total responses scoring less than a rating of 4; comments included *" psychiatrists have listened well and explained their decision and advice thoroughly; 'there is nothing negative to say about the treatment I got', 'this is the first time I'm actually listened to' and 'I'm happy with the whole experience'* There were a number of positive comments about being listened to, staff being caring, helpful and kind. Some of the suggestions for improvement included having better phones lines for Slough Further work is being carried out with Mental Health services to improve uptake as part of the wider patient experience improvement plan.

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	Number	1246	1219	997	
Response rate (calculated on number contacts)	%	2.5%	2.3%	2.1%	
iWGC 5-star score	Number	4.61	4.58	4.56	
iWGC Experience score – FFT	%	89.3%	88.4%	86.4%	
Compliments received directly by services	Number	557	403	312	
Formal Complaints Rec	Number	12	15	12	
Formal Complaints Closed	Number	7	13	15	
Formal Complaints Upheld/Partially Upheld	%	43%	54%	53%	
Local resolution concerns/ informal complaints Rec	Number	7	5	5	
MP Enquiries Rec	Number	4	0	4	



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 3 services with the most feedback through the patient survey were Talking Therapies 520 responses, CRHTT West 90 responses and PMS West 69 responses.

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

This division received 12 formal complaints during the quarter with CMHT receiving 7 and CRHTT receiving 2. There were 15 formal complaints closed with 8 being found to be upheld or partially upheld and 6 not upheld. One was resolved locally.

Mental Health West also received 5 informal complaint/locally resolved complaints and 4 MP enquiries.

For CRHTT there were 90 feedback questionnaires completed with an 83.3% positivity score and 4.42-star rating; with lots of positive comments about staff being supportive, kind and listening, *“The team was really sensitive and caring. They made an effort to fully understand my condition and truly understood that my physical health condition was causing my mental health decline. It was groundbreaking for me; I’d never been treated like that before. Kudos to the team for listening to me clearly, it has resulted in me receiving the support I needed for my condition.”*; a number of the less positive reviews talked about lack of communication and information about the service, not informed about planned discharge and wanting the staff members who they are being seen by to be consistent.

There were 41 responses received for West CMHT teams with 85.4% positivity score and 4.48-star rating, 35 of these were positive with comments received that staff were professional and helpful, there were 6 negative responses with reviews stating that patients felt like staff didn’t listen, wanted more information on medication given and the treatment being provided.

Older adult and memory clinic combined have received 90 patient survey responses during the quarter with a 95.6% positivity rating (4.84-star rating) some of the feedback included *“The overall staff had a next-door neighbour feeling about what they say and do & are genuinely friendly & understanding. You can see it’s genuine from the top to the bottom from everybody and wish them all well as they deserve to get recognise for their kindness, knowledge, and understanding of what the person and direct family are going through. You are all the unsung heroes, and everybody should be supported. Thank you.”*

The West Psychological medicine service received 69 responses with an 81.2% positive score and 4.38-star rating (9 responses scored less than 4) many of the comments were positive about staff listening, being helpful and understanding.

For Talking Therapies received 502 responses during the quarter, their patient survey responses gave a positivity score of 85.2% (4.55-star rating), 76 of the reviews scored less than 4. The vast majority of comments were still very positive about the staff, including that they listened, were helpful and kind. A number of the comments/areas for improvement were that the wait was too long, felt that they were not given any help or support and discharged too quickly. For example, *“They said they couldn’t help and gave me other services to self-refer to. There is now an 8-month waiting list, so I still haven’t received any help.”*

Examples of positive feedback about Talking Therapies included, *“All the people I spoke to were very skilled. They listened and provided excellent care. Were very knowledgeable and non-judgmental. Excellent service. Feel very happy with the service. Certainly, helped me.”*, *“I received incredibly helpful careers advice which made me feel more optimistic about the opportunities out there and how to find them. I thought the advice was appropriate to my needs and being given to me in a pdf booklet means I can access support subsequently whenever I need. I think careers advice is such a good part of talking therapy because it contributes a lot to my mental health and being able to receive practical support for that is great.”* and *“My therapist, [name removed], was amazing! She listened without judgement, showed me empathy and compassion. She provided me with invaluable support, every session, that I could put into practice in the weeks and months that followed. I will forever be grateful for her knowledge and the tool kit that she provided me with. I often return to this when I experience challenges. It has made me more resilient and given me a more realistic self-perception. Her support, has been truly life changing for me and my family!”* Patients reported that they felt *“My therapist [name removed] was amazing. She listened but also spoke rather than waiting for me to try and figure stuff out. I definitely felt it was a 2-way conversation and she gave me an insight into a different version or way of thinking.”*, *“[name removed] was personable, professional and courteous. She listened when I spoke and advised me clearly and with care. I felt confident in her expertise.”* and *“[name removed] makes me feel listened to & understood. He teaches me strategies to help me understand and manage my depression, and homework to do between sessions.”*

Op Courage

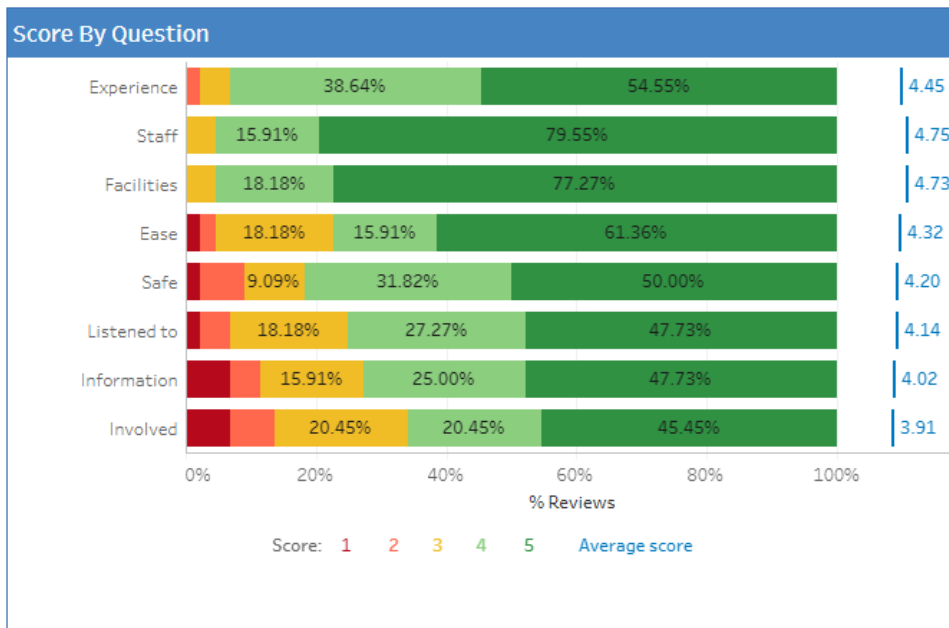
Op COURAGE is an NHS mental health specialist service designed to help serving personnel due to leave the military, reservists, armed forces veterans and their families. During this quarter, the Trust did not receive any complaints about this service.

Further work is being carried out with Mental Health West services to improve uptake as part of the wider patient experience improvement plan.

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	43	37	44	
Response rate	%	28.3%	28.5%	23.5%	
iWGC 5-star score	Number	4.30	4.05	4.32	
iWGC Experience score – FFT	%	88.4%	78.4%	93.2%	
Compliments	Number	12	11	13	
Formal Complaints Rec	Number	10	4	8	
Formal Complaints Closed	Number	5	5	7	
Formal Complaints Upheld/Partially upheld	%	80%	60%	57%	
Local resolution concerns/ informal complaints Rec	Number	0	0	0	
MP Enquiries Rec	Number	0	0	2	



The satisfaction rate was 93.24% with 3 of the 44 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to feeling involved received the least positive scores with overall 5-star rating for this question being 3.91 and 15 of the 44 giving a score of 3 or less to this question.

There were 8 formal complaints received for mental health inpatient wards during the quarter across Place of Safety, Daisy, Bluebell and Sorrel wards; they were mainly regarding care and treatment.

There were 7 complaints closed for this division during the quarter and of these 4 were partially or fully upheld and three were not upheld.

There were many positive comments received in the feedback including comments such as staff were friendly, kind, caring and helpful. There were some comments for improvement about more opportunities to go outside, better communication from staff to patients and more activities on the wards. Examples of the feedback left are *“Because they met all my needs made me feel safe in the environment for me to be ready for the outside world Made me want to be a key worker after what I’ve been doing in the hospital, I have done for myself to be better now I’m ready to be a dad again to my kids have to thank you to all the staff love every step.”* *“Because I think it’s helped me to have a greater understanding of mental health and how much of an invisible illness it can be and how hard the staff work to help get people better.”*, *“The care and dedication of the staff is excellent. I was in a very dark place and the staff were very caring and supportive and have helped me to recover my mental health. Thank you for giving me my life back.”* There were no responses for a Place of Safety.

Focus groups were arranged on each of the four adult acute wards at PPH facilitated by Nurse Consultants with 20 patients attending this quarter. The aim was to look at how the environment on the acute wards could be improved from the patients perspective. The focus groups explored four areas.

1) Views on single gender wards vs mixed wards: *There was an overwhelming preference for mixed wards with an option for single gender wards for those who needed for safety reasons.*

2) Moving between wards for different stages of treatment (diagnosis, treatment and recovery). *There were mixed feelings about this, overall the patients could understand how the concept looks good in theory but are concerned about how it would translate to practice - fear around changing relationships being the number one concern.*

3) Best use of space to improve environment/experience. *The patients would like increased sense of community in layout, more activities (evenings and weekends), more quiet spaces and sensory area.*

4) Experience of having treatment in an Out of area bed. *There were mixed feelings about being in an out of area placement, with a thought from some who had been in out of area placements believing that the ward environment and ability to provide individualised care at PPH was needed to compete with the better placements.*

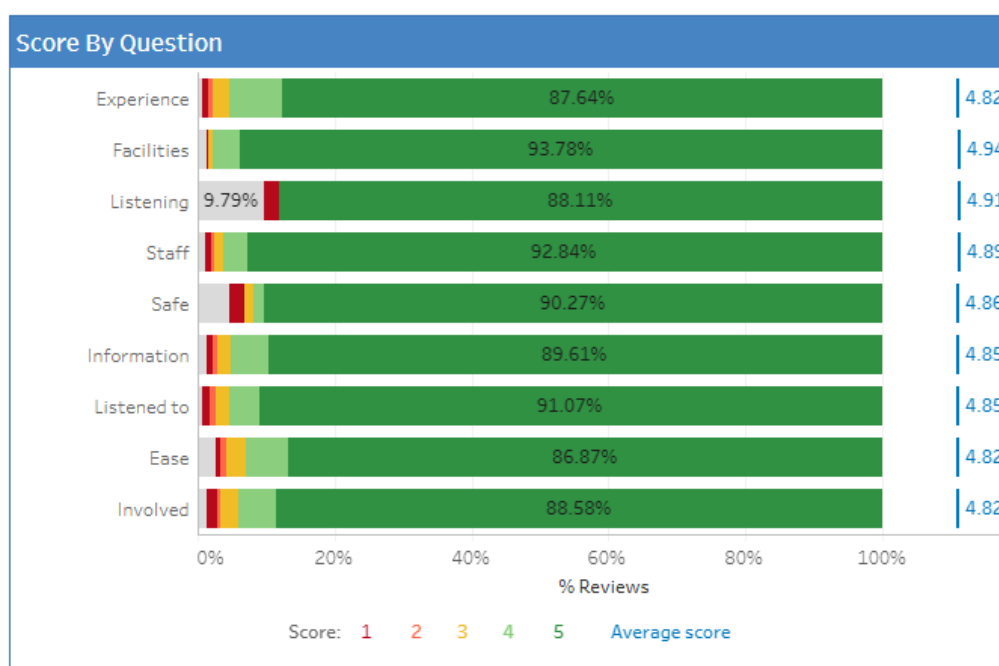
There is ongoing work at Prospect Park to increase feedback including work within the Therapy department.

Community Health Services Division

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	2044	2016	2136	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	5.5%	7.1%	5.3%	
iWGC 5-star score	Number	4.86	4.88	4.85	
iWGC Experience score – FFT	%	97%	96.7%	95.5%	
Compliments received directly into the service	Number	217	401	636	
Formal Complaints Rec	Number	2	6	10	
Formal Complaints Closed	Number	2	5	8	
Formal Complaints Upheld/Partially Upheld	%	50%	40%	62%	
Local resolution concerns/ informal complaints Rec	Number	1	8	1	
MP Enquiries Rec	Number	1	1	0	



Of the 10 complaints received this quarter, three were for Henry Tudor Ward which included transfer arrangements alongside care and treatment; three for District Nursing (two were for the Slough team and one was about the team in Windsor, Ascot and Maidenhead). Care and Treatment, and Attitude of Staff were the main themes.

There were eight complaints closed, two partially upheld and three upheld and two not upheld. One complaint has been progressed as an incident review.

Hearing and balance received 154 responses to the patient experience survey with a 94.8% positive score and 4.87-star rating.

East Community Nursing/Community Matrons received 274 patient survey responses during the quarter with a 98.9% positive scoring, many comments were about staff being professional and kind, for example *"The Matron and OT lady were extremely kind, helpful and professional. They were so supportive to me at a very difficult time, and it is greatly appreciated. Not everyone has the ability to help older folk, but these two ladies were truly excellent, I cannot stress this highly enough."*, *"[name removed] was very professional, she contacted me to arrange a convenient time to visit. I felt listened to and I was given valuable information. very patient and caring."*, *"The nurses were very kind as they came to check on me even when I was not answering their calls. They were both respectful and listened to my concerns and offered support."* and *"[name removed] is very kind, respectful and supportive. She brought joy with her smile into our home and managed to offer the support to make my life manageable. Very grateful for her support."* There were also some comments around some nurses needing more training for example *"Better training for Nurses. More Band 5 Nurses are needed, because of their broader knowledge. Nurses with less knowledge can't provide the throughout service that the patient needs."*

The wards received 122 feedback responses (69 responses for Jubilee ward 94.2% positive score and 53 Henry Tudor ward 90.6% positive score). Most of the comments for improvement were related to staff communication, patients wanting more physio and the patient experience of the food was very variable ranging from food needing to improve and limited choice to being impressed with the food, food so good. There were many comments about staff being kind, compassionate and helpful.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 92.8 % (4.81-stars), comments were very complimentary about staff being professional and helpful, *"From arrival, to being seen by the physiotherapist, all staff were friendly, polite and professional. I was asked lots of questions to determine my knee problem and my treatment plan was demonstrated and discussed appropriately. I have access to videos to remind me how to do the exercises properly. I have a follow up appointment in a timely manner. Thank you."* The reoccurring improvement suggestion for this quarter was for a sooner appointment.

Outpatient services within the locality received a positivity score of 96.8% with 4.86 stars from the 617 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"The service is amazing, and I am very pleased and thankful. Everyone in this team is wonderful and provide great care. did not know this service exist. So happy for the care given to me. five stars for the team."*

The diabetes service received 71 feedback responses with 94.4% positivity and some lovely comments including *"The DSN was very knowledgeable and listened to my concerns about my diabetes control. Together we have come up with a plan to adjust my insulin and have weekly telephone consultations to go through my diabetes changes. Feel well supported and know I can contact the team at any time. Very happy."* Alongside some helpful suggestions for the service to consider around improving the room layout such as *"The layout of the room was not conducive to the projection of the speaker's voice, and to seeing the projection on the screen. A horseshoe shape would have been easier!"*

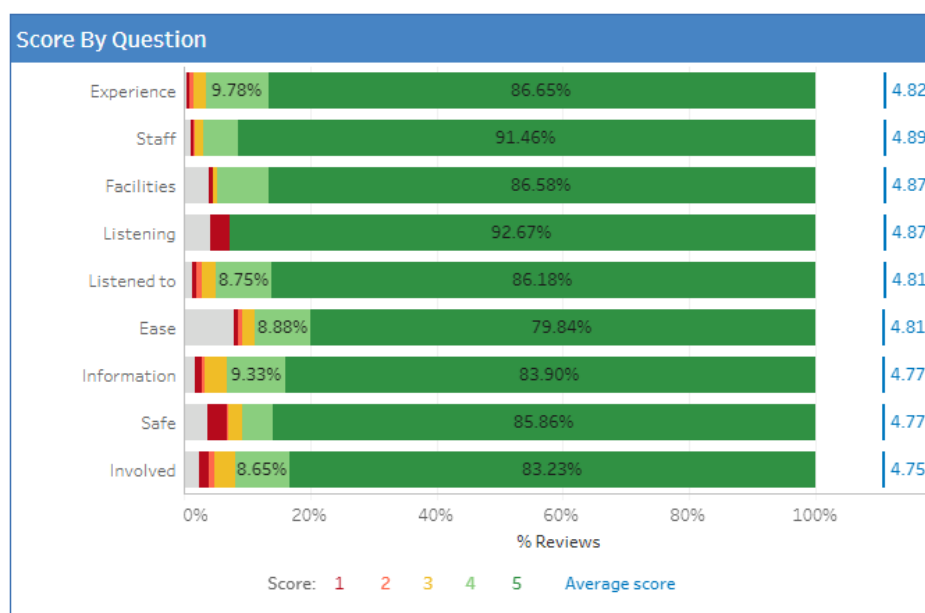
The Assessment and Rehabilitation Centre (ARC) also received positive feedback including *“Everybody from the Lady receptionist right through the physiotherapists, and the doctor were all exceptionally pleasant and exceptionally competent. I am very impressed and realise that for all the problems that the NHS has, it is a very skilled and pleasant organisation. Thank you.”*

Community Health services currently have a project group to improve feedback responses.

