

**COUNCIL OF GOVERNORS**

The next meeting will be held on Wednesday, 12 June 2024  
starting at 10.30am

(Conducted via MS Teams)

**There will be a governor pre-meeting at 9.45.**

**AGENDA**

ITEM	DESCRIPTION	PRESENTER	TIME
1.	<b>Welcome &amp; introductions</b>	Chair	1
2.	<b>Apologies for Absence</b>	Julie Hill, Company Secretary	1
3.	a) <b>Declarations of Interest</b> b) <b>Annual Review of Governors Register of Interests</b>	All	1
4.1	<b>Minutes of Last Formal Meeting of the Council of Governors and Matters Arising</b>	Chair	1
5.	<b>National NHS Staff Survey Results Presentation</b>	Steph Moakes, Health, Wellbeing and Engagement Lead	15
6.	<b>Staff Health and Wellbeing Presentation</b> a) Health, Wellbeing, Engagement & Rewards Update b) Wellbeing Newsletter - Spring 2024	Steph Moakes, Health, Wellbeing and Engagement Lead	10
7.	<b>Committee/Steering Groups</b> Reports: a) Membership & Public Engagement ( <i>Enclosure</i> ) b) Quality Assurance ( <i>Enclosure</i> ) c) Living Life to the Full ( <i>Enclosure</i> )	Committee Group Chairs and Members	5
8.	<b>Executive Reports from the Trust</b> 1. Patient Experience Quarterly Report ( <i>Enclosure</i> ) 2. Performance Report ( <i>Enclosure</i> )	Liz Chapman, Head of Service Engagement and Experience  Julian Emms, Chief Executive	10
9.	<b>Governor Feedback Session</b> <i>This is an opportunity for governors to feedback</i>	Martin Earwicker, Chair	2

ITEM	DESCRIPTION	PRESENTER	TIME
	<i>relevant information from any (virtual) external meetings/events they have attended</i>		
10.	<b>Any Other Business</b>	Martin Earwicker, Chair	2
11.	<b>Dates of Next Meetings</b> <ul style="list-style-type: none"> <li>• <i>Joint NEDs and Council of Governors Meeting – in person/MS teams – 17 July 2024</i></li> <li>• <i>Formal Council Meeting – MS Teams – 25 September 2024</i></li> <li>• <i>AGM – MS Teams – 25 September 2024</i></li> </ul>	Martin Earwicker, Chair	1
12.	<b>CONFIDENTIAL ISSUE:</b> <b>To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.</b>	Martin Earwicker, Chair	1
13.	Extension of a Non-Executive Director's Terms of Office	Martin Earwicker, Chair	

## GOVERNOR DECLARATIONS as at 26 April 2024



NAME	CONSTITUENCY	INTERESTS DECLARED
AFFUL, Natasha	Public - Slough	None
BRIDGMAN, Graham	Public Governor - West Berkshire Council	<ul style="list-style-type: none"> <li>• Director - Quintet Events Limited</li> <li>• Director - Red Sky Festival Limited</li> <li>• Director - Summer Nights Limited</li> <li>• Elected Member - Stratfield Mortimer Parish Council</li> <li>• Member, Law Society</li> <li>• Member, Conservative Party</li> </ul>
CROWDER, Ros	Public - West Berkshire	<ul style="list-style-type: none"> <li>• I am a Trustee of a charity Sport in Mind</li> <li>• I am a member of The Royal Berkshire NHS FT</li> <li>• I am a member of and South Central Ambulance Service NHS FT</li> <li>• I am currently a member of the BHFT Community Mental Health Transformation Delivery Group - this is in my role as a Trustee of Sport in Mind</li> </ul>
CROXFORD, Sarah	Public - WAM	<ul style="list-style-type: none"> <li>• Trustee for Parenting Special Children</li> <li>• Industry Cloud Lead for Microsoft (NB. I was formerly an Account Manager for Berkshire Health between 2019 and 2020)</li> <li>• Member of the Conservative Party (Non-active)</li> </ul>
CUGGY, James	Public - Reading	None
DAKIN, Guy	Staff - Non-Clinical	<ul style="list-style-type: none"> <li>• Member of South-Central Ambulance NHS Foundation Trust</li> <li>• Member of Royal Berkshire NHS Foundation Trust</li> </ul>
DIVER, Madeline	Public - Bracknell	<ul style="list-style-type: none"> <li>• Member of Voice Community</li> <li>• Bracknell Forest SACRE Vice Chairman</li> <li>• Chairman of Bracknell Forest Interfaith Forum</li> <li>• Trustee of the French Protestant Industrial Mission (British Committee)</li> <li>• Member of South-Central Ambulance NHS Foundation Trust</li> <li>• Member of Royal Berkshire NHS Foundation Trust</li> <li>• Member of NHS Frimley Health Foundation Trust</li> <li>• Member of the South East Regional Board of Abri (Abri is a national housing association that has partnered with "Silva Homes")</li> </ul>
DONNE, Tina	Staff - Clinical	<ul style="list-style-type: none"> <li>• Parent Governor/Vice Chair of Governors at Civitas Academy</li> </ul>

NAME	CONSTITUENCY	INTERESTS DECLARED
EDWARDS, Deborah	LA Appointed - Reading	<ul style="list-style-type: none"> <li>• RBC Elected Member Southcote Ward</li> <li>• Member of the Labour Party</li> <li>• Trustee of Launchpad</li> <li>• Trustee of No5</li> <li>• Member of the PPG for the Circuit Lane, Western Elms and Tilehurst GP Surgeries</li> <li>• LA Governor for the Royal Berkshire Hospital</li> <li>• School Governor for Manor Primary School, Reading</li> </ul>
EVETTS, Babs	Appointed - Reading University	None
GERMER, Ian	Public - West Berkshire	I am a volunteer patient insight partner for Versus Arthritis and the Lay co-chair of the Versus Arthritis Research Experts Committee.
GILLINGWATER, Steven	Public - Slough	None
GRIFFITHS, Alun	Staff - Non-Clinical	None
HUSSAIN, Amran	Public - Rest of England	None
JARVIS, John	Public - Wokingham	<ul style="list-style-type: none"> <li>• Member of the Conservative Party</li> <li>• Elected Councillor of Twyford Parish Council</li> </ul>
JUMBA, Anne	Staff - Clinical	None
KARIM, Michael	LA Appointed - Bracknell Forest	Wife is Public Health Programme Manager at Bracknell Forest Council
LAKE Tom	Public - Reading	<ul style="list-style-type: none"> <li>• Member of the Labour Party</li> <li>• Information Officer for South Reading Patient Voice</li> </ul>
LEWIS, Janine	Appointed - West Berkshire	<ul style="list-style-type: none"> <li>• I am the portfolio holder at West Berkshire Council for Public Health</li> </ul>
MONTGOMERY, Jordan	LA Appointed - Wokingham	<ul style="list-style-type: none"> <li>• Member of the Liberal Democrats</li> <li>• Member of Wokingham Borough Council, representing Wokingham without Ward</li> </ul>
O'KANE Tom	Public - WAM	<ul style="list-style-type: none"> <li>• Patient Representative for Biomedical Research Centre (BRC) at Royal Marsden and Institute of Cancer Research (ICR)</li> <li>• Patient Safety Partner at The Royal Marsden Hospital</li> </ul>
OLIVER, Nigel	Public - Slough	None
SHAW, George	Appointed - WAM	<ul style="list-style-type: none"> <li>• Profession - Scientist working for Reading Scientific Services Ltd.</li> <li>• Office - Councillor at RBWM</li> <li>• Vocation - Member of Liberal Democrat Party</li> <li>• Land - 16b Norden Rd, Maidenhead</li> </ul>
SIAN, Baldev	Public - Wokingham	<ul style="list-style-type: none"> <li>• Trustee (Chair of Trust Board) of local Charity No 277041 RSR) leading on constitutional matters, organisational structures, Safety, Safeguarding, Large Projects and General adviser to management.</li> </ul>

NAME	CONSTITUENCY	INTERESTS DECLARED
		<ul style="list-style-type: none"> <li>• I am a Veterans Ambassador for Transport for London, Member and Remembrance Day Marcher for London Transport Old Comrades Association</li> <li>• I am also a senior lead in Reading for the above charity's outreach deliverables, often in partnership with others and have been supporting projects in Royal Berks for the last 5 years in various areas. Outreach also includes feeding about 100 homeless (includes some refugees) twice a week in Reading for the last 4 years</li> </ul>
STENT, Rosemary	Public - Bracknell	Member of the Conservative Party
TYLER, Debra Allcock	Public - Wokingham	<ul style="list-style-type: none"> <li>• Trustee and Governance Lead, Berkshire Community Foundation</li> <li>• Trustee, In Kind Direct</li> <li>• Ambassador, Africa Advocacy Foundation</li> <li>• Co-Chair of Judges, Soldiering on Awards</li> </ul>
WELLUM, Jon	Public - Reading	None
WILLIAMS, Elaine	Appointed - Red Cross	<ul style="list-style-type: none"> <li>• Vice President of British Red Cross (Berkshire), Board Member Journal of Aesthetic Nursing, Queens Nurse</li> </ul>
WRIGHT, Anna	Appointed - Slough	None
WILSON, Brian	Public - Bracknell	<ul style="list-style-type: none"> <li>• Member of the Labour Party (Non-active)</li> <li>• Volunteer Driver for Sandhurst Voluntary Care - providing transport to local/elderly people needing to attend medical or other appointments. I also Chair the Charity and will be leading its formal registration with the Charity Commission</li> <li>• Committee Member of Sandhurst Residents Association (SRA), with responsibility for the recycling portfolio as Recycling Officer and magazine Copy Editor</li> <li>• Trustee of the registered Charity Sandhurst Day Centre Association</li> <li>• Member of Frimley Healthcare NHS Foundation Trust</li> </ul>

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

**Wednesday, 06 March 2024 at 10.30am**

**(Conducted via MS Teams)**

	<p><b>Present:</b> Martin Earwicker, Chair</p> <p><b>Public Governors:</b> Tom Lake Brian Wilson Ian Germer Madeline Diver Baldev Sian Ros Crowder Graham Bridgman Sarah Croxford James Cuggy Tom O’Kane</p> <p><b>Staff Governors:</b> Anne Jumba Alun Griffiths</p> <p><b>Appointed Governors:</b> Cllr Anna Wright Cllr George Shaw Cllr Deborah Edwards Cllr Janine Lewis Barbara Evetts</p> <p><b>In attendance:</b> Julian Emms, Chief Executive Paul Gray, Chief Financial Officer Naomi Coxwell, Non-Executive Director Mark Day, Non-Executive Director Rajiv Gatha, Non-Executive Director Rebecca Burford, Non-Executive Director Aileen Feeney, Non-Executive Director Sally Glen, Non-Executive Director Julie Hill, Company Secretary Elizabeth Chapman, Head of Service Engagement &amp; Improvement Linda Jacobs, Executive Business Assistant</p> <p><b>Guests:</b> Jodie Holtham, Deputy Director of Allied Health Professionals (AHPs)</p>
<b>1.</b>	<b>Welcome and Introductions</b>
	Martin Earwicker, Chair welcomed everyone to the meeting.
<b>2.</b>	<b>Apologies for Absence</b>

	Apologies were received from: John Jarvis, Debra Allcock Tyler, Guy Dakin and Tina Donne
<b>3.</b>	<b>Declarations of Interest</b>
	None declared.
<b>4.1</b>	<b>Minutes of Last Formal Meeting of the Council of Governors and Matters Arising - 06 December 2023</b>
	The minutes the meeting held on 06 December 2023 were approved as a correct record of the meeting.
<b>5.</b>	<b>Role of Allied Health Professionals Presentation</b>
	<p>The Chair welcomed Jodie Holtham, Deputy Director of Allied Health Professionals to the meeting.</p> <p>Jodie provided an overview of the role of Allied Health Professionals and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• Allied Health Professionals (AHPs) covered 14 different roles, including Dietitians, Occupational Therapists, Physiotherapists, Art Therapists, Drama Therapists, Speech and Language Therapists, Osteopaths and Podiatrists</li> <li>• 13 of the 14 AHPs are regulated by the Health and Care Professions Council (HCPC) with Osteopaths regulated by the General Osteopathic Council (GOsC).</li> </ul> <p>Berkshire Healthcare's AHP Workforce data for 2021:</p> <ul style="list-style-type: none"> <li>• There were 535 Registered AHPs in the Trust</li> <li>• 154 Non-registered Support Staff</li> <li>• Activities Co-ordinators</li> <li>• Volunteers.</li> </ul> <p>The Trust's AHPs worked across Berkshire in a number of different services including:</p> <ul style="list-style-type: none"> <li>• Unscheduled Care</li> <li>• Children, Young People &amp; Learning Disabilities</li> <li>• Scheduled Care Physiotherapy</li> <li>• Podiatry</li> <li>• Dietetics &amp; Nutrition</li> <li>• Adult Speech &amp; Language</li> </ul> <p><u>Key national, regional and local drivers</u></p> <p>The Trust is supporting NHS England's Allied Health Professionals Strategy for England. The strategy aims to provide strategic direction to the AHP community across England to help the AHP community and those they work with maximise their contribution to the aim of improving health outcomes for all, providing better quality care and improving the sustainability of health and care services.</p> <p>The Trust recognises the importance that our AHP workforce and is investing in the AHP workforce through a range of programmes including:</p> <ul style="list-style-type: none"> <li>• Apprenticeships</li> <li>• Preceptorship</li> <li>• Support Workforce</li> <li>• Return to Practice</li> <li>• International Recruits</li> <li>• Education &amp; Student Placements</li> <li>• Clinical &amp; Advanced Practice</li> <li>• Increase diversity in our leadership</li> <li>• Research</li> </ul>

Tom Lake asked if there was an opportunity for the Trust to use music therapy.

Jodie Holtham reported that the Trust did use music therapy, for example, when working with patients with dementia and was used to help patients on community health wards.

Ros Crowder commented that she was a Trustee of Sport in Mind and they had taken on two Occupational Therapist Apprentices Students as part of their training through the Trust.

Ian Germer asked if the T Levels had an AHP pathway.

Jodie Holtham reported that T Levels were a relatively new entry point for the Trust and were largely replacing the BTech qualifications. Jodie said that if a school leaver had T Levels they could be recruited into an associate support working role with a view to them transferring to an apprenticeship. It was noted that not everyone wanted to do a qualification and therefore there were a range of development opportunities.

James Cuggy highlighted that the arts in general were a good source of therapy and asked if the Trust provided performing arts therapy.

Jodie Holtham reported that there were no Drama Therapists working with Trust, but they can be brought as and when needed, Art Therapists were used in some psychological interventions.

Barbara Evetts reported that the University of Reading trained Speech and Language Therapists and the University ran a Research Clinic for both children and adults living in Berkshire which was a free service.

The Chair thanked Jodie for her presentation.

**6. Committee/Steering Groups**

Reports:

a) Membership & Public Engagement  
The report was taken as read.

Brian Wilson, Chair reminded the meeting that subcommittee meetings were open to all Governors who can make themselves available and said that they were an excellent opportunity for learning more about aspects of the work of the Trust. Brian added that attending subcommittee meetings was another opportunity to experience some excellent and additional presentations to Governors from Trust services and some external health related organisations.

Brian said that the Membership and Engagement Group had Discussed ideas where Governors, particularly Elected Governors could assist in outreach work to encourage underrepresented groups to become members of the Trust. It was identified by Governors that further work would be useful on expanding what could be termed “the message” that should be presented to potential members.

b) Quality Assurance meeting and Approval of Revised Terms of Reference  
The report was taken as read.

Patient Experience Report  
Sarah Croxford reported that the depth of information across both the Patient Experience Report and the Waiting List report provided an excellent opportunity to better understand the Trust’s services and to identify those services for future Governors and NEDs visits.



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

#### Service Visits

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

The Terms of Reference, after a minor amendment, were approved.

#### c) Living Life to the Full

The report was taken as read.

Madeline Diver had agreed to take over the chair, and Tom Lake will be happy to assist and support her until the end of his term.

