

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 28 September 2022
starting at 10.00 am*

(Conducted via MS Teams)

There will be a governor pre-meeting at 9.30am-9.55am which is open to all governors*

Please note the earlier start time of the pre-meeting and Council meeting due to the AGM

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	Welcome & introductions	Chair	1
2.	Apologies for Absence	Company Secretary	1
3.	Declarations of Interest	All	1
4.1	Minutes of Last Formal Meeting of the Council of Governors and Matters Arising	Chair	1
5.	Mental Health Support in Schools (presentation)	Louise Noble, Head of CAMHS and Berkshire Eating Disorder Service	15
6.	External Auditors Report to the Council of Governors <i>(to follow)</i>	E&Y External Auditors	10
7.	Trust Annual Report and Accounts 2021-22 (Presentation)	Julian Emms, Chief Executive and Paul Gray, Chief Financial Officer	10
8.	Committee/Steering Groups Reports: a) Membership & Public Engagement <i>(Enclosure)</i> b) Quality Assurance meeting <i>(Enclosure)</i> c) Living Life to the Full <i>(Enclosure)</i>	Committee Group Chairs and Members	5
9.	Executive Reports from the Trust 1. Patient Experience Quarter 1 Report <i>(Enclosure)</i> 2. Performance Report <i>(Enclosure)</i>	Liz Chapman, Head of Service Engagement and Experience Julian Emms, Chief Executive	10

10.	Carers Strategy Presentation (<i>Enclosure</i>)	Katie Humphrey, Carers Lead	15
11.	Appointment of Lead and Deputy Lead Governors Brian Wilson, Lead Governor Jon Wellum, Deputy Lead Governor	Martin Earwicker, Chair	1
12.	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
13.	Any Other Business	Martin Earwicker, Chair	2
14.	Dates of Next Meetings and Annual Schedule of Meetings for 2022 (<i>Enclosure</i>) <ul style="list-style-type: none"> • 02 November 2022 (<i>Joint Trust Board and Council of Governors meeting</i>) • 07 December 2022 – <i>Formal Council Meeting</i> 	Martin Earwicker, Chair	1

Minutes of the Council of Governors Meeting held on

Wednesday, 15 June 2022 at 10.30 am

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

	<p>Present: Martin Earwicker, Chair</p> <p>Public Governors: Tom Lake John Jarvis Ros Crowder Brian Wilson Jon Wellum Madeline Diver Paul Myerscough Ray Buckland Rosie Stewart Baldev Sian Steven Gillingwater Debra Allcock Tyler</p> <p>Staff Governors: June Carmichael Tina Donne Natasha Berthollier</p> <p>Appointed Governors: Cllr Graham Bridgman Cllr Deborah Edwards Cllr Isabel Mattick</p> <p>In attendance: Alex Gild, Deputy Chief Executive Paul Gray, Chief Financial Officer Aileen Feeney, Non-Executive Director Sally Glen, Non-Executive Director Mark Day, Non-Executive Director Julie Hill, Company Secretary Linda Jacobs, Executive Business Assistant Jennifer Knowles, Executive Office Manager & Assistant Company Secretary</p> <p>Guests: Karen Cridland, Director for CYPF, BEDS and LD Jane Nicolson, Director of People Liz Chapman, Head of Service Engagement & Experience Mark Davison, Chief Information Officer</p>
1.	Welcome and Introductions
	Martin Earwicker, Chair welcomed everyone to the meeting.
2.	Apologies for absence

	Julian Emms, Tom O’Kane and Suzanna Rose.
3.	Declarations of Interest
	<p>1) Annual Declarations of Interest None declared</p> <p>2) Agenda items None declared</p>
4.1	Minutes of Last Formal Meeting of the Council of Governors and Matters Arising - 09 March 2022
	The minutes the meeting held on 09 March 2022 were approved as a correct record of the meeting.
5.	Election Results (Enclosure)
	<p>Paper was taken as read.</p> <p>For noting.</p>
6.	CAMHS Waiting List Presentation
	<p>The Chair welcomed Karen Cridland, Director for Children, Young People and Families, Berkshire Eating Disorder and Learning Disabilities services to the meeting.</p> <p>Karen Cridland shared a presentation on waiting times for the CAMHS services and provided information about the support and treatment available to children and young people waiting for an autism assessment who required treatment for anxiety and the integration of services. Ms Cridland highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust had adopted the multi-agency “THRIVE” model which provided an integrated person centred and needs led approach to delivering mental health services to children and young people. • The Trust’s CAMHS services provided: <ul style="list-style-type: none"> ○ Locality based Specialist Community Teams ○ Anxiety and Depression Team (county-wide) ○ 3 Locality based Getting Help teams – East ○ 3 schools mental health support teams – East ○ All age Eating Disorder Service (county-wide) ○ Rapid Response service (county-wide) ○ Health & Justice Service & Children in Care worker ○ Tier 4 service (TV Provider Collaborative) ○ Common Point of Entry Service • CAMHS - All Referrals 2021/2022 – average number of referrals pre-Covid - was 622 per month. The average number of referrals during 2021-22 was 918.5 per month. This represented an increase of 47.6% in the number of referrals • Rapid Response - Referrals and Activity - referrals to the Crisis Team were up by 7% this year with an observed increase in the acuity and complexity of cases • There had been a 10 fold increase in the number of Mental Health Act assessments • Core CAMHS Referrals and Activity - referrals received in the first two quarters of the year showed a 27% increase on the same period last year. Based on the percentage of referrals that usually required input from the locality teams (12% of total referrals on average) we expect this to rise to a 33% increase once all referrals received this year had been processed

- Capacity continued to be stretched due to the high needs of the small, but growing, cohort of highly complex cases that required intensive multiagency support and frequent meetings to manage system concerns
- Planned developments including the Crisis Home Treatment Service, Children in Care Service, Learning Disabilities CAMHS and Key Worker/Behaviour Support Service were all key to reducing demand and therefore waiting times in these teams
- Berkshire Eating Disorder Service - there was a dramatic rise in demand on both CAMHS and Adult Eating Disorder services nationally and locally throughout the pandemic. The demand had levelled off earlier in the year but had increased again over the past few months such that the average month referral rate was now 18, compared to 19 last year and 13 before the pandemic
- Autism Assessment referrals and Activity 20/21/22 - Autism Assessment referrals had increased by 69% between 2016 and 2022 (1209 per year to 2045)
- The Trust had a partnered with Healios to complete 600 assessments.
- Support for Children, Young People and Families whilst on the waiting list included:
 - SHaRON - Support, Hope and Resources On-Line (Neurodiversity, Eating Disorders and Anxiety and Depression)
 - Helpline (Neurodiversity)
 - Parent workshops (Anxiety and Depression)
 - Pre-Assessment support Workshops (Autism/ADHD)
 - Qualified Children's Wellbeing Practitioners (Neurodiversity)
 - Commissioned support, including home visits, from Autism Berkshire, Parenting Special Children and GEMS (Neurodiversity)
 - CAMHS Duty Workers
 - Rapid Response Team

Karen Cridland said that with a few exceptions all Children and Young People's Mental Health services were available to young people who were waiting for an autism assessment or who had a diagnosis of autism if they were presenting needs consistent with the referral for those services. Due to the specific needs of autistic young people some additional services, such as specific eating disorder services, were being designed to improve the service offer.

Graham Bridgman pointed out that the Berkshire East Clinical Commissioning Group had commissioned 3 Locality-based Getting Help teams and 3 Schools Mental Health Support Teams and asked whether children in East Berkshire received a better service than children in West Berkshire.

Karen Cridland explained that the Trust was commissioned to provide teams in schools in East Berkshire and the provision was by local authority area. In West Berkshire children and young people received the same service but from different providers.

Martin Earwicker said that there was a danger that different commissioning arrangements in East and West Berkshire and between different local authorities could lead to fragmentation of services.

Brian Wilson asked for more information on the parent workshop support available and whether this impacted on the time spent on the waiting list.

Karen Cridland reported that the parent workshops provided were part of the care pathway and did not add to the waiting time. The parent workshops provided support to parents to help them support their young person.

Tom Lake expressed his concern about having different commissioned services in the East and West and the mental health support teams being based in a social care environment.

	<p>Karen Cridland reported the mental health support teams operated under national guidelines and the provision was tightly governed. Supervision was provided in the West mental health support teams for those employed by the local authority.</p> <p>Tina Donne asked why the number of referrals were so low in August.</p> <p>Karen Cridland reported there was an annual trend of peaks and troughs with August and Christmas being low when schools were closed for the holidays.</p> <p>Steven Gillingwater asked if the helpline was a freephone number, what online support was available for children particularly in Slough who did not have internet access and for children waiting for referrals to join the CAMHS service if they then moved into the adult service is there a link, so they were not lost in the service.</p> <p>Karen Cridland confirmed the helpline was an 03300 freephone number, digital poverty was a concern and online support was available through the Common Point of Entry and a transition pathway from children to adult services was available.</p> <p>The Chair thanked Karen for her presentation and passed on his thanks to the team.</p>
7.	<p>NHS Staff Survey 2021 Results Presentation</p>
	<p>The Chair welcomed Jane Nicholson, Director of People to the meeting. Jane Nicolson gave a presentation on the Staff Survey Results and highlighting the following points:</p> <ul style="list-style-type: none"> • In 2021 60% of staff took the time to tell us what it felt like to work at the Trust. The Trust had remained at least 7% above average for the last three years. • The Trust’s overall engagement score was 7.4. • Whilst the Trust had made excellent progress in many areas, we can see that there were some areas in which, despite effort and action, there had been little progress made. The trend had not changed over the past 5 years. Two of our key areas for improvement remain: Equality, diversity and inclusion and Work pressures and workload • There were programmes of work in progress but as they were relatively new, they would need time to embed. We may need to do something differently in these areas and we will be looking to engage with our leaders about how we achieve this change. • Workforce Race Equality Standard (WRES) - in the last year, we have held a 3-day rapid improvement event to address the racial abuse of staff at Prospect Park Hospital with projects and actions set as a result. We have also continued our work on the “Just Culture” and introduced a new Violence Reduction role. • The BAME Staff Network held a series of conversations with the Executive Team and have since launched “Let’s Talk2 sessions. • International Nurses have been recruited and there will be more joining the Trust in the coming months. <p>Steven Gillingwater asked for the current declaration rate for inclusion.</p> <p>Jane Nicholson agreed to find more information about the Trust’s declaration data.</p> <p>Post meeting note: the Trust’s current declaration rate is attached at appendix 1 of the minutes.</p> <p>Steven Gillingwater asked how the Trust was dealing with the cultural aspect in employing and retaining staff in communities, Slough, Reading and Wokingham, with very different cultural aspects which impacted on inclusion, diversity and equality.</p>

Jane Nicholson reported that the Trust was developing contacts in communities and raising awareness of roles. The Trust had an Early Careers Lead in post and who was working alongside partners to attract school children before they start making decisions about further/higher education to give them an opportunity to look at different professions. The Trust was also taking part in a Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System trial to work with our staff alongside a university Foundation Course.

Brian Wilson asked how many members of staff were employed with the Equalities, Diversity and Inclusion Team and asked if they were trained specialists.

Jane Nicholson advised that the team comprised of an Equalities, Diversity and Inclusion Lead, Violence Reduction team, Talent and Leadership team, Reasonable Adjustments team and a Deputy.

John Wellum asked if records of incidents by gender and ethnicity were available.

Jane Nicholson advised that records depended on the types of patients especially at Prospect Park Hospital when a patient was distressed there may be multiple incidents. All staff irrespective of ethnicity and gender experienced violence/racism/verbal abuse from patients. Patients did not always have the mental capacity to understand their behaviour.

The Chair thanked Jane for her presentation and passed on his thanks to the team for the great results and noted there was still work to be done.

8. Digital Strategy Presentation

The Chair welcomed Mark Davison, Chief Information Officer to the meeting. Mark shared the Digital Strategy 2022-2026 which was aligned to the Trust's True North Goals; Harm-free care, Supporting our staff, Good patient experience and Money matters.

Mark Davison gave a presentation and highlighted the following points.

The principles that guided our digital choices were:

- Avoid duplication of work
- Mitigate the risk of inequality of access to care
- Ensure clinical safety was maintained
- Digital solutions will be fit for purpose
- Enable and empower employees
- Cost effective services

Our Digital Vision

"We will release more time to care, improving our population's health through our digital integration with the care providers in our region and automation of our processes.

Our patients would have more choice on how they received their care and would be able to engage more effectively in their own health and well-being."

We will deliver this vision focusing on three objectives

- See and treat more patients whilst improving the quality of care we provide: *Optimise how we Work*; digitising & automating clinical and business processes,
- Improve patients access to care and empower them to manage their own health: *Empower our Patients*; digitise patient access to care (triage, automated booking, interaction with the patient record, integrate with NHS App),
- Support our people to build a digitally ready workforce: *Enable our People*; provide workforce with the required tools & equipment.
-

Ray Buckland commented on his visit to Oakwood Ward and said that the staff had mentioned that they were trialling a patient monitoring system designed to prevent falls but

the technology was not fit for purpose as the monitoring equipment was easily damaged and was not cost effective to replace.

Mark Davison advised there were trials of two Falls technology support systems in the Trust and the one used on Oakwood Ward would not be continued.

Jon Wellum asked if the Trust had looked at introducing an artificial intelligence programme for predicting areas of need.

Mark Davison reported that artificial intelligence was being used in some areas of the Trust but said that the Trust was not using algorithms based artificial intelligence at present.

Ros Crowder raised the following issues with the phone system at Prospect Park Hospital; when a caller rings and the call was not answered there was no answerphone service and the caller had to try again; on a visit to the Crisis Team she was advised that due to the poor mobile service staff had to go into the car park to make calls; when calls were made to patients from health professionals no caller ID was visible therefore if a patient missed a call they could not call back unless a voicemail message was left by the caller.

Mark Davison advised that Prospect Park Hospital was a PFI site and the telephony service was not run by the Trust, therefore he was unable to answer why there was not an answerphone service. All mobile phones now had wi-fi calling and used wi-fi signalling within Prospect Park Hospital so the Crisis Team now have and can make calls inside the hospital. There was an issue in some secure areas where the construction of the building did not allow signals in/out. No caller ID's were requested by clinical staff who did not want patients contacting them direct as this would reduce their time for appointments.

Ray Buckland commented that he had experience in general practice where calls were routed to a general number.

Mark Davison advised as the Trust worked across multiple sites with teams and staff working across sites that this would be practical.

Tom Lake asked if more support could be provided to reduce the need of staff report writing and the number of documents involved.

Mark Davison advised that the Trust's digital systems allowed information to be collected and narrative added, dependant on a patient's medical history this can be lengthy. Translation and transcript services were also used.

The Chair thanked Mark for his presentation and passed on his thanks to the team for their work.

9. Committees/Groups

Reports:

a) Living Life to the Full Group

The report taken as read.

Tom Lake advised that new initiatives were discussed at a recent Reading Mental Health Wellbeing Group which would report into the aims of Berkshire West mental health wellbeing strategy for adult mental health.

The Chair asked Governors to think about how they would like to take the Group forward following John Barrett's departure from the Council.

b) Membership & Public Engagement Group

The report was taken as read.

	<p>c) Quality Assurance The report was taken as read.</p> <p>Tom Lake advised that his question on the high number of people waiting over a year on the Reading CMHT Waiting List was answered by the Chief Operating Officer who confirmed that the 60% included patients waiting for their annual Clozapine review.</p> <p>Tom praised the system in place for supporting Governor service visits and invited all Governors to engage in visits as these were very rewarding.</p>
<p>10.</p>	<p>Appointments and Remuneration Committee – Extension of Non-Executive Directors’ Terms of Office</p>
	<p>The Council of Governors approved the recommendation from the Appointments and Remuneration Committee that Aileen Feeney, Non-Executive Director be appointed for a second term of office upon the expiry of her current term. Ms Feeney’s second term of office would end on 31 October 2025.</p> <p>The Council of Governors also approved the recommendation from the Appointments and Remuneration Committee that Mark Day, Non-Executive Director’s current term of office be extended by a further one year upon the expiry of his current term of office. Mr Day’s term of office would end on 31 August 2023.</p>
<p>11.</p>	<p>Executive Reports from the Trust</p>
	<p>1. Patient Experience Quarter 4 Report</p> <p>The Chair welcome Liz Chapman, Head of Service Engagement and Experience to the meeting. Ms Chapman presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust had received 56 formal complaints in Quarter 4 – this represented a sustained complaint rate of 0.05% based on the number of contacts. • CAMHS had received the highest increase in complaints. As previously mentioned as part of the CAMHS Waiting List agenda item, a lot of work was going into the addressing concerns locally and nationally in relation to CAMHS waiting times. • Concerns about waiting lists ere the main reason for MP enquiries • The Complaints team was working with the Children, Young People and Families Division to see how best to support our Investigating Officers and share this learning across the wider Trust. • In terms of the I Want Great Care patient feedback solution, the Trust was continuing to work with both the provider and our services to be able to collect and monitor meaningful feedback. An online feedback solution for under 18s was currently being developed, as was an online easy read version. There had been some technical issues with collecting feedback via SMS (text message) and these issues had been resolved and the SMS service would be starting up again by the end of this week. <p>Ros Crowder asked if lessons were learned and what service improvements were made from anonymised complaints whether upheld or not and if these were relayed back to staff.</p> <p>Liz Chapman reported all complaints regardless of their outcome were discussed at the clinical divisional Patient Safety Quality meetings and confirmed that there were opportunities to disseminate learning from patient feedback and complaints.</p> <p>The Council of Governors noted the report.</p> <p>2. Performance Report</p>

	<p>The Chair welcome Alex Gild, Deputy Chief Executive to the meeting. Alex Gild presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • Tehmeena Ajmal had been appointed to the role of Chief Operating Officer. • The Minister of Defence People and Veterans, Leo Docherty MP, met with military veterans and mental health experts from the Trust to learn more about the vital support we offered. Leo Docherty visited them at the r newly refurbished OpCourage clinic space on the University of Reading campus on 28th April 2022. • The Trust had delivered a £0.7m financial surplus against a plan to breakeven. Marginal costs attributable to COVID19 continued to be lower than anticipated. Costs had not materialised as planned in relation to the Service Development and Spending Review Funding, which had resulted in income being deferred. The Trust had been set an efficiency target of 0.78% for the second half of the year and delivered savings in line with this target. <p>Tom Lake asked how the new Integrated Care Systems Trust were progressing in anticipation of them becoming legal entities on 1 July 2022.</p> <p>Alex Gild reported that the Integrated Care Boards would be in place on 1st July and the bodies would be responsible for healthcare commissioning. Appointments to the Integrated Care Board were taking place..</p> <p>Ros Crowder asked if the Trust had enough inpatient mental health beds and what were the plans for the future.</p> <p>Alex Gild advised that work was being done with Surrey Borders and Oxford Health to determine the demand for beds over the next 5 years and a report would be presented to the Trust Board.</p> <p>It was noted that the increase in the use of Out of Area Placements was due to increased demand post-Covid and high demand of beds at Prospect Park Hospital.</p> <p>Tom Lake asked if COVID-19 was currently impacting staffing levels.</p> <p>Alex Gild advised that there had been an increase in staff sickness absence for COVID-19 related reasons. Infection prevention and control measures were still in place although a little more relaxed in non-clinical areas as services get back to normal operations.</p> <p>The Chair thanked Alex for his update.</p>
12.	<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>
	<p>There was no feedback.</p>
13.	<p>Any Other Business</p>
	<p>Membership and Engagement Governor Working Group – New Chair</p> <p>Tom Lake reported that he had stepped down from Chairing the Membership and Engagement Governor Working Group and the new Chair would be Brian Wilson.</p> <p>The Council of Governors approved the appointment of Brian Wilson as the Chair of the Membership and Engagement Governor Working Group.</p>
14.	<p>Date of Next Meetings</p>
	<p>20 July 2022 - Joint Council of Governors & Non-Executive Directors Meeting</p> <p>28 September 2022 - Council of Governors Meeting</p>

15.	CONFIDENTIAL ISSUE:
	To Council of Governors agreed 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.
16.	To approve the minutes of the extraordinary Council of Governors meeting held on 4 May 2022
	The minutes the extraordinary meeting held on 04 May 2022 were approved as a correct record of the meeting.