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	2056	2239	2659	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.5%	2.8%	2.9%	
iWGC 5-star score	Number	4.81	4.82	4.81	
iWGC Experience score - FFT	%	95.1%	96.3%	96.4%	
Compliments (received directly into service)	Number	196	298	345	
Formal Complaints Rec	Number	12	10	16	
Formal Complaints Closed	Number	7	14	14	
Formal Complaints Upheld/Partially Upheld	%	86%	86%	57%	
Local resolution concerns/ informal complaints Rec	Number	18	25	14	
MP Enquiries Rec	Number	3	2	4	



Community Health West saw an 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 96.4% positive satisfaction and 4.81-star rating and the question on staff receiving a 96.9% positive scoring from the 2659 responses received.

There were 16 formal complaints received during the quarter, these were split across several different services. Of these the Out of Hours GP service (WestCall) received 7. The Urgent Treatment Centre, District Nursing and Community Dental Services received two complaints each during the quarter.

There were 14 complaints closed for the division during the quarter with 2 being upheld, 6 partially upheld, and 5 not upheld. One of the complaints raised has been progressed as a serious incident investigation.

During this quarter the community hospital wards have received 176 responses through the patient survey receiving an 92.6.% positive score and 4.60-star rating, (13 responses scored 3 and below) questions around feeling involved and listened to receive the most results of 3 and below; comments include staff were friendly and caring, *"From the beginning of my stay in Oakward it has been a real 'lift' to heat the staff being so friendly and professional together while bringing both into the patients rooms."*, *"All staff were very friendly and helpful."*, *"Staff was very helpful in getting me back on my feet very caring and polite at all times."* And *"From day one my progress advanced steadily, supported by professionally caring people."*, there were some individual comments where patients were less satisfied, with comments including better communication, better food, not ignore patients and some staff need to improve their attitudes.

Of the 7 complaints for the Out of Hours GP service, four related to care and treatment (three of which were raising concerns about the diagnosis and clinical management), one was relating to Access to Services, one for Medical Records and one regarding Discrimination and/or Cultural Issues.

WestCall received 8 responses through the iWGC questionnaire this quarter (87.5% positive score, 4.66-star rating, 1 score received below 4. Positive comments included *"[name removed] [name removed] was so lovely. I rang up as I was positive for covid, and I can have anti-viral treatment. I was a bit worried as I only had it a month ago and fully vaccinated. [name removed] [name removed] was so kind and reassuring. [name removed] [name removed] even looked up my recent sputum results for me and really assessed me holistically. They had a lovely manner and organised everything that I needed for the antivirals."* *"Very efficient service always keeping you up to date. Very thorough with examinations just in case leaving nothing left unchecked."* WestCall received 19750 contacts during the quarter.

Podiatry services received 206 patient survey responses. Most responses were very positive receiving 5 stars (overall 99.5% positivity 4.95-star rating) with examples including *"My podiatrist and podiatry assistant were fantastic, everything was fully explained, I was listened to, and the procedure and follow-up appointment were excellent."* and *"The care, thoroughness, and kindness provided by both people who looked after me at the Tilehurst podiatry clinic was outstanding."*

There were two complaints for Community Nursing, relating to attitude of staff and discharge arrangements.

To provide some context across our East and West District Nursing teams combined there were 59,817 contacts this quarter. Lots of comments included nurses were kind, helpful and friendly, *"Very grateful to the Chalfont team for care of husband whilst he was on a syringe driver. All of the team were wonderful, everyone that visited was really kind, very thankful for all the support."*, *"The care that [name removed] gave to both of us today was excellent [name removed] was very helpful understanding very good at her job."* and *"The District Nurses were amazing, and he very much appreciated the great care and friendly nurses that visited."* There were several positive comments about nurses being caring and there were very few suggestions for improvement, would like to know when nurse is visiting and to let patient know if visit is cancelled.

MSK Physio has received one complaint in the quarter relating to the clinical care the patient received. The service has received 315 patient survey responses with a 96.2% positive score (4.90-star rating), very few areas for improvement were included in the feedback there were a few suggestions including parking, provide more sessions and have more privacy in the rooms and the overall feedback was extremely positive with lots of comments about staff were friendly, professional, kind and listened.

The services across the division received many compliments including “I’m sure you’re all aware he passed away on Saturday evening, just wanted to thank every single one of you for the help that you gave and making it possible for him to stay at home. He wanted so much to pass away at home and obviously I wanted that as well, so you made that possible. I just like to thank you even though I could be tricky at times, but I hope you understand that he was my whole life any away thank you ladies you have been amazing I will write in at some point as well as I sure you don’t always accept the praise that you should so again thank you so much.”

Community Health services currently have a project group to improve feedback responses.

Demographic profile of people providing feedback (Breakdown up to date as at the end of Quarter 3; from our Business Intelligence Team)

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q3 attendances
Asian/Asian British	12%	3.2	10.30%
Black/Black British	0%	2.3	3.26%
Mixed	2.70%	1.6	3.19%
Not stated	13.30%	6.3	2.95%
Other Ethnic Group	1.30%	3.8	2.60%
White	70.70%	82.9	77.70%

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

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q3 attendance
Female	50.67%	53.7	55%
Male	48%	32.1	45.32%
Non-binary/ other	0%	1.6	0.03%
Not stated	1.33%	13.7	0%

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. There continues to be a high number of patients who have not completed their age on the patient survey (this is not a mandatory field).

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q3 attendance
0 to 4	3%	1%	7.27%
5 to 9	4%		2.20%
10 to 14	9.33%		3.50%
15 to 19	5.33%		4.86%
20 to 24	8.00%	1.9%	3.06%
25 to 29	5.33%		3.07%
30 to 34	2.67%	1.3%	3.08%
35 to 39	6.67%		3.56%
40 to 44	5.33%	10.2%	3.57%
45 to 49	4.00%		3.43%
50 to 54	5.33%	21.6%	3.99%
55 to 59	5.33%		5.31%
60 to 64	6.67%	25.7%	5.27%
65 to 69	6.67%		4.89%
70 to 74	6.67%	28.6%	6.04%
75 to 79	2.67%		8.71%
80 to 84	4.00%	5.4%	9.77%
85 +	4.00%		18.42%
Not known	5.33%	4.4%	0%

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
CAMHS Specialist Community Team	Young people/families requested resources.	More relevant resources made available in waiting rooms.
	Young people/families requested access to Wi-Fi.	Posters put in waiting rooms with NHS WiFi details.
CAMHS Phoenix	'We'd like more staff support for service users'	Continuing professional development slots for all staff held weekly to ensure that all staff are able to positively support service users during meal times and in the service.

		<p>Weekly clinical team meeting feedback given to all service users after the meeting has taken place.</p> <p>Weekly team meetings to review care plans.</p>
Immunisation Team	Young people wanted more information about immunisations.	<p>The immunisation team have been delivering assemblies in schools.</p> <p>Fact sheets given directly to young people.</p>
Community Inpatient Wards (Wokingham)	<p>Families said that they did 'not always feel listened to' and that it was sometimes difficult to find and speak with the staff that they wanted to speak with to understand fully their loved ones care and treatment.</p> <p>Patients and families wanted to understand 'what does it mean when you say I'm independent or aiming to be independent'.</p>	<p>bookable face to face 'catch up sessions' for families with any speciality have been introduced with sessions have been well received. Patients often attend the sessions with their family.</p> <p>The therapy team will be trialling a patient held document with information on their goals during admission and goals for discharge. This will engage patients to have a better understanding of where they are in their rehab journey, and hopefully also make clearer what aspects of care they can be independent.</p>
Heart Failure (East)	Patients have reported they can sometimes get lost going to the WAM clinic.	The service is working with Estates to improve signage.
Hearing and Balance	Wheelchair users and those with difficulty standing would like hand mirrors to view their new hearing aids.	Hand mirrors are now provided in clinic rooms
Diabetes Service	We received lots of feedback from patients asking for recyclable insulin pens.	The team worked with BFHT sustainability lead and a manufacturer to source a recyclable pen. Although we only prescribe not dispense, they have worked with local pharmacy providers to set them up with the scheme and provided the drop off boxes so our patients have a more sustainable option.

15 Steps

There were no 15 step visits this quarter. The Head of Patient Experience is leading an end-to-end review of the 15 Steps programme, looking at how these are planned, reported, and how any improvements are implemented. Our review is providing information into to national NHSE review of the 15 Steps programme. Insight from our services, Governors and Non-Executive Directors is integral to this piece of work.

Summary

Whilst the majority of feedback about our staff and the experience of those using our services has remained very positive, we recognise that this is not the experience for everyone and value all feedback to help us understand peoples experience and make improvements where this is needed.

Continuing to increase feedback to enable services to understand the experience of those using their services and to use this for improvement remains a key strategic ambition for the Trust and, all of our divisions are reviewing how they ensure that patients understand the value that we place on receiving this feedback to further increase the amount of feedback received.

Data analysed by

iWantGreatCare



Berkshire Healthcare
NHS Foundation Trust

Patient experience report



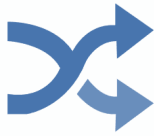





Actionable insights from your patient experience data

Based on the Picker Principles of Patient-Centred Care

October to December 2023 (Q3-2023)



The Experience and Improvements free text responses in this report are themed using the Picker Principles of Patient-Centred Care, detailed below.

 <p>Fast access to reliable healthcare advice</p>	 <p>Effective treatment delivered by trusted professionals</p>	 <p>Continuity of care and smooth transitions</p>	 <p>Involvement and support for family and carers</p>
 <p>Clear information, communication, and support for self-care</p>	 <p>Involvement in decisions and respect for preferences</p>	 <p>Emotional support, empathy and respect</p>	 <p>Attention to physical and environmental needs</p>

The following performance measures are used in this report:

- **Experience** is the response to the question “Overall, how was your experience of our service?”
 - **Positive Experience** is the most positive response, i.e. “**Very good**” or “**Good**”
 - **Negative Experience** is the most negative response, i.e. “**Very poor**” or “**Poor**” responses
 - Answer scales are “traffic light” colour-coded from green (“**Very good**”) through amber (“**Neither good nor bad**”) to red (“**Very poor**”).
- **Sentiment** is a measure of the positivity or negativity related to the free text that the respondent may have provided to explain their experience score. This can be **positive**, **negative**, **neutral** (i.e. neither *positive* or *negative*) or **mixed** (i.e. contains both *positive* and *negative* elements).
- **Themes** are classifications from the respondent’s free text mapped to the PPOCC domains. These are applied to both the experience question and the improvements question (i.e. “Please tell us about anything we could have done better?”)

Changes are colour-coded:

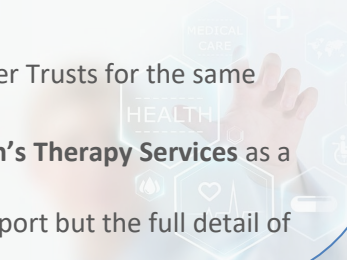
- **Green** for an improvement in performance (e.g. increase in positive score or sentiment; decrease in negative sentiment or % improvements)
- **Red** for a worsening of performance (e.g. decrease in score or positive sentiment, increase in negative sentiment or % improvements)
- **Amber** for no change in performance.

“n=” denotes the number of reviews for the organisation, location, care type, service or theme except for the Services Without Feedback slide where it denotes the number of services.

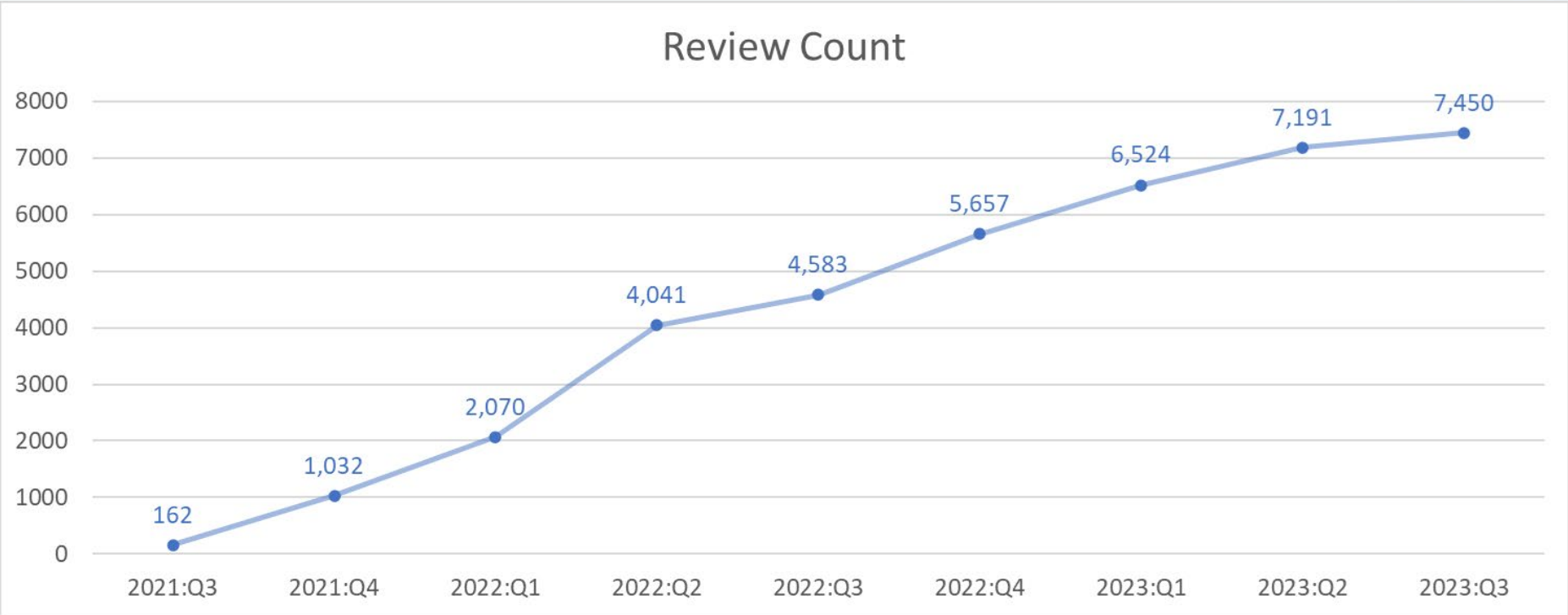
Dates are based on financial quarters (i.e. Q1 = Apr to Jun, Q2 = Jul to Sep, Q3 = Oct to Dec, Q4 = Jan to Mar).



1. Review volumes continue to increase each quarter with Q3-2023 showing the highest review volumes to date. **64% of enabled services provided feedback (6% decrease from Q2-2023) and 30% of enabled services received 10 or more reviews (4% decrease from Q2-2023) (p5 & p15).**
2. **The Trust performs particularly well in the following areas (p10):**
 - a. Tailoring care to meet patient's needs
 - b. Respecting individuals' needs
 - c. Emotional support and empathy shown by staff
 - d. Joined-up care
3. **There are opportunities for improvement in the areas of (p10):**
 - a. Communication
 - b. Involving patients in their care
 - c. Involving patients' family members and carers
 - d. Timeliness and availability of staff and services
4. **Sentiment continues to improve, with the highest positive sentiment yet seen. Experience score is also good, with a low negative score** compared to previous reports (p13).
5. **The proportion of positive sentiment** feedback of 86% is mid-range compared to other trusts in this period (82% to 92%), with the **6% negative feedback** at the high end of the range for other Trusts (typically 3% to 6%) (p9).
6. **When asked specifically about improvements:**
 - a. **71% of respondents said that no improvements could be made** which is mid-range compared to other Trusts for the same period (58% to 82%) (p14).
7. **Tilehurst Clinic** is the **location** that received the most positive sentiment from patient comments and **Children's Therapy Services** as a **care type** received the most positive sentiment (p12).
8. In total 6,832 reviews contained suggestions for improvement - **53** The general themes are summarised in this report but the full detail of every suggestion and review, by service, is available to you in your iWantGreatCare dashboard.



The upward trend in feedback volumes continues with Q3-2023 having the highest number of reviews to date.