The Group met to hear from youth counselling service No5 and to hear a bi-annual update on the Carer's Strategy from Katie Humphrey. It was noted that the Group had recently heard from 3 remarkable charities doing invaluable work in parallel with the Trust: Sport in Mind, SupportU and now No5 as well as hearing from the Trust's own Community Mental Health Service.

The Chair thanked the Sub-Committee Chairs for the reports.

### **7. Executive Reports from the Trust**

#### Patient Experience Quarter 3 Report

The report was taken as read.

The Chair welcomed Elizabeth Chapman, Head of Service Engagement & Improvement to the meeting.

The following points were highlighted:

- Overall feedback remained overwhelmingly positive. The number of compliments had increased in Quarter 3.
- The iWGC (I Want Great Care Patient Feedback Tool) was the Trust's primary patient survey programme and was offered to patients following a clinical outpatient contact or for inpatient wards on discharge via a variety of platforms. The tool used a 5-star rating which was comparable across all services within the organisation and was based on questions in relation to experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to.
- The Trust has an ambition as part of the Trust's Strategy to increase the volume of feedback received over the next three years to 10%.
- The Trust was holding a rapid improvement event on 16 April to focus on ways of improving the feedback response rate.
- Learning from complaints in the quarter included: communication, involving patients' family members and carers and the timeliness and availability of staff and services
- There was an on-going programme of work involving staff, service users and those with lived experience that was reviewing the service delivery model of our community mental health services. This aimed to provide clarity around care and treatment as well as improved access to the right services and therefore a better patient experience.

Brian Wilson noted a recent significant increase in social media posts for the Talking Therapies service and asked for the number of referrals generated and if this had impacted on waiting times.

Elizabeth Chapman confirmed that she would work with the Talking Therapies team and update at the QAG Meeting.

Sarah Croxford asked if Governors could attend the Rapid Improvement Event on 16<sup>th</sup> April.

Elizabeth Chapman reported that all Governors were welcome to attend the event.

Tom Lake asked for more information on the PCRIF.

Elizabeth Chapman confirmed that PSIRF (Patient Safety Incident Response Framework) was the NHS England's new way to manage patient safety incidents across the NHS.

Ros Crowder asked if there were different issues received from the CQC to those sent directly to the Trust and if there were any trends. Ros also noted that there were 194 non-Trust contacts and asked if these related to people not understanding who provided which services.

Elizabeth Chapman reported the CQC complaints related to detained patients and confirmed that there were no themes.

It was noted that PALS non-BHFT queries mainly related to the Royal Berkshire and Wexham Park Hospitals, contact had been made to ask them to check the information on their websites.

The Chair thanked Elizabeth Chapman for her report.

## 2. Performance Report

The report was taken as read.

The Chair welcomed Julian Emms, Chief Executive to the meeting.

Tom Lake asked what schemes were outside of the system capital control total.

Julian Emms reported the Treasury imposed departmental spending limits on the amount of capital that could be spent within the NHS is set as a figure which had been apportioned to each Integrated Care Board. Capital spending on PFIs was excluded from the Treasury capital control limit.

Tom O'Kane asked what impact the redevelopment of Upton Hospital by Frimley Health Foundation Trust would have.

Julian Emms confirmed that Frimley Health NHS Foundation Trust was building a Community Diagnostic Hub which would improve access for patients and reduce the need to travel to other sites for other tests.

Tom Lake noted that during a recent Service Visit to 7-9 Cremyll Road, Reading the working conditions appeared tired.

Julian Emms reported that the Trust was looking at consolidating sites in Reading for services like those at the University of Reading site.

The Chair thanked Julian for his report.

## 3. Annual Plan on a Page 2024-25

	The report was taken as read.
<b>8.</b>	<b>Governor Feedback Session</b> <i>This is an opportunity for Governors to feedback relevant information from any (virtual) external meetings/events they have attended</i>
	None.
<b>9.</b>	<b>Any Other Business</b>
	None.
<b>10.</b>	<b>Dates of Next Meetings</b>
	<ul style="list-style-type: none"> <li>• 08 May 2024 - Joint Board and Council of Governors Meeting - in Person/Hybrid Meeting</li> <li>• 12 June 2024 - Formal Council Meeting - MS Teams</li> </ul>
<b>11.</b>	<b>CONFIDENTIAL ISSUE</b>
	<b>To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.</b>
<b>12.</b>	<b>External Auditors Contract</b>
	<ul style="list-style-type: none"> <li>a) External Auditors Contract</li> <li>b) Extension to Non-Executive Directors' Terms of Office and Chair and Non-Executive Directors' Remuneration</li> </ul>

Making Berkshire Healthcare...

# a great place to give care

**National staff survey results: 2023**



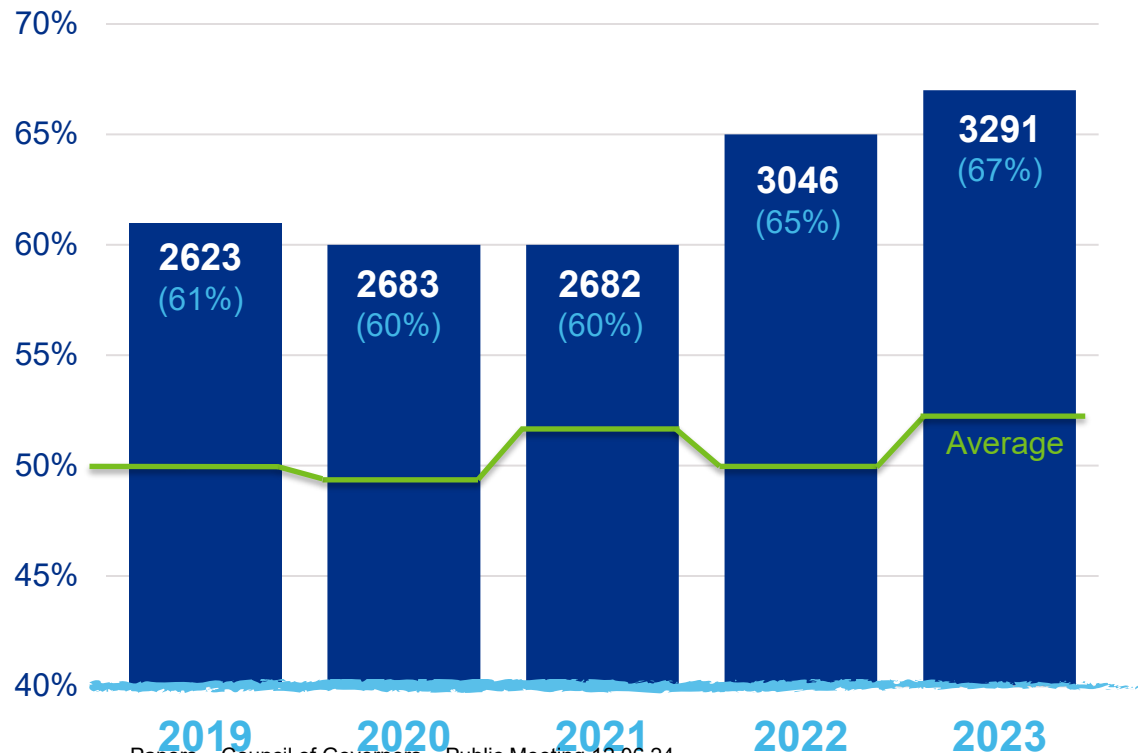
**Steph Meakes**

# National staff survey response rates

– year on year



Berkshire Healthcare  
NHS Foundation Trust

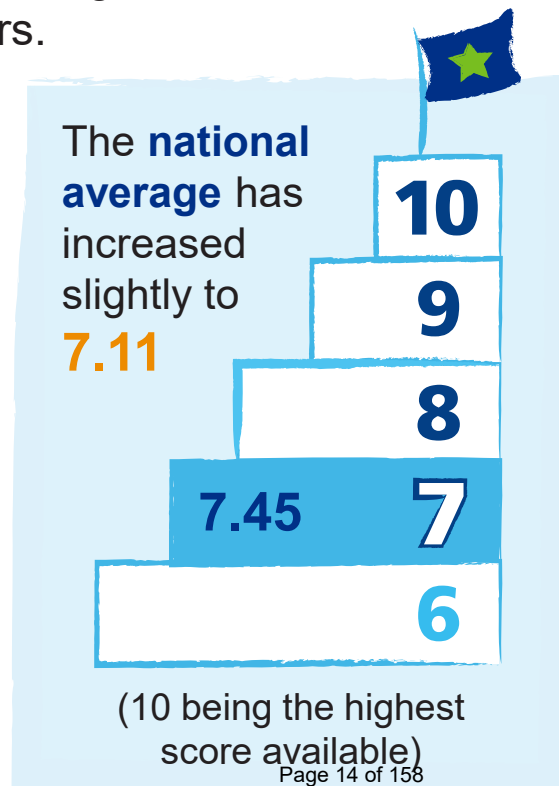
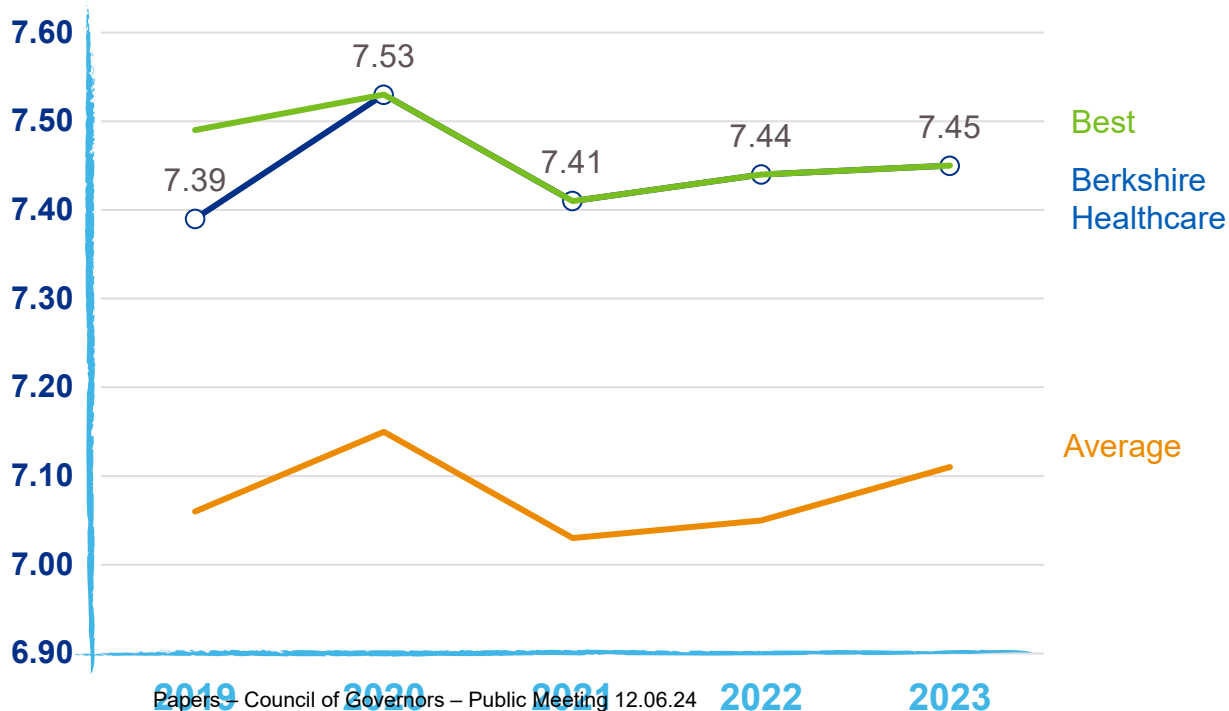


In 2023 **67%** of you took the time to tell us what it feels like to work here. Thank you!

We remain **15% points above the average response rate** for 51 Mental Health / Learning Disability and Community combined Trusts (52%).

# Overall engagement score


Our overall engagement score is now **7.45**. We are still achieving the **best score for our group** and have maintained this for 4 years.



# Overall engagement score

## – how it's calculated

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

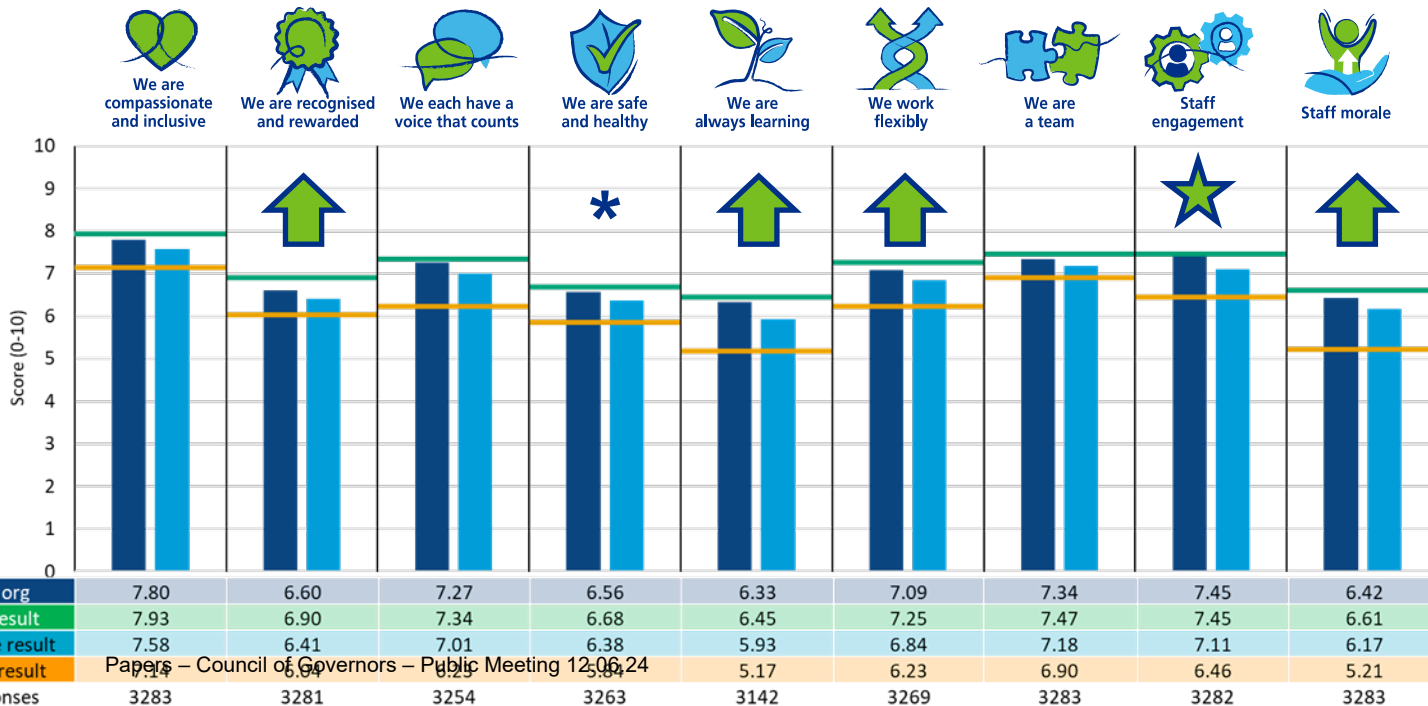
NHS National Staff Survey			Berkshire Healthcare		
EEI	Qs	Statement	2021	2022	2023
<b>Motivation</b>	2a	Often/always look forward to going to work	61.4%	63.8%	63%
	2b	Often/always enthusiastic about my job	74.1%	75.2%	74.3%
	2c	Time often/always passes quickly when I am working	79.7%	80.5%	77.8%
<b>Advocacy</b> 	18a	Care of patients/service users is organisation's top priority	86.5%	86.4%	88%
	18c	Would recommend organisation as a place to work	73.6%	73%	75.4%
	18d	If friends or relatives needed treatment, would be happy with the standard of care provided by organisation	76.9%	76.5%	77.6%
<b>Involvement</b>	4a	Opportunities to show initiative in my role	77.2%	79.9%	79.1%
	4b	Able to make suggestions to improve the work of team/dept	80.3%	80%	81.1%
	4d	Able to make improvements happen in my area of work	65.1%	65.1%	65.9%
<b>Response rate</b>	Papers – Council of Governors – Public Meeting 12.06.24		<b>60%</b>	<b>65%</b>	<b>67%</b>



# Staff survey results – themes

The **nine themes** from the survey reflect the **People Promise**, along with **Staff Engagement and Morale**.