Ethnicity	Headcount	HC %
Asian	626	13.02%
Black	482	10.03%
Mixed	133	2.77%
Not Disclosed	151	3.14%
Other	76	1.58%
White	3339	69.46%
Grand Total	4807	

Disability Status	Headcount	HC %
No	4118	85.67%
Not Declared	428	8.90%
Yes	261	5.43%
Grand Total	4807	

Gender	Headcount	HC %
Female	4005	83.32%
Male	802	16.68%
Grand Total	4807	

Belief	Headcount	HC %
Atheism	776	16.14%
Christianity	2298	47.81%
Hinduism	170	3.54%
Islam	212	4.41%
Not Disclosed	764	15.89%
Other	587	12.21%
Grand Total	4807	

Orientation	Headcount	HC %
Heterosexual	4129	85.90%
LGBTQ+	160	3.33%
Not Disclosed	518	10.78%
Grand Total	4807	

Schools Mental Health Support Teams (MHST)



The NHS Long Term Plan

Four Week Waiting Times

Test approaches that could deliver 4ww times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist MH services

Eating Disorders

- Boost investment in children and young people's eating disorder services to continue seeing 95% of urgent cases within 1 week, and within 4 weeks for non-urgent cases.

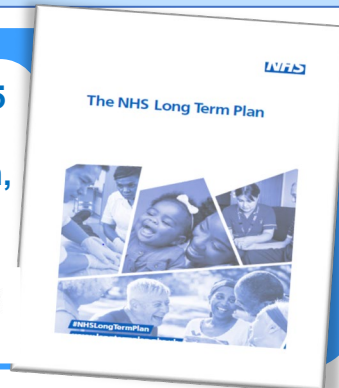
Crisis Services

- With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, 7 days a week by 2023/24

Digital Therapies

- Develop digitally enabled care pathways for children and young people in ways which increase inclusion

Comprehensive offer for 0-25 year olds integrated across health, social care, education, and the voluntary sector to address health inequalities



Whole pathways, including inpatient beds

- Extension of New Models of Care/Provider Collaboratives continue to drive integrated pathways

Access

MHSTs form part of the commitment that by 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access NHS-funded mental health services

Mental Health Support Teams (MHSTs)

MHSTs working in schools and colleges – early intervention and whole school approach across 20-25% of country by 2023

Wider Commitments

- Additional investment in Youth Justice services
- Reduced waiting times and increased support for children and young people with learning disabilities and/or autism
- 6,000 highly vulnerable children with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services

What is a Mental Health Support Team?

A new NHS-funded team (trained and recruited under this programme) of mental health support staff.

They will:

- 1. Provide interventions for CYP with mild to moderate needs in schools across their patch.**
- 2. Work with school staff – including designated mental health leads – to ensure mental health and wellbeing is supported by the ‘whole schools approach’.**
- 3. Work as part of an integrated referral system with CYP mental health services.**



**Parents
Staff
Students**

MHST Key Principles

Each MHST will cover population of 8000 (approx. 16 schools) and deliver 500 interventions per year.

MHSTs should be additional to, and integrated with, existing services to support children & young people's emotional wellbeing and mental health.

MHST support should be responsive to individual schools' needs, not 'one size fits all'.

Children and young people should be able to access appropriate support all year (not just during term time).

MHSTs should co-produce their approach and service offer with users.

NHS Long Term Plan Target: MHSTs working in schools and colleges across 20-25% of country by 2023

- **Berkshire East have four teams (Slough x 2, Bracknell & RBWM) ~40% coverage.**
- **Berkshire West* have 5 teams (Reading x 2, West Berkshire x 2, Wokingham x 1) ~45% coverage**

BHFT are the providers for Berkshire East.

The Berkshire West MHST's are provided by the individual LA's with clinical input from BHFT CAMHS staff.

*Berkshire West were a trailblazer site for the programme.

How are MHST's allocated?

Initial roll out was through expression of interest for the Trailblazer phase. Berkshire West applied and were successful. Berkshire East made a joint decision not to apply for the trailblazer phase but to focus on preparing to be ready to start implementation in phase 1 of the roll-out.

Following the Trailblazer phase, allocation of funding for subsequent phases is at regional level.

At local level, decisions on which localities to prioritise have been taken by the multiagency CYP Partnership Boards, based on indicators of need and preparedness.

The following information below is used to identify the locality and 'cluster of schools' that will be supported by the MHST:

- Number of young carers
- Number of CLA
- % of pupils eligible for Pupil Premium
- % of pupils with an EHCP
- % of pupils receiving SEND support
- The following data submitted by the school as part of the annual Section 175 Safeguarding Audit:
 - 2.1 How many children/young people within your setting do you identify as vulnerable?
 - 2.4 How many of the children identified overall as vulnerable, have you delivered a school based early help intervention without any external services input?
 - 2.5 How many of the children identified as vulnerable, have been supported with an early help assessment and plan to deliver support through the Early Help Hub?
- Number of Safeguarding Rapid Reviews/ Partnership Reviews relating to mental health
- The school's engagement with the DFE Wellbeing for Education Return programme 2020/21
- The school's OxWell survey WEMWBS wellbeing score

Schools have also been required to submit an expression of interest.

4 x Education Mental
Health Practitioners
(EMHPs)

Team Administrator

MHST

1 x
Clinical Supervisor

Team Lead

1 x Senior Clinician

MHST



Figure 2:
THRIVE framework

Whole school approach
and integrated working

CWP / EMHP interventions

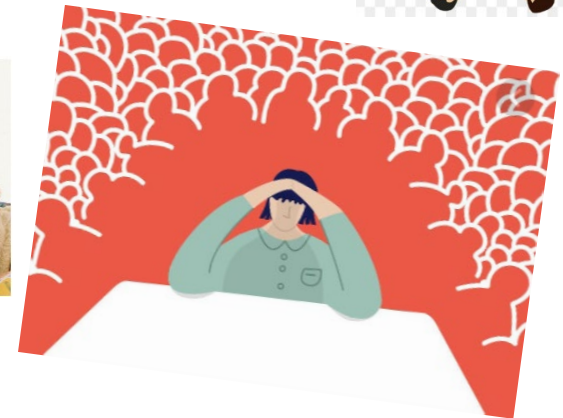
What presentations do EMHPs work with?

Do Common mental health difficulties that may respond to early intervention	May Do Conditions which may respond to early intervention but require discretion	Should Not Do Significant levels of need / risk / complex conditions which are not suitable for brief early intervention
Low mood / mild to moderately severe Depression	Anger difficulties	Pain management
Panic symptoms	Low self-esteem	PTSD
Panic and agoraphobia	Mild social anxiety disorder	Bipolar disorder
Worry / Generalised Anxiety Disorder	Some compulsive behaviours	Psychosis
Simple phobia (but not blood or needle)	Mild health anxiety	Personality Disorders
Sleep problems	Assertiveness / interpersonal challenges e.g. with peers	Eating disorders
Stress management	Self-harm is disclosed but is assessed as linked to low mood but is <u>not</u> assumed as enduring and high risk in nature	Chronic depression/anxiety
Behavioural difficulties		Historical or current experiences of abuse or violence
Exam Stress	Panic Disorder	Complex interpersonal challenges
School Avoidance due to anxiety	Emetophobia (Vomit Phobia)	Bereavement
	School Avoidance	Active, enduring and significant self-harm
	Mild Emotional Dysregulation	Relationship problems
		OCD

How we offer support:

MHST

- ❖ Early intervention and prevention for mild-moderate mental health interventions
- ❖ 1-1 support for CYP (12 years+) and parents (under 12 years) over 6– 8 sessions
- ❖ Small group sessions
- ❖ Peer mentoring
- ❖ Whole School assemblies
- ❖ Education staff consultations
- ❖ Staff training / workshops
- ❖ Mental Health Surgeries
- ❖ WSA / Integrated working



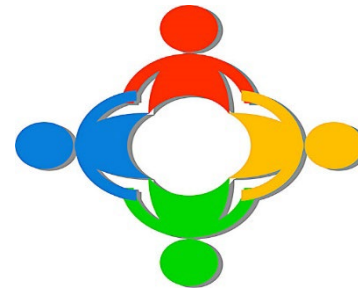
Whole School Approach: Who we work in partnership with

- ❖ Early Help –
- ❖ Education Psychology Service
- ❖ School nurses
- ❖ CYPIT
- ❖ Young Health Champions
- ❖ Public Health
- ❖ The Charlie Waller Institute
- ❖ KOOTH
- ❖ Youth Counselling Services
- ❖ GEMS/Autism Berkshire/Parenting Special Children: autism advisory and support service
- ❖ Other voluntary sector organisations e.g. Aik Saarth, Daisy's Dream
- ❖ PPEP
- ❖ Mind



Introduction to the East Berkshire Mental Health Support Teams

<https://youtu.be/8bHG624htlw>



Thank you

questions...



Report from the Membership and Public Engagement Governors' Subgroup for the Council of Governors on 28th September 2022: Brian Wilson (Chair)

The Governors Subgroup for Membership and Public Engagement met on 27th July. Our continued thanks go to those who provide us with written material and the numerical and statistical data. The number of Governors attending the Subgroup also continues to be on the low side. We encourage more Governors to join the meeting and our discussions.

From discussions over the Summer, the impression is that the Trust aims to optimise the membership numbers rather than maximise them. The two measures that need to be optimised are numbers of members and diversity, age and such characteristics.

Personally, I am of the view, as I believe are some others that the 10,000 notional or formal optimum membership total should be the public element and not counting staff membership. All staff are welcome, of course, but membership and public engagement should be the key aims. Presumably the cost implications were more of a consideration when communication with members was more postal than online, unlike the present day.

The Index figure that's quoted against most lines in the Membership Summary - 100 means that optimum number of members in that category has been met. Any membership growth should therefore be in those categories or characteristics that are less than 100 at present. Even so, that is still too wide a scope at this point and further focus will be required.

Based on the above assumptions, a blanket approach doesn't seem appropriate in any case. Also, perhaps we should be looking at sourcing a broad range of organisations with whom to explore engagement in areas such as WAM, West Berkshire and Slough. We need to consider as wide a range of organisations to approach as possible. Jon Wellum has done some work in this area on Places of Worship.

The whole approach should be approached on a planned basis. Any such an "Action Plan" should initially target a couple of geographical areas or other parameters and have some form of data capture or measurement of results built in.

Most importantly of all, our other stakeholders, the Trust, Marcomms and the full CoG as a whole should have their say and give approval, especially if time, effort and costs would be incurred. I am always conscious that, as Governors, it is not our role or remit to 'step in and do work' within the Trust. We are, with these ideas, potentially creating work for others!

A further concern needing action is the filling of open seats on the Council of Governors and the 'replacement' of long serving, experienced Governors who will be timed out in the coming 12 months or so. Exploring what could or should be done in this arena will naturally be informed by the modest membership development and greater visibility which the above could generate.

Governors Quality Assurance Committee

Tom Lake & Paul Myerscough
Report to Council of Governors - 28th September 2022

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

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

The Quality Assurance committee has met twice since the last Council meeting – on 23rd May and on 12th September. The September meeting was in-person at the Trust HQ in Bracknell. Several group members joined remotely from Team. This 'hybrid' approach worked fine, and we will repeat the arrangement for **our next meeting on 21st November**.

Tom Lake chaired the meeting of 23rd May, while Paul was in the chair on 12th September. Both of us will be retired soon – someone else should step forward to chair this very useful committee.

The rate of change is substantial. We have been reviewing waiting list data for 3 or 4 quarters and we are learning how to understand the very compact and data-rich format which the trust is using. We have data on the distribution of waiting times for those patients who have been seen and more limited data on the waiting of patients who have not yet been seen by the service in question (they may have been assessed by the Common Point of Entry). This is throwing up questions of strategy in dealing with queuing – could service teams do with some expert advice on managing queues?

Over the last two-three years the Trust (together with consultants 'iWantGreatCare') has been developing a new patient experience feed-back process. Replacing the old 'friends and family test', it is designed to capture information which will help the Trust improve its services. Implementation started at the beginning of the year. It seems it will take some time to be fully embraced by all services, but data from 3000 patients (representing a response rate of around 2.7%) newly appeared in the quarterly Patient Experience report. We can see the broad measures of the responses, but we don't really know what they mean and how to take lessons from the negative responses to improve performance. Our role as governors is not to intervene directly, but if we can encourage trust staff to bring forward innovation in understanding patient experience that could be very useful.

Service visits by governor are now taking place again.

We have seen a very encouraging report from Suzanna Rose – who was involved with the Trust in setting up trauma services – in reviewing the current state of trauma services – which are delivered from the trust's offices on the Reading University campus. These services, for the broad population and for veterans, should be celebrated by the Trust.

Paul reported on recent visits to 3 different CAMHS services. Phoenix is a new best-practice based service in Wokingham. It is a 'hospital at home' which is designed to provide intensive support to extremely unwell young people in the community 7 days a week. There was also a report on a visit to the CYPD Berkshire Eating Disorder multi-disciplinary team meeting in Maidenhead which provided some insights into how Covid has impacted services. The CAMHS Rapid Response Team report provided an insight into their activity and clients, many of whom are referred to the service after admission to A&E for serious self-harm or suicide attempts.

Consider joining the group for the next meeting on 21st November. And why not schedule some visits to services that interest you!?

There are plenty of opportunities for governor visits – please get in touch with Paul Myerscough ([mailto: paul.myerscough@berkshire.nhs.uk](mailto:paul.myerscough@berkshire.nhs.uk)) or Jennifer Davies ([mailto: jennifer.davies@berkshire.nhs.uk](mailto:jennifer.davies@berkshire.nhs.uk)), who arranges the visits, to learn more, and find out how to access the governors document repository to look at past visit reports. It is hard to overstate how much one learns on these visits.

We regularly look at an anonymised complaint in our meetings. Comparing the complaints reviewed at the last two meetings, the importance of communication stands out. As it does from quite a few of the formal complaints. So do come along. Let's talk.

Living Life to the Full Committee - Report to Council of Governors
Tom Lake

When John Barratt, former chair of the Living Life to the Full committee, came to the end of his term as Governor, there was no successor available, Verity Murrucane, the former co-chair having stepped down and then come to the end of her term as well.

As I felt that I had derived a good deal of useful knowledge from this committee, and indeed, enjoyed its sessions, I agreed to take the chair and take it forward for the short time that I have left in my term. I hope that other governors will join in the effort to give it clear objectives and a useful life.

I believe that the title, “Living Life to the Full”, was that of a trust conference, held in more munificent times, just before my time, looking at the experiences of trust mental health patients outside the trust and the many organisations that offer support in the wide world. Under John Barratt’s committed chairmanship, the committee looked at this, but also occasionally heard about issues within the trust – such as the review of admission and discharge procedures at Prospect Park Hospital.

With the new emphasis on collaboration between NHS organisations, I believe that this committee could contribute by hearing about patient journeys between the trust and other organisations. We might be able to find out what patients think about moving between organisations, how well information is handled and communication carries on, as well as just gaining an appreciation of the different sources of our patients’ experiences.

Of course it is up to Council to approve any terms of reference that the new committee comes up with. I hope that it will be given a year to assemble and refine these. We next meet on the 12th October, when we will hear from the head of the Bracknell Recovery College and also hope to have some introduction to the trust’s collaborations.

The common thread is to know more about the patients’ journey. To achieve this we will be on a journey ourselves. Please join us as we start out on 12th October (online). To do so just let Jennifer Knowles (<mailto:jennifer.knowles@berkshire.nhs.uk>) know of your interest.