Overall 5* score rating:



Previous report: 4.74

93.7%

“Very good” or “Good” Experience

Previous report: **94.5%**

3.0%

“Very poor” or “Poor” experience

Previous report: **3.0%**

Data period:

Oct to Dec-2023

Reviews for this data period: 7,450

Previous report: 7,191

Highest ranked services¹

ADHD Team Children & Young People; Children’s Community Nursing – West; Community Dental – Skimped Hill; Community Dental – Tilehurst Clinic; Community Matrons WAM; Health Inequalities project [BUS]; Health Visiting Reading – New Birth Visit; Health Visiting Wokingham – 6-8 Week Contact; Immunisation West Intensive Community Rehab; MSK Community Specialist Service - Lower Limb - Erleigh House; MSK Community Specialist Service – Upper Limb - Finchampstead; Nutrition & Dietetics - Outpatient Adult - Home Visit; Podiatry Slough



100%

Lowest ranked services¹

CRHTT East;	29%
Liaison & Diversion - Portsmouth;	25%
Psychological Medicine (PMS) West;	24%
Continence Trust Wide Adult;	22%
CRHTT West;	



Dominant Positive themes²

Effective treatment delivered by trusted Professionals

97%
(+11%)



Attention to physical and environmental needs

95%
(+4%)



Emotional support, empathy and respect

92%
(-3%)



Continuity of care and smooth transitions

90%
(+9%)



Dominant Negative themes²

Clear information, communication, and support for self-care

13%
(+7%)



Involvement in decisions and respect for preferences

11%
(+9%)



Involvement and support for family and carers

7%
(+3%)



Fast access to reliable healthcare advice

5%
(-4%)



55

¹ Based on sentiment for services with 10 or more reviews

² % sentiment based on reviews with free text responses

Experience by Location & Care Type



Highest performing location(s)¹

Coley Clinic, Royal Berkshire Hospital

Positive Experience (change)²

100% (+6%)
100% (0%)

Negative Experience (change)²

0% (-6%)
0% (0%)



Highest performing care type(s)¹

Community Nursing (Physical)

Positive Experience (change)²

100% (n/a)

Negative Experience (change)²

0% (n/a)



Lowest performing location(s)¹

Britwell Health Clinic

84% (0%)

7% (+4%)



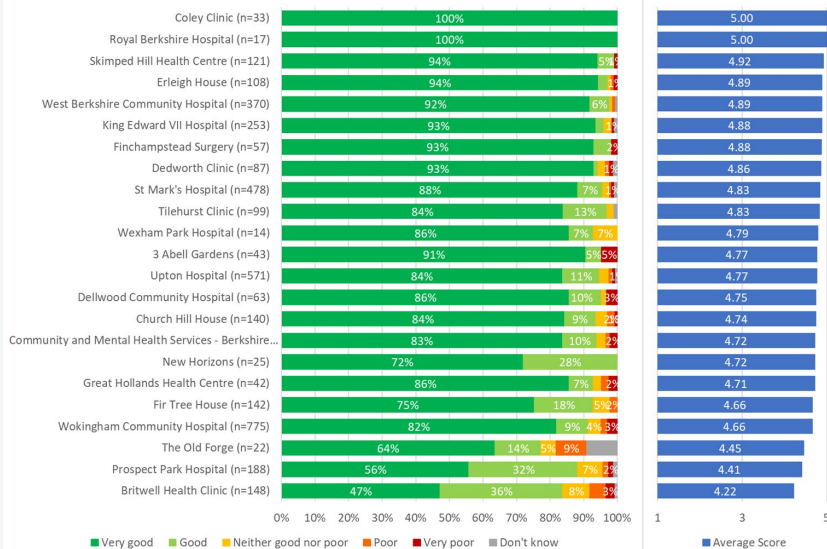
Lowest performing care type(s)¹

Learning Disabilities

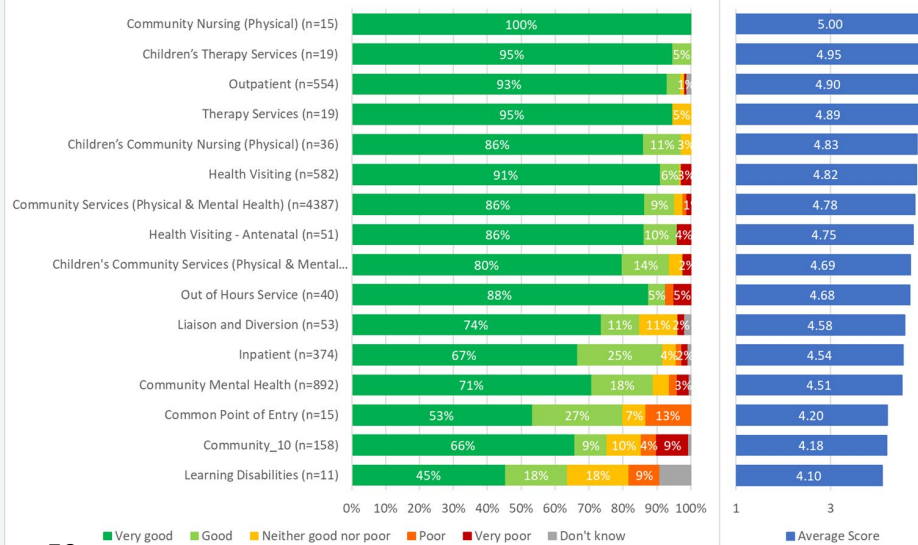
64% (-20%)

9% (+9%)

Experience Score by Location



Experience Score by Care Type

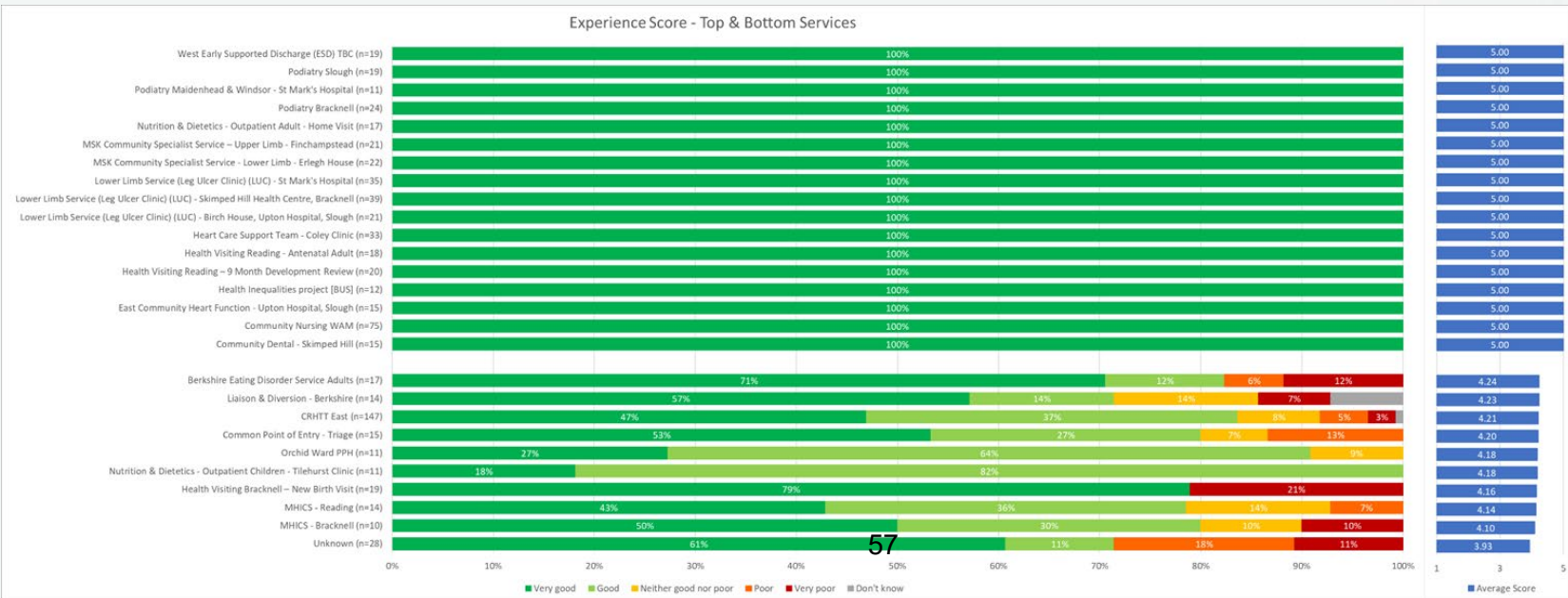
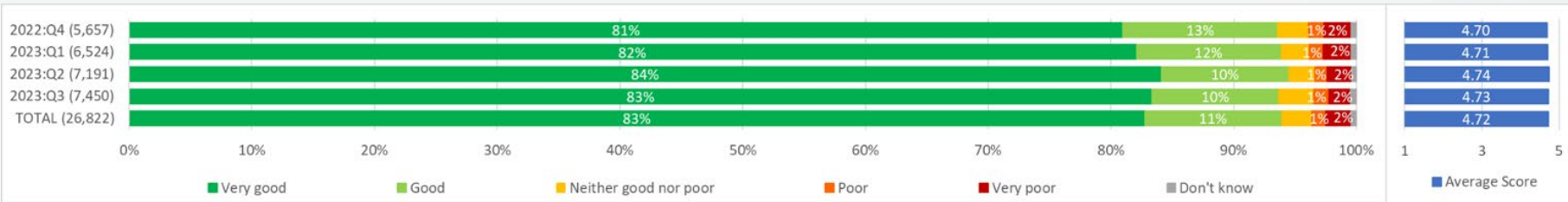


¹ Locations and care types with 10 or more reviews, ranking by average experience score

² Change from last report, "n/a" denotes no data from last report

Experience by Service

Total % experience for all responses including breakdown by quarter, with top and bottom 10 rated services across the whole data period



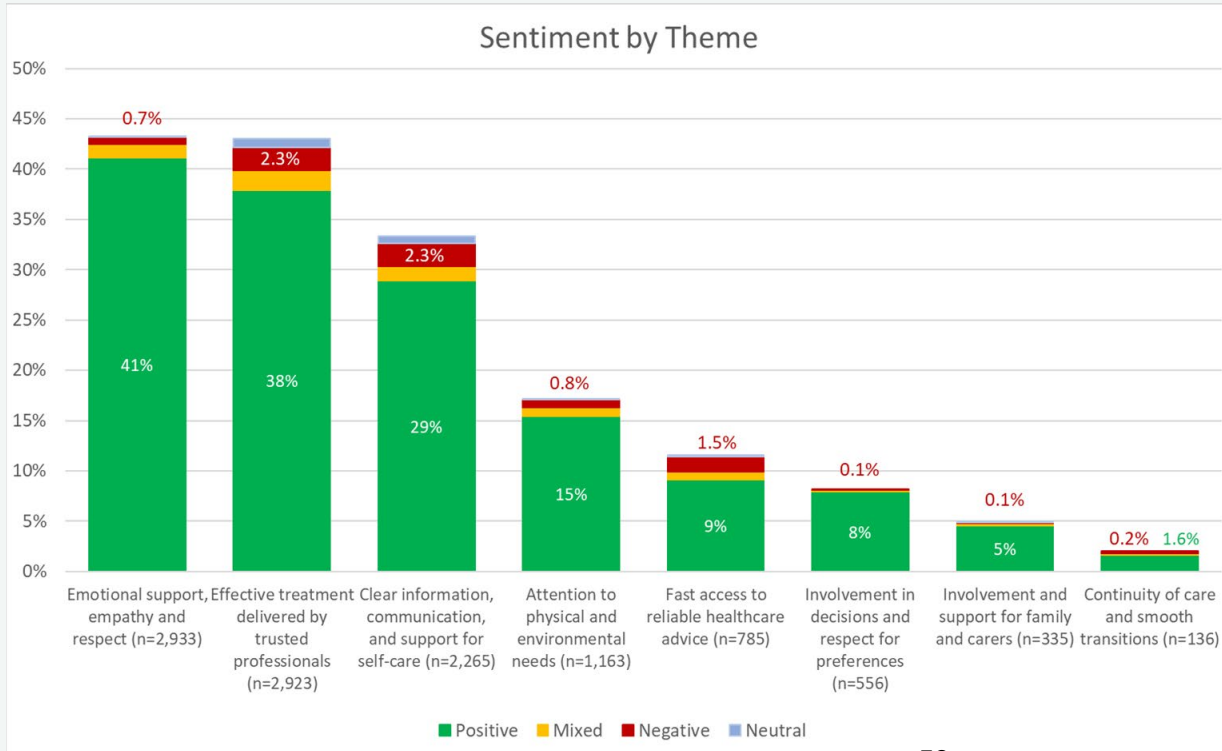
Services with fewer than 10 reviews have been excluded from the chart.

Ranking by average score.



Key Themes – Sentiment Analysis

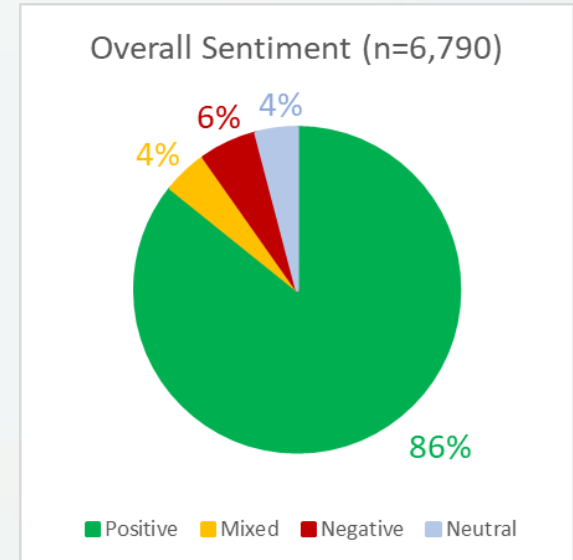
96% (-1%)¹ of the respondents provided a reason for the rating they gave. These responses can be categorised into the following themes:



86% (+2%)¹ of free text responses were positive

6% (0%)¹ were negative

4% (0%)¹ were a mix of positive and negative comments



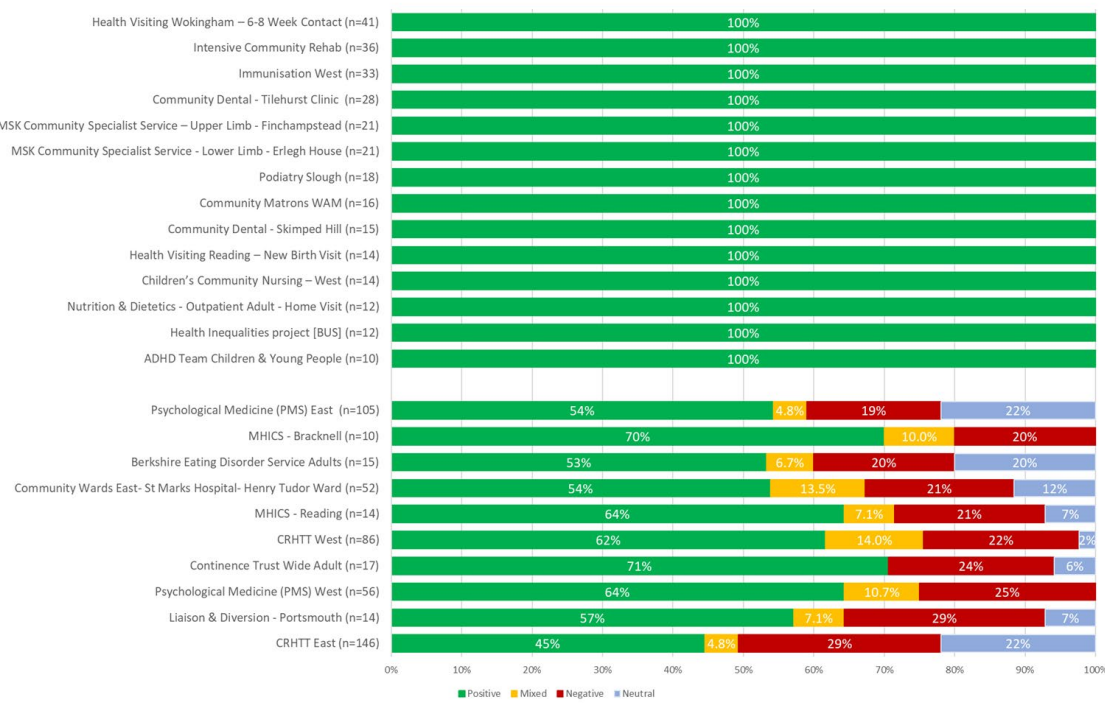
% sentiment based on reviews with free text responses

¹ Change from last report

Sentiment analysis by service

Service types ranked by proportion of positive and negative sentiment from their reviews.