Our scores are **above average** for combined Trusts in **all ten themes**.



## Key:

- Top score
- Statistically significant improvement

National data quality issue – to be confirmed



# Headlines – top scoring questions

	Average	Our Top Score!
Care of patients is my organisations top concern	79.5%	88%
My organisation acts on concerns raised by patients / service users	75.8%	85.5%
I would recommend my organisation as a place to work	65.6%	75.4%
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	53.2%	48.6%
My organisation is committed to helping me balance my work and home life	59.3%	67.4%
The team I work in has a set of shared objectives	77.1%	83.5%
I have adequate materials, supplies and equipment to do my work	64.3%	74%

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

*...and this one for the last 6 years*

# Significant improvements



We saw a **statistically significant improvement in 28 questions** compared to 2022 – last year, there were only three.

		2022	2023
<b>Burnout sub-score</b>	<b>Often/always find work emotionally exhausting</b>	33.8%	<b>31.2%</b>
	<b>Often/always feel burnt out because of work</b>	25.6%	<b>23.7%</b>
	<b>Often/always frustrated by work</b>	30.7%	<b>27%</b>
	<b>Often/always exhausted by the thought of another day/shift at work</b>	22.4%	<b>20.9%</b>
	<b>Often/always worn out at the end of work</b>	36.8%	<b>35.9%</b>
<b>Recognised &amp; rewarded sub-score</b>	<b>Satisfied with recognition for good work</b>	63.9%	<b>66.8%</b>
	<b>Satisfied with extent organisation values my work</b>	58.6%	<b>61.2%</b>
	<b>Satisfied with level of pay</b>	29.4%	<b>34.9%</b>

# Significant improvement (cont.)

		2022	2023
Health & Safety Climate sub-score	Able to meet conflicting demands on my time at work	47%	<b>50.6%</b>
	Enough staff at organisation to do my job properly	34.1%	<b>40%</b>
Work Pressures sub-score	Never/rarely have unrealistic time pressures	26.4%	<b>29%</b>
Appraisals sub-score	Received appraisal in the past 12 months	91.9%	<b>93.6%</b>
	Appraisal helped me improve how I do my job	25.5%	<b>28.3%</b>
	Appraisal helped me agree clear objectives for my work	37%	<b>40.7%</b>
Negative experiences sub-score	Have experienced musculoskeletal (MSK) problems as a result of work activities (last 12 months)	26.3%	<b>24.5%</b>
	Have felt unwell due to work related stress (last 12 months)	38.9%	<b>35.8%</b>
	Have come to work when not feeling well enough to perform duties (last 3 months)	51.5%	<b>48.6%</b>



# Significant declines



Across all the questions asked in both 2022 and 2023, there were three that saw a **statistically significant decrease** since last year.

	2022	2023
Time often/always passes quickly when I am working	80.5%	<b>77.8%</b>
Feel a strong personal attachment to my team	70.7%	<b>68.2%</b>
Would feel confident that organisation would address concerns about unsafe clinical practice	73%	<b>70.6%</b>

# Workforce Race Equality Standard (WRES)



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

Question		2021	2022	2023
5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the general public in the last 12 months	White	19.9%	18.5%	17.1%
	<b>BAME</b>	<b>29.4%</b>	<b>29.4%</b>	<b>26.7%</b>
6 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	14.1%	15.4%	13.7%
	<b>BAME</b>	<b>22.9%</b>	<b>20.8%</b>	<b>20.4%</b>
7 Percentage believing that the trust provides equal opportunities for career progression or promotion	White	67.5%	68.1%	68.4%
	<b>BAME</b>	<b>45.7%</b>	<b>51.7%</b>	<b>53.2%</b>
8 In the last 12 months, have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	White	5.3%	5.2%	5%
	<b>BAME</b>	<b>14.5%</b>	<b>13.3%</b>	<b>13.3%</b>

We continue to see positive trends across the WRES staff survey indicators. The past 3 years have shown between a 0.7% and 7.3% improvement for our ethnically diverse colleagues across all indicators. Our scores remain better than average.

**Despite this, the inequality remains and is why we have made a commitment to become an anti-racist organisation**

# Workforce Disability Equality Standard (WDES)

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

Question		2021	2022	2023
4a Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the general public in the last 12 months	Non-disabled	20%	19.8%	18.1%
	Disabled	30%	26.8%	24.5%
4c Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Non-disabled	11.1%	11.5%	10.5%
	Disabled	19.3%	18.1%	17.1%
5 Percentage believing that the trust provides equal opportunities for career progression or promotion	Non-disabled	64.3%	64.5%	66%
	Disabled	52.9%	60.6%	57.8%
6 Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Non-disabled	16.3%	16%	14.3%
	Disabled	19.8%	22.5%	22.3%
7 Percentage of staff satisfied with the extent to which their organisation values their work	Non-disabled	61.1%	61.4%	64.2%
	Disabled	51.6%	51.9%	53.8%

Papers – Council of Governors – Public Meeting 12.06.24

Over the past 3 years, we have seen positive trends across 7 of the WDES staff survey indicator, 1 decline and 1 that has seen no change.

We are scoring better than average in 7 of the 9 indicators.

As with ethnicity, **inequalities remain**.



# Sexual orientation



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

Over the past year, the experience of our LGB colleagues has improved across all elements/themes and most sub-scores by an average of 0.32.

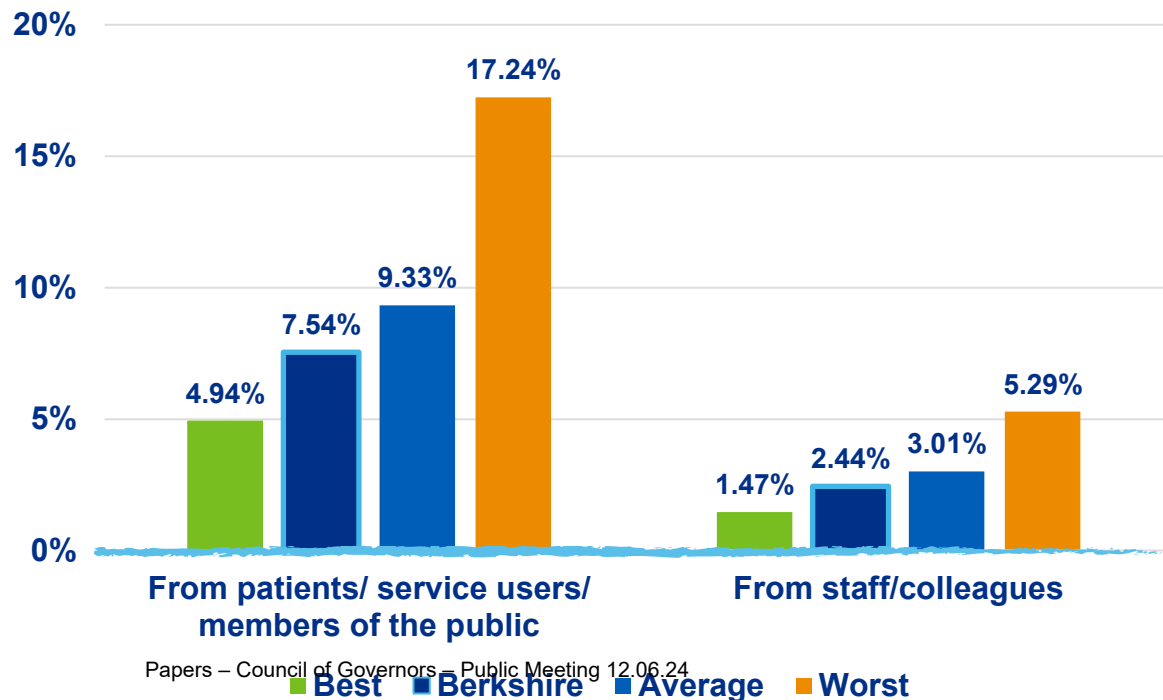
**Despite this, the inequality remains.**



Papers – Council of Governors – Public Meeting 12.06.24  
A further 5.5% (183) of respondents did not want to share their sexual orientation.

# Sexual safety

This year, the survey included new questions around sexual safety in the workplace



Our results show that we're above average but still have work to do to move us to the best. We can see some inequalities in results for those with protected characteristics.

To support improvements, we have signed the **NHS Sexual Safety Charter**. This means we are committed to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to implement ten commitments by July 2024.



# Focus areas

This year showed another strong set of results, which have improved in many areas. This indicates that work has happened over the past year and projects that are ongoing are having a positive impact.

We are focused on continuing work that impacts on staff experience including:

- Anti-racism workstream
- Big Conversations and Bright Ideas
- Violence prevention and reduction
- NHS Sexual Safety Charter workstream
- Refreshed Leadership, and team development support

We also want to target support to the service areas who need it most. Divisional management teams are looking at the results and discussing next steps and action plans.



# Next steps...

The results have been shared in an email from Julian, as well as on the All Staff Briefing on the Thursday 21 March.

We have also shared the information with our **Staff Networks and unions** and will be supporting them with next steps and actions.

The most important action for our leaders and managers is to **review the results with your team** and look at what actions you can take to improve experiences locally.

The top-level results are live on **Nexus** along with this presentation, with some additional slides containing prompts about how to discuss the results with your teams. If you need further breakdown, please contact **Steph Moakes** or **Hardip Johal**.



## Health, Wellbeing, Engagement & Rewards Update

### Introduction

In line with the trust People Strategy, national People Promise and new NHS Health & Wellbeing Framework, health, wellbeing, and rewards continues to be a high priority and profile activity. Our ambition in this space is make Berkshire Healthcare a great place to work which will in turn support the trust strategy of being a great place to give care. Some of the measures of this are the scores within the staff survey for recommending the organisation as a place to work, feeling that the organisation takes positive action on health and wellbeing and the extent that the organisation values work. The health, wellbeing and rewards activity is a contributing factor to our high scores in this area.

This paper looks to update on the work that has happened since the last update and give an indication of the planned milestones ahead.

### Review:

The last six months have continued to be challenging, particularly from the staffing perspective that has impacted on the team's ability to drive progress on existing and new projects. There have continued to be shortages within the Wellbeing Matters team, through maternity leave, sickness absence as well as vacancies, which reflect the national issues with recruiting psychological therapies. It has taken some time to restart projects following the return of our HR Manager from their secondment into HR. There remains a staffing gap in the ergonomics team although this should be filled by the middle of June.

Despite the staffing challenges, the Health and Wellbeing team have continued to deliver and since the last board update in November, the following outcomes have been achieved:

Activity	Target staff group	Benefit (including feedback and uptake where appropriate)
<p>We managed the roll out of the staff survey in September – November 2023 and supported the HR and operational leads in achieving our highest response rate to date – 67%. This was another 2%-point increase from the previous year and third highest response rate in our comparator group.</p> <p>We also supported with the analysis of the results and getting these communicated out to the right people at the right time. The results have been presented to the board in a previous paper.</p>	All Staff	Increased responses mean that the results are more valid and reliable. It is also a positive indication that staff feel the survey is worthwhile and will generate improvements as a result.
<p>Wellbeing Matters is our internal psychological support service for staff and teams. In February, we presented a paper outlining the activity and feedback information for the first six months of running internally only. The data showed a strong increase in the uptake within BHFT compared to the same 6-month period in the previous year. We outlined upcoming developments for the service as well as challenges and risks being faced.</p> <p>Some of the additional work that the team have undertaken in the last six months includes:</p> <p><b>Support at PPH.</b></p>	All Staff	<p>User data and feedback between June 2023 and March 2024:</p> <p><b>Wellbeing Line Assessments – 127</b> Average rating of 4.8/5 stars.</p> <p><b>Wellbeing Hubs – 87 with 345 attendees</b> Average rating of 4.3/5 for how valuable staff found these sessions.</p> <p><b>Workshops – 118 with 351 attendees</b> Average rating of 4.5/5 for how valuable staff found these sessions.</p> <p><b>Staff Support Post Incident (SSPI):</b></p>

Activity	Target staff group	Benefit (including feedback and uptake where appropriate)
<p>Our Staff Wellbeing Facilitator Godfree, who is a dual trained Mental Health Nurse and Psychological Therapist started at Prospect Park Hospital in December. The aim of this role is increasing engagement with staff there and normalising accessing support. We can see the positive impact that this is having already in the data. Between Oct and Dec 23, there were only 4 requests for staff support in PPH. Between Jan and Mar 24, there have been 26 requests – a 550% increase!</p> <p><b>Development Work</b> Wellbeing Matters clinicians, alongside AMH Clinical Director and HR colleagues, were integral in the design and analysis of a survey to understand the causes of stress within mental health teams in the trust. The paper (Stress Sources in BHFT Mental Health Staff - currently in draft form) should inform areas of focus for Wellbeing Matters, and the Trust more broadly.</p> <p><b>Investigative Support</b> Wellbeing Matters over the past six months has started offering psychological support during investigations. This is currently only for external investigations but we are scoping whether there is capacity to support internal HR investigations as well.</p>		<p>Team – 43 with 257 attendees Average rating: 5/5 for how valuable staff found them, and 90% of respondents said that they would recommend these sessions to a colleague.</p> <p>Individual – 60</p> <p><b>Formulation sessions – 65</b></p> <p><b>Investigative support – 17</b></p> <p><b>Facilitated Group Process – 11 with 206 attendees</b></p> <p><b>Feedback</b> We have included feedback on interventions where possible above – other mechanisms are being developed. We also collect qualitative feedback and wanted to include the following quote. This was received from a team manager who contacted Wellbeing Matters and we provided a team support process:</p> <p><i>“I couldn’t have brought up the topic of psychological safety as I didn’t know what it was. I would have had no idea how to discuss this with the team as it was simply not in my vocabulary. I am so grateful for your intervention and couldn’t rate it any higher. I would recommend it for any team, both those who are struggling and those who aren’t. I felt as though I had had a therapy session and emerged 10 stone lighter! It was a completely safe space, and we are continuing to use the work we started with you in our huddles and</i></p>

Activity	Target staff group	Benefit (including feedback and uptake where appropriate)
		<i>team meeting and have made psychological safety a standing item on our agenda. I can actively see the changes in how the team are with each other”</i>
Work has continued for our two <b>NHS Charities Together funded projects</b> and updates are provided in the next two rows.		
<p><b>Project 1: Wellbeing activities facilitator.</b></p> <p>Through the recruitment of the above post, we were able to offer staff classes for 18 months. The classes have been both virtual and face to face and covered a range of topics such as yoga, running and walking and Michelle, our Wellbeing Class Facilitator, was also able to attend numerous away days for teams. The initial funding term was due to be a year but we were able to extend this to six months to 21 March 2024.</p> <p>Despite excellent sign ups for each class, the attendees were much lower than anticipated. Based on feedback through the past year, classes and schedule have been tweaked to reach as many people as possible, however it has limited impact. With the low uptake, we were unable to secure any funding to continue the classes.</p> <p>Our facilitator has now left the trust and we are considering more sustainable ways to continue this work.</p>	All staff	<p>Between Feb 23 and Mar 24, the following activity was recorded:</p> <p>Classes run: 370 Attendees: 1590</p> <p>Workshops: 4 Attendees: 389</p> <p>Team/trust events e.g. away days: 49 Site visits: 23</p> <p><b>Feedback</b> Rating of enjoyment of the class (out of 5) - 4.67</p> <p>Whether the class will help improve health and wellbeing (out of 5) - 4.65</p>
<p><b>Project 2: Update rest areas and staff kitchens</b> across the trust.</p> <p>All rooms for the initial application have now been completed.</p>	Staff in teams who received the grant funding	<p>Improved working environment.</p> <p>We have sought feedback from the teams to gain an understanding of the impact the improvements have had. Photos and write up from one team attached as an appendix.</p>