Berkshire Healthcare
NHS Foundation Trust

Patient Experience

Quarter One 2021-22 Report

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

Patient Experience Report; Quarter One 2022/23

Introduction

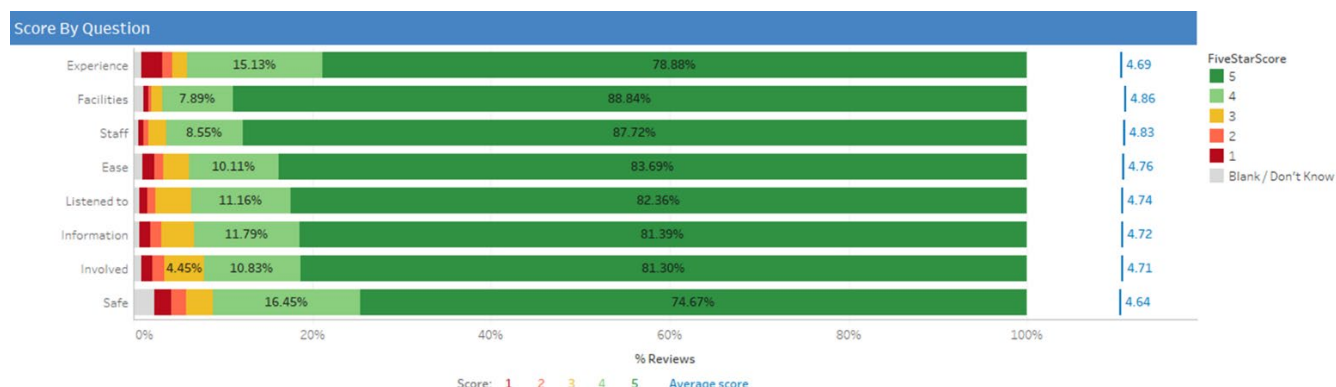
This report is written for the board and contains the quarterly patient experience information for Berkshire Healthcare (The Trust) incorporating; complaints, compliments, PALS, and our patient survey programme. The report usually also includes any feedback received via NHS Choices however the NHS choices platform merged onto the nhs.uk website, and feedback relating to the Trust was not available at the time of writing this report.

This report is written in the context of there being 113,817 reported patient contacts and discharges from our inpatient wards with around 2990 pieces of feedback provided through compliments, complaints and the patient experience survey equating to around 2.7% feedback. The total amount of feedback received is expected to rise as more services utilise the patient feedback survey.

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

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

Below is the trust overall scoring which is based on the **2,069** responses received during the quarter; a **94% positive score** was achieved with an average **4.75-star** rating. We are seeing a month on month increase in the number of patient surveys completed (April 449, May 710 and June 910). It is worth noting that not all questions are scored by everyone, for example facilities related questions only apply where patients are seen in a building / are on a ward/ outpatient appointment and are therefore not asked in all surveys. Our surveys are also available in easy read and differing languages.



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

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

Service	Star Rating	Number of Responses	% Positive Score
District Nursing & Community Matrons West Berks	4.93	118	99.2
CRHTT East	4.40	111	93.7
Talking Therapies	4.56	80	87.5
Henry Tudor Ward	4.64	72	93.1
Jubilee Ward	4.51	72	88.9
CRHTT West	4.19	69	78.3
Sexual health Upton and Skimped Hill	4.90	68	97.1
MSK Physio - Wokingham	4.89	63	98.4
Intermediate care West Berks	4.69	55	89.1
Intermediate care Wokingham	4.73	53	96.2
Community Nursing Wokingham	4.84	49	100
Hi-tech care community	4.89	48	95.8
Community Paediatrics	4.87	42	90.5

The patient survey also includes a free text section for a review and any suggested improvements.

During the quarter, there were a total of 113,817 contacts (including discharges from wards), the Trust received a total of **61 formal complaints** (14 of these were secondary complaints) this equates to 0.05%, and a further **25 concerns that were locally resolved** / responded to as informal complaints. **57 formal complaints were closed** during the quarter with a **98% response within agreed timescale** achieved. We also received **837 compliments** in addition to the patient survey feedback and **26 MP enquiries**. The number of formal complaints received is comparable with previous quarters and the number of concerns locally resolved or responded to as informal complaints has reduced. The number of MP enquires has risen every quarter since Q1 2021/22, this is predominantly due to enquiries around CAMHS waiting times in the West of Berkshire.

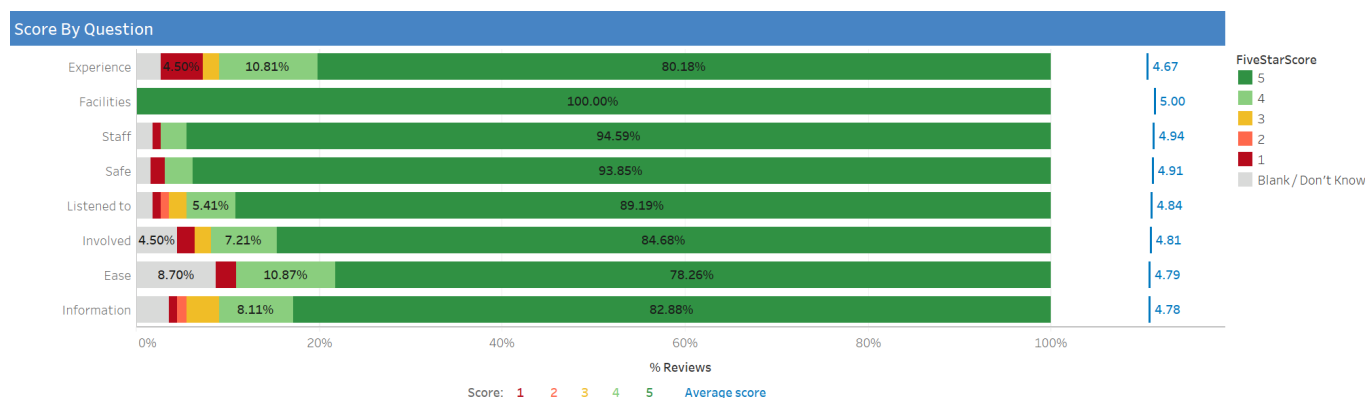
What the data is telling us

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

Children and Young Peoples division including learning disability services

Table 2: Summary of patient experience data

Patient Experience - Division CYPF and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	111			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	0.5%			
iWGC 5-star score	Number	4.81			
iWGC Experience score – FFT	%	91%			
Compliments received directly by services	Number	47			
Formal Complaints Rec	Number	11			
Formal Complaints Closed	Number	15			
Formal Complaints Upheld/Partially Upheld	%	60			
Local resolution concerns/ informal complaints Rec	Number	11			
MP Enquiries Rec	Number	21			



Children and Young People

For children's services the question regarding 'information' (was the information you were given easy to understand?) received lowest score with 6 of the 111 surveys responding with a score of 3 or below, this was followed by the question regarding 'involvement' (were you involved as much as you wanted to be in your care or therapy?) and the question regarding if the patient felt 'listened to' (Were you listened to?) which both had 4 of the responses receiving a score of 3 or below. Although 'ease' scored second to bottom in the chart above this is skewed by the number not completing that question (the number of negative scores were 2).

Children's Physical Health Services

For children's physical health services there were a total 7 formal complaints received, 3 of these were for the immunisation team and 3 were in relation to children's speech and language therapy, there were also 2 children's speech and language therapy concerns relating to waiting times responded to informally. There were 4 formal complaints that were closed as either partially upheld or upheld during the quarter (3 for the immunisation team

and 1 for occupational therapy), of these 3 related to communication and one was about the vaccine. To provide some context the school immunisation team administered 27,663 immunisations during quarter 1.

82 of the 111 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation teams and the East Community Paediatric team; the Immunisation team received 38 of these responses all of which scored positively receiving a five-star rating of 4.92. The Community Paediatric team in the East received 42, all of which were positive with a five-star score of 4.87. The services received many free text comments related to kindness, friendly staff, professionalism and being clear about treatment plans.

Child and Adolescent Mental Health Services (CAMHS)

For child and adolescent mental health services there were four complaints received for CAMHS services (these were in relation to wait times, attitude of staff and care/ treatment received). In addition to this, 21 of the organisation's total of 26 MP enquires related to CAMHS services with 16 relating to waiting times.

There have only been 14 responses for CAMHS services received through our patient survey for this quarter, with the majority (10) being received for the family safeguarding model service and therefore it has not been possible to use the data to support triangulation this quarter. It is worth noting that the 2 responses received in relation to the neurodiversity team were positive about the service received. Currently the survey is accessed through paper forms or configured tablets in the departments, from end of quarter 2 it will also be possible for young people to provide their feedback online which is anticipated to support an improved uptake.

The CAMHS service have been undertaking an experience questionnaire internally and this received a total of 105 responses (44 from young people and 61 from parents/ carers). This provides an opportunity for free text comments alongside some key questions including feeling listened to, gaining help needed and appointment times. Convenience of time and place of appointments received the least favourable responses with 50-60% answering this as 'certainly true'. For the question around feeling listened to 98% parents / carers and 84% young people answered 'certainly true', with similar scoring for both 'being treated well', 'being taken seriously'. For understanding of help available the 'certainly true' scores were 90% for parents and around 70% for young people themselves. With overall help received given 93% by parents and carers and 86% by the young people. There were lots of free text comments around feeling listened to, and positive comments about staff. With comments around long wait times and flexibility of appointment featuring as some of the suggestions for improvement.

The services have also received some compliments including '*CAMHS autism assessment team I have to say, I was so impressed with your manner and impact with xxx. You clearly have a rare talent for engaging young people and I can't thank you enough for how you have shared this with our family. You are one in a million!*'.

Learning disability

There were 3 complaints received this quarter for the Campion unit (from 2 differing patients) and 1 concern in relation to community learning disability services that was locally resolved. 3 complaints were closed this quarter, 2 were in relation to staff attitude and 1 was around concern of not being able to see a pet, all 3 were partially upheld.

10 responses from the patient survey have been received (7 were in relation to the Wokingham based team). These received 80% positive score which was skewed due to 2 service users providing only a 1-star score which the remaining 8 providing positive scores.

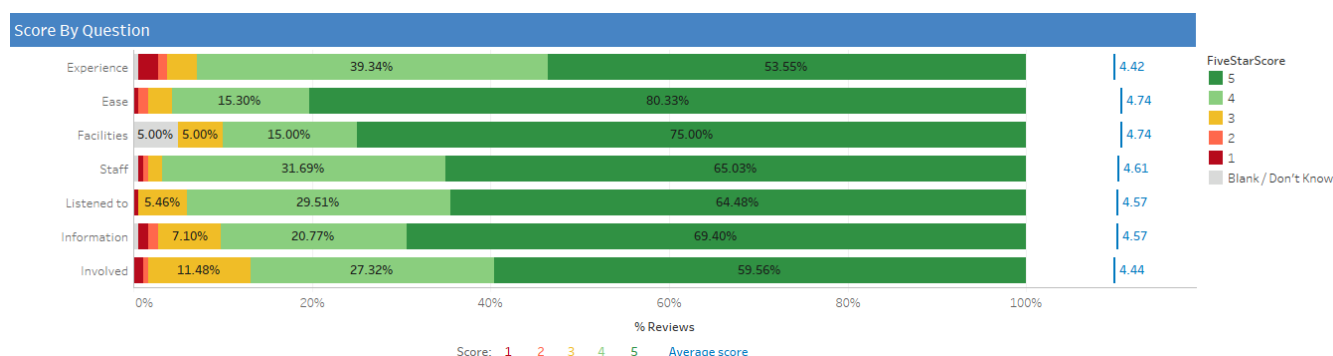
Neither of those who scored 1 provided feedback to understand their concerns further, the positive responses included free text narrative speaking positively about staff for example;

“Because this place feels like a family home style environment than a hospital and because all of the staff and patients at this hospital have treated me better than my own parents family members and care staff in all of my previous care homes ever have done” and “If I need any advice no matter how big or small I can always contact x and Salt team and she will always come back to me with appropriate advice and will also come out to see the person I am concerned about”.

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	183			
Response rate (calculated on number contacts)	%	1.5			
iWGC score	Number	4.56			
iWGC Experience score - FFT	%	93%			
Compliments received directly by services	Number	43			
Formal Complaints Rec	Number	9			
Formal Complaints Closed	Number	7			
Formal Complaints Upheld/Partially Upheld	%	71			
Local resolution concerns/ informal complaints Rec	Number	5			
MP Enquiries Rec	Number	0			



Two of the services within Mental Health East division received the majority of the patient survey responses (CRHTT 102 and Slough Memory Clinic 28) of the CRHTT survey responses the average 5-star score was 4.4 with 93.69% positive feedback, this was in line with the overall divisional scores achieved.

Questions relating to feeling involved and information were least likely to be positive and some suggestions for improvement included lack of support on discharge from CRHTT, and some areas around communication including clarity around reason for calling and notice before a home visit all were noted in the feedback; however there was a significant amount of positive feedback including that they found the staff/ service to be very supportive, kind, caring, compassionate, interested and responsive.

Some examples of compliments received by the division are detailed below:

“Called the crises team line on Thurs 7th Jul, lady I spoke to was great I felt listened too and not rushed or like a nuisance. Crises Home Treatment Team came out later that evening. [name removed] I connected with and felt at ease about opening up, specially as she was honest about her past struggles too. [name removed] had a calming presence and took action on one of my housing issues by contacting my housing association, which was greatly appreciated. Few days after [name

removed] and another male social worker came and were both great. I was doing a lot better that day so enjoyed having more of a not in crises chat. Thank you for providing such great support and despite passing my care back to GP you still left the door open to contacting again. I know you guys will continue to inspire others, thank you for making such a difference". (CRHTT)

"Staff were extremely professional and treated me like a human being. They were non-judgemental. Could not fault the team. Valuable service". (CRHTT)

"x is the best!! She is so kind and very lovely and helps me so much". (CMHT)

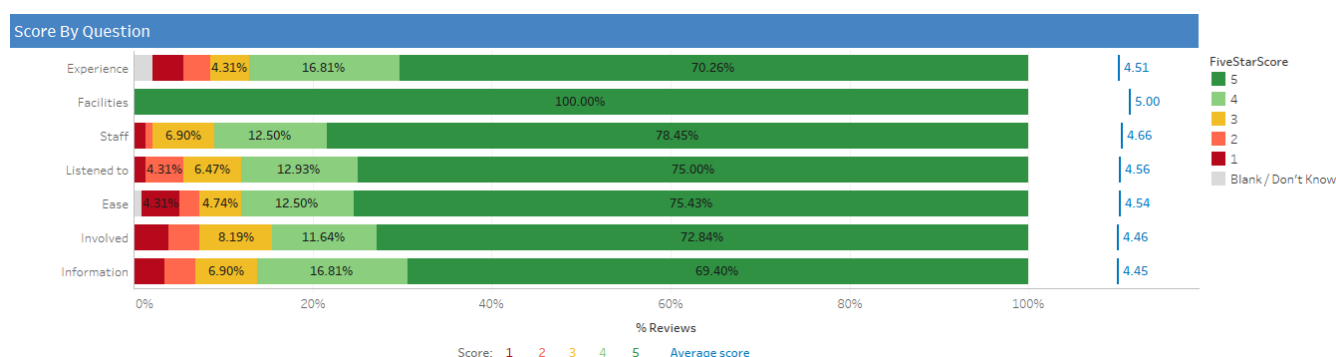
"Simply that it was clear that to the staff my condition was of very great importance to them". (Older adult MH)

7 complaints were received into the division during this quarter; in addition there were 5 informal/ locally resolved complaints. 7 complaints were closed during the quarter of these 5 were partially upheld and 2 were not upheld. Of those partially upheld 3 were relating to Slough CMHT, there were no themes in relation to any of the complaints.

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	232			
Response rate (calculated on number contacts)	%	0.5%			
iWGC score	Number	4.53			
iWGC Experience score - FFT	%	87%			
Compliments received directly by services	Number	434			
Formal Complaints Rec	Number	14			
Formal Complaints Closed	Number	11			
Formal Complaints Upheld/Partially Upheld	%	55			
Local resolution concerns/ informal complaints Rec	Number	2			
MP Enquiries Rec	Number	2			



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 2 services with the most feedback through the patient survey were Talking Therapies with 80 responses and CRHTT with 69 responses.

As with Mental Health East division feeling involved and informed received the most negative reviews in the patient survey.

CRHTT received 2 complaints during the quarter and 3 complaints were closed, 2 of these were partially upheld, one in relation to staff attitude and one to confidentiality; in addition to

the patient survey feedback 4 compliments were received directly into the service. Feedback from the survey was varied and whilst a large proportion was positive with comments such as *"best experience I've had they were helpful and supportive got a good relationship with the staff open up and communicate with them honestly"*; along with comments about feeling listened to there were some comments from patients who didn't feel they needed the help of the service and also around call/ visit times not always being kept to as well as some finding the service didn't help them. CRHTT use all comments provided to help shape provision along with a dedicated lived experience worker who supports the whole team to improve on service user and carer experience.

There were 7 complaints for West CMHT's during the quarter and 3 complaints closed during the quarter (none of these were upheld). Very little feedback was received through the patient survey during the quarter to enable triangulation of patient experience data. There was 1 older adult complaint closed which was not upheld during the quarter. Older adult and memory clinic combined have received 44 patient survey responses during the quarter with a 97.73% positivity rating (4.84-star rating) some of the feedback included *"Wonderfully helpful and sympathetic team, and one which communicated really well between themselves"*; *"The location flexibility certainly helped Dad with his thought process and was far less formal than an unfamiliar surrounding. x was fantastic!. She was empathetic to my fathers needs and made it seem like he was in control of his situation. The information shared was relevant and useful"* and *"I was really impressed with x's listening skills and the follow up was very fast. By a very long way the most advanced assistance that I have received (during 60 years of varied and intermittent problems)"*.

For Talking Therapies their patient survey responses gave a positivity score of 87.5% (4.56 star rating), they are also the service who receive the most compliments back to the service with 364 received this quarter. There were no complaints opened and one complaint closed which was partially upheld and in relation to consent prior to speaking with another agency.

The vast majority of comments were very positive about the staff, finding them kind, supportive and empathetic. A number of the comments /areas for improvement demonstrated need for flexibility and differing approaches preferred for example *'My first sessions with the counsellor were face to face, I was extremely uncomfortable with this approach.....I later asked for a telephone consultation, this was approved. From then on I felt much happier"*; *"Shouldn't be on video call. Should be in person"*, *"Was also annoyed that it was very inflexible in terms of appointment times"*; *'have more options than the app"*, *"I would have preferred to have had face to face appointments, I hope that this is something that will be reinstated for people that would prefer it to phone calls"*.