Sentiment by Service - Top & Bottom Services



Services with fewer than 10 reviews have been excluded from the chart
 2 Change from last report, “n/a” denotes no data from last report

Services with highest percentage of positive sentiment (change)¹

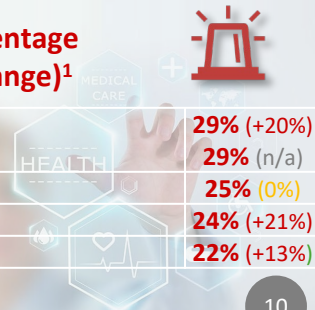


1=	ADHD Team Children & Young People; Health Inequalities project [BUS]; Children’s Community Nursing – West; Community Dental - Tilehurst Clinic; Nutrition & Dietetics - Outpatient Adult - Home Visit; Health Visiting Reading – New Birth Visit; Health Visiting Wokingham – 6-8 Week Contact; Immunisation West	100% (n/a)
	Community Matrons WAM; MSK Community Specialist Service – Upper Limb - Finchampstead; Podiatry Slough;	100% (+4%)
	MSK Community Specialist Service - Lower Limb - Erleigh House;	100% (+6%)
	Intensive Community Rehab;	100% (+7%)
	Community Dental - Skimped Hill;	100% (+8%)
	Psychological Medicine (PMS) East;	100% (+9%)
	Intensive Community Rehab;	100% (+10%)
	Community Dental - Skimped Hill;	100% (+30%)

Services with highest percentage of negative sentiment (change)¹



1=	CRHTT East; Liaison & Diversion - Portsmouth;	29% (+20%)
3	Psychological Medicine (PMS) West;	25% (0%)
4	Continence Trust Wide Adult;	24% (+21%)
5	CRHTT West;	22% (+13%)



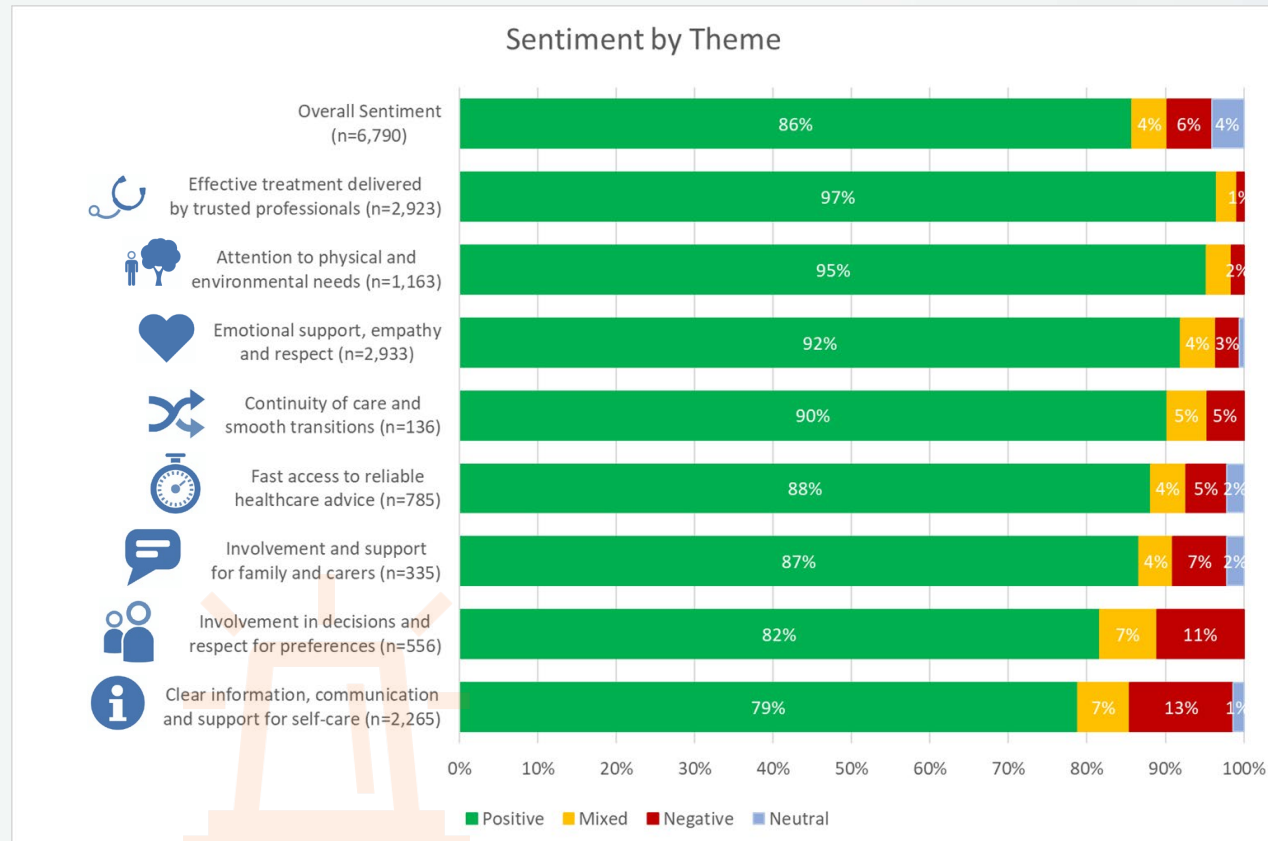
Thematic Analysis - by Sentiment

The most positive themes are:

- **Effective treatment delivered by trusted professionals** is the theme most mentioned in patient's free text and has the highest % of positive sentiment (with an increase of 11% in positive sentiment from the last report).
- **Attention to Physical & environmental needs** is also highly positive.
- Only 1 to 2% of the patients who identified these themes in their free text did so with a negative sentiment.

The most negative themes have over 10% negative responses and are:

- **Involvement in decisions & respect for preferences** and
- **Clear information, communication and Fast access to reliable healthcare advice.**



Sentiment by Location & Care Type



Most positive sentiment location(s)¹

Tilehurst Clinic

Positive sentiment (change)² Negative sentiment (change)²

96% (+1%) 0% (-2%)



Most negative sentiment location(s)¹

The Old Forge, Prospect Park Hospital

79% (+27%) 16% (-13%)
66% (+12%) 16% (-2%)



Most positive sentiment care type(s)¹

Children's Therapy Services

Positive sentiment (change)² Negative sentiment (change)²

100% (+8%) 0% (-4%)

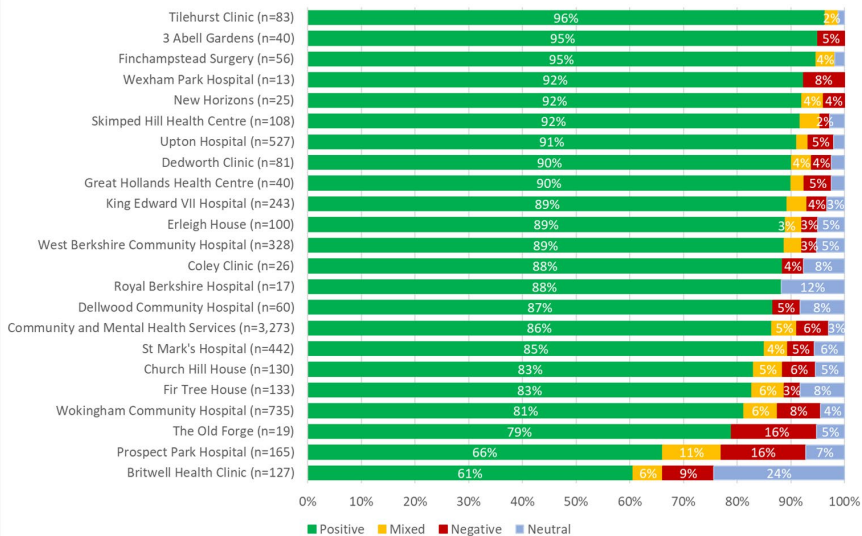


Most negative sentiment care type(s)¹

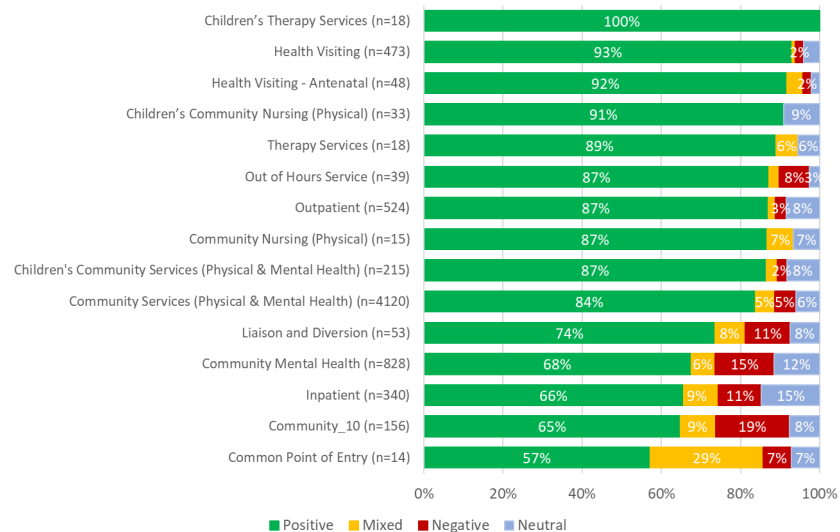
Common Point of Entry

57% (n/a) 7% (n/a)

Sentiment by Location



Sentiment by Care Type

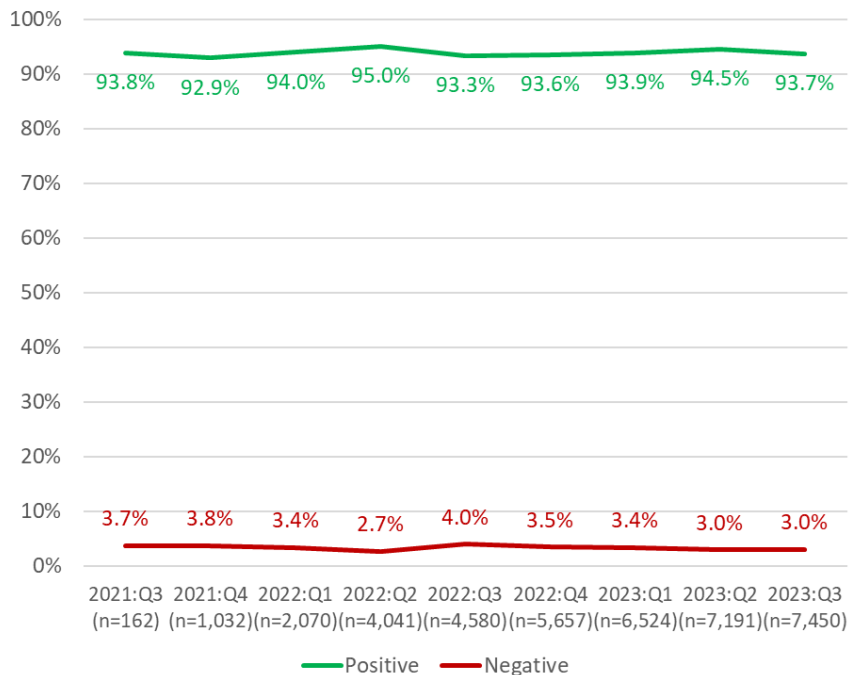


¹ Locations and care types with 10 or more reviews

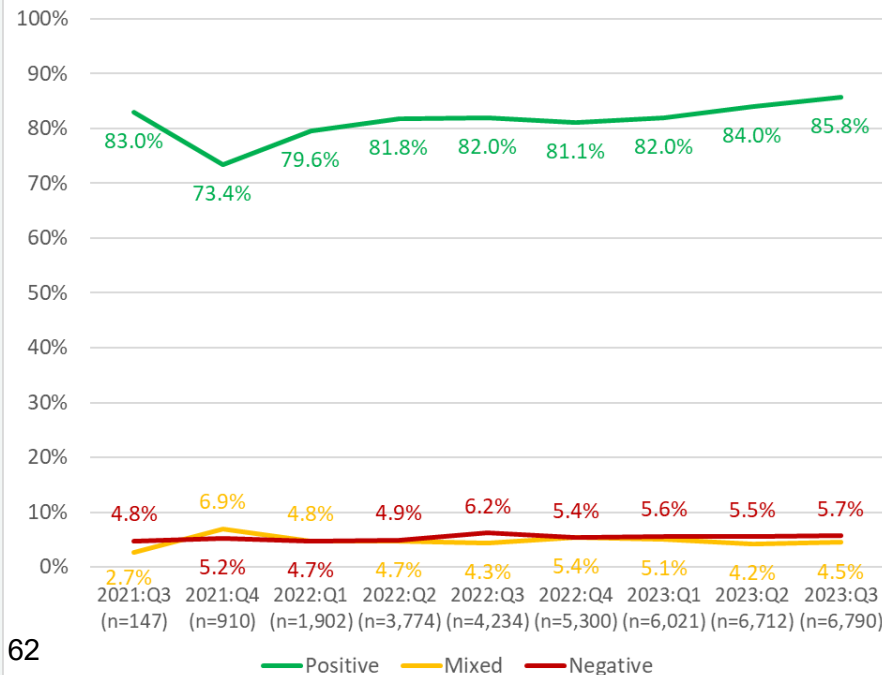
² Change from last report, "n/a" denotes no data from last report

Q3-2023 shows the highest positive sentiment since iWGC collection of patient feedback started in Q3-2021. The experience score is mid-range compared to previous reports, with a low negative experience score.

Experience Trend

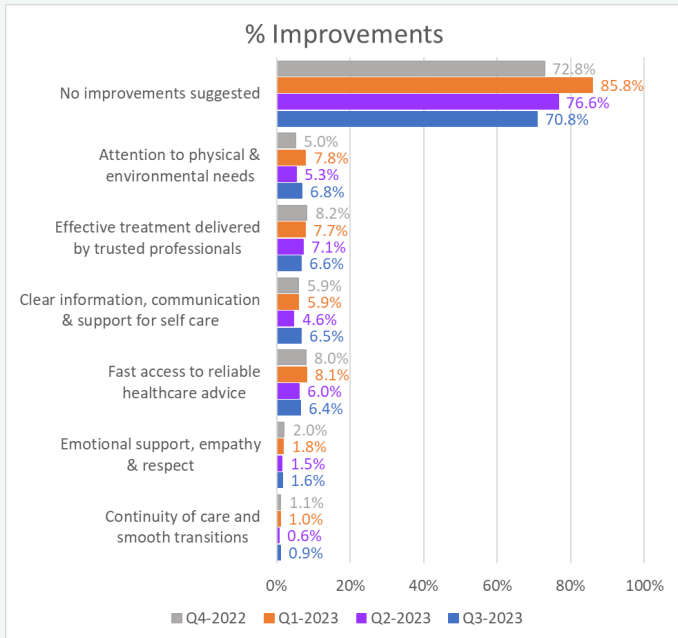


Overall Sentiment Trend



In Q3-2023, 92% of feedback contained improvement suggestions (+3%)¹. The themes of these improvements are detailed below. 71% of these specifically stated that no improvements were necessary (-6%)¹.

The improvement themes for Q3-2023 (in blue) are compared to the last 3 reports in the chart below.



All themes have a smaller percentage of improvement suggestions from patients for all themes compared to the last report.

There are a smaller proportion of suggested improvements for **effective treatment delivered by trusted professionals** compared to the previous 3 reports.

More patients suggested improvements in **clear information, communication & support for self care**.

The following improvement themes are the main ones identified by patients:

- **attention to physical/environment needs,**
- **effective treatment delivered by trusted professionals,**
- **clear information, communication & support for self care and**
- **fast access to reliable healthcare advice.**

% based on reviews with responses to the improvement free text question

¹ Change from last report

Services Without Feedback

The number of reviews from **enabled** services is broken down in the adjacent graph into:

- 10 or more reviews¹ (dark blue in the chart),
- between 1 and 9 reviews (mid blue) and
- no reviews (light blue).

All sites have been included, even those with few services.

Of the 426 enabled services, **64% (-6%)¹** had feedback during this period.

For the **sites with 10 or more services**, this varies from:

- 29% of services for Erleigh House to
- 77% of services for King Edward VII Hospital

30% (-4%)¹ of the services had 10 or more reviews during this period.

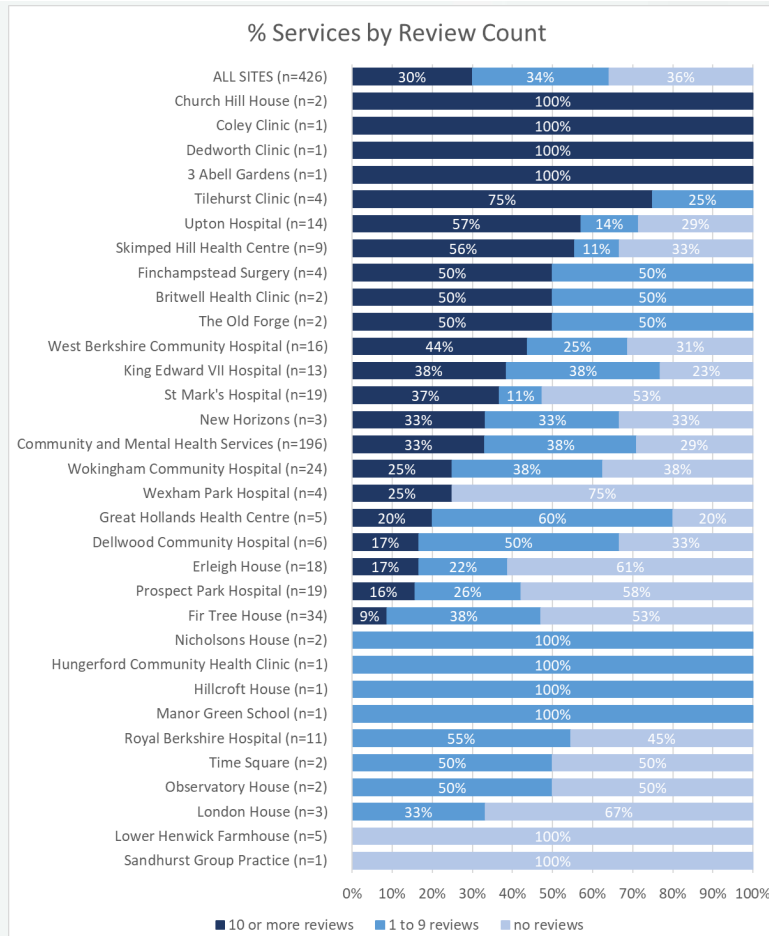
For the **sites with 10 or more services**, this varies from:

- 0% for Royal Berkshire Hospital to
- 57% of services for Upton Hospital

36% (+6%)¹ of services have no reviews during this period.