Activity	Target staff group	Benefit (including feedback and uptake where appropriate)
<p>There was an underspend from the initial budget and we have also gained permission to move the small underspend from the wellbeing facilitator project and combine the two. This means we are now scoping some new areas to update in some of the sites or divisions that we were not able to support in the first round.</p>		<p>We continue to chase feedback from other teams although this has been delayed by the staffing gap due to secondment.</p>
<p>Our staff benefits provider contract expired in July 2023, and we have spent a number of months in a re-contracting process. This has finally been completed and the new contract was signed in February 2024. Whilst this offers no new benefits to our staff, we wanted to note the resource that was taken up by this process.</p>	<p>All staff</p>	<p>From Nov 23 – Mar 24, we have received 6 Cycle to work orders.</p>
<p>We continue to offer and administrate various wellbeing support and benefits as part of business as usual.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>- Peppy App for menopause and men’s health support,</li> <li>- Access to eye test vouchers</li> <li>- Early access physio service.</li> <li>- Salary Finance</li> <li>- Milestone awards including Long Service</li> </ul> <p>We have highlighted some key data from these services on the right</p>	<p>All eligible staff</p>	<p><b>Peppy</b>  364 Menopause users, 77 Men’s Health users. Over 85 consultations and 515 live events booked. NPS score of 74. 60% of users are still actively using Peppy after 1 year, 75% after 180 days.</p> <p><b>Salary Finance</b>  Since launching in July 2023, we have seen the following uptake</p> <p><b>Borrow:</b>  77 applications  22 full loan offered  11 starter loan offered  31 rejected and debt advice signposted</p> <p>Of the 12 loans issued.  17 – debt consolidation</p>

Activity	Target staff group	Benefit (including feedback and uptake where appropriate)
		<p>3 – Home 5 – car 8 – other</p> <p><b>Advance:</b> 53 registered users 41 active users 373 advances @ average £146</p> <p><b>Save:</b> 6 active save accounts £129.17 average savings (£3200 total)</p> <p><b>Milestone Awards</b> Since April 2023, we have issued: Welcome cards: 882 BHFT service milestone (1-40 years): 1463 NHS Milestones (5-40 years): 545 Retirement: 46</p>
<p>We are currently paying close attention to our contract with our Employee Assistance Programme (EAP) supplier, Health Assured. Health Assured provides in the moment emotional support and counselling as well as access to legal and financial advice/signposting. Wellbeing Matters refer regularly to Health Assured to support our staff access counselling, where it is deemed appropriate.</p> <p>Health Assured were the subject of a BBC File on Four investigation which was reported in March 2024. The</p>	All Staff	<p><b>Health Assured</b> (Feb 23 – Jan 24) Calls – 511 465 for emotional support/counselling (top themes - anxiety, low mood and bereavement) 46 for advice (top themes - childcare, employment and housing) For those who went on to (and have finished) counselling, 44% returned to work.</p>



Activity	Target staff group	Benefit (including feedback and uptake where appropriate)
<p>investigation alleged that counsellors were encouraged to limit call times and restrict the number of staff that could access counselling, as well as raising concerns around safety. The BBC has shared its investigation with the BACP who indicated that they would look into the reports and take appropriate action. Our feedback and experience with Health Assured has been mixed and we have sought additional feedback from colleagues following the article. We continue to work closely with Health Assured to ensure that the service provided meets the contract terms and that our staff get access to the best service possible.</p>		
<p>As per our regular schedule, our Wellbeing Newsletter and tour happened again in November 2023 and April 2024. In April, we have also distributed copies in the post to all those on parental leave or on long term sick. A copy of the April newsletter is attached.</p>	<p>All staff on sites that are visited</p>	<p>Immediate feedback while we are out on visits is positive and enables proactive conversations about support available, what's missing etc.</p> <p>We need to do some work this year evaluating the reach and usage.</p>
<p>As part of the ongoing recognition and reward work, we organised the distribution of a £50 festive voucher to all staff in November 2023. This was sent out in November, earlier than normal, to support individuals during what can often be a more costly month.</p> <p>Our Wellbeing and Rewards Administrator has also completed two round of chasing those who had not spent their 2022 festive voucher or 2023 backdated long service voucher encouraging them to spend it before the deadline. This enabled</p>	<p>All permanent staff employed on 1<sup>st</sup> Nov</p>	<p>Feeling of recognition and value of our people by the organisation</p> <p>Support with cost-of-living pressures</p>

Activity	Target staff group	Benefit (including feedback and uptake where appropriate)
<p>us to cancel the vouchers on the final expiry date and reclaim 90% of the value.</p>		
<p>The ergonomics team continue to deliver all moving and handling training for the trust and complete DSE assessments for those in need.</p> <p>Moving and handling training has taken up a lot of time due to the staff shortages. This led to commissioning an external company to deliver some of this training between March and June 2024 to increase the capacity to work on ergonomic assessments.</p> <p>We have also undertaken some work to improve the communication around ergonomic assessments. There are still considerable waiting times for both assessments and reports so more work on improving the administrative set up behind the ergonomics assessments is required.</p>	<p>All staff</p>	<p>Bringing in the external company has created a bit of capacity of the short-staffed team to try and reduce waits for ergonomic assessments.</p> <p>Improving the communications around ergonomics assessments, the process and the situations in which they should be used for will hopefully ensure those contacting the service need it and are not waiting unnecessarily.</p> <p>Usage data for November 23 to Mar 24:  89 new referrals for ergonomics assessments  60 reports completed.  41 Moving &amp; Handling training sessions delivered</p>
<p>In February, we held our first climate café hosted by Sustainability Lead, Justine Alford, and Assistant Psychologist for Wellbeing Matters, Henna Patel.</p> <p>Climate café's are open and inclusive spaces for staff to get together and talk about their feelings and thoughts around climate change and ecological crises. Research demonstrates a clear link between ecological breakdown and our wellbeing, and it therefore felt important to have these spaces for people to come together and explore complex feelings around this, that might otherwise be hard to talk about. Climate cafes also</p>	<p>All staff</p>	<p>Attendance has been low – 3 attendees across the 2 first sessions.</p> <p>We anticipate that it will take a while to improvement awareness of these sessions and as always, appreciate the challenges of having time to join them. We will plan more workshops after the return of the sustainability manager.</p>

Activity	Target staff group	Benefit (including feedback and uptake where appropriate)
<p>offer the chance for some well-deserved respite from the busyness of work and to connect with other individuals.</p> <p>We will be reviewing the feedback from the initial climate cafes and looking at appetite to run some more in the future.</p>		

### Future Roadmap:

Upcoming project delivery and likely timescales are captured below.

Activity	Target staff group	Intended benefit
<p>The People Directorate have agreed four strategic workstreams in 2024/25 that will be prioritised within the trust. One of these workstreams is a review of our wellbeing provision to ensure that the service that we are delivering is effective, cost-efficient and fit for purpose. The wellbeing review will begin in June and we are starting to develop the scope of the review.</p> <p>Stakeholder engagement will be key to this review and will be developed with operational colleagues. We also plan to engage staff in the review, collecting their opinions on what wellbeing support they are aware of, what they value and what is missing.</p> <p>This will be the biggest project within the team over the next six months and be quite resource intense.</p>	All staff	An effective, cost-efficient service which meets the needs of our staff
Wellbeing Matters has several ongoing projects over the next six months:	All staff	Development of the service in line with organisational need.

Activity	Target staff group	Intended benefit
<p><b>REACT mental health training</b> to be delivered to all staff who attend Essential Managers training to equip them to have wellbeing conversations with their staff.</p> <p><b>SPACE group initiative:</b> In line with national requirements, Wellbeing Matters are engaged in training and supervising Professional Nurse Advocates to become SPACE group facilitators. The aim is to be able to offer SPACE groups to teams across the Trust.</p> <p><b>Proactive outreach:</b> We will be moving to a proactive outreach approach to staff affected by assault, SI, or who are physically or emotionally affected by a work-related incident, removing the reliance on the handler opting them in. Relevant communications about this change will be go out in advance to ensure staff are aware that they will be contacted. This change should reduce the risk of staff not being offered support post incident. We will monitor demand when implemented as there is a risk that it could exceed our capacity.</p> <p><b>System implementation:</b> Wellbeing Matters is in the process of procuring a dedicated digital record system for both individual and team provision. The financial implications of this procurement have been built into the budget for the service. The system will bring an ability to pull a more detailed data set and track patterns of user data to hone outreach activity. It also overcomes the risks with the current system that include concerns about confidentiality, inability to track multiple records, as well as significant limitations for data analysis.</p>		

Activity	Target staff group	Intended benefit
<p>A team objective for this year, reflecting our plan on a page is to improve the visibility of the Health &amp; Wellbeing service and access to increase the number of staff accessing health and wellbeing support, including post incident support and paid for services. Our new Senior Comms Officer (0.4 FTE) started in April and will be taking forward this work, scheduling regular communications and looking at ways to increase our reach.</p> <p>This also links with our aim to better understand barriers and obstacles to staff accessing health and wellbeing support.</p>	All staff	Increased engagement and uptake of services
<p>Following feedback from both our union representatives and directly from staff, we are looking at the return to work from maternity/parental leave process, as well as options for childcare support.</p> <p>For maternity leave, we are running some focus groups that will be running in April and May to gather experiences and potential solutions.</p> <p>Childcare support is more tricky given the changes to the existing system but our Wellbeing and Rewards Manager is linking closely with our nursery team to look an opportunities in this area.</p>	Parents/guardians	Improved staff experience and engagement. Improved support at a potentially tricky transition for many.
<p>There are two main aims in the ergonomics space in 24/25. The first which we aim to complete in the next six months is to reduce the waiting times for ergonomic assessments and reports by improving the systems and administrative processes.</p>	All staff	<p>Improved waiting times for ergonomic assessments and reports.</p> <p>Capacity for proactive approach to tackling MSK issues and potential sickness</p>

Activity	Target staff group	Intended benefit
<p>The aim is that this will create more capacity in the clinical team and enable them to start targeting (through data) hotspots areas and take a more proactive approach.</p>		
<p>In line with the anti-racism workstream, our plan on the page includes an objective to collect more data and link with trust networks to understand our service-user and the health inequalities that exist for BHFT staff.</p> <p>The collection of data partly relies on the system implementation as mentioned above but we are already exploring how to improve links with trust networks and the opportunities that will create to better understand the health inequalities that exist.</p>	All staff	Improved understanding of our service users, health inequalities and barriers.



# Wellbeing at work news



Berkshire Healthcare  
NHS Foundation Trust

Issue 6 April 2024

## Spring is blooming with opportunities...

Welcome to the sixth edition of our Wellbeing at Work Newsletter.

We know that getting the time to access Nexus or check your emails can be difficult, particularly for our clinical teams, so this newsletter is your one-stop shop for the latest information on staff wellbeing. Check Nexus or your emails for full information on anything you see mentioned here that you want to learn more about.

As we move into Spring and start to enjoy the longer days, it can be a good time to consider behaviours that you may want to stop, start, or continue to improve your wellbeing. It's sometimes hard to know where to start, so we have a range of self-assessment tools available on Nexus to help guide your thinking and actions. Search 'Assess Your Wellbeing' on Nexus for more information.

Enjoy the sunny months ahead,

The wellbeing Team



## Our Wellbeing Line is here for you

**Our Wellbeing Line provides a confidential and compassionate support service and is open to everyone who works at Berkshire Healthcare.**

We can help with a range of topics, including work-related stress, financial worries, sleep difficulties, health concerns, family or relationship issues, and anxiety about world events or climate change.

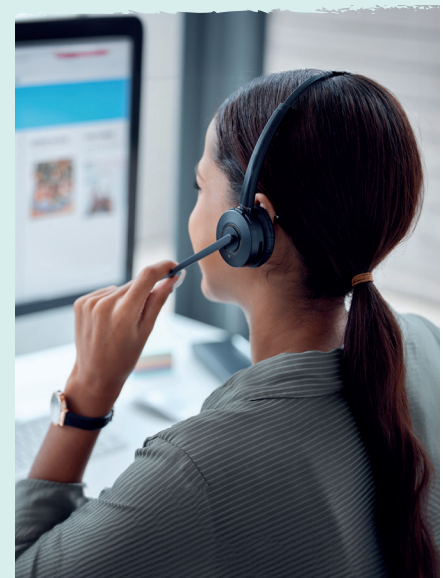
When you contact us, we'll arrange a chat with one of our practitioners who specialise in supporting healthcare staff. Please leave a message if your call goes unanswered and one of the team will get back to you.



[wellbeingmatters@berkshire.nhs.uk](mailto:wellbeingmatters@berkshire.nhs.uk)



**0300 365 8880** (9am to 4pm, Monday to Friday  
excluding bank holidays)



## Additional Support for staff at Prospect Park Hospital

Godfree Matambanadzo is offering **regular drop-in sessions** on **Prospect Park Hospital wards** to **support staff** following an incident, as well as offering **one-to-one support**.

One-to-one support is available on request and Datix reports now include a chance to request support.

Alternatively, you can email [wellbeingmatters@berkshire.nhs.uk](mailto:wellbeingmatters@berkshire.nhs.uk)

## Climate cafés

In February, we held our first Climate Café, hosted by our Sustainability Lead, Justine Alford, and Assistant Psychologist for Wellbeing Matters, Henna Patel.



Research shows that there is a clear link between ecological breakdown and our wellbeing, but it can often be hard to talk about. We've developed our Climate Cafés as a space for staff to come together and explore their feelings and thought about climate issues that may be on their mind.

Keep an eye on your inbox for the next **Greens News email** which will include dates and times for our next Climate Café.

## Professional Tree of Life workshops

Wellbeing Matters are offering a new workshop for teams.

Using the metaphor of a tree and the principles of narrative therapy, your team will be encouraged to think creatively about the strengths, skills and resources that are within the team to help them deal with any challenges they are facing.

The 'Professional Tree of Life' sessions are available as a half-day or full-day workshop and can fit in well within an away day.

For more information, contact [wellbeingmatters@berkshire.nhs.uk](mailto:wellbeingmatters@berkshire.nhs.uk)



## Wellbeing classes come to an end

Over the past 18 months, we've been running virtual and face-to-face classes for staff thanks to a successful NHS Charities Together funding. Unfortunately, due to poor turnouts (despite excellent signup numbers), we're unable to secure any funding to continue the classes.

Virtual classes will be phased out over the next couple of months while face-to-face sessions that are running with private instructors will continue until the end of March. They may continue through private arrangement with the teacher.

**The good news is that our walking and running groups organised by staff will continue. The more staff that come along and support these groups, the better.**

We will continue a **timetable of classes or groups** that are running on sites and there are **class recordings** on the **Staff Health & Wellbeing Teams Channel**.

Search 'Wellbeing Classes' on Nexus to find these.



# Mental Health First Aid

Mental Health First Aid is an internationally recognised training course designed to teach people how to spot the signs and symptoms of mental ill health and provide help on a first aid basis. Any member of staff member can become a mental health first aider at work, although those who are qualified mental health practitioners may find the course a repeat of their basic knowledge and skills.

Once trained, you will be able to access MHFA support and information for three years before a refresher course is required. The Mental Health First Aid course is a full two-day course and the refresher course is a half day. **Find out the dates and book through Nexus eLearning.**

We also run a **MHFAider network** for those who are trained to connect, share experiences, and consider best practice.

If you are interested in joining, please email [trainingwellbeingmatters@berkshire.nhs.uk](mailto:trainingwellbeingmatters@berkshire.nhs.uk)



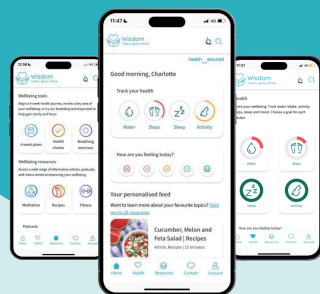
MHFA England



Wisdom

Learn, grow, thrive

Brought to you by Health Assured



Exciting features available on  
The Brand New Wisdom App



Wellbeing Trackers



Breathing Techniques



Four Week Health Plans



Mini Health Checks

Download and register today  
Wisdom | health assured



# Welcome to Wisdom

We're excited to announce that Health Assured, our Employee Assistance Programme, have launched Wisdom, their revitalised app.