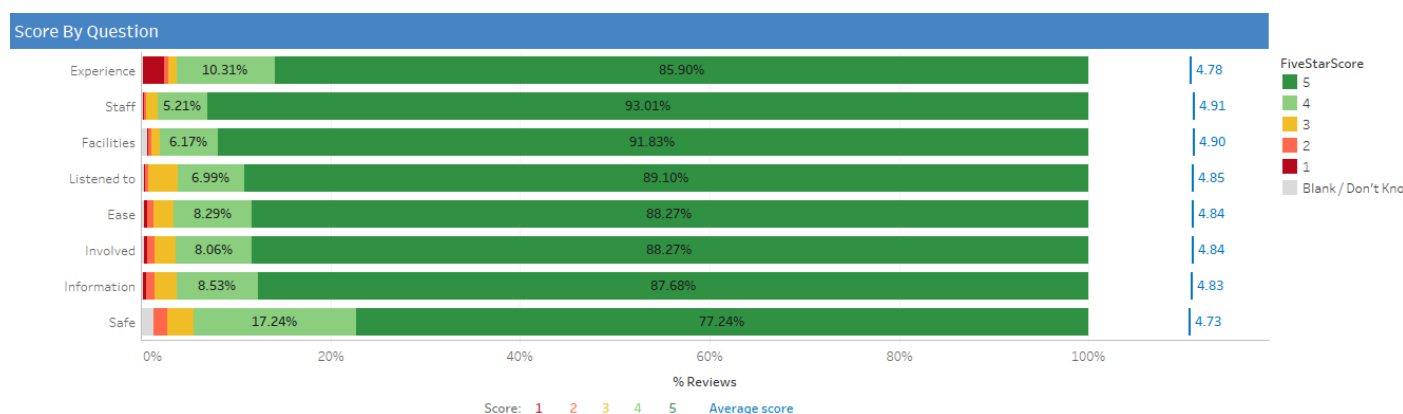
There were 6 reviews that scored very low (1 or 2 star) where patients did not feel that the service had been at all helpful to them. To provide some context there were 28,053 contacts for the service during the quarter.

There is currently one complaint being investigated by PHSO (Psychological Medicine Service).

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

Table 5: Summary of patient experience data

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	755			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3.4%			
iWGC score	Number	4.83			
iWGC Experience score - FFT	%	96%			
Compliments received directly into the service	Number	174			
Formal Complaints Rec	Number	5			
Formal Complaints Closed	Number	2			
Formal Complaints Upheld/Partially Upheld	%	100			
Local resolution concerns/ informal complaints Rec	Number	6			
MP Enquiries Rec	Number	0			



During this quarter there were 5 complaints received into the division and 6 locally resolved/informal, 3 of the formal complaints were for community nursing; 2 complaints were closed for community nursing; both of the closed complaints were from the same person and were partially upheld.

To provide some context across our East and West District Nursing teams combined there are 71,561 contacts this quarter. East Community Nursing / Community Matrons received 89 patient survey responses during the quarter with a 100% positive scoring and comments including, "i received T/c from nurse, was very caring and she has given me plenty of time to express my concerns in regarding to my mother's health", "you lot are doing really good and I'm grateful for your hard work", "Everybody is really kind and friendly, nothing is too much trouble' and "nurse was helpful, caring and allowed time for me answer/ques". District nursing services (East and West) also receive the second highest number of compliments directly into the service this quarter (95)

The other complaints received were for Jubilee ward and the assessment and treatment centre. Jubilee ward has also received 72 patient survey during the quarter with an 89% positive scoring, it would appear that the 2 scores giving 1 star each which impacted overall rating may have read the questionnaire wrongly as their comments were both very positive. Comments included 'I like the staff and the happiness around the ward', 'I felt that I received the best treatment in the hospital all the staff and as were very nice and looked after me well and 'because staff are excellent'. There were some mixed reviews regarding the food. The scoring was mirrored across Henry Tudor ward with 93% positive rating, the improvements for the ward included some desire for increased therapy.

The Community Dental service received 41 responses to the patient survey during the quarter with a positive score of 95% and all but 1 score receiving 5 stars, there were lots of comments about kindness and friendliness of staff including *“Because the dentist was very kind and it got me over my fear of x-rays. He explained everything to me as well”* and *“very friendly, very approachable, very clear and we’re very good with speaking and communicating with my 6 year old. Highly recommended”*.

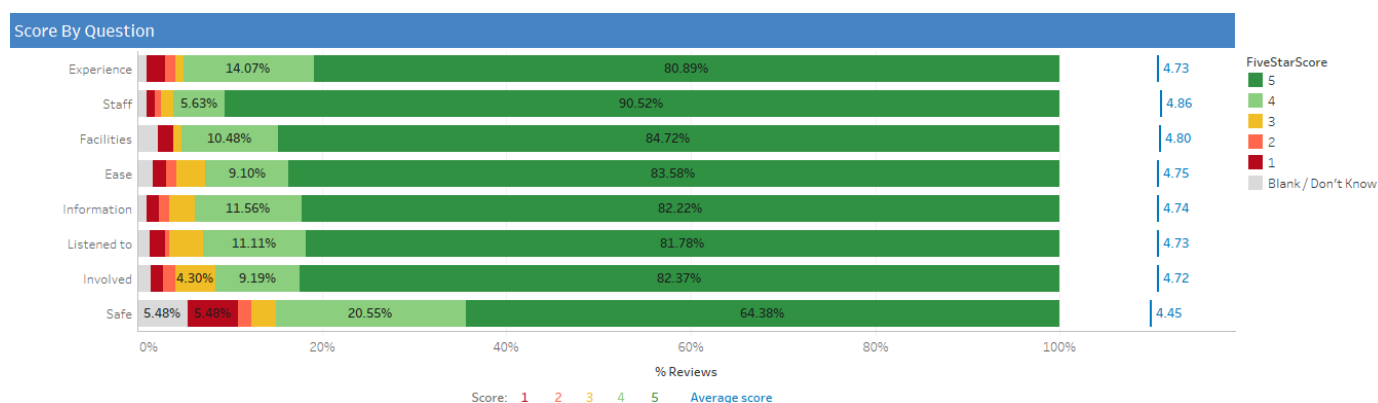
As with MSK physio in the West, there was a high number of responses to the patient survey and a high positivity score of 97% (4.93 stars), comments were very complimentary about staff and included *‘All the Physiotherapy team that I have seen have been extremely professional and supportive of my issues. I have also been attending a 4 week online course with x. I have also seen X face to face and feel the course very much helped me strengthen my injury with the 45 minute session. It worked very well and x is very good at explaining the steps as we go through the course.’* There were no themes emerging from the improvement suggestions.

All of the outpatient services within the locality received equally positive scores for example hearing and balance received a 100% positivity score (4.98 stars) from the 42 responses received including *“When people attend a hospital they don’t want fuss , they want a calm environment with things explained clearly by staff that know what they are talking about in an easy to understand manner . This was my experience today”*. There were no themes across areas for improvement detailed within the survey feedback and patients were generally all very satisfied with services provided across the division, where patients were less satisfied these were down to specific individual reasons.

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

Table 6: Summary of patient experience data

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	675			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	0.9%			
iWGC score	Number	4.76			
iWGC Experience score - FFT	%	95%			
Compliments (received directly into service)	Number	126			
Formal Complaints Rec	Number	7			
Formal Complaints Closed	Number	11			
Formal Complaints Upheld/Partially Upheld	%	55			
Local resolution concerns/ informal complaints Rec	Number	16			
MP Enquiries Rec	Number	3			



There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 95% positive satisfaction and 4.76 star rating and the question on staff (were you treated kindly?) receiving a 96% positive scoring from the 675 responses received.

There were 7 complaints received during the quarter, 3 of these related to community wards. There was 1 relating to Westcall (to provide context they had 18,834 reported attendances), this was regarding the process of having to go through NHS 111 and waiting times. There was also one complaint for the Urgent Care Centre, which had 4,679 attendances, this was regarding attitude of staff. The services received 27 patient survey responses during the quarter, most were very positive receiving 5 stars across both services receiving for example *'We are really grateful for the care we received. The staff were kind and calm and did a great job caring for my son'* and *'I'm not sure the name of the nurse who helped us, who was obviously under pressure from lack of other staff available, but she seemed unflappable, kind and patient. Really great care'*. Less positive comments were about wait and call back times.

There were no complaints for Community Nursing and Community Nursing have received some of the highest numbers of feedback (195 across the 3 localities in the quarter, with a 99% overall satisfaction score), Community Nursing also received amongst the highest number of compliments; there were a significant number of positive comments about the staff and very little around areas for improvement. The service also received several compliments including *"Daughter wants to thank the community nursing team after the peaceful passing of her mother. She had high praise for staff and asked for a special thank you to be given as she was her mother's main nurse and she always appeared professional and caring and this put the daughter and her mother at ease and she also said that she just fitted in with the furnishings like she was one of their own"*.

There were 9 complaints closed for the division during the quarter with 6 being upheld or partially upheld all of these were in relation to the community wards (Oakwood and Wokingham wards), 4 of these related to patients who had died (3 Oakwood, with 2 being same patient, 1 Windsor ward). All 4 included an element of communication with some concerns around care and treatment specific to each individual case. During this quarter the wards have received 70 responses through the patient survey receiving a 88.57% positive score (7 responses scored 3 and below overall) feeling listened to and information questions received the most results of 3 and below; there were a mix of views with comments around kindness of staff and care provided including *"Wokingham community hospital has regained my faith in British hospital. Most staff friendly and caring and gave the impression they really genuinely did care for my welfare."* There were also a number of suggestions for improvement relating to communication and staffing levels in relation to care and treatment including therapy as well as some comments around improvements that could be made in relation to food.

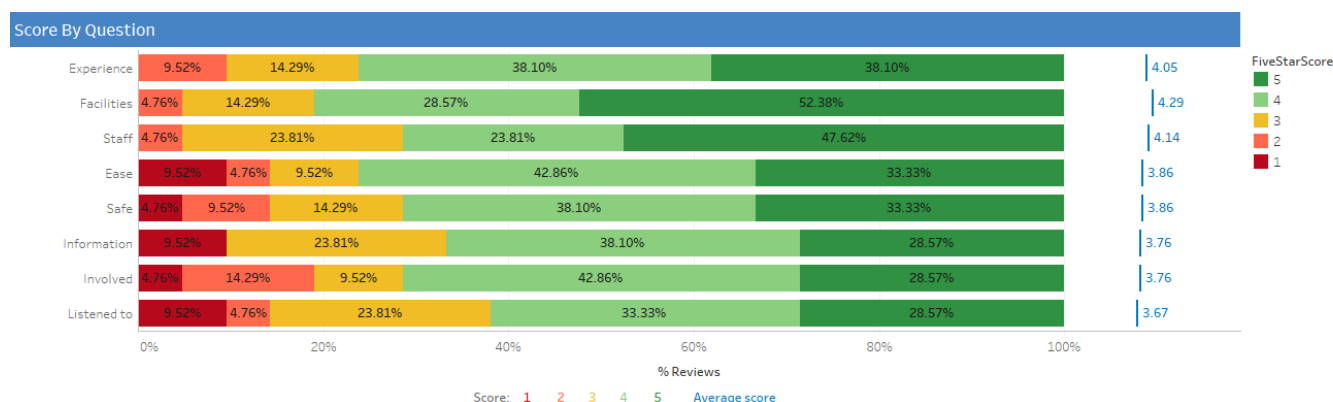
MSK Physio has not received any complaints in the quarter, it has received, 56 compliments and 101 patient survey scores with a 97% positive score, very few areas for improvement were included in feedback with just a few related to wait times/ gaining and appointment and some challenges with booking an appointment, but overall feedback was extremely positive. The positivity along with areas for improvement were also reflected in responses to podiatry, both physio and podiatry also receive some of the highest numbers of compliments directly into the service this quarter.

There are 2 PHSO complaints currently under investigation (1 for Podiatry and 1 Oakwood)

Mental Health Inpatient Division

Table 7: Summary of patient experience data

Patient Experience - Division MH Inpatients		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	21			
Response rate	%	10.3%			
iWGC score – 5 star score	Number	3.92			
iWGC Experience score - FFT	%	76%			
Compliments	Number	12			
Formal Complaints Rec	Number	14			
Formal Complaints Closed	Number	11			
Formal Complaints Upheld/Partially upheld	%	45			
Local resolution concerns/ informal complaints Rec	Number	2			
MP Enquiries Rec	Number	0			



There were 203 reported discharges from mental health inpatient wards (including Sorrel Ward). All the acute wards and older adult mental health wards have started receiving feedback through the iWGC tool, 21 were received this quarter equating to 10.3% response rate. The satisfaction rate at 76% is possibly skewed by 6 of the 21 completed questionnaires giving scores of 1-3 and the low number of returns. There were only 6 questionnaires completed in relation to the older adult mental health ward however all 6 gave positive scores. The individual question themes would indicate that feeling listened to receives the least positive scores with overall 5-star rating being 3.67; with 8 of the 21 giving a score of 3 or less to this set of questions. There was also one review which detailed a concern regarding staff communication. This would triangulate with partially upheld/ upheld complaints during the quarter, which were spread across all 4 acute wards and where 3 of the 6 included an element of communication / staff attitude within the complaint.

However, there were many positive comments received in the feedback including comments such as treated with dignity, compassion and kindness, lovely staff, very friendly staff coming through many of the responses and some suggestions for improvement included more therapy. The wards have also received direct compliments including "A very big thank you for saving my life- you will get a thank you card from XXX soon too".

There were 2 upheld complaints relating to clinical care, one complaint was moved to being reviewed as a serious clinical incident (medication) and one about their experience of PMVA.

Demographic profile of people providing feedback

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	18.03	6.9	9.67
Black/Black British	3.28	1.2	2.67
Mixed	8.2	1.9	3.49
Not stated	9.84	9.3	15.89
Other Ethnic Group	0	5.4	1.62
White	60.66	74.2	66.66

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

Table 9: Gender

Gender	% Complaints received	% patient survey responses	% Breakdown of Q4 attendance
Female	68.85%	47.90%	53%
Male	31.15%	30.90%	46.98%
Non-binary/ other	0	2.6%	
Not stated	0	18.7%	0.009

This would indicate that whilst the breakdown by attendance is fairly equally split, it would appear that we are more likely to hear the voice of the patient either as a complaint or patient survey if they are female

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendance
0 to 4	1.64%	6.50%	18.41
5 to 9	11.48%		4.14
10 to 14	4.92%		4.34
15 to 19	4.92%		4.52
20 to 24	9.84%	7.10%	2.87
25 to 29	8.20%		3.14
30 to 34	11.48%	8.80%	3.56
35 to 39	3.56%		
40 to 44	3.28%	8.80%	3.58
45 to 49	8.20%		3.52
50 to 54	8.20%	11.90%	3.73
55 to 59	6.56%		4.32
60 to 64	1.64%	13.40%	4.46
65 to 69	4.92%		4.63
70 to 74	1.64%	14.90%	4.53
75 to 79	3.28%		5.56
80 to 84	3.28%	20.20%	6.16
85 +	3.28%		6.55
Not known	3.28%	8.50%	11.98

Ongoing improvement

Complaint Handling Training is 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 responses 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.

There is ongoing work to improve uptake of the patient survey and during quarter 2 work will be completed to enable young people to access the iWGC online platform (for young people currently access to the survey is via enabled tablets held in the service or paper).

During quarter 1 a number of services shared their experience of implementing and embedding the iWGC system within their areas, through the 'all staff briefing' and the trust leaders and managers forum. Both of these presentations were well received, and the teams were able to demonstrate how they are using the system, working through any early implementation issues and then acting upon the feedback. For example, the results are displayed on some of the wards for staff and visitors to see, in CRHTT their lived experience lead and peer support worker support encouragement of feedback and staff receive regular emails detailing the feedback as well as it being shared and discussed as part of the quality improvement work in the services and at their huddles and staff meetings.

From Quarter 2 the report will include some examples for each division of you said, we did to demonstrate how the feedback is being used to improve services, as many divisions are only starting this quarter to see a good amount of data it has not been possible to include this within this report.

15 Steps

Appendix 1 contains the 15 Steps visits that took place during quarter one, with the programme fully recommencing in April 2022. There were 2 visits to community physical health inpatient wards, 5 for mental health inpatient wards (including the Campion Unit) and 3 to community based physical healthcare services.

Summary

The largest single concern raised through all data sources is that of waits in children's services where this features within formal, informal and MP concerns as well as being identified within patient surveys. There is work being undertaken currently within the children's division and with support of some external resource to ensure that there is clarity on wait time data, the reasons behind our longest waits are understood and that the services are operating in the most efficient way possible in the context of increasing demand and staffing resource. Some of our other services also received some comments around wait times.

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

Involvement and information came out across the divisions as being the areas for most improvement whilst this was not true of all individual services it is an area of focus for some, this included understanding of why visits were occurring. There were also a number of services where ease of access including venue, type of appointment and appointment time came across as areas for improvement, although these were in small numbers.

It is very positive to see increased volumes of patient feedback through our patient survey month on month and all managers and divisional leaders have access to the live tableau dashboard to view this. As the available data is now readily available, we will be asking for examples of how this data is being used to inform service improvements to provide within this report from quarter 2.

Appendix 1. 15 Steps Challenge

Quarter 1 2022/23

- 15 Steps fully restarted from April 2022.

Orchid Ward

Positives observed during the visit:

- Staff members were easy to identify as most staff had their ID badges on.
- The Fire doors were shut and free of any clutter.
- There was clear information for visitors presented at the main entrance.
- Hand hygiene posters were present by every sink.
- Staff interacted positively with patients.
- The ward had their designated mealtimes and visiting times clearly displayed.

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

- Patient information only appeared to be in English - Manager indicated this was something they were looking into.
- Female bathtub had not been working since 07/03/22- Manager informed that they were waiting for delivery of the parts needed and has since been fixed.
- Notice boards had some out-of-date information- Manager reported that they were looking at updating all the boards and the work has started.

Rose Ward

Positives observed during the visit:

- Staff interacted positively with patients.
- Information was presented clearly at the main entrance for visitors.
- Toilets and bathrooms were clean, and signage was visible.
- Equipment was stored appropriately in allocated areas.
- Staff members were easy to identify as most staff had their ID badges on.

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

- The larger of the three gardens had uneven flooring and gradient- this had already been reported and is awaiting work to be undertaken to resolve.
- Main lounge hardly had any appropriate furniture- Manager reported that the furniture that was there had been taken for repair and due to social distancing, they could not add more furniture into that space. This has been addressed with senior managers and chairs have also been returned from repair.

- Some staff pictures were missing on the information board- Manager informed that this would be updated.

Windsor Ward

Positives observed during the visit:

- Staff were very welcoming to the team.
- Signage to the ward was very clear.
- Corridors were clear of trip hazards.
- Staff spoke to patients in appropriate tones.
- Patients spoke very highly about care provided.