For the **sites with 10 or more services**, this varies from:

- 23% of services for King Edward VII Hospital to
- 71% for Erleigh House



Services with 10 or more reviews only are reported on pages 8 and 10

¹ Change from last report

Recommendations

The **key recommendations** are summarised below.

Theme	% Patients ¹	Recommendations
Overall	65% (-3%)	Just under two-thirds of patients in Q3-2023 who submitted feedback stated that no improvements are necessary. Many of the key improvements are consistent with previous reports.
Attention to physical and environmental needs	6.2% (+1.5%)	<ul style="list-style-type: none"> - Parking continues to be the most suggested improvement across multiple sites. Continue to help patients to understand parking availability, especially disabled parking, and direct patients to alternative transport options including public transport. - Consider the needs of less able patients in all aspects of care, including provision of wheelchairs and mobility support, accommodation of patients with hearing difficulties, autism or learning disabilities. Issues mentioned include the distance required to walk to services, access to bathroom facilities and refreshments, suitability of printed or digital materials and face-to-face or remote treatment and the availability of quiet spaces for patients. - Respect patient privacy needs when discussing sensitive details and during treatment. If private spaces are not available, ensure that patients are comfortable with continuing therapy / treatment. - Continue to provide a choice of quality food and refreshments to meet dietary and cultural needs. Highlight any limitations to patients so that they can make other arrangements. - Review which services could be offered across multiple locations to reduce the distance that patients have to travel. Adequately signpost all services both outside and inside the buildings so patients can easily navigate to their required location. - Ensure that waiting and treatment rooms are fit for use, especially for therapy sessions. Consider whether rooms are set up for group discussions or presentations, are there any distractions and is it a comfortable environment in terms of seating, temperature and ventilation. - Provide activities and entertainment, including toys for children, music, tv and internet access, and activities for long-term inpatients, e.g. access to an outside space, day trips, art classes. - Appointment booking and patient check-in should be straightforward. Provide staff to book by phone or ensure that online booking is available and easy-to-use.

¹ Change from last report

Theme	% Patients ¹	Recommendations
Effective treatment delivered by trusted professionals	<p>6.0% (-0.1%)</p>	<ul style="list-style-type: none"> - Continue to review the number, frequency and duration of sessions. In particular, some patients felt that gaps between sessions were too long and others wanted more sessions. Set treatment session duration to meet patient needs - some sessions are rushed others too long without breaks. - Where possible, tailor treatment to meet specific needs, including offering one-to-one/group sessions, face-to-face/remote treatment. Clearly explain why any requests cannot be granted and investigate suitable alternatives. - Assure to patients that staff are suitable trained to give the required care. This will give confidence in the care provided to them. Identify any specific training or knowledge concerns and ensure that these are addressed. - Ensure that patients have access to the required equipment and know how to request any equipment that they may need. - Help patients to understand details regarding the range of care available to them, and how to access suitable care. - Reassure patients by remind staff to be familiar with the details of a patient’s case before treatment.
Clear information, communication, and support for self-care	<p>6.0% (+1.9%)</p>	<ul style="list-style-type: none"> - Assist patients in their self-care by providing easy to access information to support this. Guide them through this if required. - Remind staff to help patients to feel listened to, and that their requests and concerns are being considered. - Review the amount of communication with patients - especially letters. One patient reported that a separate appointment letter was sent for each of multiple scheduled therapy sessions. Give patients a choice of whether to receive emails or letters. - Involve families and carers in the discussions regarding their loved one’s care when required. - Reduce the impact of long waiting times by setting clear expectations of potential delays, promptly updating if these change. - Provide translation services where required and ensure that patients are aware if they may not be available. - Ensure that patients know how to contact services when required.



¹ Change from last report

Theme	% Patients ¹	Recommendations
Fast access to reliable healthcare advice	<p>5.9% (+0.6%)</p>	<ul style="list-style-type: none"> - Continue to review how waiting times can be reduced, especially for initial appointments and referrals. Avoiding delays in communication of information and results, medication and discharge are also mentioned by patients. - Review staff allocation so staff are available for patients promptly and for longer periods. - For home visits, give prior notice of the visit (e.g. a phone call when travelling to the patient's home) to allow for patients to prepare for the visit and also for any family members or carers to be present if required. - Review available appointment times to accommodate all patients (e.g. outside of standard office hours). If changes to appointments are required, promptly reschedule the appointment at a suitable time and promptly communicate the change to avoid further delays in care. - Ensure that telephone lines are adequately staffed or offer alternative communication methods. Return patient's calls promptly, even if it is to acknowledge their message.
Emotional support, empathy and respect	<p>1.4% (-0.1%)</p>	<ul style="list-style-type: none"> - Adequately staff reception areas and welcome patients to set a good first impression. - Remind staff to continue to be respectful to all patients, especially during busy times and to be mindful of their wishes, including whether they would like masks to be worn. - Ensure that patients are aware of any specific needs for treatment (e.g. suitable clothing for physiotherapy sessions), especially any potentially intimate treatment so they can prepare themselves. Continue to offer staff of the same gender where possible.
Continuity of care and smooth transitions	<p>0.8% (+0.3%)</p>	<p>Once again, less than 1% of patients suggested improvements for this theme:</p> <ul style="list-style-type: none"> - Ensure that communication channels between staff and departments is prompt and accurate. Explain why patients may be asked (what may seem like) the same questions multiple times so it is not perceived as ineffective communication between staff. - Where changes in staff happen, help patients to understand why, and reassure them that it will not affect the standard of care provided. Remind staff to introduce themselves and quickly build a rapport, especially with homecare visits.

Data analysed and report prepared by iWGC data team, January 2024.

If you have any queries about this report, or would like to request iWGC to present the data to your team, please contact:

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Appendix 2: complaint, compliment and PALS activity

All formal complaints received

Service	2022/23						2023/24							
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q 1	Q 2	Compare d to previous quarter	Q 3	Q3 no. of contacts	% contact s Q3	Total for year	% of Total
CMHT/Care Pathways	11	10	18	14	53	22%	16	6	↑	13	8727	0.15%	35	17.00%
CAMHS - Child and Adolescent Mental Health Services	4	6	13	10	33	14%	8	11	↓	7	8404	0.08%	26	12.00%
Crisis Resolution & Home Treatment Team (CRHTT)	3	9	6	4	22	9%	5	10	↓	5	12421	0.04%	20	9.50%
Acute Inpatient Admissions – Prospect Park Hospital	13	7	9	6	35	15%	10	2	↑	4	183	2.18%	16	8.00%
Community Nursing	3	0	4	5	12	5%	3	6	↓	5	59935	0.008%	14	7.00%
Community Hospital Inpatient	4	3	2	1	10	4%	1	2	↑	5	550	0.9%	8	4.00%
Common Point of Entry	0	1	3	1	5	2%	1	3	↓	0	992	0%	4	2.00%
Out of Hours GP Services	1	0	1	2	4	1.5%	1	2	↑	7	4677	0.15%	10	5.00%
PICU - Psychiatric Intensive Care Unit	1	2	0	4	7	3%	0	0	↑	1	4	25%	1	0.50%
Urgent Treatment Centre	1	0	0	0	1	0.5%	1	1	↑	2	4032	0.05%	4	2.00%
Older Adults Community Mental Health Team	1	1	0	0	2	1%	1	2	↓	1	4558	0.02%	4	2.00%
Other services during quarter	19	11	15	11	56	23%	21	19	↑	25	128718	0.02%	65	31.00%
Grand Total	61	50	71	58	240	100	68	64		75	233201		207	100.00 %

Locally resolved concerns received

Division	Oct	Nov	Dec	Qtr 3
CYPF	1	3	1	5
Community Mental Health East		1	1	2
Community Mental Health West		1		1
Physical Health	4	5	2	11
Total	5	10	4	19

Informal Complaints received

Division	Oct	Nov	Dec	Qtr 3
CYPF		1	2	3
Community Mental Health West	3		1	4
Physical Health	2	1	1	4
Total	5	2	4	11

KO41a Return

NHS Digital are no longer collecting and publishing information for the KO41a return on a quarterly basis, but are now doing so on a yearly basis. We submitted our information when requested however when reviewing the first annual report from NHS Digital, they are no longer reporting to Trust level. The Head of Service Engagement and Experience has queried this and is awaiting a response.

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	2022/23				2023/24						
	Q1	Q2	Q3	Q4	Q1	Q2	Higher or lower than previous quarter	Q3	Total for year	% of 23/24	
Locally resolved	0	0	0	0	0	4	↓	1	5	4%	
Not Upheld	23	22	23	38	20	25	↑	30	57	42.00%	
Partially Upheld	21	30	26	25	22	26	↓	24	50	37.00%	
Upheld	12	9	7	8	11	9	↑	12	21	15.50%	

SUI	0	0	0	0	0	0	↑	2	2	1.50%
Grand Total	57	61	57	72	53	64		69	135	100.00%

52% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 55% in Quarter). These were spread across several differing services.

Complaints upheld and partially upheld

Service	Main theme for complaint									
	Access to Services	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangements	Discrimination, Cultural Issues	Medical Records	Medication	Grand Total
Adult Acute Admissions - Bluebell Ward				1						1
Adult Acute Admissions - Daisy Ward						1				1
Adult Acute Admissions - Rose Ward			1							1
CAMHS - ADHD									1	1
CAMHS - Getting Help East			1							1
Children's Occupational Therapy - CYPIT				1						1
CMHT/Care Pathways					3				1	4
CMHTOA/CO AMHS - Older Adults Community Mental Health Team			1						1	2
Common Point of Entry								1		1
Community Dental Services			1							1
Community Hospital Inpatient Service - Ascot Ward			1							1
Crisis Resolution and Home Treatment Team (CRHTT)		2	1					1	1	5
District Nursing		2	2			1				5
Estates				1						1
Hearing and Balance Services			1							1

Immunisation									1	1
Older Adults Inpatient Service - Rowan Ward				1						1
Other								1		1
Out of Hours GP Services			1				1			2
Phlebotomy		1								1
Podiatry	1		1							2
Talking Therapies - Practical Support Services										1
Grand Total	1	6	11	4	3	2	1	3	5	36

Care and Treatment complaint outcomes

Care and Treatment complaint outcomes	Not Upheld	Partially Upheld	Upheld	Grand Total
Adult Acute Admissions - Bluebell Ward	1			1
Adult Acute Admissions - Daisy Ward	1			1
Adult Acute Admissions - Rose Ward		1		1
CAMHS - Getting Help East		1		1
CMHT/Care Pathways	3			3
CMHTOA/COAMHS - Older Adults Community Mental Health Team		1		1
Community Dental Services	2	1		3
Community Hospital Inpatient Service - Ascot Ward			1	1
Crisis Resolution and Home Treatment Team (CRHTT)		1		1
District Nursing		1	1	2
Hearing and Balance Services		1		1
Out of Area Placements	2			2
Out of Hours GP Services	2	1		3
Podiatry		1		1
Talking Therapies - PWP Team	1			1
Grand Total	12	9	2	23

23 complaints related to care and treatment. Of these 12 were not upheld, 9 were partially upheld and 2 were fully upheld.

PHSO

The table below shows the PHSO activity since April 2023:

Month opened	Service	Month closed	Current stage
Apr-23	CMHT/Care Pathways	Sep-23	LGO not progressing, but now with PHSO to consider
Jul-23	CMHT/Care Pathways	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Jul-23	CAMHS – Specialist Community Team	Sep-23	PHSO have reviewed file and are not progressing
Sep-23	CRHTT	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Sep-23	CAMHS	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Nov-23	Neurodevelopmental services	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Dec-23	Heart Function	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate

CQC

It has been announced that from July 2023, at the point of triage, the Mental Health Act (MHA) complaints team within the CQC will consider whether any of the concerns raised could be dealt with as an early resolution by Trusts.

The Early Resolution process is designed to provide people who are detained under the MHA with a swift, person-centred response to their complaints wherever possible. It is an additional step where they will ask Trusts to respond to them within 24 hours with either the resolution or a plan of when and how the issue is to be resolved. It does not replace the MHA complaints process, and instead offers an opportunity for Trusts to quickly address concerns that can have an immediate impact.

In Q3 we received three complaints via the CQC.

Compliments

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

Fin Year	2022/23					2023/24			
Quarter	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Total to date
					2022/23				2023/24
Compliments	1076	1119	1403	924	4522	1091	1229	1408	3728

Patient Advice and Liaison Service (PALS)

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. 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. With the closure of the PALS office at Prospect Park Hospital, a programme of outreach will be developed, whereby the PALS manager will be visiting sites across Berkshire on a regular basis. Arrangements have been made to attend community meetings on wards at Prospect Park Hospital and office space has been identified at Wokingham Hospital.

The service currently reports on a quarterly basis and provides a SITREP weekly, highlighting open queries and themes. PALS also reports to the Mortality Review Group monthly.

There were 385 queries recorded during Quarter three. An increase of 70 since Quarter two. 383 queries were acknowledged within the 5 working day target. The recording of queries has improved with the involvement of other team members. Team members have been working with the PALS Manager to familiarise with the response and recording processes. The volume of calls and e mails coming into the service continues to be high.

The Patient Experience Team has undertaken work to standardize and streamline the PALS process, to make it more user friendly for the wider team and enable the service to be covered consistently during the absence of the PALS Manager.

We are also refining the number of queries which need to be recorded on Datix, replacing this with a method which enables us to record more quickly and efficiently. To do this we have introduced Excel spreadsheets to capture queries which do not necessitate recording on Datix. These include queries relating to HR, Estates/Site Services, Access to Medical Records and Pensions/Finance. 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. Our volunteer has also helped to raise the profile of the service by providing services with publicity and information.

In addition, there were 194 non-BHFT queries recorded. Another member of the Patient Experience Team is consistently helping with the recording process to improve the rate of data collection.