Wisdom helps you track your wellness, improve your mental health, and stay resilient during tough times. It includes an interactive mood tracker, four-week health plans, mini health checks and breathing techniques. The app also has live chat and video call functions, as well as the 24/7 helpline, making it easy for you to get the right advice when you need it the most.

The Wisdom app is available from the **App Store** and **Google Play**. You can also access Wisdom on your desktop at [wisdom.healthassured.org](http://wisdom.healthassured.org).

The organisational code that you will need to sign up is **MHA232705**

# Wellbeing Champions

Two years have now passed since the launch of our Wellbeing Champion network group and it's great to see how the network has grown.

Our aim is for every team to have a Wellbeing Champion who is passionate about wellbeing and will share information and signpost support available. Our Champions also develop and deliver activities, events, and campaigns around wellbeing, and help to make improvements to their team's working environment.

To support them in their role, Wellbeing Champions have access to useful documents, eLearning modules, and forums to discuss concerns and ideas.

**If you are interested in becoming a Wellbeing Champion, or having one in your team, contact us at [Wellbeing@berkshire.nhs.uk](mailto:Wellbeing@berkshire.nhs.uk)**



# Quick links

A guide to all the wellbeing support available to you:

## Wellbeing Support

**Assess Your Wellbeing** - Check how you are, search '**Assess**' on Nexus.

**Health and wellbeing calendar** of wellbeing tips. Search '**wellbeing calendar**' on Nexus.

**Free wellbeing apps** - For anxiety, sleep and mindfulness. Search '**Financial support**' on Nexus.

## Mental health support - Search 'mental health' on Nexus

**Wellbeing Matters** - 0300 365 8880 | wellbeingline@berkshire.nhs.uk

**Health Assured** - 24/7 helpline, 0800 028 0199, six counselling sessions a year

**Support after a traumatic event** - #NoExcuseForAbuse, search '**traumatic event**' on Nexus.

**Bereavement support | Domestic Abuse Support | SilverCloud for staff**

## Physical health support - Search 'physical health' on Nexus

**Wellbeing classes and fitness** - Search '**wellbeing classes**' on Nexus.

**Smoking, substance misuse, gambling** - Support with harmful coping methods

**Menopause | Men's health** - Download the Peppy app. Search '**Peppy**' on Neuxs.

**Physio (0800 999 7055)** - Occupational Health, Ergonomics, Eye tests, Long COVID

## Financial health support - Search 'financial health' on Nexus

**Financial Support** - Support with energy bills, Pensions, Salary Finance, MoneyHelper

**Helping your money go further** - Cycle To Work, Fuel, Blue Light Card, Childcare

**Support for those in need** - Grants, Local authority help, unions, foodbanks

## Work support - Support for you, your team and training

**At work** - Wellbeing champions, reasonable adjustments, networks unions

**For your team** - Wellbeing hubs, Team support process

**Training** - Mental Health First Aid, REACTMH tool, workshops, support for managers

## Contact us

For more information or if you can't access Nexus, please contact the wellbeing team:  
[wellbeing@berkshire.nhs.uk](mailto:wellbeing@berkshire.nhs.uk) This can be from your personal or work email.

[berkshirehealthcare.nhs.uk](https://berkshirehealthcare.nhs.uk)



**GOVERNORS' SUBCOMMITTEE  
ON  
MEMBERSHIP & PUBLIC ENGAGEMENT**

The Governor's Membership and Public Engagement Subcommittee met on 21<sup>st</sup> May. This was the least well attended meeting that we have known for a long time. However, I do appreciate that those in work have a full diary and us so-called retired folk are also very busy across everything we do. We are also very much into holiday season too for a number of us. Nonetheless, we covered the Agenda well with a full discussion, and grateful thanks to Cathy Saunders, Director of Marketing and Communications for presenting the input from the Trust.

**Membership Newsletter:**

The latest edition of Membership News was emailed out on 2<sup>nd</sup> February, just after the last M&PE meeting. The overall appearance, layout and visual appeal of the newsletter is very good indeed. It is a "very good read" and very informative. Congratulations to Marcomms for another fine edition.

Work will be done on sample "patient stories", as presented to the Trust Board with a view to featuring some in future editions.

**Membership Report:**

We note that membership numbers remain stable, as does the breakdown into the categories which are measured and that this seems to remain steady over time.

**Membership Strategy:**

Three of us had hoped to meet ahead of the meeting with Cathy Saunders and Marcomms but holiday absences meant we could not do so. I will now be meeting Cathy Saunders and Frankie Stewart in London House on 13<sup>th</sup> June. The purpose of this meeting is to explore the outreach "message" that should be used to invite additional membership applications, but carefully limited to those categories of membership that remain under-represented. Once we have an approved message, I will contact Governors, particularly Public and Appointed Governors for some assistance.

Since the last M&PE meeting I have visited Frimley Health Trust to meet their Membership Manager, Sarah Waldron. An interesting point to note from a very valuable discussion on membership activities is that there is no 'magic solution' and there isn't any particular idea or activity that we are missing out of our approach.

Public Engagement is indeed a part of the Governor role but that is not the only way it is achieved. On 23<sup>rd</sup> May I had the privilege of attending the Rapid Improvement iWGC Event in Wokingham, along with Jon Wellum and Madeline Diver (and Anne Jumba, there as attendee and Staff Governor, Clinical). The iWGC survey is a very practical adjunct in itself to public engagement, at the point of patient, carer and family contact. There was the most fantastic motivation and enthusiasm from all the Trust staff who attended to improve the response rate and thereby more engagement. A superb event experience, thank you!

**Public Events:**

After the meeting, I contacted Babs Evetts for an update on possible membership outreach at the University of Reading at the start of the new academic year. Contact emails have been sent to a number of colleagues to gauge the possible scope of such an approach. Welcome Week commences on 23<sup>rd</sup> September.

Reading Pride will be attended again by the Trust. Bracknell Council have announced that Bracknell Pride will happen again for the second time later this year. It is not known yet what BHFT presence may be at this event.

**Brian Wilson**

Lead Governor, Sub Committee Chair, Public Governor for Bracknell

## Governors Working Group- Quality Assurance Group

13<sup>th</sup> May 2024

### Sarah Croxford & Brian Wilson

With an extensive meeting report pack this meeting, we had plenty to discuss. Unfortunately, John Jarvis, Co-Chair is still unwell and we wish him a swift recovery and send him our best wishes. I would like to extend my thanks to Brian for covering the first part of the meeting on my behalf and to also welcome Cheryl for her minute taking and guidance would like to thank Jennifer Knowles for her diligence and support with the QAG meetings.

**Patient Safety Partners (PSP):** Dan Badman (Deputy Director of Patient Safety) and Liz Chapman (Head of Service Engagement & Experience) joined the QAG and kindly shared more details about the Patient Safety Partners (PSPS). The PSPs are integral to the Patient Safety Incident Response Framework (PSIRF), contributing to healthcare governance and management processes. They support training, project teams, safety meetings, and the development of information resources. PSPs also review incidents and provide feedback on quality improvement. There are four roles of PSPs, with varying levels of involvement and commitment, from participating in focus groups to involvement in committees to making strategic recommendations at committee levels.

**Patient Advice and Liaison Service (PALS):** Liz Chapman also joined the QAG and shared an update on the PALS service, following previous requests from the Governors to learn more. PALS plays a crucial role in addressing patient concerns and queries, ensuring that patient feedback is heard and acted upon and it was helpful to get a view on the number of queries landing into the service, a total of 1542 contacts.

As the first point of call of patients or family members its important that their role is clearly understood on what is in and out of scope and they are supported in the best way to route calls and guide patients.

My specific take on this from the session from Liz was the way we could signpost more effectively and efficiently helping people to get to the right information at the right time. Its apparent they take a number of non-specific PALS requests, using them as a "call centre" for whatever questions comes along and as a "no wrong door policy" this does take up time in dealing with queries and questions that may not be the best use of their time (including other trusts whose patients come into the service).

Liz also discussed the opportunities for technology to assist, which ultimately will help them to spend more effective time on where they can make the biggest difference to improve patient experience and safety. We have asked for a return update from the PALS team to understand the progress as this a critical "front door" to patients.

**Formal Complaints Form and Sample Complaint:** The QAG discussed the sample complaint and reviewed it for future learnings. There were several observations around this and it was obviously a challenging and difficult complaint to handle and agreed that the staff had followed

policy and seemed an appropriate response and also discussed that staff should be supported on the zero tolerance to abuse. The key observations drawn from this are:

- **Effective Communication:** Ensuring clear and timely communication with patients and their families is crucial. It helps in managing expectations and fosters trust with Berkshire Health
- **Patient Involvement:** Involving patients and their families in the decision-making process can lead to better outcomes and satisfaction
- **Learning from Incidents:** The complaint underscores the importance of learning from incidents to prevent future occurrences. This aligns with the Patient Safety Incident Response Framework (PSIRF), which focuses on understanding how incidents happen and the contributing factors.

**Service Visit Update and Service Visit Reports:** Service Visit Updates provide insights into the ongoing improvements and changes in patient care services. There were several reports citing challenges with heating being incredibly hot either in the winter and certain sites were already noted including Bluebell Ward and attention to the facilities and estate challenges should be reviewed going forward.

## **Report for Council of Governors on 12<sup>th</sup> June 2024**

Living Life to the Full meeting on 17<sup>th</sup> April 2024 -Hybrid

Speaker: Jane Stanford-Beale MBE Chief Executive Autism Berkshire.

The service is responsible for autism and ADHD pre-assessment and post diagnosis service in W Berkshire. Funding is from the NHS for their children's service.

The wait for a diagnosis for children is around 2 1/2 years, but a phone helpline provides a listener to understand their story; assess major issues and help with making a plan or signposting to help.

They run evidence-based workshops, looking at autism related sensory issues and behaviour. There is also a 6-week course for parents of teenagers.

Where funding allows, they run an 8-week early bird plus course for parents of 5-10 year olds.

Since 2022, they have run an adult support service for 18+ years. This is helpline single session therapy and workshops with drop-in sessions at the Atrium Café in Reading. There are also drop-in evening sessions twice a month in Maidenhead. There is a wait of approximately 4 years for adults' diagnosis. The waiting lists are so long due to the sheer volume of referrals received but the key point is people can access support whilst they are waiting. The sessions are workshop based, to provide information for discussion. It is also an opportunity for people to share tips and personal experiences, providing a supportive community.

The service saw 1000 families last year relating to autistic children. They are commissioned to cover Berkshire West, with not much support available in Berkshire East although they do see some people from RBWM, Slough and Bracknell.

Jane shared detail around the number of contacts for the different age groups and the number of support calls made. From an ethnic perspective, contacts are predominantly white British. They do see other ethnic groups, but the total number of contacts is not representative of the population, whilst some people do not disclose their ethnicity.

Jane stated they see on a regular basis, very distressed teenagers, and teenagers who are presenting at A&E who have not previously sought support with a suicide attempt or serious self-harm. They are identified as autistic then referred to Autism Berkshire for support.

There is a lot of work undertaken with CAMHS to ensure they receive information to support the patient pathways. After diagnosis they work hard with the offers from local authorities providing information to support the children. They also work closely with schools.

Jane drew attention to their good Facebook fee, with over 5000 followers. They share a lot of information about what is available. This is of value to the autistic community as they take a strength-based approach. University researchers ask

them to recruit volunteers for their studies as the Facebook page has such a wide reach; they are being acknowledged in research for this.

Further details are available in the Living Life to the Full Minutes 17<sup>th</sup> April 2024 and make alarming reading!

**Governor changes:** Tom Lake completed his term as Governor and was thanked for his work and creative direction enabling the governors to understand and support the work of our voluntary and community groups who offer so much support to our patients and carers.

Madeline Diver was appointed Chairman as his successor.



## **Patient Experience**

### Quarter Four 2023-24 Report

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

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

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

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

The report also includes the Community Mental Health Survey Benchmark Report 2023.

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

## Highlight Patient Experience Report Quarter Four 2023/24

### 1. Why is this coming to the Board?

This report is written to provide information and assurance to the Board in relation to the Trust's handling of formal complaints and also to provide information and learning around broader patient experience data available to us.

The handling of Complaints is set out in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Both the CQC and Parliamentary Health Service Ombudsman (PHSO) set out expectations in relation to the handling of complaints; these are based on the principles that complaints are a valuable insight for organisations and should be seen as a learning opportunity to improve services. There is a requirement for complaints to be reviewed robustly in a timely manner that is fair, open, and honest.

Complaints are only one element of understanding the overall experience of those accessing our services, we therefore analyse data gathered through a variety of means including the 'I want great care' (iWGC) tool now used as our primary patient experience tool, to support understanding of patient experience and areas for improvement.

### 2. What are the key points?

The iWGC tool enables patients to provide a review of their experience using a 5-star rating for several areas (facilities, staff, ease, safety, information, involvement and whether the person felt listened to) as well as making suggested improvements. The trust has an ambition as part of the Trust strategy to increase the volume of feedback received over the next 3 years to 10% and also to increase the use of the information received to support improvement. All divisions have a performance metric that they are monitoring to improve levels of feedback.

The table below provides the overall Trust metrics compiled in relation to patient experience. The full report provides more detailed information by division. A target is added where there is one. There is not a metric for number of complaints/ MP enquiries, all feedback should be viewed as an opportunity for learning, however where there are not metrics per say last year's total are included to provide some context.

<b>Patient Experience – overall Trust Summary</b>		Target	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Year-end position
Total patient contacts recorded (inc discharges from wards)	Number		216,579	219,999	233,201	244.601	
Number of iWGC responses received	Number	<b>64,000 year</b> (based on Q1 contact)	6,450	7,156	7,286	8,337	<b>29,229</b>
iWGC Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	<b>7.5% by Mar '24</b>	3%	3.3%	3.1%	3.4%	
iWGC 5-star score	Number	<b>4.75</b>	4.71	4.79	4.77	4.79	<b>4.79 average</b>
iWGC Experience score – FFT (good or very good experience)	%	<b>95%</b>	93.8%	94.5%	93.7%	94.8%	94.88%
Compliments received directly by services	Number	Total 22.23 <b>4522</b>	1091	1229	1408	1399	<b>5,127</b>
Formal Complaints received	Number/ %	Total 22/23 <b>240</b> <b>0.043%</b>	68	64	75	74	281 <b>0.030%</b>

<b>Patient Experience – overall Trust Summary</b>		Target	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Year-end position
Formal Complaints Closed	Number	Total 22/23 <b>247</b>	53	64	69	71	257
Formal complaints responded to within agreed timescale	%	<b>100%</b>	100%	100%	100%	100%	<b>100%</b>
Formal Complaints Upheld/Partially Upheld	%	Total 2022/23 <b>56%</b> total complaint	62%	55%	52%	58%	56.42%
Local resolution concerns/ informal complaints Rec	Number	Total 2022/23 <b>134</b>	36	50	30	33	149 3*
MP Enquiries Rec	Number	2022/23 total <b>88</b>	24	11	19	19	<b>73</b>
Complaints upheld/ partially by PHSO	Number	Total 2022/23 <b>0</b>	0	0	0	0	<b>0</b>

1\*Increased from Q4 but within quarterly control limits based on previous quarters over last year

2\* Number of complaints opened in previous quarter will impact this quarters closure

3\* increased number but decrease as % total contacts

The data continues to show only small variations each quarter.