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

- One patient reported that she got her leg caught on the bad railing- bed bumpers were provided to the patient to prevent this.
- There were two beds and two hoists at the end of the corridor- Deputy Manager informed that the two beds were broken, these have been fixed; unfortunately, there is no specific space on the unit for equipment waiting collection for repair.
- The QMIS Board and Nursing Board were out of date- both have been updated.

Podiatry Wokingham

Positives observed during the visit:

- Staff were welcoming.
- Patients walk into the clinic with a smile and left with a smile.
- Clinic space was clean and looked well maintained.
- Leaflet and boards were up to date.
- Surgery rooms were neat, tidy, and free of clutter.

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

- The team did not notice signage in different languages- Staff informed that they used interpreting services.
- The corridor had a chest of drawers and stools in the corridors- Staff informed that the stools were constantly in use and did not present a hazard and they were neatly tucked away when not in use.
- Staff reported that they were having issues with Rio- Due to a recent upgrade staff struggled to find vital patient information but the transformation team were fully aware of this and helping with the system.

Physiotherapy Dellwood

Positives observed during the visit:

- The main areas were uncluttered and clean smelling.
- The team were very supportive and embraced the wellbeing ethos of the trust.
- Waiting lists were being actively addressed.
- All information about appointment is sent to patients prior.

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

- Evidence on active feedback needed to be updated- The team lead was addressing this issue.
- There was limited storage for the equipment needed which resulted in staff areas appearing cluttered- This did not affect patients as their areas were uncluttered.

Podiatry Tilehurst

Positives observed during the visit:

- The clinic was easy to find with parking in a close proximity.
- The clinic was bright, clean, and airy.
- The notice boards were well kept and up to date.
- Staff were welcoming and accommodating.
- Clinics were running on time.

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

- The disabled access button was not working on the main door- Podiatry manager said this was reported and waiting on repair.
- The patient toilet door lock was not working- Manager was unaware of this as it hadn't been reported but would report it to maintenance to get it fixed.
- There were no photographs of staff working in podiatry- Manager said that this was being addressed and would be in place by the end of the month.

Campion Ward

Positives observed during the visit:

- Staff Photo Board is up to date.
- There was clear signage to the bathrooms.
- The furniture on the ward was bulky and designed for safety.
- The ward felt calm, safe, and organised.
- Staff were appropriately dressed.

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

- The visiting times were not displayed- Ward manager explained that all visits were booked via phone which worked efficiently.
- One corridor did not smell fresh- Manger explained that they would investigate the source of the smell.
- Activities were not taking place at the time of visit - Manager indicated that activities form an important role in recovery and that there is a schedule of activities for patients.

Snowdrop Ward

Positives observed during the visit:

- The ward felt homely and inviting.
- Visiting times were clearly displayed along with the career information.
- Staff looked calm and relaxed.
- All staff wore their staff IDs.
- The team felt safe throughout the visit.

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

- Some notice boards were out of date- Ward manager indicated that the boards would be updated.
- Some doors did not sit well around the hinges- this had been waiting repair and has since been resolved.
- One of the window near the manager office opened too wide, this has been resolved.

Bluebell Ward

Positives observed during the visit:

- Ward felt welcoming but secure.
- All staff wore ID badges.
- Notice boards were up to date.
- Evidence of ward activities taking place.
- The Ward felt light and airy.

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

- Staff board on ward needed updating and is in process of being updated.
- The dimmer switch in de-escalation room did not appear to work, this has been fixed.
- The artwork on entrance to the ward appeared untidy and some on the floor. Would benefit from regular monitoring, this is monitored daily through managers walk arounds

Oakwood Unit

Positives observed during the visit:

- The ward felt calm and organised.
- Staff Information was very clear.
- Safety Huddles were undertaken daily to help communication.
- Ward entrance was light and airy.
- QMIS board was up to date and current.
- Health & Wellbeing board evident for staff.

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

- There was no information about mealtime or routine.
- The garden area looked very uninviting and bare.
- Limited evidence of signs or literature in other languages.

Friends & family team discussion:

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

Linda Nelson & Pauline Engola
Professional Development Nurses
June 2022

Appendix 2: complaint and PALS activity

All formal complaints received

Service	2021-22						2022-23				
	Q1	Q2	Q3	Q4	Total for year	% of Total	Higher or lower than previous quarter	Q1	Total for year	% of Total	
CMHT/Care Pathways	5	8	10	9	32	13.85	↑	11	11	18	
CAMHS - Child and Adolescent Mental Health Services	5	10	6	10	31	13.42	↓	4	4	6	
Crisis Resolution & Home Treatment Team (CRHTT)	5	4	2	4	15	6.49	↓	3	3	5	
Acute Inpatient Admissions – Prospect Park Hospital	11	8	7	6	30	12.99	↑	13	13	21	
Community Nursing	4	5	2	1	12	5.19	↓	3	3	5	
Community Hospital Inpatient	6	8	6	5	25	10.82	↓	4	4	6	
Common Point of Entry	0	1	1	0	2	0.87	-	0	0	0	
Out of Hours GP Services	1	1	5	2	9	3.9	↓	1	1	2	
PICU - Psychiatric Intensive Care Unit	3	1	2	1	7	3.03	-	1	1	2	
Urgent Treatment Centre	1	1	0	0	2	0.87	↑	1	1	2	
Older Adults Community Mental Health Team	0	0	0	2	2	0.87	↓	1	1	2	
Other services in Q3	18	14	14	16	64	27.71	↑	19	19	31	
Grand Total	59	61	55	56	231	100		61	61	100	

Locally resolved concerns received

Division	Apr-22	May-22	Jun-22	Qtr 1
MH IP	0	0	0	0
CHS East	3	0	2	5
CHS West	8	1	5	14
MH East	0	0	0	0
MH West	1	0	1	2
CYPF and LD	4	0	3	7
Total	16	1	11	28

Informal Complaints received

Division	Apr-22	May-22	Jun-22	Qtr 1
MH IP	1	1	0	2
CHS East	1	0	0	1

CHS West	1	0	1	2
MH East	3	2	0	5
MH West	0	0	0	0
CYPF and LD	3	1	0	4
Total	9	4	1	14

KO41A Return

	2020-21				2021-22			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Mental Health complaints - nationally reported	2,058	3,049	2,753	2,854	3,312	3,227	3,132	3,152
2Gether NHS Foundation Trust
Avon and Wiltshire Mental Health Partnership NHS Trust	42	67	48	65	74	68	63	64
Berkshire Healthcare NHS Foundation Trust	40	47	37	51	48	46	42	46
Cornwall Partnership NHS Foundation Trust	12	27	15	8	94	27	61	60
Devon Partnership NHS Trust	15	31	49	40	46	50	61	54
Dorset Healthcare University NHS Foundation Trust	60	109	98	95	97	119	124	116
Kent and Medway NHS and Social Care Partnership Trust	70	111	78	80	115	95	107	104
Oxford Health NHS Foundation Trust	44	54	54	55	51	56	63	53
Southern Health NHS Foundation Trust	29	51	40	31	28	32	31	21
Surrey and Borders Partnership NHS Foundation Trust	9	27	24	17	20	20	53	N/A
Sussex Partnership NHS Foundation Trust	99	164	154	198	267	286	216	286

In summary, when looking at this data is important to do so with the following in mind:

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

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 closed formal complaints

Outcome of formal complaints closed

Outcome	2021-2022						2022-2023	
	Q1	Q2	Q3	Higher or lower than previous quarter	Q4	% Of 21/22	Q1	% of 22/23
Not Upheld	27	36	34	↓	21	51.00%	23	40.00%
Partially Upheld	19	18	22	-	22	35.00%	21	37.00%
Upheld	9	11	6	-	6	14.00%	12	21.00%
SI	0	0	0	-	0	0	1	2%
Grand Total	55	65	62		49		57	

57% of complaints closed were either partly or fully upheld in the quarter (compared to 49% last quarter), these were spread across several differing services.

Table 13: Complaints upheld and partially upheld

Service	Main subject of complaint								Grand Total
	Abuse, Bullying, Physical, Sexual, Verbal	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge arrangements	Medication	Waiting Times for Treatment	
SUN				1	1				2
Adult Acute Admissions - Bluebell	1								1
Adult Acute Admissions - Daisy	1	1							2
Adult Acute Admissions - Rose		1							1
Adult Acute Admissions - Snowdrop			1						1
CAMHS - ADHD								1	1
CAMHS - Rapid Response		2							2
CAMHS - Specialist Community Teams			1						1
Children's Occupational Therapy - CYPIT				1					1
CMHT/Care Pathways			1	1				1	3

Service	Main subject of complaint								Grand Total
	Abuse, Bullying, Physical, Sexual, Verbal	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge arrangements	Medication	Waiting Times for Treatment	
Community Hospital Inpatient Service - Ascot Ward						1			1
Community Hospital Inpatient Service - Oakwood Ward			3						3
Community Hospital Inpatient Service - Windsor Ward			2						2
Crisis Resolution and Home Treatment Team (CRHTT)		1			1				2
District Nursing			2						2
Immunisation				2			1		3
Learning Disability Service Inpatients - Campion Unit - Ward	1	2							3
Psychological Medicine Service			1						1
Talking Therapies - PWP Team					1				1
Grand Total	3	7	11	5	3	1	1	2	33

PALS activity

PALS has continued to provide a signposting, information, and support service throughout the pandemic response. PALS has continued to facilitate the 'Message to a loved one' service, which involves collating messages for patients, which are then delivered on the ward. This was available across all inpatient areas. The PALS Manager continues in the roles of Freedom to Speak Up champion and Armed Forces Service Network champion. There were 415 queries recorded during Quarter one. An increase 139 since Quarter 4. PALS has engaged a volunteer on a part time basis, and this has improved direct access to the service. In addition, there were 232 non-BHFT queries recorded. Work is ongoing as part of the QMIS process in order to reduce this number.

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

Service	Number of contacts
CMHT/Care Pathways	41
Operational HR	32
Admin teams and office based staff	32
CAMHS - ADHD	21
CAMHS - Common Point of Entry (Children)	18
CAMHS - AAT	14
Adult Acute Admissions - Rose Ward	11
CAMHS - Specialist Community Teams	10
Integrated Pain and Spinal Service - IPASS	9

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
8405	West Berks	CMHT/Care Pathways	Low	Family dispute appt's have happened and wish a referral to UCL Queen Sq Institute of Neurology ORIGINAL - Poor transition from CAMHS to adults. Complainant feels they have to keep chasing in order to get any form of service and states the complaint is that there is NO treatment for the patient	Not Upheld	consent not recieved	Care and Treatment
8400	Reading	Adult Acute Admissions - Snowdrop Ward	Moderate	Pt states this admission is very distressing, no help at all with mental health or general health as i am vulnerable pt with diabetes and covid on the ward. Disinhibited pt has triggered traumatic memories and staff did nothing	Partially Upheld	Culture awareness and differences to be discussed on the ward Weekly 1:1 with named nurse to be completed and Psychological Therapies support via Teams to be offered if there is any further restriction due to Covid on the ward. The team to promote Person Centre Care. Weekly Communal meeting via Teams if there is any further restriction due to Covid. Staff on the ward to ensure that patients are made aware of their rights and being involve in their own care. All rules to be clarified on the ward and shared immediately with the team if there is any restrictions or changes.	Care and Treatment
8459	Slough	CMHT/Care Pathways	Moderate	Family unhappy with the lack of support from SCMHT for the pt, in particular with the Social worker	Partially Upheld	Discussion with duty team about conduct while speaking with vulnerable patients Discussion with team that patients can record calls OT assessment and care co-ordination needs assessment arranged List of services available in Slough communicated to complainant Discussion with Juliet Montague about her conduct during discussions with service users Safeguarding concerns around harassment and trauma, to be discussed during OT and Care co-ordination needs assessment	Waiting Times for Treatment
8450	Wokingham	Integrated Pain and Spinal Service - IPASS	Low	Pt unhappy with the response ORIGINAL COMPLAINT pt believes they were told they could expect 2 years of twice weekly physio, at an hour a session, unhappy this is not being delivered.	Not Upheld	To review criteria for referral into IPASS Pain and ensure that all team members are aware that patients should not be referred into both Musculoskeletal physiotherapy and Pain Physiotherapy. Where patients are attending both musculoskeletal and pain physiotherapy by their own choice due to self-funding the differences in approach must be discussed at the earliest opportunity. This will be fed back to the team and reflected in the clinical pathway. Seek team training on how to end appointments which are over-running	Communication
8442	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Pt felt uncomfortable and judged when meeting F2f. Expressed it was hard to get through on the telephone and when they did feel the staff were rude and unprofessional.	Partially Upheld	Individual & group reflective sessions with individual Duty team staff 1:1 supervision with staff member to reflect on the meeting/assessment with complainant highlighting the expressed ethical issues and subsequent subjectively reported impact on complainant's mental health. Group supervision for CRHTT west to reflect on anonymised case to enhance understanding and skills for supporting distressed and highly anxious patients engaging in risky and self-harming behaviour.	Attitude of Staff
8410	Reading	CAMHS - ADHD	Minor	Father has complained about CAMHS letting them down. Daughter had private diagnosis in November as CAMHS have let them down 4 times and now they have to wait a further 3 years.	Partially Upheld	CAMHS CPE reviewing signposting advice/language in letters/calls. CAMHS services to offer review appointment. ADHD services to identify a future date for review	Waiting Times for Treatment
8419	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	pt believes staff are abusing them with objects. Believes they are not unwell and should not be in hospital	Not Upheld		Attitude of Staff
8430	Reading	Adult Acute Admissions - Bluebell Ward	High	Family believe the Pt sustained extensive bruising whilst being restrained	Upheld	All staff involved to receive further training in restraint techniques	Abuse, Bullying, Physical, Sexual, Verbal
8404	Windsor, Ascot and Maidenhead	CAMHS - Specialist Community Teams	Minor	lack of support and diagnosis from CAMHS, parent feels CAMHS do not look at the pt as a whole person just as a patient to a process. 28 points to address and 15 outcomes required	Partially Upheld	Cases should be given a named clinician who acts as the co-ordinator for CAMHS, when it is evident that MDT involvement will be required from a number of CAMHS teams and wider agencies, and where there is risk of harm or significant deterioration. In cases where it is known that neurodiversity is a factor, consideration should be given to adapting the assessment approach where possible. All CAMHS teams could benefit from guidance, and sharing of resources/materials from the Autism Assessment and ADHD teams. This would standardise and make equitable information about what to expect from the assessment process, and incorporate tools/methodologies that would assist the assessment. Although service users receive an Evaluation of Service Questionnaire (ESQ) when their care has been completed, or at discharge from that particular team to another service for ongoing care, more regular service user feedback should be requested. Clinicians will be encouraged to do this so the information can be used to improve provision of care to patients and their families.	Care and Treatment
8439	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt disagrees with their diagnosis and believes inaccurate information has been written about them in the medical records which they wish to be deleted	Not Upheld		Medical Records
8340	West Berks	Children's Speech and Language Therapy - CYPIT	Moderate	Historic concerns regarding a delayed referral from CYPIT to CAMHS in relation to autism	Not Upheld		Care and Treatment
8431	Reading	Older Adults Inpatient Service - Rowan Ward	Low	pt allegedly advised they were entitled to Sc117 aftercare, family expected to care for the pt but have numerous health issues	Not Upheld		Discharge Arrangements

8445	Reading	CAMHS - Rapid Response	Minor	Family unhappy the clinicians have not written and apologised directly to the patient ORIGINAL BELOW Family unhappy with the use of incorrect pronouns with the pt by the visiting RRT person. Family feel no help was offered. general poor communication from CAMHS. Unhappy with the attitude of 2 staff members	Upheld	Clinicians to attend pronoun workshop Team Lead to shadow clinicians while assessing Processes and Procedures to be discussed at Team Meeting Ongoing professional conduct discussions to continue in supervision	Attitude of Staff
8458	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	lack of support from CRHTT on 3 occasions. Pt is also angry that CRHTT arrived at family home on the weekend despite being advised pt did not live there anymore and did not want family know about their MH issues	Partially Upheld	Direct Supervision with clinician mainly involved with case re: managing appointments and ethical issues (consent to sharing information, visiting at parents' house and understanding case prior to contact). J will cascade the learning to the whole team and continue as part of reflective practice. M will continue to work with the whole team to improve on Service user experience as she is Advanced Professional as well as CRHTT Lived Experience worker.	Confidentiality
8490	Slough	CMHT/Care Pathways	Minor	Pt met with psychiatrist to discuss recent attack which they are pressing charges on. Court asked for the psychiatrist to write how the attack had affected the pt but the letter contains all information about the pt's history, which the pt does not want read out in court. On asking the Dr to re-written the letter for court they have refused and pt does not know how this is allowed to happen.	Partially Upheld	resolved locally by service amending letter and sending out	Communication
8531	Reading	Adult Acute Admissions - Bluebell Ward	Moderate	Pt's allegedly not transferred without medication or notes from Sorrel to Bluebell blamed on a computer error. Bluebell ward have now increased the dose and the pt is constantly drowsy resulting in a wrist injury when on leave	Serious Untoward Incident Investigation	moved to SI process	Medication
8421	Reading	Community Hospital Inpatient Service - Oakwood Ward	Moderate	Complainant feels the response falls short of actions to be taken and would like a response based on comments to each section ORIGINAL COMPLAINT Deceased Pt. Discharged from RBH to Oakwood. Lack of communication left the pt frustrated, distressed and embarrassed causing great distress to the family. Family concerned about nurses knowledge of PU care especially in a type 2 Diabetic pt. Family unhappy at cognitive tests being carried out without taking pt terminal brain tumor into consideration. Family unhappy at the obstructive attitude of staff when wanting to take pt to visit dying spouse in RBH, also unhappy at attitude of allowing support when telling the pt their spouse had passed away	Partially Upheld	Communication course (Customer services) and Conflict resolution for all attended by All admin MCA's - Refresher training has been booked for all qualified therapy staff to attend All therapy staff are also to attend communication training to improve their skill and confidence in difficult and sensitive conversations. Rio Transformation to be made aware that MCA document on RIO does not give an option to suggest an inconclusive result or prompt for next steps should that be the case Work to be done to rectify this.	Care and Treatment
8422	Reading	Community Hospital Inpatient Service - Oakwood Ward	Moderate	Deceased pt - discharged to RBH from Oakwood. Blood pressure taken from broken arm causing excess pain, inhaler denied for COPD, unacceptable attitude of staff around food.	Partially Upheld	Communication course (Customer services) and Conflict resolution for all attended by All admin MCA's - Refresher training has been booked for all qualified therapy staff to attend All therapy staff are also to attend communication training to improve their skill and confidence in difficult and sensitive conversations. Rio Transformation to be made aware that MCA document on RIO does not give an option to suggest an inconclusive result or prompt for next steps should that be the case Work to be done to rectify this.	Care and Treatment
8503	Bracknell	District Nursing	Minor	Complainant feels we have missed the point as cannot cope with adhoc visits and no physio ORIGINAL COMPLAINT Patient unhappy with DN visiting arrangements. Wants to know if referrals have been made and is experiencing problems with patient transport.	Partially Upheld	Shared learning with Team and wider DN services re importance of keeping patients informed re planned visits and any changes to date, times, standard work for deferred visits to be recirculated. Alert put on RIO, re advance notification of visit in order for arrangements with neighbour to give access. Planned visits and liaising with WCN to establish if Doppler can be done at home, if oedema reduced. Need for Lymphoedema referral and MDT management. Unable to facilitate alternative Community Nursing Team. To be communicated as part of investigation and complaint response.	Care and Treatment
8494	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	Pt was allegedly denied a knife and fork to eat their lunch by a nurse. Advocate says the pt does not feel safe on the ward	Not Upheld		Abuse, Bullying, Physical, Sexual, Verbal