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

Service	Number of contacts.
CMHT/ Care Pathways.	26
CAMHS AAT	20
Community Dental Services	14
District Nursing	13
Other	13
CMHTOA/COAMHS	13
Continence service	11
CAMHS ADHD	11
Neuropsychology	10

Formal Complaints closed during Quarter Three 2023.24

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9063	West Berks	Phlebotomy	Minor	Attitude of the staff member taking blood	Partially Upheld	Blood test patient leaflet to be developed to include possible side effects such as pain and bruising	Attitude of Staff
9083	Reading	A Place of Safety	Low	further review into the incident at Burgess Hill required ORIGINAL BELOW Pt unhappy at being taken to POS and attitude and actions of staff. Unhappy that police broke into his home when he had an assessment booked at PPH the following day.	Not Upheld		Attitude of Staff
9125	Reading	Out of Area Placements	Minor	Care provided by the Priory prior to pt death	Not Upheld		Care and Treatment
9119	West Berks	Crisis Resolution and Home Treatment Team (CRHTT)	Moderate	Following a medication error pt has had to start again with their clozapine medication. Family are concerned for the pt's welfare due to the amount they are smoking and the lack of food intake. The complainant wishes a full investigation so as to provide the correct level of care including a MH assessment, to see a psychiatrist and have regular contact with CPN	Partially Upheld	Apology offered that CRHTT did not record any contact with fire service. Gap in prescription process as two requests went missing. Process being reviewed to fill gap. Apology made for not returning two calls from mother.	Medication
9137	Reading	Adult Acute Admissions - Rose Ward	Low	Patient says she has no paperwork re her detention. Unhappy with many aspects of care; Was brought in using excessive force. There are no disabled toilets in POS. Issues with the room she is in. Needs to have her legs raised due to her disability but request for more pillows has been refused. Lots of issues in complaint.	Partially Upheld	To feedback to manager of POS around disabled access to the toilets. Feedback to the ward doctors around reviews of patients.	Care and Treatment
9138	Reading	District Nursing	Minor	Patient unhappy with care from DN service and contradictory information given between DN and St George's hospital, London regarding her leg ulcer. Patient feels the level of care given is extremely poor.	Partially Upheld	Staff to receive update that potassium permanganate can in some circumstances be used. Risk assessment to be shared. To consider referring to out of hours team if there is nil capacity within the service For wound care plan to be created in liaison, vascular and lymphedema MDT team, tissue viability nurses and community nurses. Copy of wound care plan to be in the home. To share, update and explain any changes to wound care plan and document this. Consider using patient choice paperwork if non-compliant with jointly agreed wound care plan. For specialists dressing orders to be completed using form available on Nexus and sent to Tissue Viability Nursing inbox allowing time for delivery. Ensure staff are aware of this. When completing joint visits to ensure lead nurse writes main body of notes with second person then checking notes and adding to these as required	Care and Treatment
9133	Slough	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Low	Complainant unhappy that his father attended an appointment with another son, who, according to the son who has complained, is trying to get LPA and attended the meeting with his own agenda.	Not Upheld	Advocate to be appointed. Dr to see client for final review and diagnostic indication. LPA information given.	Other
9150	West Berks	Neuropsychology	Low	Despite local resolution the pt states he has not had a written response ORIGINAL BELOW Pt has just received an Autism diagnosis and feels all previous diagnosis are incorrect	Local Resolution		Care and Treatment

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9153	Reading	CMHT/Care Pathways	Minor	Pt unhappy at the 1 year wait it took for the Dr to send them their assessment report and then angry such personal information was shared with their GP	Upheld	Learning for Dr on delay in sending clinic letter	Confidentiality
9159	Reading	CMHT/Care Pathways	Low	Family feel the pt has been disregarded. Appts made but no one turns up, call handler hung up as did not like the complainants tone	Not Upheld	No consent received	Waiting Times for Treatment
9164	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Minor	Pt states their medical records were shared with Housing Solution without their consent	Upheld	Confirmed that consent was not sought again following new contact.	Confidentiality
9165	Bracknell	Hearing and Balance Services	Minor	Unhappy with Hearing tests at King Edwards wishes to be moved to Bracknell	Partially Upheld	<p>Discussion at team meeting regarding managing expectations of patients when running late Monitoring of times that appointments start compared to intended start times to see if there are issues requiring further investigation</p> <p>Discussion at paediatric team meeting how best to:</p> <ul style="list-style-type: none"> Document discussions with families regarding aetiological investigations, cochlear implant candidacy, management plans agreed for fluctuating hearing losses and deferred decisions Encourage a positive atmosphere and positive patient experience for all Discuss patient centred care and non-verbal communication <p>Review hearing aid review template to make it clear how speech test results are reported, and to set any expectations for subsequent appointments Document on patient record that the family have declined to be referred for an MRI scan at this time. Await decision from family about where they would prefer their care to be delivered</p>	Care and Treatment
9170	Wokingham	Children's Occupational Therapy - CYPIT	Low	Unhappy with the OT report written to support an EHCNA application	Partially Upheld	<p>Information on website explaining commissioning and referencing Dingley is reviewed to ensure that this is as clear to parents and other professionals as possible. CYPIT to review the information on the website and information that is sent to parents at the point of receipt of an EHCNA request to explain the process (i.e. written supporting information will be reviewed and recommendations made but that the initial assessment will not involve a face to face contact. (LA SEND colleagues can also support this by explaining it to parents at the point of making the request).</p> <p>Reminder to go to all CYPIT staff stating that 'For assessments completed during the summer holidays for children transitioning from primary to secondary school, the report will acknowledge this and state the previous and future schools with end and start dates for clarity'.</p> <p>Therapists are reminded to reference sources of information in reports (e.g. the class teacher reports that XX is kind, honest...')</p> <p>CYPIT to review the images and wording within strategy/advice sheets issued following EHCNAs and consider producing standard recommendations sheets for different age groups e.g. infant, junior, secondary age</p> <p>Remind all CYPIT staff to sense-check their recommendations in the context of the child's needs in every area of development so that recommendations in one area do not rely on a skill that the child does not yet demonstrate.</p>	Communication

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9181	Bracknell	Other	Low	GDPR request originally dated 1/8/23 asking for a note to be added to the system has not been responded to or advised where the email has been sent to	Partially Upheld	Ack'd that we could have let pt know this was not SAR.	Medical Records
9192	Reading	Common Point of Entry	Low	pt wishes notes removed from records that were not discussed in appt.	Partially Upheld	<p>Staff member to always inform patients of her access to RIO and any other BHFT record keeping such as IAPTus when this has been reviewed by the clinician in terms of assessment and decision making for that patient.</p> <p>And where there is a clinically appropriate need to make reference to any such documentation, to inform the patient of this and make it explicit in the notes where and when this has come from and why it is relevant.</p> <p>All ARRS West MHPs to be reminded and informed of the above clinical practice expectations.</p> <p>IO to seek advice within BHFT initially about the request for the notes to be amended to the content of discussion only – how this should and can be appropriately managed. IO to feed back to PCN regarding governance outcome.</p>	Medical Records
9195	Windsor, Ascot and Maidenhead	District Nursing	Minor	Patient complaining that DNs have no knowledge on how to manage a chemo drug pump and caused her great pain when taking it out. She is also unhappy at hygiene saying they did not wash their hands, which was a risk to the patient.	Upheld	<p>Staff to receive refresher training on Port Care</p> <p>Staff to receive refresher training on care of immune compromised patients</p> <p>Staff to be reminded of the need to wear masks at patients request and that they should have a supply with them at all times</p>	Care and Treatment
9005	Reading	Adult Acute Admissions - Daisy Ward	Moderate	Unhappy at lack of discharge in February as family feel pt was well but non compliant with medication. Discharge agreed but did not happen as paperwork had not been sorted	Partially Upheld	<p>Point 2: Poor communication of care (care perspective)</p> <ul style="list-style-type: none"> •The re-establishment of the Carer clinic that managers should hold weekly with carers and friends of the patients on their ward. •This is a platform were the Carers can get an accurate picture of the progress and challenges their loved are facing and the planned interventions that are being offered. •This will be an effective way of identifying potential problematic areas before they escalate into a complaint. This will be proactive thinking and action that will be a collaborative between carers in the involvement of their loved ones care. •Named Nurse have 1:1 carers and relatives of their named patients and recording the feedback and recommendation in the MDT form in the carer input box •It is vital that the role of named nurse and who is care for me program are effectively completed on Daisy ward . •These key services that will provide for patients on the ward will help address day to day issues of care that can arise, and immediate solutions can be addressed . <p>The effectiveness of the rolls mentioned above will be achieved using such tools as following</p> <ol style="list-style-type: none"> 1. Allocation in the safety huddles who is having 1:1 and what concerns are to be addressed in the 1:1 are going to be addressed 2. The named nurse doing their 1:1 time and safety plans with their patient and feeding back the information gather in the MDT form for the weekly care review meeting. 3. Name nurse have their case load reviewed and progress of their patients in the month supervision with their line manager. <ul style="list-style-type: none"> •In accordance to Lester Tool it is vital to monitor regular the physical Health due to the fact that mental health clients are not well skilled in looking after their physical health. •The poor visitor health management that mental health to their bodies has a significant impact on the quality of life and their life that we physical health monitoring and management protocols on ward 	Discharge Arrangements

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9005	Reading	Adult Acute Admissions - Daisy Ward	Moderate			Physical- pharmaceutical Education and share information with the complainant of the pharmaceutical programs that Aleksander was on. The complainant would wanted to have time with pharmacist to have better understating on the effects and impact the medication was having on pt.	
9055	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Pt insisting they need a Diagnostic Second Opinion assessment ORIGINAL COMPLAINTS Why was GP referral rejected, why does the current 'incorrect' diagnosis of paranoia stand and why can they not be reassessed	Not Upheld		Access to Services
8634	Slough	Assessment and Rehabilitation Centre (ARC)	Low	1. Clearer response required with assessment info 2. why was the pt not listened to? 3. unhappy with the complaints process Additional points regarding ARC ORIGINAL COMPLAINT BELOW Pt felt pre-judged by the ARC physio and Dr following communication from her GP. Pt is unhappy with the way the IO spoke to her. Pt states the letter containing the diagnosis of their condition is peppers with mistakes.	Not Upheld		Attitude of Staff
9108	West Berks	Talking Therapies - PWP Team	Minor	DECEASED Pt - Why was there a lack of treatment provided to the pt by Berkshire Healthcare and why was there a cavalier attitude towards this lack of treatment. Complainant states the pt died without ever seeing anyone f2f	Not Upheld		Care and Treatment
9168	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	lack of response from the Crisis team emails after feeling harassed with calls and visits from the Team. Entered property without consent engaged in conversation with a family member despite records indicating family abuse	Partially Upheld	We have apologised for the call from crisis and have confirmed pt will not be contacted again	Care and Treatment
9172	Reading	Talking Therapies - Practical Support Services	Moderate	Believes the counsellor acted inappropriately by not following correct processes making a referral the pt did not want or consent to. Feels no adjustment has been made for them being autistic. Unhappy with the informal investigation to date. Element regarding comments written in records from CPE	Partially Upheld	For all Talking Therapies Staff to be reminded of the policy Org CCR 107 regarding copying letters to clients. This policy as well as highlighting the general principle that all clinical letters should be copied to the patient, also highlights that the letter should be written in plain English and should be factual and clinically accurate. For all Talking Therapies Staff to be reminded of the policy Clinical Record Keeping Standards ORG096 which gives guidance on how to write clinical notes emphasising that Clinical Records should be factual and without personal opinion or judgement. For therapists to attend the neuro -diversity clinical supervision sessions when working with neuro-diverse clients To discuss with the Senior Leadership Team a review of the current processes in place to ensure note keeping is of an acceptable standard.	Attitude of Staff
9176	Reading	CAMHS - Specialist Community Teams	Low	Historic complaint - pt wishes to know if the content of a report was a ridiculous thing to write after one question	Not Upheld		Communication
9191	Reading	District Nursing	Moderate	DECEASED Pt. Pt required dexamethasone injections daily, which were not given. Family unhappy about to pain and stress this caused	Serious Untoward Incident Investigation	Not an SI, but being dealt with via PS team	Care and Treatment

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9189	West Berks	CAMHS - Getting Help East	Minor	referral made from school June 2020. Parent chased but service say never received, school say sent, stalemate resulting in patient not being on wait list and parent having to do all the chasing. Frustrating and support needed	Partially Upheld	Staff to be reminded that all service user contact should be recorded in RIO. Staff to be reminded that all information in the referral should be considered in the CPE assessment, especially where there is more than one focus of concern in the referral.	Care and Treatment
9194	Reading	Older Adults Inpatient Service - Rowan Ward	Low	Daughter complaining about lack of communication with ward Dr. Particularly around the DOLS application. Family do not understand why DOLS was applied for. They want to take her out of PPH.	Upheld	Leaflets to be made available to the families on Rowan ward (and across the inpatient services) about Mental Capacity Act Assessment, DOLS, Best Interest Meeting, CPA and to be added to the carers' 'information pack' Educate the team about the role of the LPOA Carers' clinic should be considered for the wider family	Communication
9198	Bracknell	Podiatry	Low	Unhappy could not have big toe nail clipped and then when they tried to complain the leaflet given by the department had the old PALS and Complaints numbers on	Partially Upheld	An apology to pt that he was given an old leaflet. Contact the Governance Leads to advise that the numbers have changed and for previous versions to be destroyed.	Access to Services
9196	Reading	Out of Hours GP Services	Minor	Patient was experiencing symptoms of infection following a second operation on his penis for hypospadias. He had a small white pus spot on the wound, which the Dr said needed to be squeezed. Caused a lot of trauma to the three year old patient. She then prescribed antibiotics, which pharmacy said were too much.	Not Upheld	Complaint will be discussed at next WestCall Clinical Meeting to share learning.	Care and Treatment
9197	West Berks	District Nursing	Low	Patient says DNs up unannounced and she doesn't want them there. She has cancelled all appointments but they still show up. Threatening police welfare checks and intimidating patient. Says nurse has poor attitude 'huffing and puffing'. Wants no contact from DN service.	Partially Upheld	Discuss with the GP surgery if Community Nurses unable to gain entry to the patient's property to make them aware. Contact Patients prior to visiting if they have requested this by the patient, not to turn up unannounced	Attitude of Staff
9202	Slough	Community Dental Services	Minor	emergency dental treatment, no xray was offered, extreme pain before and worse afterwards. Pt ended up needing to stay in the John Radcliffe for 3 days	Partially Upheld	Learning point 1: It may be helpful when a patient suspects they have had a swelling or recurrent pain to take a temperature reading Possible improvement opportunity: It may be helpful for the rollout of intra-oral scanners/cameras as clinical imaging of the affected area may be useful for diagnosis and medico-legal purposes. Whilst they would not replace radiography, they may help form part of the clinical picture and back up the narrative in the notes. There would be a cost implication to this.	Care and Treatment
9206	Reading	CMHT/Care Pathways	Low	Complainant wishes a formal response despite local resolution - Family want to know what support the pt will get when discharged from RBH to prevent a further suicide attempt	Not Upheld	No consent received	Care and Treatment

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9211	Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Attitude of call handler to distressed pt	Partially Upheld	Staff member has apologised and will undertake clinical supervision to reflect on this episode of care.	Attitude of Staff
9213	Reading	Out of Hours GP Services	Low	Inappropriate racist language/conversation with westcall Dr	Upheld	To Discuss Case at WestCall Monthly meeting as part of learning from clinical incidences	Discrimination , Cultural Issues
9217	Slough	District Nursing	Low	unable to take responsibility of administering insulin to pt, complainant felt pressurised and intimidated and not listened to. No consideration given to family member working. Unhappy they received a letter regarding their attitude from BHFT	Upheld	new progress notes will need to be re-written by the clinicians using the same date and time first, once this is done the original progress notes will need to be struck out as written in error. Rio support desk will then need to be contacted to remove the progress notes completely. GP letter will need to be sent out again advising that the previous letter written to them was inaccurate and request that they delete it from their system. IO to confirm to complainant when the actions of writing to the GP and updating mother's RiO records have been completed.	Attitude of Staff
9220	Bracknell	IMPACTT	Low	Patient alleges two members of staff have conspired to 'contain' him due to his agenda to hold people accountable. Also wants to see unredacted version of the email as he says it is clearly about him.	Not Upheld		Attitude of Staff
9221	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Pt unhappy about the entry made on medical records and wishes the statements removed	Not Upheld		Medical Records
9224	Reading	Community Dental Services	Minor	re-opened complaint - pt unhappy with response. He says is referral is routine, whereas he believes it should be urgent. He also said there is no solution to his general dental care. He is autistic and doesn't like being touched, so he needs general anaesthetic. He is also unhappy that he was given a story board. He said he is a high functioning person with autism and doesn't need a story. ORIGINAL complaint - pt states they have not had any Dental treatment despite being in considerable pain with their teeth	Not Upheld		Care and Treatment
9225	Reading	Adult Acute Admissions - Bluebell Ward	Low	Via CQC Medication side effect causing urine leakage, unable to order new trousers. Not enough pull-ups available. CC always off sick	Not Upheld		Care and Treatment

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9222	Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	Minor	<p>8 new points raised</p> <ul style="list-style-type: none"> . Trf arrangements (manhandling) . DNACPR in place but pt was given CPR resulting in bruising . BP low but anti-hypertensive meds were still given . Junior Dr changed treatment plan re blood pressure meds . Meds given before breakfast instead of after . Identity req of HCA and staff involved in resus and final hours . Location of death . Meeting minutes removed from Trust system <p>ORIGINAL COMPLAINT :- Following SJR - 6 points to investigate</p> <ul style="list-style-type: none"> • Staff behaviour during admission • Patient treated any differently due to skin colour / ethnicity • Staff response to call bells (particular attention on DOD 08.00-09.00) • Who found pt collapsed? • What does collapse mean? • Staff reporting of unacceptable behaviour. 	Not Upheld	Sharing visiting hours and mealtimes with families and carers prior to patient being admitted to the wards	Attitude of Staff
9227	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt felt caller handler had a brusque manner and made then feel worse	Upheld	Staff member has reflected on incident and has apologised.	Attitude of Staff
9233	Reading	Pharmacy	Low	Concerns about mental health and wellbeing	Not Upheld	We are unable to share information relating to matters that sit outside the complaint regulations. We have however offered direct, named support to the complainant and his children.	Other
9258	Slough	District Nursing	Moderate	Pt given B12 injection 2 days after given by a different DN. DN did not listen to the pt when they said they had already had it	Serious Untoward Incident Investigation		Medication