Whilst we have seen an increase in total complaints this year compared to last the number of complaints as a percentage of patient contacts has decreased from 0.043% in 2022/23 to 0.030% in 2023/24

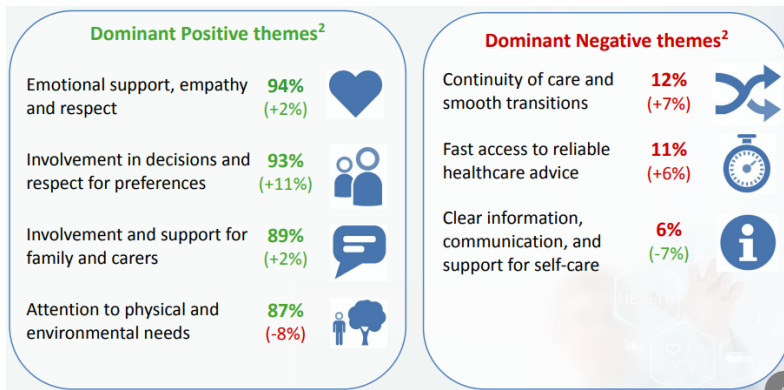
Although we continue to increase the percentage of feedback received through iWGC we have not achieved our aim of 7.5% by year end; there is ongoing work to continue to increase this including a rapid review event taking place in May.

In the quarter two report, it was identified that there had been a significant drop in satisfaction in relation to not feeling listened to across East Mental Health services with 5 star rating having dropped to 3.83 although there was no information available to understand this further and it did not triangulate with other feedback received, during quarter 3 the scores increased back to 4.52 and this quarter it was 4.64 demonstrating stability in satisfaction not consistent with the lower scores in Quarter two.

The lowest sub scores across all divisions is within the mental health inpatient services where feeling involved and listened to has remained lower in terms of star rating through the year. The wards all have ongoing work to support improvement and 3 of our wards are about to commence an NHS England Culture of Care programme which was offered to all Mental Health Trusts as part of their transformation programme. This programme aims to improve the culture of inpatient mental health, learning disability and autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work.

There is work being undertaken across all divisions in relation to highlighted learning and improvements; examples of feedback alongside 'you said, we did' improvements can be found in the full report accessed through the hyperlink. There continues to be disparity across the organisation in how services are utilising the tool and there is ongoing work and support being provided to increase both volume and use of the information received; this will include a Rapid Improvement Event using quality improvement methodology which is being undertaken in May to look at how we might further improve uptake of the feedback tool.

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



\*Number in brackets shows change from previous quarter

### 3. What are the implications for EDI and the Environment?

We aim to receive feedback that is representative of the diversity across the population. The below table shows the split of both complaint and survey responses by ethnicity. For this quarter we have seen that the percentage of patient survey responses are not representative for some ethnic groups particularly Asian/ Asian British although complaints received by people identifying as this ethnicity are representative, this position is not different to previous quarters.

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	10.8	7.6	10.47%
Black/Black British	5.4	3.1	3.29%
Mixed	1.4	2.6	3.33%
Not stated	12.2	9.3	2.33%
Other Ethnic Group	1.4	4.2	2.44%
White	68.9	73.2	78.15%

In terms of gender, for this quarter like previous quarters we have seen a slightly higher percentage of males making formal complaints compared to attendance and a lower percentage of males completing the survey than either females or those identifying as non-binary/ other. We still have around 25% patients not stating their gender when completing the survey, for complaints the gender of all was known.

The 15 steps programme has recommenced from April 2024 following a period of pause and review.

This quarters report includes as an appendix, the annual 2023 NHS community mental health survey benchmark report. This is shared with the mental health division and the mental health transformation programme leads to consider for any areas of improvement.

### 4. Conclusions and Recommendations for consideration by the Board

It is the view of the Director of Nursing and Therapies that there are no new themes or trends identified within the quarter four patient Experience report. For areas where there is concern or identified needs for improvement there are service and quality improvement programmes of work in place. There is also an on-going programme of work involving staff, service users and those with lived experience that is reviewing the service delivery model of our community mental health services, this aims to provide clarity around care and treatment as well as improved access to the right services and therefore a better patient experience.

There has been a small increase in the number of responses received through the patient experience tool and work is ongoing to support further increases; the use of this information for improvement across services does continue to increase. Board members should continue, as part of their contact with services to explore how patient feedback is being used for improvement.

## Patient Experience Report Quarter 4 2023/24

### Introduction

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

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

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

From April 2024, the response rate will be calculated using the number of unique clients rather than the total number of contacts. Patients will continue to be offered the opportunity to give feedback at each appointment.

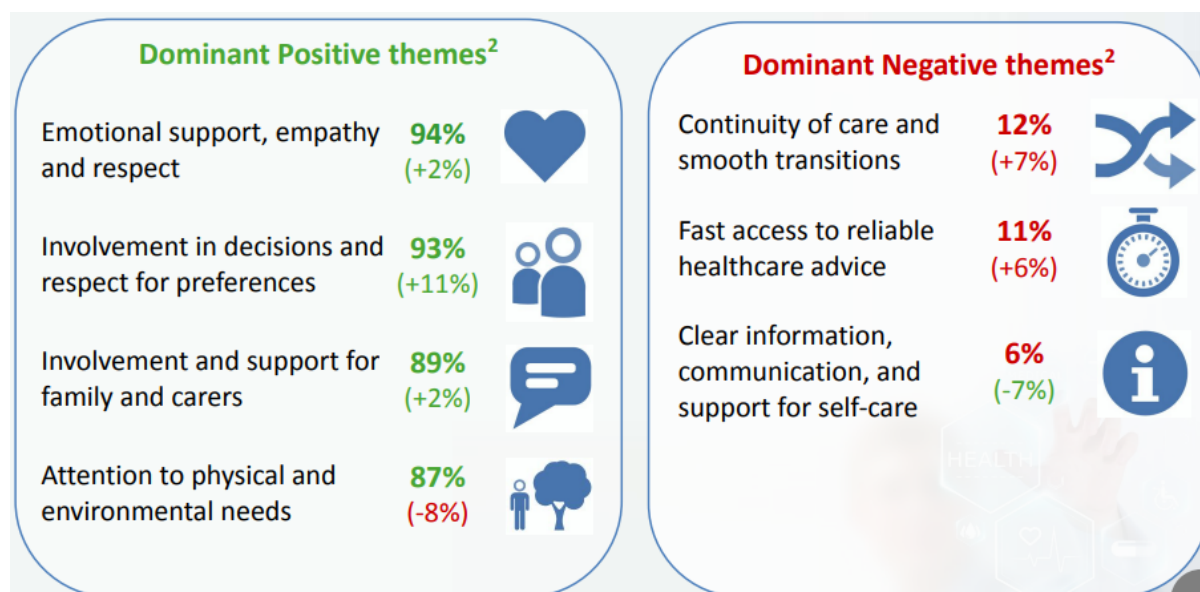
**Table 1**

<b>Patient Experience – overall Trust Summary</b>		<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>
Total patient contacts recorded (inc discharges from wards)	Number	216,579	219,999	233,201	244,601
Number of iWGC responses received	Number	6,450	7,156	7,286	8,337
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3%	3.3%	3.1%	3.4%
iWGC 5-star score	Number	4.71	4.79	4.77	4.79
iWGC Experience score – FFT	%	93.8%	94.5%	93.7%	94.8
Compliments received directly by services	Number	1091	1229	1408	1399
Formal Complaints Rec	Number	68	64	75	74
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	11	10	11	10
Formal Complaints Closed	Number	53	64	69	71
Formal complaints responded to within agreed timescale	%	100%	100%	100%	100%
Formal Complaints Upheld/Partially Upheld	%	62%	55%	52%	58%
Local resolution concerns/ informal complaints Rec	Number	36	50	30	33
MP Enquiries Rec	Number	24	11	19	19
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	3	3	5	9

There are no significant changes identified in analysis of data that differs from previous reports, the highest number of complaints continued to relate to specific care and treatment concerns. The number of MP enquiries received has remained consistent at 19.

There were 2 complaints about parking at West Berkshire Community Hospital, which do not directly relate to Berkshire Healthcare services.

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



The brackets ( ) in the picture above shows the comparison to the report for quarter 3. (+) means that there has been an increase since the last report, (-) means a decrease since the last report.

There has been an 11% increase in patients feeling involved in decisions and respect for their preferences. This shows that the negative theme for continuity of care and smooth transition percentage has increased meaning that dissatisfaction has increased. Whilst clear information, communication and support for self-care remains a negative theme, this has improved significantly since the previous quarter.

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

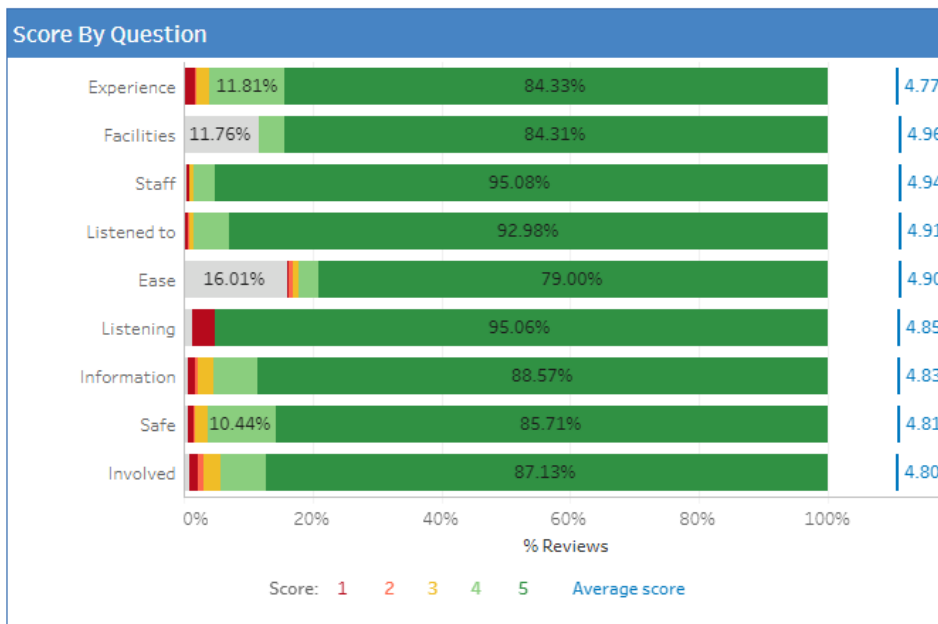
### What the data is telling us

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

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

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

Patient Experience - Division CYPF and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	556	1169	930	1321
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.1%	3.4%	2.7%	3.4%
iWGC 5-star score	Number	4.59	4.7	4.87	4.85
iWGC Experience score – FFT	%	89.3%	96.6%	95.5%	96.1%
Compliments received directly by services	Number	72	55	81	64
Formal Complaints Rec	Number	14	15	9	16
Formal Complaints Closed	Number	14	14	5	17
Formal Complaints Upheld/Partially Upheld	%	93%	57%	80%	76%
Local resolution concerns/ informal complaints Rec	Number	6	14	8	5
MP Enquiries Rec	Number	15	7	4	8



For children’s services the iWGC feedback has seen an increase in the responses from last quarter, further work with the services continues to improve this, young people and parents/carers have been assisting in the ways to promote the new patient experience tool to other service users, including the design and layout of the new posters that will now be used across CYPF services.

Of the 1321 responses, 1239 responses related to the children’s services within the division; these received 96.3% positivity score, with positive comments about staff being helpful and kind and a few suggestions for further improvement, this included 8 reviews for Phoenix House where comments about staff being supportive and helpful were very positive and there were some suggestions for further improvement regarding staff attitude and need to separate different patients. 39 of the responses related to learning disability services and 43 to eating disorder services.

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

### Children’s Physical Health Services

There were 5 formal complaints for children’s physical health services received this quarter. 3 for Health Visiting (across 3 different geographical localities), 1 for Children’s Occupational Therapy and 1 for the Immunisation service.

1095 of the 1239 patient survey responses were in relation to children’s physical health services. The 2 services with most responses were the Immunisation West Team and Health Visiting, Bracknell; the Immunisation West team received 335 of these responses which scored positively receiving a five-star rating of 4.80 and feedback included *They were really comforting and nice. And answered all my questions. The best vaccine people ever 10/10 deserve a pay rise.” “I was very anxious as I have needle phobia, but they were incredible kind, really helped me and told me everything I wanted to know.”*

The School Nursing Team held 2 focus groups with service users this quarter. Children’s Community Nursing and Specialist School Nursing: 2 focus/participation group(s) were held with service users across Q3 and Q4. One was held in East Berkshire and one in West Berkshire. Having reviewed the focus group feedback themes included: greater visibility; changes around the NCMP, including links to parental support; introducing workshops for enuresis due to long waiting times. Actions have been taken around these areas.



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

For child and adolescent mental health services there were 10 complaints received (including one for the Key working team and Phoenix House), these were primarily in relation to care, and treatment received and waiting times. Themes around this included clinical care received and long wait for treatment. In addition to this, the service received 5 enquiries via MPs.

There have been 170 responses for CAMHS services received through our patient survey for this quarter. Currently the survey is accessed through paper surveys, one way SMS, online, QR codes or configured tablets in the departments.

In addition to the current feedback tools, 3 focus groups were held with service users from across the Child and adolescent ADHD pathway and Autism assessment team.

## **Learning disability**

There were no complaints received this quarter for Campion Ward or the Community Team for People with a Learning Disability.

Overall, there were 48 responses for all Learning Disability services from the patient survey received, responses were for the Community Teams for People with a Learning Disability. These received a 91.7% positive score, this was skewed by 1 response which had an overall experience score of 1 and no free text comments to explain the score; other feedback included that staff were helpful, "*The team were very helpful and thorough.*", "*I am happy because I had been treated kindly respectfully and you are helping and supported for my health needs.*" and "*Very interactive and educative. Was feel with information which will help me many forwards.*," there were comments for improvements including staff need to listen and patients want more information. 2 of the 4 responses that received with a score below 4 left no comments in the free text boxes, the remaining 2 had comments which included wanting more information, for staff to be polite, respectful, show kindness and treat people with dignity.

## **Eating disorders**

There were no complaints received for either the adult or young people's s Eating Disorder Services.

Of the 43 feedback responses received, 41 scored a 5 with comments such as "*Great care, trusted and listened to. Amazing advice given. Really needed the extra 'push'. It really helped in recovery and to give focus. Going through a troubled time my therapist has helped me a lot!*," "*[name removed] is a very inspirational, Sympathetic and caring mental health practitioner. Amazing advice given and listened well. I felt I was in a safe space to talk and speak freely.*," "*[name removed] has a very kind and understanding approach, letting me discuss things at my own pace, but prompting me professionally and empathetically to help me tell my story. She's helping me through the process in a very supportive way.*" Areas for improvement included better communication and that the waiting time was too long.

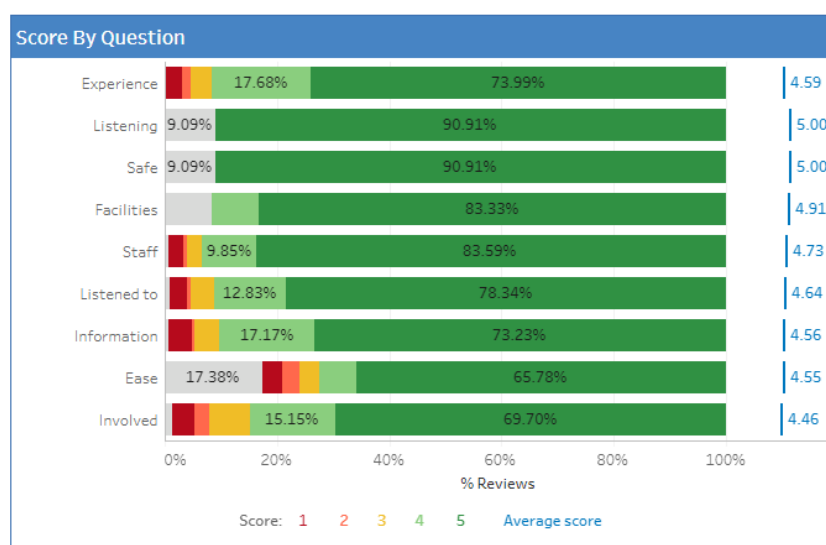
The Adult Berkshire Eating Disorder Service (BEDs) and Children and Young People (CYP) Service invited service users to attend two focus groups (one for each service) during the quarter. Having reviewed the focus group feedback themes included: Improving the reception area; more support during the holiday period; additional support other than group therapy. This feedback is currently being considered.