8487	Reading	Adult Acute Admissions - Daisy Ward	Minor	Pt feels there is a lack of support on the ward also believes the Covid vaccination has caused the latest MH trauma. She was not given her phone charger.	Partially Upheld	Doctors, including the ward doctors during working hours and duty doctors, need to be contacted when a patient raises issues around medication	Attitude of Staff
8473	Reading	Learning Disability Service Inpatients - Campion Unit - Ward	Minor	Pt unhappy at being intimidated, states they have a recording of 2 staff members taking the mickey out of them	Partially Upheld	Key nurse to draw care plans care plan re behaviours and use of energy drinks Care plan re requests for energy drinks and caffeine (I note that there is already info about caffeine intake in the physical health care plan but it is quite generic and doesn't state actions required of staff to ensure consistency of approach. I also wonder if it would be more easily identified by staff if in a specifically titled care plan for intake of caffeine and energy drinks staff being supported to carry on consistent approach and practice towards supporting needs of pt with clear care plan support needs in place Medication Review Ward manager to facilitate meeting between alleged staff and pt	Attitude of Staff
8500	Reading	Adult Acute Admissions - Snowdrop Ward	Low	Complainant wants to know how the pt 'escaped' on the 21st April and was able to travel to Birmingham. Complainant feels vulnerable pt life is in danger and their young children too.	Not Upheld	No consent granted	Care and Treatment
8489	Windsor, Ascot and Maidenhead	Children's Occupational Therapy - CYPIT	Minor	Complainant unhappy at the delay in OT assessment and report to enable EHCP	Upheld	OT Action Plan in place to reduce numbers of CYP breaching EHCP deadline OT recruitment being carried out to address demand/capacity issues	Communication
8489	Reading	Adult Acute Admissions - Daisy Ward	Minor	Unhappy with response, wants to air his concerns in person ORIGINAL COMPLAINT BELOW Complainant says pt has been injured by members of staff and pt is not being offered any support. Believes staff are winding pt up about their condition	Partially Upheld	Staff to ensure there are clear communication lines between carers and the ward. The information being shared with carers concerned about the welfare of their loved once need to be accurate and timely.	Abuse, Bullying, Physical, Sexual, Verbal
8486	Reading	Learning Disability Service Inpatients - Campion Unit - Ward	Low	Complainant raising concerns regarding who is looking after pt's dogs and belongings whilst they are in hospital. Pt told they have not earned enough time to be allowed to receive a visit. Feels pt is being kept like a caged animal. Complainant also believes inappropriate comments have been made by staff to the pt.	Partially Upheld	Reward chart to be continually reviewed. Clear implementation guidelines to be shared again as a reminder for support staff and others who are part of the plan i.e. partner. To ensure adequate recording and organisation of CPA meetings/other important meetings with clear chairing, attendance list and introductions. Request for admin support for CPA meetings to allow for accurate recording of information	Abuse, Bullying, Physical, Sexual, Verbal
8477	Wokingham	Community Hospital Inpatient Service - Ascot Ward	Low	Family confused over the wards protocols for ESBL. Unhappy with some of the care and support the pt received on the award. Pt's belonging were missing when they returned from RBH and whilst on Ascot, staff did not raise this. Lack of clarity over discharge. Family wish compensation for the loss of property	Upheld	Communication to relatives about PPE use when visiting patients – to be raised as a quality improvement ticket. Improvement in ward tidiness/cleanliness (plates left in Pt room) – reminder to all staff to be sent and at next unit meeting. Staff response to relatives – raise as huddle ticket, discuss with staff on duty, further review if individuals need further training. Property care, documentation and reporting when patients are transferred – Currently being worked on as part of the ward's length of stay (LOS) driver project. Communication confusion when coming up to discharge especially relating to nursing home discharge – Escalated within LOS project Lack of information on our Website – Escalated within LOS project	Discharge Arrangements
8470	Reading	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Minor	Complainant feels there have been shortfalls in professional competence regarding the patients care . following the completion of a national survey on MH, the family feel the care provided was not fast enough resulting in rapid on set dementia in a 57 yr old.	Not Upheld		Care and Treatment
8491	West Berks	Urgent Treatment Centre	Low	Patient unhappy with the attitude of staff and feels that she was assaulted.	Not Upheld		Abuse, Bullying, Physical, Sexual, Verbal
8493	Slough	CMHT/Care Pathways	Minor	Pt providing feedback to service did not get a response. Pt unhappy with the blanket approach from the service, Pt concerned if they will be helped if they contact services in the future.	Not Upheld		Care and Treatment
8492	Reading	Immunisation	Low	Complainant has not received a call back from the immunisation nurse who said they would call back in November.	Upheld		Communication
8484	Reading	Children's Speech and Language Therapy - CYPIT	Low	Staff failed to refer the pt to SLT	Not Upheld		Care and Treatment
8481	Bracknell	Talking Therapies - PWP Team	Minor	pt unhappy that a statement made in a therapy session has been disclosed 2 years after the fact to outside agencies without consent or pt knowledge	Partially Upheld	When a Talking Therapies clinician makes a referral to Social Services they should take a copy of the referral form and put this on IAPTUS in the documents section. When a Talking Therapies clinician is going to make a referral to Social Services they should explain clearly to the client, unless there are clinical or safeguarding reasons not to do, why they are doing so. The rationale for the referral and that the client has been informed should be documented in the notes.	Confidentiality
8508	Reading	Adult Acute Admissions - Rose Ward	Low	complainant feels the staff are rude, lack of concern and lack of professionalism, they are very upset with the care. Pt's property has gone missing as the complainant says no property list has been completed, they feel there is a complete disregard for pt's belongings	Partially Upheld	Care was appropriate, however there could have been improved communication with the family once consent was gained.	Attitude of Staff
8555	Slough	SUN	Moderate	complainant feels facilitators pick and chose what they want to respond to	Partially Upheld	An apology to pt for the situation and the distress she has experienced as a result.	Communication
8550	Wokingham	CMHT/Care Pathways	Low	Complainant unhappy that the care coordinator told the patient they had spoken to the family about their needs to look after the pt. Complainant	Not Upheld	Not upheld	
8510	Wokingham	Community Hospital Inpatient Service - Windsor Ward	Minor	Deceased Pt:- NOK unhappy with care of the pt whilst on Windsor ward before being discharged	Upheld	improving general nursing care – workshops with staff (understanding the patient's position)– standard works being created for how to care for patients – Dress for dignity audit and improvement	Care and Treatment

8495	Reading	Learning Disability Service Inpatients - Campion Unit - Ward	Low	Pt unhappy staff would not take then out. Unhappy at being told not to shout	Partially Upheld	The Ward Manager will ensure that staff have a discussion during periods of inclement weather to agree times to escort patients out for Section 17 leave. The Ward Manager will ensure the agreed measures for a care plan review to manage risk behaviours are in place for this patient.	Attitude of Staff
8511	Slough	Immunisation	Minor	Family believe their child was vaccinated for a second time with the same vaccination despite the child saying they had already had it and without parent consent	Upheld	Refresher training to all staff to demonstrate how to correctly search for a completed consent form, by several different search terms including: •First name •Surname •DOB •NHS number Team learning event to be held at our annual training day 5th September 2022 in addition to shared learning being disseminated to the team via email and Teams Further scrutiny of the Lead Nurse role, in conjunction with the service improvement group to ensure all staff know what is expected of them prior to a session e.g., triage, communication with school, communication with the wider team Further discussion with Cinnamon e-consent system to share learning from incidents and look to implement further safety measures to prevent duplicate consent forms being completed and picked up on.	Medication
8545	Wokingham	Community Hospital Inpatient Service - Windsor Ward	Minor	Feedback and concerned raised regarding the day to day running of the ward and the negative impact some actions had	Upheld	DNR conversations to be held in private if possible – fed back to clinical teams on unit Patient information required about DNR conversations – Patient leaflet to include details around this. Escalate the possibility or voice progress notes for staff – take to digital transformation Review curtain tracks – with estates	Care and Treatment
8461	Reading	Psychological Medicine Service	Minor	complainant feels pt was discharged without listening to pt and family regarding their state of mind. Complainant states the same staff member discharge in the same way in December without listening. Pt in RBH ICU due to suicide attempt. family feel this is a safeguarding issue	Upheld	Reflective supervision for staff member involved	Care and Treatment
8501	Bracknell	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Low	complainant believes medication changes made by OPAMHT are the result of pt being back in PPH. Complainant not invited to MDT meetings	Not Upheld	Not upheld	Medication
8509	Windsor, Ascot and Maidenhead	CAMHS - Specialist Community Teams	Low	Complainant feels many elements of the previous response need to be re-looked at or gone into in more depth. Issues with current family therapy due to GCSE time. Feels the pts issues are not being addressed. Complainant also feels too much of the concerns are swept away under Autism	Not Upheld	Complaint not upheld.	Care and Treatment
8523	Reading	SUN	Moderate	Pt states facilitator accidentally shared their text chat on their screen which mentioned the patient and then allegedly lied about it	Upheld	An official apology to pt for the situation and the distress he has experienced as a result. All SUN facilitators trained in how to safely share and unshare their screens during group. Where possible, SUN facilitators are to close all other unnecessary open windows during group time and are to use the "do not disturb" status update to block notifications of new chat messages during group time. All new SUN facilitators to practise using Teams including sharing screens prior to running groups. All SUN facilitators to be discouraged from sending chat messages to each other whilst facilitating groups and to instead bring any concerns into the group, particularly if they are concerning a member's risk. Such discussions to be linked to a member's Crisis And Support Plan (CASP). If this is not possible or appropriate at the time, facilitators to use the group break or the debrief time post group to discuss over the telephone with their co-facilitator (i.e. when not in the online group). SUN facilitators to use clinical supervision and reflective practice to ensure honest, open and transparent practice. To discuss and role play in supervision how to take responsibility for mistakes and discuss within the group. SUN facilitators to ensure their Information Governance mandatory training is complete and in date. An invitation for pt to return to SUN groups as soon as he feels ready to. Pt to be reminded he remains a SUN member and is welcome to return to SUN	Confidentiality
8512	Wokingham	CMHT/Care Pathways	Low	Complainant feels they are working against CMHT to get a diagnosis for then pt. Complainant is suffering with the stress of their responsibilities to the family and the pt feels the Dr has not read any of the letter sent.	Not Upheld	consent not obtained	Care and Treatment

8327	Slough	CMHT/Care Pathways	Low	Complainant unhappy with the response ORIGINAL COMPLAINT BELOW pt feels they have not received any form of therapy from services relating to their OCD. Previously service lead has allegedly not followed through with promises made	Partially Upheld		Care and Treatment
8450	Wokingham	Integrated Pain and Spinal Service - IPASS	Low	Pt unhappy with the response ORIGINAL COMPLAINT pt believes they were told they could expect 2 years of twice weekly physio, at an hour a session, unhappy this is not being delivered.	Not Upheld	To review criteria for referral into IPASS Pain and ensure that all team members are aware that patients should not be referred into both Musculoskeletal physiotherapy and Pain Physiotherapy.	Communication
8421	Reading	Community Hospital Inpatient Service - Oakwood Ward	Moderate	Complainant feels the response falls short of actions to be taken and would like a response based on comments to each section ORIGINAL COMPLAINT Deceased Pt. Discharged from RBH to Oakwood. Lack of communication left the pt frustrated, distressed and embarrassed causing great distress to the family. Family concerned about nurses knowledge of PU care especially in a type 2 Diabetic pt. Family unhappy at cognitive tests being carried out without taking pt terminal brain tumor into consideration. Family unhappy at the obstructive attitude of staff when wanting to take pt to visit dying spouse in RBH, also unhappy at attitude of allowing support when telling the pt their spouse had passed away	Partially Upheld	Communication course (Customer services) and Conflict resolution for all attended by All admin MCA's - Refresher training has been booked for all qualified therapy staff to attend All therapy staff are also to attend communication training to improve their skill and confidence in difficult and sensitive conversations. Rio Transformation to be made aware that MCA document on RIO does not give an option to suggest an inconclusive result or prompt for next steps should that be the case Work to be done to rectify this.	Care and Treatment
8503	Bracknell	District Nursing	Minor	Complainant feels we have missed the point as cannot cope with adhoc visits and no physio ORIGINAL COMPLAINT Patient unhappy with DN visiting arrangements. Wants to know if referrals have been made and is experiencing problems with patient transport.	Partially Upheld	Shared learning with team and wider DN services re importance of keeping patients informed re planned visits and any changes to date, times, standard work for deferred visits to be recirculated. Alert put on RIO, re advance notification of visit in order for arrangements with neighbour to give access.	Care and Treatment
8484	Reading	Children's Speech and Language Therapy - CYPIT	Low	Staff failed to refer the pt to SLT	Not Upheld		Care and Treatment
8492	Reading	Immunisation	Low	Complainant has not received a call back from the Immunisation nurse who said they would call back in November	Upheld		Communication
8289	Wokingham	Health Visiting	Low	Info sent in showing false, misleading and incomplete information following a DSA request ORIGINAL COMPLAINT Parent believes there are inconsistencies between events and details passed on to Children's Service for a CFA by a HV following a Subject access request	Not Upheld	Not Upheld	Communication
8445	Reading	CAMHS - Rapid Response	Minor	Family unhappy the clinicians have not written and apologised directly to the patient ORIGINAL BELOW Family unhappy with the use of incorrect pronouns with the pt by the visiting RRT person. Family feel no help was offered. general poor communication from CAMHS. Unhappy with the attitude of 2 staff members	Upheld	Clinicians to attend pronoun workshop Team Lead to shadow clinicians while assessing Processes and Procedures to be discussed at Team Meeting Ongoing professional conduct discussions to continue in supervision	Attitude of Staff
8431	Reading	Older Adults Inpatient Service - Rowan Ward	Low	23 Points raised, some in response to our response letter some new all relating to her stay at PPH ORIGINAL COMPLAINT BELOW Complainant has concerns the pts physical medical care needs are not being met. Pt has fallen, is unable to swallow, is moved by hoist. Rapid deterioration in kidney function, pain associated to this is not being managed. Pt has food allergies which are not being taken into consideration when given to them. Poor communication, no one calls back	Not Upheld		Care and Treatment

Report to Council of Governors For Quarter 1 2022/23

September 2022



Chief Executive Highlights Update

Local

- The prevalence of Covid-19 in the community has fallen and remains at a comparatively low level as we emerge from the current Omicron wave. This means that the likelihood of individuals entering high-risk settings (such as healthcare) and being infectious has also reduced. Based on this national update and our local experience of reduction in cases in community and inpatient settings, we have paused the requirements for **asymptomatic testing** for staff and patients, and **routine use of surgical facemasks** from **Thursday 1 September 2022**. Where there are patients with Covid on a ward, or there is concern around increased community prevalence, we will reintroduce routine mask wearing. Symptomatic testing will continue for both patients and staff, based on the current list of Covid-19 symptoms.
- The Trust's Eating Disorder Collaborative has won an NHS Parliamentary Award. The HOPE (Healthy Outcomes for People with Eating Disorders) Adult Eating Disorder Collaborative is the national winner of the Excellence in Mental Health Award at the prestigious NHS Parliamentary Awards 2022 for their revolutionary approach to treating patients with an eating disorder. The Collaborative is the result of a partnership between Oxford Health NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust and the Priory Group. HOPE's innovative approach was co-designed by a multi-disciplinary team together with the patients and their families and carers. It combined a time limited, planned admission of 13 weeks, with the goal of full weight restoration, seven weeks of stepped down day treatment, and ongoing outpatient cognitive behavioural therapy.

Chief Executive Highlights Update

Local Continued

- Berkshire Healthcare is one of only 16 organisations across the South East of England to receive the Ministry of Defence Employer Recognition Scheme Gold Award for its work to support people with a connection to the Armed Forces (including reservists, veterans, cadet force adult volunteers and spouses/partners)
- Our specialist inpatient unit for people with learning disabilities has had its accreditation renewed by the Royal College of Psychiatrists for three more years. Our Champion Unit, which is based at Prospect Park Hospital in Reading, supports people with learning disabilities who are experiencing complex mental health needs or significant behavioural challenges. The Quality Network for Inpatient Learning Disability Services (QNLDS) accreditation is the result of a comprehensive review of the entire multi-disciplinary service provided at the Champion Unit and covers the quality of care, staff engagement, as well as the experience of the patients and their carers.
- Our Berkshire West Cardiac and Respiratory Specialist Services have been awarded accreditation under the Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS) for a period of five years.

Chief Executive Highlights Update

Local Continued

- The Trust's Clinical Research Delivery Team has been shortlisted in the All-Round High Performing Team Category of the Thames Valley Health Research Awards for their contribution to clinical research within the Trust and for their work delivering urgent Public Health studies during the COVID-19 pandemic. Deputy Chief Pharmacist, Elizabeth Francis, has been shortlisted for the Outstanding Allied Health Professional award, and our Clinical Physiotherapy Specialist Hayley Alderton, has been shortlisted in the Research Rising Star category. This is an impressive achievement with the finalists selected from more than 150 nominations across the Thames Valley.
- The volunteers from our therapy garden at West Berkshire Community Hospital have been shortlisted as finalists for BBC Radio Berkshire's inaugural 'Make a Difference' awards. The awards celebrate individuals within our communities who help make where we live a better place.