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
8992	Wokingham	Immunisation	Low	Vaccination given to YP without consent. Complainant wishes to know why she was told the YP had been confused with another with the same name and why the service lead refused to put their conversation in writing	Upheld	<p>When entering any response on Cinnamon from a parent/carer, child's ID must be checked against: Name, DOB, NHS number (if on Cinnamon) address and parent/carer's name. Only once these are correct should a response be added to Cinnamon. The name of the parent/carer should be named on the triage notes.</p> <p>If a parent/carer changes their mind from consent to non consent or vice versa, before a triage note is added on Cinnamon and before the response is amended, child's ID is checked against: name, DOB, NHS number (if on Cinnamon) address and parent/carer's name. Parent/carer name to be added to triage note so that the vaccinating nurse can clearly identify a change in response. It should also be clearly documented on the triage notes that the response has been changed/amended from one decision to the other and the parent/carer changing the decision should be named on the triage notes.</p> <p>Service to explore whether vaccinating nurse's identity can be removed from the automated e-mail sent to parents/carers and replaced with a code- to protect and support staff. Parents/carers can request the name of the nurse as required</p>	Medication
9162	Wokingham	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Low	Complainant unhappy with the service and medication provided and documentation of communication in records. Feels paperwork and administration puts the pt at risk and also that unfavourable things have been written about the complainant	Partially Upheld	<p>learning point for the team is to ensure we pass that information over the same day regardless of the time.</p> <p>learning point for the team is to ensure that all medication changes that are discussed are clearly documented in writing to the GP and a copy sent to the patient.</p>	Care and Treatment
9193	West Berks	CAMHS - ADHD	Minor	Urgent medication review requested July 2023. Took place Sept 2023, Dr said could not email due to GDPR but emailed GP. Delay has caused child to feel very unwell	Partially Upheld	<p>1. Dr has been very keen to reflect on the learning from this complaint for himself and for the team. To support this, a session was arranged for Dr and the Lead Consultant Child and Adolescent Psychiatrist to meet and have the opportunity to review the learning from this investigation.</p> <p>2. In addition we have provided a reminder session for the entire team on height and weight monitoring with an emphasis that the focus should not simply be on monitoring centiles and the importance of identifying significant changes and the appropriate actions to take when these are identified.</p> <p>3. The reflection from this complaint has also highlighted that the team would benefit from better systems to support the tracking of physical observations and we are exploring digital solutions for this.</p> <p>4. We have also reminded all of the clinicians in the ADHD Team that, when they are on leave or out of the office, they must have a clear out of office message with details of who to contact for any issues that should not wait for the clinician to return.</p>	Medication
9207	Wokingham	CMHT/Care Pathways	Minor	Pt unhappy with the psychiatrist from Wokingham, unhappy with medication given. Very unhappy at the number of police to take them to PPH and the handling of the process, not allowed to take their medication (insulin)	Not Upheld		Care and Treatment

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9223	Bracknell	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Low	Medication prescribed caused issues resulting in a visit to hospital where they were told they conflicted with their meds prescribed for COPD. Dr advised they stop driving which pt says is against DVLA guidelines. Pt feels life changes decisions have been made regarding driving without the Dr even meeting the pt	Partially Upheld	<p>The main points of the complaint will be shared in team meeting and all the learning will be shared with the team</p> <p>Supervision meeting will be recorded into RiO notes</p> <p>All staff to understand the importance of transparency and open line of communication when discussing matters which will have significant impact on the person's life.</p> <p>Improved documentation in Rio notes or in letter of risk, benefits and possible side-effects when prescribing and giving out medication / prescriptions.</p>	Medication
9215	Reading	CMHT/Care Pathways	Low	Unwell pt admitted to RBH with Lithium Toxicity. Partner unhappy that all their concerns of MH have been attributed to Diabetes. Partner believes pt was given the incorrect dose of Lithium	Partially Upheld	Multi agency professional meeting to be called	Medication
9235	Reading	Out of Hours GP Services	Minor	19 Sept pt attending OOO appt at RBH with abdominal pain, Dr came across as dismissive despite the fact the pt had been told to attend the hospital if pain due to having a cyst (waiting to be removed). pt does not understand why no blood tests were taken. same Dr the next day requested pt goes back in. 24 Sept pt recieved blood tests following call to 111 and appt at a&e RBH	Not Upheld	Complaint will be discussed, and findings shared with WestCall clinicians at monthly clinical meeting	Care and Treatment
9237	Reading	Out of Hours GP Services	Low	2 yr old taken to WestCall as mother not happy to wait in A&E, told to call 111. Complainant wishes to know why they can not be seen as a walkin and why babys are not prioritised like they used to be	Not Upheld	Will be discussed at next westcall clinical meeting.	Access to Services
9236	Bracknell	CMHT/Care Pathways	Low	concerned about the way BHFT handle their information after text their spouse again	Upheld	<p>Increased awareness of text messaging process. To contact DAC team with any future queries or concerns.</p> <p>Any concerns regarding multiple phone numbers should be checked on Rio to confirm correct number.</p> <p>Staff to be refreshed quarterly on digital appointment correspondence systems.</p>	Confidentiality

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9243	Wokingham	District Nursing	Low	Services discontinued to pt of 90 yrs old after 6 years	Partially Upheld	<p>Team Leads to liaise with governance, Rio and other localities to investigate how they are managing patient expectations around eligibility criteria for their respective services.</p> <p>Team leads to organise for letters to be sent to all service users advising of caseload review for eligibility criteria.</p> <p>All staff to ensure that the service eligibility criteria is discussed with each patient on admission to the caseload.</p> <p>Triage team to fully assess housebound status at the point of referral and to ensure that non housebound patients are signposted to appropriate support/services.</p>	Discharge Arrangements
9246	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	would like to look into past care for the pt following discharge from S3, and if s117 would have changed the actions of the 30th Oct. Family do not understand why patient was not deemed ill enough to be in hospital ORIGINAL BELOW CMHT not replying to emails sent	Not Upheld	<p>Discuss outcome of the meeting with Band 7 Lead</p> <p>Allocate a CC</p> <p>Assist patient with accommodation issues.</p>	Communication
9247	Reading	Early Intervention in Psychosis - (EIP)	Low	Service did not reply to complainants emails	Not Upheld		Communication
9240	Wokingham	Community Hospital Inpatient Service - Ascot Ward	Low	DECEASED Pt: family feel there were many areas of inadequate care for their loved one with poor attitude from staff.	Upheld	<p>Infection control study day/ Infection control topic of the month. Random infection control spot checks.</p> <p>Pressure ulcer classification/care</p> <p>Repositioning patients – Adhoc learning</p> <p>Patient safety and governance random spot checks</p> <p>New curtain gliders</p> <p>Unit meeting held and points addressed/newsletters and learning lunches.</p>	Care and Treatment
9241	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Family unhappy with the Dr who visited to do an assessment. Felt the assessment was too long and not all of it was appropriate	Not Upheld		Attitude of Staff
9249	Reading	Adult Acute Admissions - Daisy Ward	Low	pt was told their wife had passed away 10 days ago and was refused leave. personal possessions missing, also said they were threatened by another pt, believes the staff take drugs,	Not Upheld		Care and Treatment
9254	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Pt feels their confidentiality was breached by not asking people present to leave during personal discussions. Further questions regarding entries on their medical records. ORIGINAL BELOW Pt received their medical records to find many inaccuracies. Now feels they can not reach out for help going forward due to what has been written about them	Upheld	Records to be amended as per investigation	Medical Records

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9259	West Berks	Estates	Low	Unhappy with the outcome ORIGINAL BELOW Relative sat in their car while pt was receiving a blood test, received a parking fine. Complainant is stating there are no 'no waiting' signs, there was no time to appeal and not enough time given in the letters to pay on time so as not to incur further cost penalties	Not Upheld		Communication
9262	Reading	Adult Acute Admissions - Bluebell Ward	Minor	Feels the Move on Coordinator has been unsupportive missing deadlines and not attending prearranged meetings	Partially Upheld	1. Staff to utilise trauma-informed approach in their practice and develop care plan for waking the patient, in collaboration with the patient 2. Staff to reflect on their communication with patient in terms of informing about progress, and arranging appointments	Communication
9275	West Berks	Out of Hours GP Services	Moderate	Attended Westberks on 8 May 23, had stitches, was told no need to use crutches. foot became infected. Eventually after several trips to RBH was told EHL had ruptured and that had it have been spotted on the 1st visit it would have been possible to sort but not now after 4 months options are surgery or leave.	Partially Upheld	MIU to move to Webex phone system so that calls can be recorded. This will require a telephony project with IT department. All telephone advice given to be recorded on Adastra Patients who attend with a laceration over a tendon will have the strength of the tendon documented.	Care and Treatment
9270	Reading	Podiatry	Minor	Podiatrist removed part of a ganglion having asked the pt if he should remove it 2 years ago. Family say pt has been suffering since this, is diabetic and has been advised worse they may lose their foot.	Partially Upheld	To ensure that Clinicians are taking good quality digital images of wounds or a deteriorating foot to assist in the measurement of healing and/or deterioration. Talk to clinicians about the importance of good record keeping. Foot Protection Leads and Podiatry Team Leaders to conduct more medical record clinical notes reviews at 121s and clinical supervision To present this complaint anonymously at a Podiatry Study day so learning can happen	Care and Treatment
9301	West Berks	Estates	Low	DECEASED Pt. Family visiting EOL pt received multiple parking fines whilst visiting despite having registered at reception as advised	Upheld	parking fines cancelled with TCP training for ward staff in how parking works for families of EOL patients.	Communication

Report to Council of Governors For Quarter 3 2022/23

March 2024



Paul Gray

Chief Executive Highlights Update

Local



Berkshire Healthcare
NHS Foundation Trust

New Mental Health Service in West Berkshire - the Mental Health Integrated Community Service (MHICS) which provides early interventions for people with significant mental illness has launched in West Berkshire. As of 29th January 2024, MHICS West Berkshire has rolled out its first phase and will be accepting new referrals from the Common Point of Entry Team and ARRS workers in West Berkshire. (ARRS workers are part of the Additional Roles Reimbursement Scheme.) The next phases of the launch will see MHICS West Berkshire open to referrals from other Trust Services, GPs and voluntary and community sector organisations.

This multidisciplinary team will work in collaboration with the local authority and voluntary sector to deliver mental health and wellbeing services. People will be able to access specialist support from mental health professionals, pharmacists, community connectors, psychiatrists, and all in a Primary Care setting. This new ethos of collaboration supports peoples' mental health as well as the wider determinants of well-being such as housing, employment, and physical health. The launch in West Berkshire follows a successful launch in Wokingham in January 2023 and Reading in April 2022.

Liaison and Diversion Service - following a competitive tendering process, we have been successful in securing our Thames Valley, Hampshire and Isle of Wight Liaison and Diversion and Reconnect service contracts, which have been recommissioned by NHS England to continue providing health and justice support in court, custody and prison. The new contract, covering areas including Buckinghamshire, Oxfordshire, Berkshire, Hampshire and Isle of Wight, is awarded for seven years.

Liaison and Diversion has grown from strength to strength since its inception in 2017. What started as a magistrates' court support service quickly expanded into police custody and then crown court. For Liaison and Diversion alone, between April 2022 and December 2023 almost 17,000 people were referred to the service.

Chief Executive Highlights Update

Local Continued

Last year the service welcomed the introduction of Reconnect which helps people reintegrate back into the community following their release from prison. Today, anyone over the age of 10 can request to see a liaison and diversion practitioner whilst in custody or before they appear in court. There are also specialist pathways for women, under 18s, older people and veterans.

Neurotypes, our first ever podcast - the Trust is launching its first ever podcast. Neurotypes is a neurodiversity podcast, an opportunity for you to hear authentic stories and valuable insights from both neurodivergent people and NHS clinicians who specialise in neurodiversity. Within our episodes, we will be covering topics such as diagnosis, medication, and the unique experiences of neurodivergent people, with the aim of supporting anyone who is currently waiting for an assessment and those who have recently received a diagnosis. However, the impact of neurodiversity goes beyond the individual. We want Neurotypes to be a valuable resource for families and friends of neurodivergent people, to help you recognise, understand, and celebrate the people in your life who are Neurodivergent.

The first podcast can be accessed via the Trust's website at:

<https://www.berkshirehealthcare.nhs.uk/news/news-archive/episode-1-part-1-of-our-first-ever-podcast-is-out-now/>

MSK Physiotherapy – patients can now self-refer to MSK Physiotherapy. Our Physiotherapy service for Musculoskeletal Outpatients works with individuals to develop personalised care plans to help manage and improve their condition. Our website has a range of self-help material including videos, exercise leaflets and condition leaflets to help support people to manage their symptoms whilst waiting for a referral.

Chief Executive Highlights Update

Local Continued

New Mental Health Service led by people with personal experience of mental health difficulties - a new service, delivered by healthcare practitioners who have experienced mental health difficulties is now available for residents in Bracknell, Slough, Ascot, Windsor and Maidenhead. Delivered by the Trust, the new service (known as the ‘Peer Support Service’) is part of the Mental Health Integrated Community Service (MHICS) and will be run by healthcare practitioners whose own experiences mean that they are in the unique position of being able to understand and relate to the challenges faced by people struggling with significant mental illness, as well as their families and carers. People who use their own experiences to help others in this way are known as ‘lived experienced practitioners’.

Lived Experience Lead Holly Dale has been working to support the transformation of Community Mental Health services in her role since September 2022. Drawing on her own experiences of the mental healthcare systems, she inputs into decisions being made about mental healthcare by the Trust and commissioners. Holly, who pioneered the development of the new Peer Support Service, states, “There is growing evidence of the value of peer-supported interventions in emergency, crisis management and community mental health services. Lived Experience Practitioners support trust and engagement with services and ‘walk alongside’ service users to improve their health and wellbeing by sharing their own experiences of recovery.”

Chief Executive Highlights Update

National



Berkshire Healthcare
NHS Foundation Trust

The national Planning Guidance was not issued as expected in December 2023. The Department of Health and Social Care remain in live conversations with the Government in relation to agreed expectations and priorities for 2024/25. National priorities, as set out for the existing year, in relation to recovery of urgent, primary care access, emergency care and elective and care will remain a focus for the year ahead. We have been told to expect further challenge to reducing temporary staffing costs as well as continued focus on recovery of core service delivery and productivity.

Despite the lack of national Guidance, we are progressing our internal planning financial planning for 2024-25.

Cost of Industrial action – NHS England’s Board meeting on 1 February 2024 reported that industrial action through to the end of January 2024 were expected to have a financial cost of over £1.5bn and an equivalent loss of elective activity.

Public Health – the Public Health Minister, Andrea Leadsom has confirmed that councils across England would receive a 2% uplift this year. The Nursing Times has warned that local authorities have limited resources to maintain public health nursing services over the next year following the below inflation public health grant for 2024-25.

Children’s Mental Health – the Guardian reports that the number of children referred to emergency mental healthcare in England has soared by more than 50% in three years. Analysis by the Royal College of Psychiatrists revealed that there were 32,521 emergency referrals to child and adolescent mental health services crisis teams in 2022-23. In 2019-20, the year before the COVID-19 pandemic the figure was 21,242.

Chief Executive Highlights Update

National

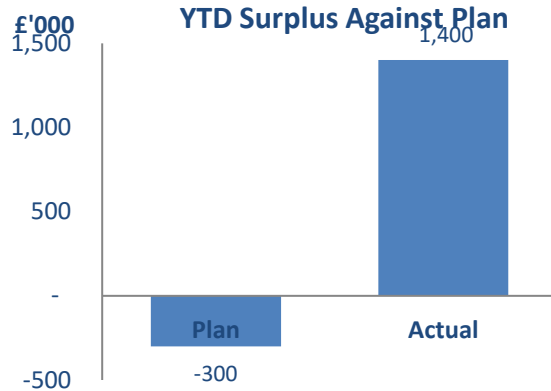
Launch of Pharmacy First Service – the new NHS Pharmacy First Service launched on 31 January 2024 enables patients across England to access care and treatment without the need to visit their GP. The initiative will enable pharmacists to use more of their skills and will free up to 10 million GP appointments a year whilst helping patients to get quicker and more convenient care. Pharmacists will now be able to assess patients and provide treatment (including antibiotics and antivirals) for seven common conditions covering sinusitis, sore throat, earache, impetigo, shingles, uncomplicated urinary tract infections in women and infected insect bites.

Long waits in Accident and Emergency – Long waits in A&E Departments rose to one of the worst levels on record in January 2024. NHS England performance figures show that the number of 12-hour A&E waits hit 177,805 (12.4%) of all A&E attendances).

Financial Summary – 31st December 2023



Berkshire Healthcare
NHS Foundation Trust

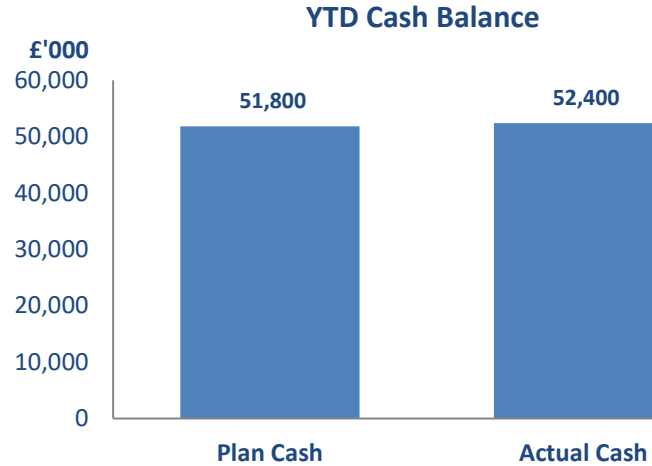


Year to Date

The Trust delivered a surplus (£1.4m) against a deficit plan (-£0.3m).