## Mental Health Division

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

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

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	449	448	492	396
Response rate (calculated on number contacts)	%	2.7%	2.2%	2.5%	1.9%
iWGC 5-star score	Number	4.64	4.58	4.49	4.60
iWGC Experience score – FFT	%	92.7%	89.1%	89.6%	91.7%
Compliments received directly by services	Number	37	26	20	21
Formal Complaints Rec	Number	16	12	14	12
Formal Complaints Closed	Number	16	13	15	12
Formal Complaints Upheld/Partially Upheld	%	37%	23%	33%	58%
Local resolution concerns/ informal complaints Rec	Number	4	2	2	3
MP Enquiries Rec	Number	1	2	0	0



There has been a reduction in the number of responses on the iWGC system this quarter, and a number of the services in the Division have been invited to attend the Rapid Improvement Event planned for May 2024, which will be an opportunity for further targeted support.

12 formal complaints were received into the division during this quarter; in addition, there were 3 informal/locally resolved complaints. 12 complaints were closed during the quarter. 7 of these were either fully or partially upheld and 5 were not upheld; 5 of these complaints related to communication or care and treatment, 1 was about access to services and a further 1 related to the attitude of staff.

The services receiving the majority of iWGC responses were CRHTT East 76 responses, Memory Clinic Bracknell 33 responses and OPMH WAM 21 responses.

Across the CRHTT East survey responses the average 5-star score was 4.19 with 85.7% positive feedback, a decrease in the 5-star score and an increase in the percentage positive feedback from last quarter. 66 of the (overall number of responses received) scored a 4 or 5-star rating with many comments about staff being kind, being helpful, listened, and supportive; *“Very helpful at a difficult time. They dealt well with the problem.”* This quarter, questions relating to feeling involved and ease were least likely to be positive with areas for

improvement and dissatisfaction with the service about feeling like the staff did not care, discharged without being seen and lack of communication.

The Memory Clinic Bracknell received 100% positive score (4.92-star rating) and received positive feedback about staff being kind, listened, caring and friendly. *“It was comfortable. I felt listened to. They were happy to deviate when appropriate (discussing something slightly different if it cropped up). They were thorough but with empathy with what I said. I came away with a plan and some idea and I would be happy to go again. Not at all as expected - more personalised.”*

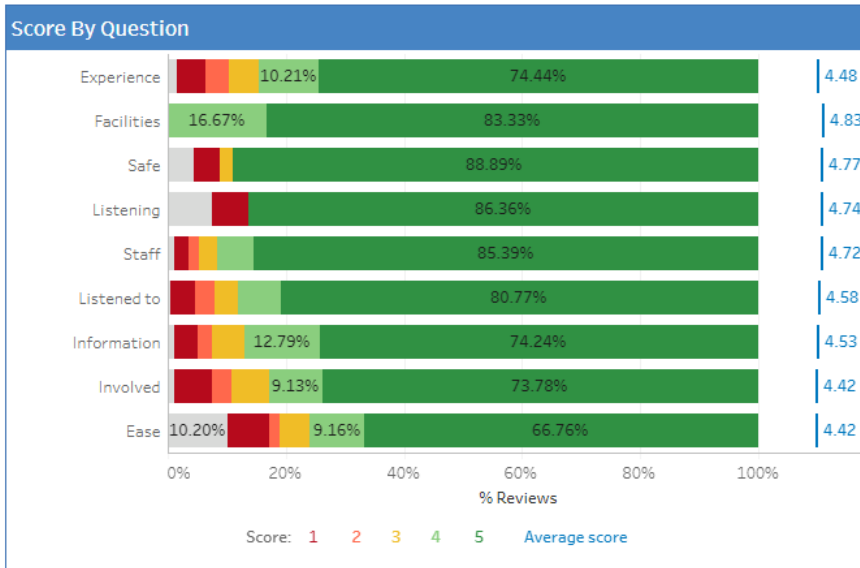
OPMH WAM received 95.2% positive feedback (4.90-star rating), many of the comments were positive about staff listened, were approachable and friendly *“[name removed] [name removed] was very clear and happy to explain things more than once to my parents. She is also extremely approachable and friendly.”*

CMHT received 52 responses (Bracknell 17, WAM 16 and Slough 19) with 84.6% positive score and 4.50 star with 8 of the total responses scoring less than a rating of 4; comments included *“I don’t know why I have a review for 13<sup>th</sup> March as I was in A&E due to having an overdose. No one has contacted me from Crisis team or CMHT, CMHT now want to see me 8 days AFTER the event. This is not support.”*; *“Dr [name removed] was amazing, I have been a patient for many years and she has always been kind, helpful and treated me with extreme professionalism, her care has been brilliant.”*, *“Dr. [name removed] was very easy to understand while he was explaining the symptoms and the process of it”* and *“Dr [name removed] listened with great care and without judgement, has a great knowledge and understanding and we covered all of my concerns and medication was changed.”*. There were a number of positive comments about being listened to, staff were kind, respectful and helpful. Some of the suggestions for improvement included communication between staff members needs improving. Further work is being carried out with Mental Health services to improve uptake as part of the wider patient experience improvement plan.

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

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

<b>Patient Experience - Division MHW</b>		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	<b>Number</b>	1246	1219	997	1205
Response rate (calculated on number contacts)	<b>%</b>	2.5%	2.3%	2.1%	2.2%
iWGC 5-star score	<b>Number</b>	4.61	4.58	4.56	4.53
iWGC Experience score – FFT	<b>%</b>	89.3%	88.4%	86.4%	84.7%
Compliments received directly by services	<b>Number</b>	557	403	312	537
Formal Complaints Rec	<b>Number</b>	12	15	12	17
Formal Complaints Closed	<b>Number</b>	7	13	15	15
Formal Complaints Upheld/Partially Upheld	<b>%</b>	43%	54%	53%	53%
Local resolution concerns/ informal complaints Rec	<b>Number</b>	7	5	5	4
MP Enquiries Rec	<b>Number</b>	4	0	4	9



There was a significant increase in survey responses in Quarter 4 against Quarter 3. The Mental Health West division has a wide variety of services reporting into it, including Talking Therapy services and Court Liaison as well as secondary mental health services. The 3 services with the most feedback through the patient survey were Talking Therapies 513 responses, PPH Therapies 68 responses and Memory Clinic Wokingham 59 responses.

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

This division received 17 formal complaints during the quarter with CMHT receiving 9 and CRHTT receiving 2. There were 15 formal complaints closed with 8 being found to be upheld or partially upheld and 7 not upheld.

Mental Health West also received 4 informal complaint/locally resolved complaints and 9 MP enquiries (3 of the 4 received for CMHT were about the Reading based service).

The Wokingham Memory Clinic received 59 responses with an 96.6% positive score and 4.87-star rating (2 responses scored less than 4) many of the comments were positive about staff being friendly, being kind and professional.

Older adult and memory clinic combined have received 123 patient survey responses during the quarter with a 92.7% positivity rating (4.76-star rating) some of the feedback included *“(Excellent!!) Patient and carers are treated as individuals, with care and respect. We feel we matter to you. The support, friendship, humour is second to none, as is all the care we receive. Thank you!! Keep on doing it.”*

There were 60 responses received for West CMHT teams with 83.3% positivity score and 4.37-star rating, 50 of these were positive with comments received that staff were understanding and helpful, there were 6 negative responses with reviews stating that patients felt like staff didn't listen, the wait time to see a psychiatrist was too long and help was delayed or no help given.

Talking Therapies received 513 responses during the quarter, their patient survey responses gave a positivity score of 78.4% (4.42-star rating), 111 of the reviews scored less than 4.

The vast majority of comments were still very positive about the staff, including that they listened, were helpful and understanding. A number of the comments/areas for improvement were that the wait was too long, issues with Silver Cloud software and wanting more frequent appointments. For example, *“I wasn't really sure what to expect from Silver Cloud, but I found the experience completely detached and unhelpful. If I wanted a survey to fill in and generic information, I can just do a Google search for it. What I wanted was someone to talk to, that would empathise with me and offer me counsel.”*

Examples of positive feedback about Talking Therapies included, “Every session was well structured and talked through clearly and kindly. We worked through many techniques and was supported every session. I was made to feel welcomed and listened to every session and any change in times or dates were communicated as early and clearly as possible. I never felt judged and made excellent progress going through therapy. Overall super positive and happy with my experience.” “I was assigned [name removed] and only have good things to say about her. She was extremely easy to talk to, very understanding and motivational in my progress. She really helped me understand what is going on in my body and way to help myself. I would like to come back to talking therapies to speak about another issue and would request her again.” and “My Therapist ([name removed]) was very understanding and supportive, suggesting approaches that can help with my problems and ensuring I am aware that I can contact her for assistance and advice between our calls. Very reassuring and encouraging to know I have support if I am struggling.” Patients reported that they felt “My therapist [name removed] was amazing and so understanding. I felt listened to and supported throughout the seasons and great ideas given as to how to help myself. She was kind and I felt valued by her, and it felt like I wasn’t alone.” I was not sure what to expect but the counsellor put me at ease straight away. A lot of information on the first meeting, not sure how it will work out but I’m glad I have this opportunity. Friendly, professional, and informative.” and “I am really happy about the way I have been treated; I was treated with respect and kindness and dignity whereby I felt comfortable and confident in opening up more.”

### Op Courage

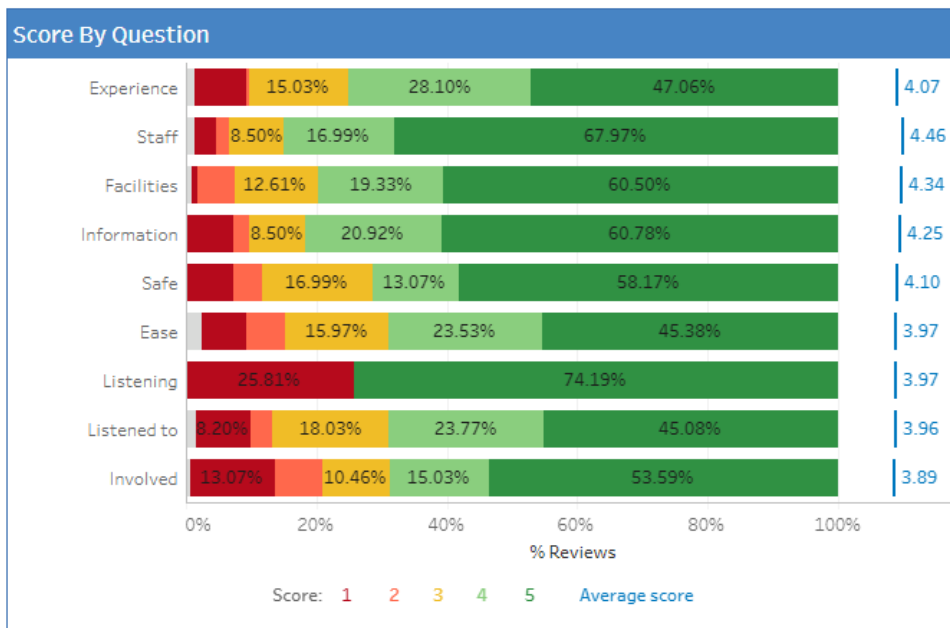
Op COURAGE is an NHS mental health specialist service designed to help serving personnel due to leave the military, reservists, armed forces veterans and their families. During this quarter, the Trust did not receive any complaints about this service.

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

### Mental Health Inpatient Division

**Table 7: Summary of patient experience data**

Patient Experience - Division MH Inpatients		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	43	37	44	153
Response rate	%	28.3%	28.5%	23.5%	87.4%
iWGC 5-star score	Number	4.30	4.05	4.32	4.13
iWGC Experience score – FFT	%	88.4%	78.4%	93.2%	75.2%
Compliments	Number	12	11	13	11
Formal Complaints Rec	Number	10	4	8	9
Formal Complaints Closed	Number	5	5	7	5
Formal Complaints Upheld/Partially upheld	%	80%	60%	57%	40%
Local resolution concerns/ informal complaints Rec	Number	0	0	0	2
MP Enquiries Rec	Number	0	0	2	1



There has been a significant increase in the number of IWGC responses received. The Activity Co-ordinators and PALS Volunteer have been on the wards encouraging patients to share their feedback, which has had a positive impact in the response rate.

The satisfaction rate was 75.2% with 36 of the 153 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to feeling involved received the least positive scores with overall 5-star rating for this question being 3.89 and 47 of the 153 giving a score of 3 or less to this question. Work continues to take place on the wards to improve communication and the involvement of patients making decisions about their care, particularly around managing risk.

For PPH Therapies there were 68 feedback questionnaires completed with an 100% positivity score and 4.68-star rating; with lots of positive comments about enjoying the activities provided, a calming environment and staff were caring, *“It was an open space to relax and explore my creative mind. It gave me the opportunity to be off the ward and in a more calming environment. There was a lot of options to get started and overall was a great experience.”* some of the areas for improvement included need for more supplies for activities, clear information to be provided about activities available and would like to have more sessions.

There were 9 formal complaints received for mental health inpatient wards during the quarter across Snowdrop, Daisy, Bluebell and Rose wards and the Mental Health Act; they were mainly regarding care and treatment.

There were 5 complaints closed for this division during the quarter and of these 2 were partially upheld and 2 found to be not upheld. One complaint was not pursued by the complainant.

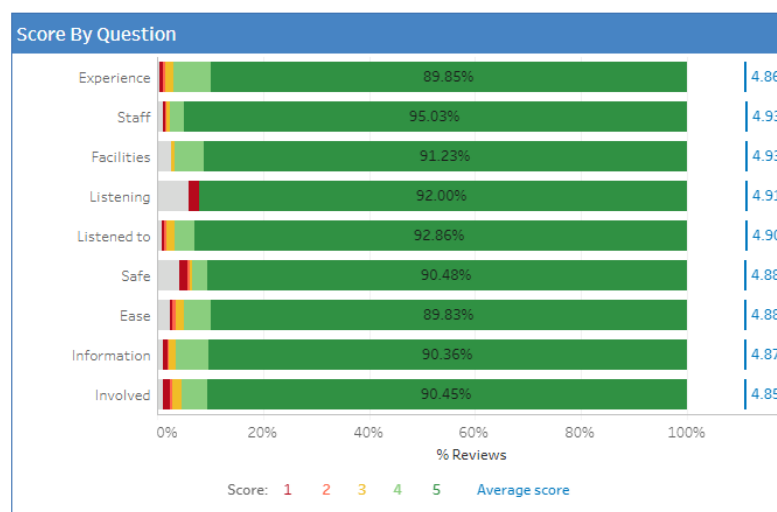
There were many positive comments received in the feedback including comments such as staff were supportive, kind, caring and helpful. There were some comments for improvement about more activities, better communication from staff to patients and better food. Examples of the feedback left are *“Because staff have time to make sure they answer my questions. Since admission I have continued to feel safe in the ward. When I needed the doctor, I was examined on time and my care was explained to me.” “The ward team on Rose Ward are fantastic and very sympathetic and professional plus being very caring. They are a credit to the NHS.” “Staff were lovely and were very happy to engage in conversation and wasn’t locked in a room”* There was 1 response for a Place of Safety which had an overall experience score of 5.

## Community Health Services Division

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

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

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2044	2016	2136	2335
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	5.5%	7.1%	5.3%	4.8%
iWGC 5-star score	Number	4.86	4.88	4.85	4.88
iWGC Experience score – FFT	%	97%	96.7%	95.5%	96.9%
Compliments received directly into the service	Number	217	401	636	1068
Formal Complaints Rec	Number	2	6	10	7
Formal Complaints Closed	Number	2	5	8	6
Formal Complaints Upheld/Partially Upheld	%	50%	40%	62%	50%
Local resolution concerns/ informal complaints Rec	Number	1	8	1	4
MP Enquiries Rec	Number	1	1	0	0



Of the 7 complaints received this quarter, 1 was for Henry Tudor Ward and 2 were for Jubilee Ward (both of these involved aspects of discharge planning). There was 1 complaint about Community Nursing.