Chief Executive Highlights Update

Local Continued

- The PRSAS accreditation programme works with pulmonary rehabilitation services across the UK to improve the quality of patient care. Accreditation is awarded to services which have demonstrated that they meet best practice quality standards covering all aspects of a pulmonary rehabilitation service including quality and safety, patient experience and the workforce.

In its report, the assessment panel noted that it was clear that “patients are receiving a very good standard of care with clear goal setting and exercise progression” and found that “patients described feeling supported and that the staff were friendly and welcoming”. The assessment team congratulated the Trust on “providing a pulmonary rehabilitation service that achieves quality standards” which “enables patients to achieve good clinical outcomes”.

Chief Executive Highlights Update

National

- The Health and Care Act 2022 came into force on 1 July 2022. The Act establishes Integrated Care Systems as legal entities through the creation of Integrated Care Boards (ICB). An ICB and its partner trusts and foundation trusts must prepare a five year forward plan to meet the local population's health needs and aim to break even financially each year. The Act also introduces a “triple aim” duty that requires the NHS to have regard to the wider effect of decisions on health and wellbeing, the quality of services and efficiency and sustainability
- NHS Digital has identified that there are now 132,139 vacancies across the NHS. Responding to the NHS Digital vacancies figures, NHS Providers stated that: “With nearly one in 10 posts in trusts in England now vacant and tens of thousands more right across the health and care system, many staff face unsustainable workloads and 'burnout' as they strive to bring down waiting lists and treat patients as quickly as possible in the face of ever-growing demand.”
- The Fuller Stocktake report on integrating primary care published at the end of May 2022. The report was commissioned by NHS Chief Executive, Amanda Pritchard and makes recommendations for how newly formed Integrated Care Systems (ICSSs) can support integrating primary care with a focus on local population-based care. Dr Fuller outlines a new vision for primary care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy.

Chief Executive Highlights Update

National continued

The vision focuses on four main areas:

- **Integrated neighbourhood teams** - Systems should support primary care to build on the primary care network (PCN) structure by coming together with other health and care providers within a local community to develop integrated neighbourhood teams at the 30,000-50,000 population level. This will help to realign services and workforce to communities and drive a shift to a more holistic approach to care.
- **Streamlined access** - To improve access, primary care should be supported to offer streamlined access to urgent, same-day care and advice from an expanded multi-disciplinary team and given the flexibility to adapt their service to local need. Data and digital technology should be optimised by systems to connect existing fragmented and siloed urgent same-day services, empowering primary care to build an access model for their community that gives patients with different needs access to the service that is right for them.
- **Personalised care for those who need it** - People should be able to access more proactive, personalised support from a named clinician working as part of a multi-professional team. To achieve this, development of neighbourhood teams providing joined-up holistic care to people who would most benefit from continuity of care in general practice (such as those with long-term conditions) should be supported and delivered in partnership with system partners and primary care.

Chief Executive Highlights Update

National continued

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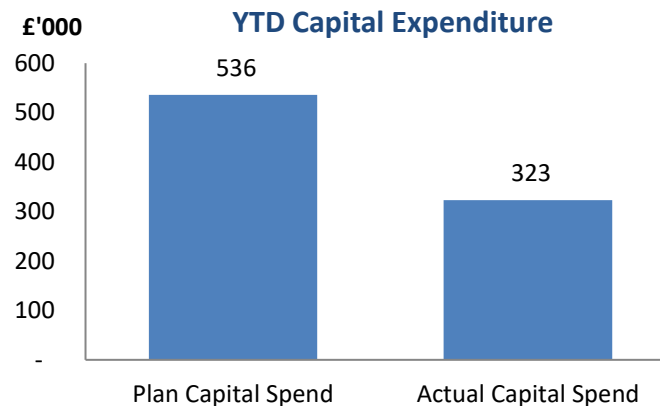
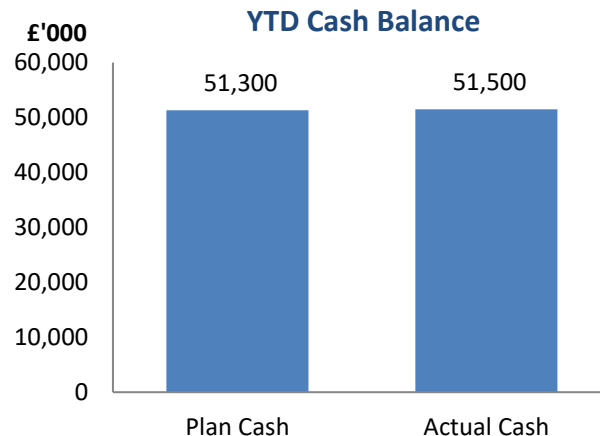
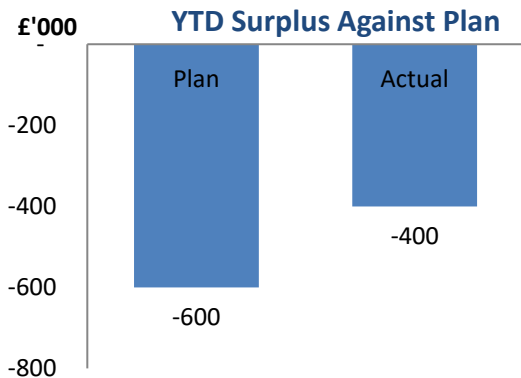
Chief Executive Highlights Update



National continued

- Helping people to stay well for longer -There should be a more ambitious and joined-up approach to prevention for the whole of health and care with a focus on the communities that need it most. System partners should work collectively across neighbourhood and place to share expertise to understand what factors lead to poor health and wellbeing and agree how to work together proactively to tackle these.

Finance



Year to Date

The Trust delivered a £0.4m deficit against a £0.6m deficit plan.

COVID costs remain very low.

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

We were set an efficiency target of £10.1m for the current financial year, in Q1 we reported £1.7m efficiencies against a plan of £1.2m. A large proportion of this is non recurrent.

Cash

Our cash balance at the end of June was £51.5m, £0.2m ahead of plan

Capital Spend

The capital programme underspent by £0.2m against plan at the end of June. This results from delays in IM&T Digital Strategy and is expected to catch up in the coming months.

Quality & Safety

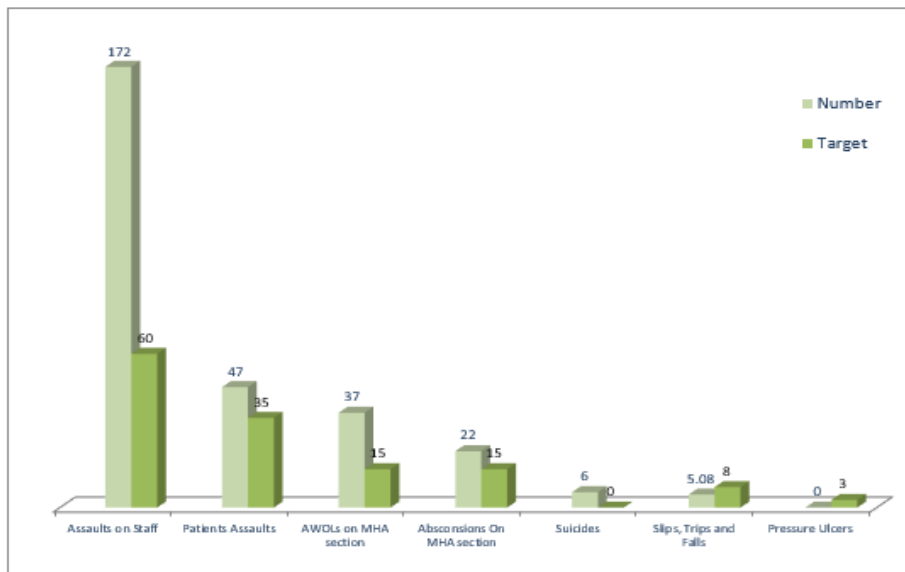
Indicator	Target
Recommendation Rate	95%
	94%

The response rate in Quarter 1 2021/22 was 2.75% against a target of 10%. The average positive score rating was 4.75

Safer Staffing

Indicator	RAG Rating
Safe Staffing	

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



The above chart is showing the June 2022 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been an decrease in Assaults on Staff, Patient to Patient Assaults, and Falls per 10,000 occupied bed days. There has been an increase AWOLs and Absconsions and apparent suicides. There have been no reported Category 3 and 4 pressure ulcers due to lapse in care in Quarter 1 2022/23.

Staff Turnover

Target

15.2%

Actual

16.8%

Agency Position

Target

< 6%

Actual

2.9%

No target during Q1 2022/23

Sickness

Target

< 3.5%

Actual

4.4%

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

Appraisals

Target

> 95%

Completed %

98.2%

Days Taken For Recruitment

Target

55

Days Taken Q3

97.3

Board Assurance Framework Risk 2022/23 Summary



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

Board Assurance Framework Risk 2021/22 Summary Continued



Risk Description	Update
<p>Risk 3 – new risk description</p> <p>There is a risk that the Integrated Care Boards fail to develop into fully integrated care systems resulting in an uncoordinated approach to service delivery leading to inefficient and fragmented services for patients</p>	<ul style="list-style-type: none"> • The Trust is well represented at system transformation and governance groups. • Berkshire Healthcare is a partner member of the Frimley Health and Care Integrated Care Board and is leading on provider collaborative initiatives and is well placed in the system. Berkshire Healthcare chairs the Berkshire West Place Partnership • Relationships are developing further with the Berkshire West Primary Care Networks and a wider primary care engagement event took place over the summer. • Next steps for Frimley and BOB ICBs <u>is</u> to agree delegation of resources to place (particularly pertinent for Berkshire West where place carries most relevance for population health improvement and resource management).
<p>Risks 4 and 5 have been amalgamated into the new Risk 3</p>	
<p>Risk 6</p> <p>There is a risk of a rise in demand for community and mental health services and a lack of available capacity will have a significant adverse impact on some services.</p> <p>Services have been impacted by the pandemic which has led to an increase in the number of services with demand challenges and the need for response to unmet and increased activity.</p> <p>The services with the greatest risk are Mental Health Inpatient, Community Nursing, Neurodiversity (ASD & ADHD) and Common Point of Entry currently.</p>	<ul style="list-style-type: none"> • The QI team has been involved in multiple projects across the organisation at front line level, divisional level, trust wide level. The QI team has also been supporting large trust wide projects such as Organisational development, leadership, medication initiation in CYPF, Serious incidents approach plus the trust Breakthrough objectives such as self-harm, physical assaults against staff and falls. • a number of ICS and PLACE leadership meetings to agree priorities and understand/influence changes which will impact on Trust services • External consultancy to be commissioned to review the demand for mental health beds. The first draft of the report is expected in June 2022.

Board Assurance Framework Risk 2021/22 Summary Continued

Risk Description	Update
Risk 7 Trust network and infrastructure at risk of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption.	<ul style="list-style-type: none">• ISO27001 accreditation and annual external verification retained
Risk 8 A - COVID 19 and planning for potential future infection surge risk has been closed.	

Key Performance Indicators – Oversight Framework



<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
72 hours Follow Up	80%	97%	This is the percentage of Mental Health Patients discharged from our wards who were seen within 3 days of discharge.
DM01 Diagnostics Audiology - 6 weeks	95%	89.40%	This is the percentage of patients waiting 6 weeks or less for Audiology diagnostic tests. New Target
A&E 4 Hour Waits	95%	99.00%	This is the percentage of patients waiting in the Trust's Minor Injury Unit to treat/discharge or transfer within 4 hours.
RTT Community: incomplete pathways	92%	99.90%	This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams.

Key Performance Indicators - Oversight Framework Continued



<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
Urgent Community Response	70%	89.20%	This is an indicator for our Community Health Services which measures the percentage of urgent referrals seen within 2 hours. A 70% national target will be in place from 2022/2023
Early Intervention in Psychosis New Cases - 2 week wait	60%	93.00%	This is the percentage of patients who present with first episode psychosis, who are assessed and accepted onto a caseload and receive a NICE Concordant package of care.
Out of Area Placements occupied bed days - East CCGs	227	135	The number of occupied bed days for acute and older adult from Frimley CCGs who were sent out of area as there was no bed available within the Trust. Revised target for 2022/23

Key Performance Indicators Oversight Framework Continued

<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
Out of Area Placements occupied bed days - West	227	91	The number of occupied bed days for acute and older adult patients, from West CCGs who were sent out of area as there was no bed available within the Trust. Revised target for 2022/23.
Improving Access to Psychological Assessment Treatment and Recovery	75% 95% 50%	96% 100% 54.00%	This measures the percentage of IAPT patients who were assessed within 6 weeks, started treatment within 18 weeks, and the percentage of those who have recovered.
Clostridium Difficile due to Lapse In Care - Year to Date	6	2	This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services. 2 Cases for the same patient were identified on Oakwood ward for Q1 2022/23

Key Performance Indicators – Oversight Framework Continued

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

Update on

Carers Strategy

Update on Carers Strategy

What is a Carer?

A Carer is anyone, including children and adults, who looks after a family member; partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

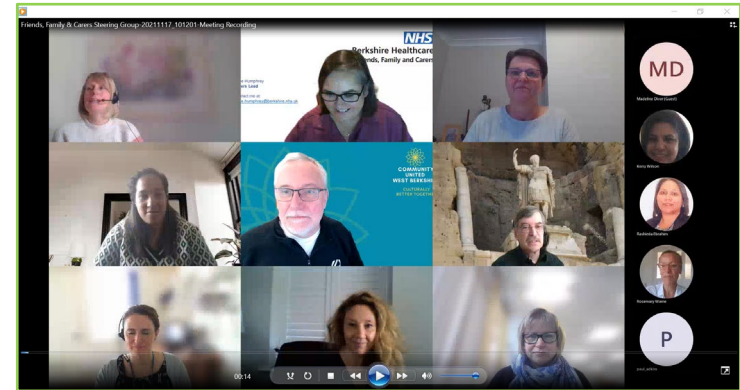
What has been achieved?

- **Engagement and relationship building both internally & externally**
- **Nationally:** NHS England; Triangle of Care Network; Carers UK
- **Integrated Care System (ICS) partners**
 - Set up Regional Carers Leads Network
 - Representatives from Royal Berkshire, Buckinghamshire, Oxford Health, Southern Health
 - Engagement with Local Authority partners (Slough, Windsor & Maidenhead, Bracknell, Wokingham, Reading, West Berkshire) through Carers Strategy meetings/forums
 - Voluntary sector partners such as Family Action, Ark Trust, TuVida
- **Friends, Family & Carers Steering Group**
 - Representation across divisions & services
 - Carer & governor representatives



What has been achieved?

- Engagement and relationship building both internally
- Divisions, localities, services and teams
 - Attendance at regular meetings
 - Collaboration on projects
 - Attendance at carer events & support groups



What has been achieved?

Promotion of Carers Strategy & baseline evaluation

- A Baseline Evaluation Form (Microsoft Form) was created to gather data on current activities
- Carers Strategy & Evaluation Form was shared via the divisional Performance Patient Safety & Quality (PPSQ) meetings
- Data used to inform future workstreams including revisions to self-assessment review process and development of managers' toolkit

Baseline Evaluation: Summary

Participation: 43 responses

Baseline Evaluation: Summary

How likely are unpaid carers to be involved with your service?

Baseline Evaluation: Summary

Does your service have dedicated staff to work with carers?

Baseline Evaluation: Summary

How does your service identify carers?

● Referral Form	17
● Initial Assessment	29
● During treatment	19
● Discharge planning	10
● Other	5

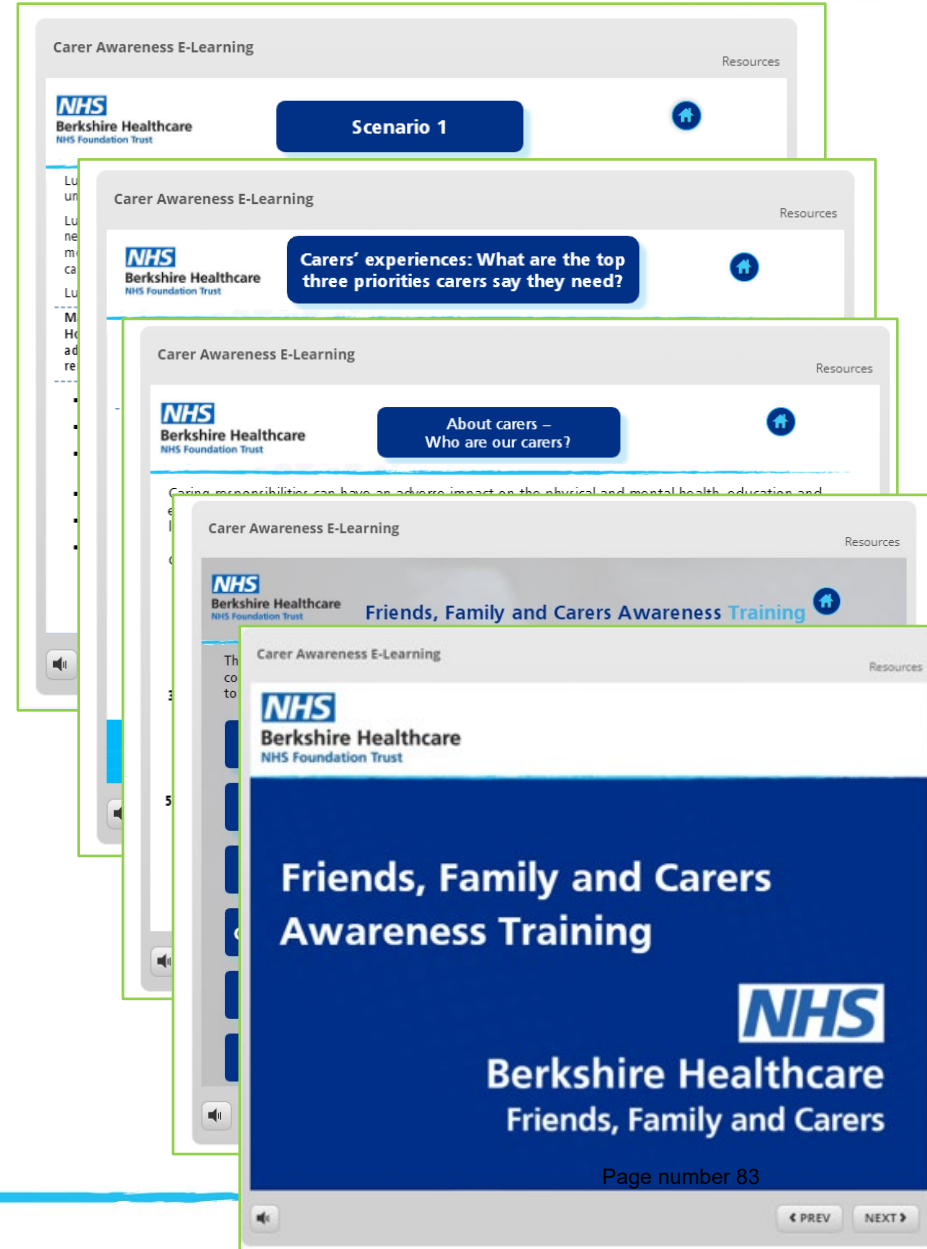


N.B. Respondents could tick more than one option

What has been achieved?