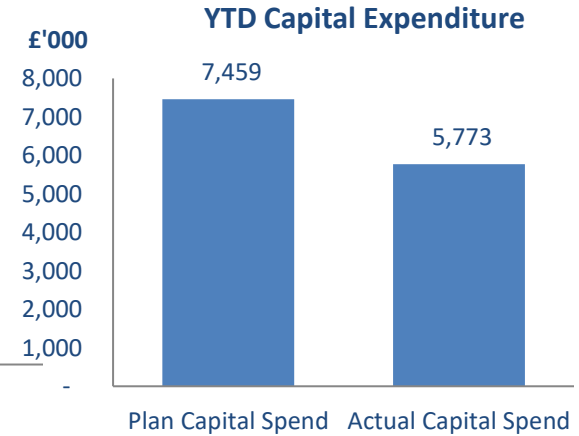
Bank interest in excess of plan, a reduction in utilities charges compared to plan and a small amount of recruitment slippage contribute to this better than plan position.

We were set a cost improvement target of £14.1m for the current financial year, in Q3 we reported £9.0m which is in line with plan.



Cash

Our cash balance at the end of June was £52.4m, £0.6m better than plan.



Capital Spend

The capital programme is £0.6m below plan for schemes within the Trust's share of the system capital limit control total, and £1.1m below plan for schemes outside of this control total.

The majority of underspend being in schemes which are now approved and expected to be completed this year.

True North Driver Metrics and Oversight Performance Metrics Quarter 3 March 2024

True North: Driver Metrics



Berkshire Healthcare
NHS Foundation Trust

		Harm Free Care											
Metric	Target	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23
Breakthrough Self-Harm Incidents on Mental Health Inpatient Wards (ex LD)	61 per month	28	162	31	22	24	19	55	37	43	53	28	17
Breakthrough Restrictive Interventions	TBC	346	422	402	337	409	324	320	301	246	294	198	196
		Patient Experience											
IWGC Positive Score %	95% compliance from April 22	94.5%	92.4%	93.7%	94.0%	94.2%	94.1%	95.2%	95.2%	94.3%	93.3%	94.3%	94%
IWGC Compliance %	10% compliance	2.8%	2.3%	3.1%	2.6%	3.3%	3.7%	3.5%	4.2%	3.3%	3.6%	3.2%	2.7%
		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23
Breakthrough Clinically Ready for Discharge by Wards MH (including OAPS)	250 bed days	269	300	415	468	484	565	712	460	348	465	390	523
Breakthrough Bed days occupied by patients who are discharge ready Community	500 bed days	431	386	657	583	799	876	823	768	735	910	767	701

True North Driver Metrics Continued



		Supporting our Staff											
Metric	Target1	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23
Breakthrough Physical Assaults on Staff	44 per month	34	84	109	78	45	58	70	61	52	46	71	92
Staff turnover (excluding fixed term posts)	<=16% per month, 14% by March 2024, 13% by March 2025, 12% by March 26	16.21%	15.69%	15.85%	15.85%	14.87%	14.54%	14.35%	14.09%	13.63%	13.42%	13.03%	12.87%

		Efficient Use of Resources												
YTD variance from control total (£'k)	1.3m	-1092	-1277	-1818	-989	-261	-441	-805	-1116	-1430	-1983	-1492	-1459	-1712

		Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23
Inappropriate Out of Area Placements	120 Cumulative Total Q3 2023/24	50	112	219	110	144	180	327	633	786	350	834	975

Countermeasure Summary for Driver Metrics



Self- Harm – Analysis by ward has found that a few individual patients are responsible for the majority of incidents In December 2023 Snowdrop had the highest number of incidents 11. Actions from last period.

- New guidance on ligature harm minimisation, training from an outside provider.
- Focus on Neurodiversity and safety planning adjustments.

Outcomes

- Risk and safety plan training refresh.
- Guiding principles standard work.
- Group established looking at unhelpful communications between high-risk groups.

Restrictive Interventions – New Metric – This is count of restrictive interventions used within the Trusts’ Mental Health Inpatient Wards – Restrictive Practice are not only psychologically and physically harmful to those who are subject to them, but they also contravene a person’s human rights. Inequalities also exist in their use and the aim is to reduce use by 15%. This metric comprising of counts of the use of restrictive interventions Prone Restraint, Seclusion, Rapid and Non-Rapid Tranquilisation and Long -Term segregation. Non rapid tranquilisation at 112 uses was the highest contributor in December 2023. Actions include

- Advanced safety plan training refresh.
- Length of stay review.
- Neuro Diversity Restrictive Interventions and Self Harm Project.

iWantGreatCare – there has been good take up of devices to record patient experience and work is ongoing to ensure that the correct services are aligned to correct divisions following the change in Divisional structure

Countermeasure Summary for Driver Metrics Continued



Clinically Ready for Discharge Mental Health– This is a **new driver metric from April 2023**. The measure here shows **the lost bed days** between when a client is clinically ready to be discharged and their actual discharge date for **Mental Health** Inpatients. In December 2023 there was an increase in the number of patients clinically ready for discharge to 32 from 28 in September 2023 and bed days lost increased to 598, 348 days above the target of 250 bed days lost. Longest delay is on Sorrel ward with a patient delayed over 400 days in total. The top contributors in December 2023 were Rowan Ward that had 9 patients and 155 lost bed days and Orchid Ward that had 5 patients and 109 bed days lost. Issues with social care availability of suitable beds. To achieve 250 bed days - focus areas for the next 12 months including updates with recent actions are as follows:-

- Reviewing capacity and trajectory monitoring. Limiting inappropriate Out of Area Placements and step down from Psychiatric Intensive Care Units.
- Focusing on the pathways for patients with psychosis.
- Improving proactive anticipatory care planning – joint admission group established with team working across Crisis teams, Bed Management, and Psychological Medicine Service.
- Focusing on the PICU unit demands.
- Undertaking a dashboard review for Prospect Park Hospital.

Outcomes

- Bed Optimisation project will continue with key stakeholders and project management office support.
- Introduction and automation of 72 hour post admission multi-disciplinary to capture key patient information and action plans developed to mitigate any factors which might cause delays.

Countermeasure Summary for Driver Metrics Continued



Bed Days Lost for those clients who are ready – Physical Health Inpatient Services New Metric - This is a new metric and measures bed days lost for those clients who are discharge ready on our Physical Health wards. The total for December 2023 shows 746 bed days lost by 109 clients who were ready to be discharged. Self funding for onward placement was the highest contributor with 8 patients responsible for 107 bed days.

Actions in December 2023

Patient Feedback survey completed by two wards

Physical and Mental Health Bed Days Lost teams working collaboratively with RiO Clinical Transformation Teams to align local authority data with RiO.

Outcomes and Next Steps

- Trust leads across Urgent Care Pathways are creating an internal operational dashboard.
- Berkshire Healthcare Flow Lead working with the RiO team working with the bed management system – aim to go live in April 2023.
- Meeting with partners to agree escalation points with partners.

Countermeasure Summary for Driver Metrics Continued



Berkshire Healthcare
NHS Foundation Trust

Physical Assaults on Staff – 92 in December 2023 . Driven by a small number of individuals. Link with use of restraints. Actions taken and impacts

- Continue to raise reporting
- New role to support staff at Prospect Park
- Nurse Consultants network supporting
- Operational review of escalations
- Thames Valley Police colleagues' presence on wards and in status exchanges

Outcomes

- Advanced safety planning training refresh
- Look at individual factors

Inappropriate Out of area placements – This is bed days used by those patients where a bed was not available at the Trusts Mental Health Wards at Prospect Park Hospital.

Key Performance Indicators - Oversight Framework Metrics



Berkshire Healthcare
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Metric	Threshold / Target	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23
C.Diff due to lapse in care (Cumulative YTD)	6	2	2	2	0	0	0	0	0	0	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	3	3	3	0	1	1	1	1	1	1	1	1
Count of Never Events (Safe Domain)	0	1	0	0	0	0	0	0	0	0	0	0	0
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	60% treated	91.65	87.5	90	88	75	80	87.5	100	100	81.82	100	80
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.26	99.37	99.39	99.26	99.35	99.42	99.40	99.42	99.17	99.22	99.20	99.14
People with common mental health conditions referred to Talking Therapies will be treated within 18 weeks from referral	95% treated	100	100	100	100	100	100	100	100	100	100	100	100
People with common mental health conditions referred to Talking Therapies will be treated within 6 weeks from referral	75% treated	95	95	95	94	94	93	91	91	87	88	89	88
People with common mental health conditions referred to Talking Therapies completing a course of treatment moving to recovery	50% treated	45.5	46	46.5	46.5	48	45	49.95	46.15	46	43.5	45	48.39
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DMO1 - Audiology): %	95% seen	72.48	72.42	69.06	61.26	83.45	92.09	97.79	100	99.00	99.07	95.93	97.79
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	99.57	99.53	100	100	100
Sickness Rate: %	<3.5%	4.3%	4.3%	4.1%	3.7%	4.0%	3.8%	3.9%	3.7%	3.9%	4.6%	4.6%	4.6%
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	100%	66.6%	50%	42.8%	83.3%	75%	100%	75%	100%	100%	100%	50%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	100%	78.6%	75%	83.2%	75%	85.7%	60%	100%	100%	100%	100%	100%
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	0

Key Performance Indicators - Oversight Framework Metrics

Regulatory Compliance - System Oversight Framework

Metric	Threshold / T..	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23
Community Health Services: 2 Hour Urgent Community Response %.	80%	88.5%	88.5%	89.3%	83.1%	84.2%	87.8%	87.6%	85.2%	86.3%	88.5%	82.0%	81.8%
E-Coli Number of Cases identified	Tbc	0	0	0	0	1	1	0	1	0	1	0	1
Mental Health 72 Hour Follow Up	80%	94.0%	88.6%	93.0%	96.4%	91.6%	90.7%	98.0%	87.5%	92%	89.1%	86.9%	86.2%
Adult Acute LOS over 60 days % of total discharges	TBC	26.5%	50%	27.3%	24.1%	25.8%	22.8%	24%	25%	24%	24%	24%	30%
Older Adult Acute LOS over 90 days % of total discharges	TBC	57.0%	40.8%	60%	66.7%	66.7%	50%	36%	32%	28.9%	42%	42%	66%

Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance

MSSA This is the number of cases of the infection **Methicillin-sensitive Staphylococcus aureus due to lapse in care** identified on our wards. One case on Ascot Ward in May 2023 was defined as a lapse in care as an investigation identified that there was no evidence of commencing wound care plan during this admission for management of patient's multiple wounds.

Talking Therapies Recovery:

- Talking Therapies recovery measures all those who come into the service (not just those who complete treatment)
- Our clinical quality workstream is progressing with quick wins to be implemented by end of March (recovery awareness, non-recovered cases deep dives, and training/support/comms)
- Underpinning the principles of the 'Treat to recovery' culture and developing the structures for Step 2 and Step 3
- Work being done on retention and staff satisfaction – which previous work in the Trust showed it has links with increase in patient outcomes
- Thresholds for individual therapy for depression have been adjusted so proportionally more patients with depression are receiving the top-level intervention (length of treatment means we will need to wait several months to see an impact) – pilot to run until end of August 24
- We continue to work at reducing dropouts and increasing engagement which will in turn increase recovery - Focus and work at Step 2 will be around Increasing number of sessions
- We continue to work at reducing waits (longer waits associated with poorer recovery)
- Implemented the newly configured extended trauma pathway and the treatment of those with PTSD across the Trust – likely to have a significant impact on recovery as those too complex for TTs will be better managed and moved through the pathway – results to be analysed again in April 2024.

Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance

Talking Therapy Access

- Blue Monday – Head of Service interviewed on BBC Berkshire
- Older Adult poster developed and mailed out to GPs across Berkshire
- National Talking Therapies Comms Campaign promoted on social media channels
- Planning an SMS trial alongside Frimley ICB in Bracknell targeting older adults
- January saw an increase in Berkshire West referrals, 968 new patients were seen which is 98% of the access target
- Berkshire East showed improvement by achieving a 14% increase from previous months, 813 new patients were seen which is 85% of the access target
- As per the 24/25 priorities and operational planning guidance, from April the service will be shifting its focus on to the number of people completing a course of treatment. We are yet to confirm these numbers with our ICBs

Sickness – Stress and Anxiety is the top contributing Reason for Sickness in December 2023. Berkshire Healthcare has a number of well-being options including Mental Health and Physical Health Support on its intranet. The Wellbeing Offer for Mental Health presented in the February 2024 Staff Briefing by the Executive Directors. Service managers meet with Human Resources to progress cases where performance management of an individuals' sickness is needed.

Children and Young Persons Eating Disorders 4 week routine and 1 week urgent waiting times target – Berkshire Healthcare have agreed a change in the clock stop definition with both ICB's. This will bring us in line with other providers in both ICB's and having reviewed the national access and waiting time standard definitions, is in line with those as well. The work needed has been agreed as a priority for the RiO transformation team and will be starting soon. The urgent target was missed in December due to two cases that were not identified as Eating Disorders cases at referral, these would not have registered as breaches under the new clock stop definitions.

Board Assurance Framework Risk 2023/24 Summary



Strategic Ambition	Risk Description
<p>Workforce We will make the Trust a great place to work for everyone</p>	<p>Risk 1 – Workforce</p> <p>Due to national workforce shortage and increasing scarce supply there is a risk of failure to recruit and retain staff 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>
<p>Patient Safety We will reduce waiting times and harm risk for our patients</p> <p>Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value</p>	<p>Risk 2 - Demand and Capacity</p> <p>There is a risk that the Trust will fail to transform services and that some services, even after making internal efficiencies and productivity gains will be unable to keep up with increased demand leading to increased waiting times thus increasing the risk of harm to patients.</p>
<p>Patient Experience and Voice We will leverage our patient experience and voice to inform improvement</p>	<p>Risk 3 – Patient Voice</p> <p>There is a risk that that the Trust will fail to “hear the patient voice” and take account of patient experience when shaping, adapting, and designing services leading to services which do not meet the needs of all groups of patients and their families leading to inequality of access and poorer health outcomes.</p>
<p>Health Inequalities We will reduce health inequalities for our most vulnerable patients and communities</p>	<p>Risk 4 – System Working</p> <p>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>

Board Assurance Framework Risk 2023/24 Summary Continued



Strategic Ambition	Risk Description
<p>Health Inequalities We will reduce health inequalities for our most vulnerable patients and communities</p>	<p>Risk 5 – Health Inequalities</p> <p>Given the complexity of the determinants of health including non-health related factors, there are risks around delivering an ambitious programme of work aimed at reducing health inequalities given the long lead in time to see any improvements and outcomes impacted by factors outside of health and social care.</p>
<p>Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value</p>	<p>Risk 6 – Finance</p> <p>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 being allocated and controlled at ICS level, flowing to providers on a risk share and/or relative efficiency basis.</p>
<p>Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value</p>	<p>Risk 7– Digital Risk</p> <p>There is a risk that capital funding constraints will reduce the Trust’s ability to invest in digital technology and innovation which is needed in order to maximise capacity (both clinical and non-clinical) and reduce the 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>
<p>Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value</p>	<p>Risk 8 - Sustainability</p> <p>There is a risk that the Trust’s will not be able to deliver its Green Plan due to a lack of resources including access to capital funding and a focus on short rather than long term initiatives</p>

Annual Plan on a Page 2024/25



Berkshire Healthcare
NHS Foundation Trust

Our mission is to maximise independence and quality of life

Our vision is to be a great place to get care, a great place to give care



Harm-free care

Providing safe services

- We will protect patients by using appropriate infection control measures
- We will identify and prioritise patients at risk of harm resulting from waiting times
- We will continue to reduce falls, pressure ulcers, self-harm on wards and suicide across all services
- We will recognise and respond promptly to physical health deterioration on all wards
- We will improve the physical health of people with serious mental illnesses
- We will empower staff and patients to raise safety concerns without fear, and ensure learning from incidents



Good patient experience

Improving outcomes

- We will identify and reduce health inequalities in access, experience and outcomes
- We will involve patients in co-production of service improvement
- We will reduce length of time patients wait for Trust services, year on year (compared to 2022 waits)
- We will make every contact count by offering advice in making healthy choices
- We will gain feedback from at least 10% of patients in each service and demonstrate service improvements based on feedback



Supporting our people

A great place to work

- We will promote a culture of respect, compassion, kindness and inclusivity
- We will act against anyone who is verbally, racially, physically or sexually abusive
- We will act on our anti-racism commitment, removing barriers to equity and improving representation in senior positions
- We will create a supportive work environment that values each team member's contribution, wellbeing and professional development
- We will provide opportunities for staff to show initiative and make improvements
- We will reduce staff leaving (no more than 10% turnover by March 2025)
- We will ensure we have a highly skilled permanent and temporary workforce by actively developing staff and proactively attracting great external candidates



Efficient use of resources

A financially and environmentally sustainable organisation

- We will achieve our financial plan
- We will identify and deliver efficiencies
- We will increase our productivity
- We will reduce our impact on the environment, minimise waste and reduce carbon emissions
- We will maximise use of digital tools to release time to care for and empower patients

We will work with our health and social care partners to provide better and more efficient care.