Carer Awareness Training:

- Evaluation of existing training completed
- Developed new training designed as introduction to raise awareness of unpaid carers and engaging with friends, family and carers
- E-learning training package created & available on Nexus



Standard 1:
Staff will be 'carer aware'.

What has been achieved?

Review & update our website

- **Website:**
 - Updated to ensure accurate information to help signpost carers to support.
 - Additional information resources added.
 - Further updates planned.

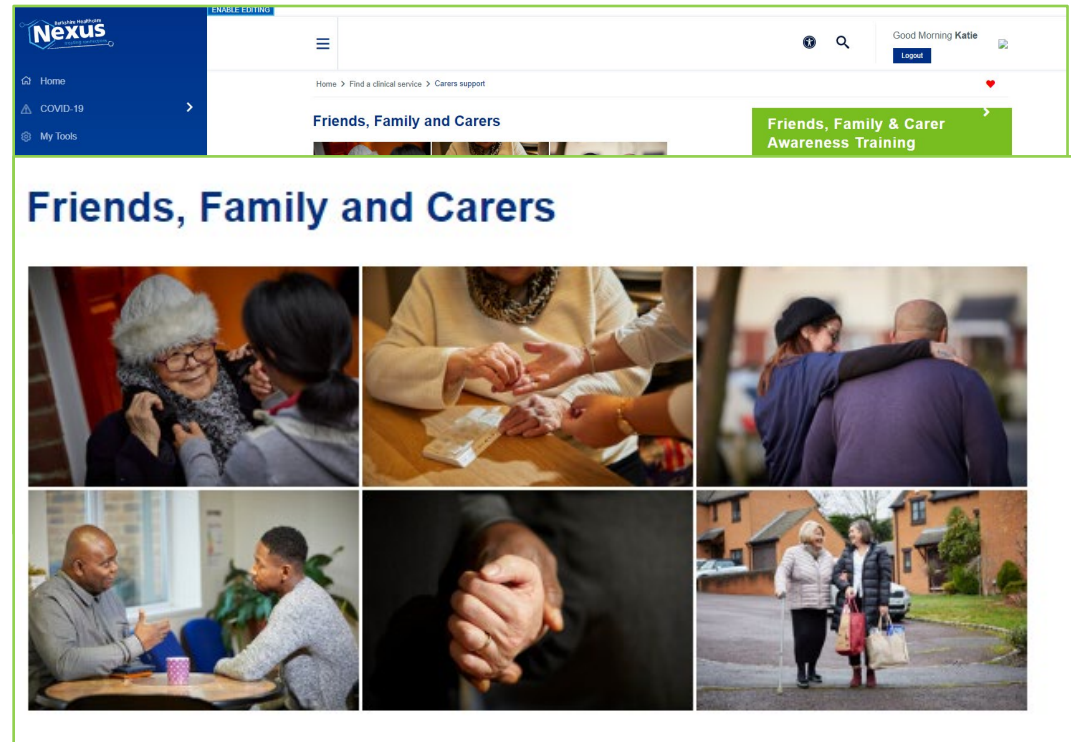


Standard 3:
Staff will refer or signpost carers to relevant support

What has been achieved?

Review & update our intranet (Nexus)

- **Nexus:** Updated include carers strategy, imagery, helpful resources and carer feedback process.



Standard 3:
Staff will refer or signpost carers to relevant support



What has been achieved?

Carer Voice:

- Created video of a carer's story – supporting a partner with dementia
- 10 minute video available on Nexus for teams to share at learning events or similar sessions
- Plans to record more carer stories/journeys/ experiences

Listen to our Carer stories
▼

We've asked carers accessing our services to share their experiences and challenges. You may wish to share these videos as part of learning events or reflection sessions.

Hear Mike's story - Mike cares for his wife who has dementia.

Carer's story - Supporting a partner with dementia

♥
📌

LIFE AS A CHALLENGED CARER

OR

THE MOST CERTAIN STATE OF MIND TO HAVE IS UNCERTAINTY

MIKE BUTCHER
one you never know what's

▶
🔊
00:36 / 10:00
⌂
👤
🗨️
1x
⚙️
↗️
👁️

If you have any friends, family or carers who would be willing to share their story, please contact friendsfamilycarers@berkshire.nhs.uk

Standard 1:
Staff will be 'carer aware'.

What has been achieved?

Review & create process to gather carer feedback

- Created new [Friends, Family & Carer Feedback form](#).
- Details feedback process available on Nexus including posters etc.
- Developing Tableau reporting which will be published on Nexus
- Data gathering for 6-12 months to consider extending IWantGreatCare tool.

Standard 6:

Services will provide a range of carers support and obtain carers feedback

Information for carers




NHS
Berkshire Healthcare
Friends, Family and Carers

Name: [Enter the full service name here – Q2]


Type of Care: [Type of care – Q3]

How did we do?

Rate and review your experience.



Help improve care for the next patient and family

If you have any questions or queries, please contact
Call: 01234 567 890
Email: ourservice@berkshire.nhs.uk
 berkshirehealthcare.nhs.uk

What has been achieved?

NHS England/Improvement Funding for bespoke projects

- **Mind the Gap**
 - Focus on carers supporting veterans
 - Scoping project

- **Discharge to Assess**
 - Focus on engaging with carers as part of the discharge process

Standard 2:

Services will identify carers and involve them in the planning of care

Carer Engagement

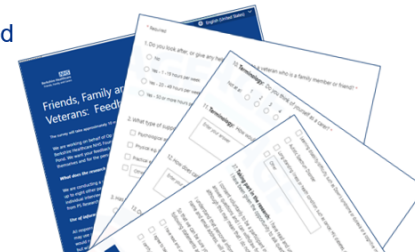


The Veterans Mental Health and Wellbeing Service
South Central Region

Quantitative Data:

Short questionnaire/semi-structured interview

- Initial feedback
 - Demographic information
 - Gender
 - Age
 - Current occupation



Qualitative Data:

- Focus Group
- Mini Focus Group
- 1:1 Interviews

Carer Engagement



The Veterans Mental Health and Wellbeing Service
South Central Region


Number:	16 Respondents
Gender:	15 females; 1 male
Age range:	30 – 68 years
Relationship:	15 partner/spouse; 1 child of a veteran (over 18+)
Services represented:	Army (8); Navy (5); Airforce (3).
Ethnicity/Race:	White British (14) White any other background (2)
Sexual orientation:	Heterosexual/straight (16)
Disability/Impairment:	Yes (5) No (10) Prefer not to say (1)
Care provided:	Combinations of psychological & emotional; practical and physical support
Quantity & duration:	Long term support - Majority five years +; some 3-5 years or one 1-2 years. Five support their veteran 50+ hours per week.

What has been achieved?

NHS England/Improvement Funding for bespoke projects

- **Mind the Gap**

- Participated in evaluation by Liverpool John Moores University
- Case study cited
- 2022/23 bid submitted and successful embedding project



2021/22

An Evaluation of the NHSE/I Mind The Gap Programme: Identifying and supporting carers from vulnerable communities

*“There was a clear commitment from the organisation to sustain the learning from this Mind the Gap project through the production of **durable outputs** and the **impact this project had on the wider ongoing aims of the Trust to emphasise the needs of families and carers of the Armed Forces and Veterans community.** Therefore, it is clear that the Mind The Gap project produced by Case Study E **did measure what mattered most to carers.**”*

What has been achieved?

Triangle of Care

- Completed re-accreditation process
- Achieved two stars
- Carers Lead attending Triangle of Care national & regional meetings
- Carers UK are reviewing the accreditation process – changes likely 2023

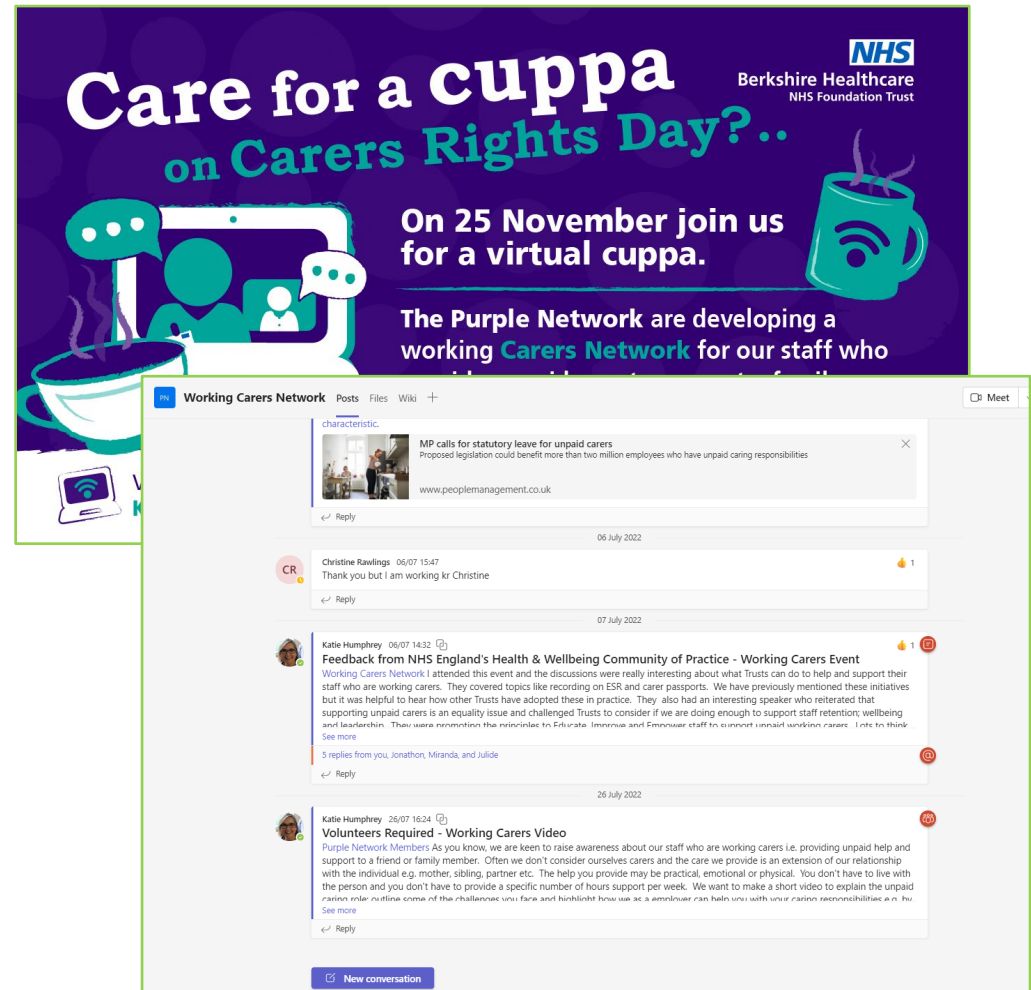


Standards 1 - 6:
Principles linked to all six standards
set out within our Carers Strategy

What has been achieved?

Working Carers Network

- Network for staff who provide unpaid care to support a family member, partner or friend who needs help (umbrella network within Purple Network)
- Carers Lead appointed Deputy Chair of Purple Network (May 2022)
- Teams Channel to share information and ask questions
- Working with HR colleagues to support staff e.g. flexible working policy, recording on ESR



What is in development?



Identification & recording on RiO (our electronic patient record system)

- Task and finish group established which includes staff representatives from services and digital teams
- Data gathering in progress
- In development: Standard Works to outline best practice for recording carers on RiO (using existing functionality)
- Establish any limitations of current system/practice. Complete any amendments to RiO user guide/s

Standard Work: Perinatal Service: Partners & Carers

#	Major steps	Details (if applicable)	Diagram, Work.Flow, Picture, Time Grid
3	Referral Forms: C&P Support Champion saves referral form in Perinatal Mental Health Teams Group.	C&P Support Champion saves completed referral forms within Perinatal Mental Health Teams Group - Files - Documents - General - Partner and carers information folder - Partners and Carers Referrals. Each referral form is saved and includes the partner/carer's name e.g. Partner & Carer Referral Form John Smith.	

Standard Work: Perinatal Service: Partners & Carers

#	Major steps	Details (if applicable)	Diagram, Work.Flow, Picture, Time Grid
5	Open Referral on RiO: C&P Support Champion sets up the partner/carer on RiO.	Log into RiO. Go to Case Record. Using as much information as possible from the Referral Form e.g. Name, address, DOB, NHS number etc. search and check if the partner/carer already exists on RiO. Ensure you select Clients and Carers when searching.	

Standard Work: Perinatal Service: Partners & Carers

#	Major steps	Details (if applicable)	Diagram, Work.Flow, Picture, Time Grid
		You will then see the Search screen again and you should be able to use the partner/carer's personal details.	

Standard Work: Perinatal Service: Partners & Carers

Standard Work Title: Partner & Carers Service within Perinatal Team					
Last Updated:	14 July 2022	Owner:	Alex Afoakwah	Performed by:	Dianne D'Guz
Cycle Time:	Daily	Revised by:	-	Revision #:	
		Trigger:		Done:	
Purpose: To outline the role of the Partner & Carers Support Champion and how support is documented on RiO.					
#	Major steps	Details (if applicable)	Diagram, Work.Flow, Picture, Time Grid		
1.	Background: Read the Specialist Perinatal Mental Health Partners & Carers Support Standard Operating Procedure (SOP)	The SOP sets out details regarding: <ul style="list-style-type: none"> • Carers Strategy and links to statutory documents/guidance e.g. Long term plan • About the Perinatal Mental Health Service • Role and responsibilities of staff within the service • Consent • Record Keeping • Carrying out the Partner & Carer assessment – including referral form SOP is saved within Perinatal Mental Health Teams Group - Files - Documents - General - Partner and carers information folder - Partner and carers SOP			
2.	Referral Process: Members of Perinatal Mental Health team make referrals to the Carers & Partners (C&P) Support Champion. N.B. Referrals not made within RiO.	Perinatal team member contacts Carers & Partners Support Champion. <ul style="list-style-type: none"> • Options include: <ul style="list-style-type: none"> • Verbally – telephone or in person • Written – by completing Partner & Carers Referral Form To access the standard Partner & Carer Referral Form – go to the Perinatal Mental Health Teams Group - Files - Documents - General - Partner and carers information folder - Partner & Carer Referral Form. Sometimes Perinatal Team Member verbally provides C&P Support Champion with verbal information. Perinatal Team Member must complete the referral paperwork (Word Document). Perinatal Team Member notifies the C&P Support Champion by either: <ul style="list-style-type: none"> • Emailing referral form • Adding referral form to the Teams Partners & Carers Referrals folder. 			

Page 1 of 12

Standard 2:
Services will identify carers and involve them in the planning of care

What is in development?

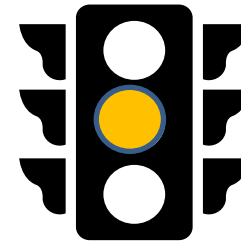
Marketing & Communication Resources:

Confidentiality

- Task & finish group set up to develop user friendly resources for staff/patients/carers outlining confidentiality principles as set out in the Confidentiality Policy (ORG017)
- Benchmarking against other NHS Trusts
- Liaising with governance team re: updating Confidentiality Policy
- Seeking feedback from governance, nursing directorate, services and carers
- Draft materials in development

Information resources

- Identifying the need for development of generic information and bespoke templates for local information.



Standard 5:

Services will provide an introduction to the service and relevant information across the care pathway

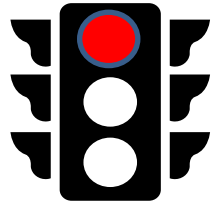
What is in development?

Friends, Family & Carers Charter:

- **Co-produce** a Friends, Family and Carers Charter
- **Engagement Events: Carers Week**
 - Virtual event c. 25 attendees
 - Face to face event c. 30 attendees
 - Obtained carer feedback on a series of questions
- Draft charter in development
- Draft will be circulated to all who participated in the event for additional feedback
- Plan to finalise and launch on Carers Rights Day (November 2022)



What's next?



- Finalise and launch a Toolkit for Managers/Services which will:
 - Support services to meet the six standards set out in our carers strategy
 - Enable services to complete a more streamlined digitalised Self-Assessment Review process
 - Enhance reporting on compliance and completion of the Self-Assessment process
- Continue to work with HR colleagues and the Purple Network to support our staff with caring responsibilities
- Continue to source funding opportunities and develop bespoke projects to promote engagement and communication with friends, family and carers to improve patient/carers experiences



Thank you
for listening

Any questions?

Trust Board - Meeting Dates for 2023

Meeting	January	February	March	April	May	June	July	August	September	October	November	December
Discursive Trust Board	10		14			13				10		
Trust Board		14		11	9		11	8 (if required)	12		14	12
Audit Committee	26			27	17		26			25		
Finance, Information and Performance (FIP)	26		23	27			27			26		
Quality Assurance Committee (QAC)		28			30			29			28	

Council of Governors Dates 2023

Meeting	January	February	March	April	May	June	July	August	September	October	November	December
Formal Council Meeting			8			14			27			6
Trust Board / Council Meeting		01 (NED)			03 (Board)		19 (NED)				01 (Board)	