There were 6 complaints closed, 3 partially upheld and 1 not upheld 1 not pursued by the complainant and 1 has been progressed as an incident review.

Hearing and balance received 153 responses to the patient experience survey with a 93.5% positive score and 4.85-star rating.

East Community Nursing/Community Matrons received 482 patient survey responses during the quarter with a 99.2% positive scoring, many comments were about staff being caring and kind, for example *“I’m always anxious with catheter change but nurses are so compassionate and kind to me and they always reassure me that everything is going to be ok and if I’m in pain at any time she will stop and continue when I’m ok. Thank you so much.”* *The nurse that came was very kind and chatty, after doing my wound care they thoroughly explained everything about having a Doppler and the outcome, to help me to improve my circulation and help heal my wounds.”* *“My nurses who visit me for my drain are absolutely lovely. They are always so kind and they take the time to sit and listen to me at*

every visit.” There were also some comments around wanting reminders for visits for example “If a text message reminder can be sent before the day of visit or on the day.”

The wards received 98 feedback responses (49 responses for Jubilee ward 98% positive score and 49 Henry Tudor ward 95.9% positive score). Most of the comments for improvement were related to staff attitude, staff needing more training and the patient experience of the food was very variable ranging from food needing to improve and limited choice to being impressed with the food. There were many comments about staff being kind, hardworking and helpful.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 95.3 % (4.87-stars), comments were very complimentary about staff being friendly and helpful, “The therapist was very friendly, she did her job with professionalism, listen to our needs and get us all involved and she was very friendly and helpful and funny whilst maintaining professionalism.”. The reoccurring improvement suggestion for this quarter was for a sooner appointment.

Outpatient services within the locality received a positivity score of 97.3% with 4.90 stars from the 582 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, “Fantastic service! makes a change from begging the Drs to come but to no avail. Every nurse that visited was polite, very knowledgeable and so helpful in answering all our questions and concerns.”

The diabetes service received 57 feedback responses with 98.3% positivity and some lovely comments including “I attended a Diabetic educational class for the very 1st time. I found the session very informative. I am definitely more aware of my condition and would like to take control of it by doing more exercise and right food choices.” Alongside some helpful suggestions for the service to consider around sessions timing such as “Timing could have been better as the session overran.”

The Assessment and Rehabilitation Centre (ARC) also received positive feedback including “{Name removed} was very kind and helpful. Lovely and cheerful, explaining what she was doing. Dr. [name removed] the same. Very patient with me. She explained everything and answered my questions. Made me feel involved. Their patience was very calming.”

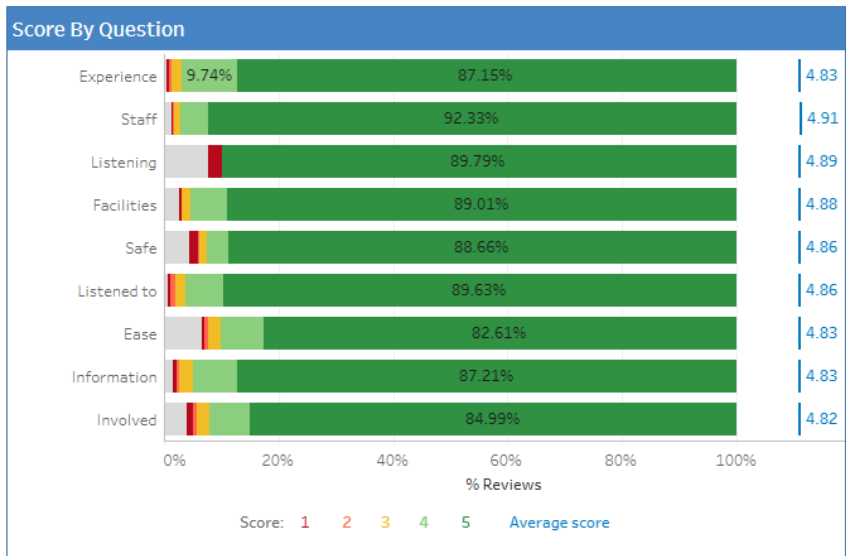
Community Health services currently have a project group to improve feedback responses.

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

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

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2056	2239	2659	3245
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.5%	2.8%	2.9%	3.2%
iWGC 5-star score	Number	4.81	4.82	4.81	4.85
iWGC Experience score - FFT	%	95.1%	96.3%	96.4%	96.9%
Compliments (received directly into service)	Number	196	298	345	323
Formal Complaints Rec	Number	12	10	16	11
Formal Complaints Closed	Number	7	14	14	14
Formal Complaints Upheld/Partially Upheld	%	86%	86%	57%	57%
Local resolution concerns/ informal complaints Rec	Number	18	25	14	15
MP Enquiries Rec	Number	3	2	4	1





Community Health West saw a significant increase in responses this quarter. Members of the Patient Experience Team have been supporting the Division at monthly drop-in sessions where services have been actively supported with any issues. There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 96.9% positive satisfaction and 4.85-star rating and the question on staff receiving a 98.1% positive scoring from the 3245 responses received.

There were 11 formal complaints received during the quarter (a reduction from 16 in Q3), these were split across several different services. Of these the Out of Hours GP service (WestCall) received 4. Of the 4 complaints for the Out of Hours GP service, 3 related to care and treatment and 1 was about the attitude of staff.

There were 14 complaints closed for the division during the quarter with 2 being upheld, 6 partially upheld, 5 not upheld and 1 has been progressed as a serious incident investigation.

During this quarter, the community hospital wards have received 203 responses through the patient survey receiving an 93.6.% positive score and 4.66-star rating, (13 responses scored 3 and below) questions around information and feeling involved receive the most results of 3 and below; comments include staff were friendly and caring, *“I was treated with cheerful happy helpful people. A friendlier bunch of people I’ve yet to find. I wish to thank them all, and for their help and kindness. I’m glad to get home but would have been happy to stay longer because of the help and kindness of everyone. From the humble nurse to the highest consultant. All I can say is THANK YOU. [name removed], Staying at the Donnington Ward. It was Two week, but it was a nice experience. Again, Thank You..”* *“From the moment I entered oak ward the atmosphere was calm welcoming, my introduction to each day was orderly for both the medial and social side. The meals were to time and of good choice the service friendly. All medical treatment has achieved its aim, and I am going home well and confident to cope?”* And *“The staff were superb and treated me with a great respect very impressed with all on time of my being here.”*, there were some individual comments where patients were less satisfied, with comments including need for improvement in food, long wait for the toilet, long waits for help and more physio.

WestCall received 36 responses through the iWGC questionnaire this quarter (91.7% positive score, 4.66-star rating, 3 scores received below 4. Positive comments included *“My visit to RBH Outpatients 1 today was excellent. A slight wait and then a very attentive male Doctor sorted my problem with efficiency, respect, knowledge and humour. I came out feeling so much better and looking forward to getting better soon. We arrived at the Department at 12.10 and were seen before 1.00pm. Thank you thank you for your services today very much appreciated. [name removed].”* *“There was fresh water when I needed it, and it was warm in the room. The doctor really spoke kindly and directly asking my*

*experience and reassured with words I could understand. The doctor was making me very comfortable and gave me all the time I needed.* WestCall received 6711 contacts during the quarter.

Podiatry services received 222 patient survey responses. Most responses were very positive receiving 5 stars (overall 98.2% positivity 4.91-star rating) with examples including *“Everyone listened to me and gave opportunities for me to ask any questions, which I did, and they were answered carefully and respectfully.”* and *“The podiatrist was very polite, helpful, professional and had good communication skills. The treatment was excellent. The podiatry area was organised and had good hygiene standards.”*

There was 1 complaint for Community Nursing, and this is now being managed as part of the Patient Safety Incident Review Framework.

To provide some context across our East and West District Nursing teams combined there were 60,962 contacts this quarter. Lots of comments included nurses were professional, helpful, and friendly, *“We are so lucky that you girls are here for us. I know I can call when I need you. They are so smart, and I know he is getting the best care.”*, *“She wasn’t even home from hospital, and they already called to arrange a visit. Nurses were so helpful. We have been so well supported since she came home. So glad this service exists for people in this situation.”* and *“Both [name removed] and [name removed] have always been so helpful, sympathetic and understanding. They are so good at what they do.”* There were several positive comments about nurses being caring and there were very few suggestions for improvement, would like to know when nurse is visiting and to let patient know if visit is cancelled.

MSK Physio has received no complaints in the quarter. The service has received 565 patient survey responses with a 98.2% positive score (4.91-star rating), very few areas for improvement were included in the feedback there were a few suggestions including parking, provide more sessions and have more privacy in the rooms and the overall feedback was extremely positive with lots of comments about staff were friendly, professional, kind and listened.

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

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

**Table 8: Ethnicity**

<b>Ethnicity</b>	<b>% Complaints received</b>	<b>% Patient Survey Responses</b>	<b>% Breakdown of Q4 attendances</b>
Asian/Asian British	10.8	7.6	10.47%
Black/Black British	5.4	3.1	3.29%
Mixed	1.4	2.6	3.33%
Not stated	12.2	9.3	2.33%
Other Ethnic Group	1.4	4.2	2.44%
White	68.9	73.2	78.15%

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	50.0	41	55%
Male	50.0	32.1	45.33%
Non-binary/ other	0.0	2.6	0.02%
Not stated	0.0	24.2	0%

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

**Table 10: Age**

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendance
0 to 4	5.4	8.80%	7.25%
5 to 9	4.1		2.21%
10 to 14	5.4		3.51%
15 to 19	5.4		4.87%
20 to 24	9.5	4.20%	3.07%
25 to 29	5.4		3.08%
30 to 34	2.7	5.30%	3.09%
35 to 39	9.5		3.58%
40 to 44	6.8		3.58%
45 to 49	5.4	7.20%	3.43%
50 to 54	4.1		3.99%
55 to 59	6.8	11.90%	5.31%
60 to 64	6.8		5.26%
65 to 69	1.4		4.88%
70 to 74	1.4	16.10%	6.03%
75 to 79	5.4		8.71%
80 to 84	5.4	15.50%	9.76%
85 +	5.4		18.40%
Not known	4.1	16.70%	0%

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

### Ongoing improvement

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

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

Many of the teams are starting to use the feedback and improvement suggestions received through the iWGC tool, services like wards and outpatient departments are also starting to display these for services users and their loved ones to see. We are holding a Rapid Improvement Event in May 2024 to support services further with any challenges they are having and making the best use of the iWGC patient feedback tool.

Some examples of services changes and improvements are detailed below.

Service	You spoke	We did
Community Paediatricians	Parents have shared that they found the process for how blood test results were fed back to be unclear	As a result, the service now has an action to ensure parents understand how results will be fed back when investigations are requested: This information will be included (and made clear) in the initial clinic letter to all families accessing the service.
Berkshire Eating Disorders (BEDS) Adult Service	It is so important for us to see 'Encouragement and promotion of diversity and inclusion to make the service a welcoming and safe space for all.'	A new BEDS diversity champion has been identified. A participation group was run to hear how about service users experience and their engagement with BEDS regarding diversity and inclusion. Staff participated in a CPD session on equality, diversity, and inclusion. An ongoing audit is being undertaken to look at the discrepancy between the population ethnic demographic of Berkshire versus the ethnic demographic of patients referred to BEDS.
Health Visiting	Access to breast feeding support.	New breast-feeding drop-ins have been set up.
Adult Autism and ADHD teams	The Autism team's post-diagnostic group ended too abruptly.	The programme for the group has been reviewed and one additional session, focused on 'What now?' has been added, and the schedule adapted to reflect this.
	After completing the ADHD group, some clients felt that there was some 'information overload' with too much information on the slides to keep up with.	Based on this feedback, the team reviewed the information and reduced the amount of extra information in the resources to make it more accessible and concise.

Service	You spoke	We did
	This quarter the team has been working from a different site with unfamiliar rooms and there has been verbal feedback from clients relating to the temperature and comfort of clinic rooms.	The team had discussions with the estates team in order to make the rooms cooler and more comfortable.
OAPs (Out of Area Placement Service)	Placement Reviewing Team – Improved communication around annual reviews.	From direct patient/carer feedback- we are implementing better processes for communication prior to annual reviews are completed. Our new RiO form will enable this to happen.
Talking Therapies Service	"I would have preferred to have face to face meetings"	If a client requests face to face this will now be offered for the next available appt. regardless of locality to give client choice. We have updated our searches to make this easier for both admin and clinical teams to book and see face to face availability across localities.
	"Email address not accepted so no communication received".	Admin team has been reminded to double check email addresses and to tell clients to check their spam or junk folder. A prompt has also been added to the admin script.
	"More frequent conversations."	We are in the process of planning for Psychological Wellbeing Practitioners (PWPs) to move from fortnightly sessions to weekly sessions. All trainee PWPs, once competent will offer weekly treatment sessions from the outset.
	"6-month waitlist"	We have merged waitlists for some treatment pathways and work across Berkshire instead of within individual localities. Clients will now be offered the next available treatment appointment regardless of location in Berkshire. This has reduced treatment wait times.
Barkham Day Hospital/Memory Clinic	There are signs on the hospital site that signpost to Barkham Day Hospital and signs for Memory Clinic which causes some confusion.	After consultation with the team and after discussion with our Carers group, we are changing the name to The Barkham Clinic. The name retains Barkham and provides confidentiality for the whole OPMH service as they are not just a Memory Clinic.

Service	You spoke	We did
		This will also provide clarity and consistency in signage, and we will update all our letter headings to match.
CRHTT West	The service needed a space to complete physical observations with patients and rooms that were comfortable for face-to-face sessions. The main driver of this work was our Lived Experience Lead, so the redecoration was driven by patient feedback.	We now have a dedicated 'clinic area' we are in the process of purchasing the equipment and rooms have been decorated and furnished with more comfortable chairs etc.
Oakwood Ward	We received several complaints about the quality of the beef and difficulty chewing it.	This was escalated to our catering teams and has now been removed from the menu.
Wokingham Community Hospital	Patients reported (in post fall debrief/interviews with patients) the reasons for falls in bathrooms due to foot pedal on normal waste bin.	These have been changed to open bin after liaising with our Infection Prevention and Control Team.

## 15 Steps

There were no 15 step visits this quarter due to the Head of Patient Experience leading an end-to-end review of the 15 Steps programme, looking at how these are planned, reported, and how any improvements are implemented. Our review is providing information into to national NHSE review of the 15 Steps programme. Insight from our services, Governors and Non-Executive Directors has been integral to this piece of work. The programme has restarted in April 2024.

## Annual CMHT Survey Results

The CQC published the benchmarking reports containing the results of the 2023 Community Mental Health Survey. This is attached as Appendix 3. The Mental Health Division will review and monitor actions through their Performance, Patient Safety and Quality meetings.

## Summary

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

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

**Formal Complaints closed during Quarter Four 2023/24**

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9269	Wokingham	CAMHS - Specialist Community Teams	Low	Parent felt undermined by clinician and felt they did not recognise the safeguarding issues the patient is exposed to with online grooming. Parent also suffering the effect of YP's trauma.	Partially Upheld	Feedback to be given to the Specialist Community Team in CAMHS about the importance of care plans being communicated in writing to families.	Care and Treatment
9309	Reading	Early Intervention in Psychosis - (EIP)	Low	Complainant believes the service did not keep the patient safe and did not listen to their repeated concerns.	Not Upheld		Care and Treatment
9252	Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	Low	Incident on the ward regarding a patient aged 94. The family are not happy with the way it was handled.	Partially Upheld	Effective Communication: Staff to speak clearly and professional – be aware of volume and tone of their voice. To be monitored on an ongoing basis. Clear Documentation and Handover: In the event of untoward incidents – there must be clear documentation on RIO Notes and a full handover given to the NIC. An incident report should be completed if needed. Prompt feedback to patient and NOK – WM/NIC to speak to patient and acknowledge incident and listen to their side of events. WM/NIC to speak to NOK to ensure duty of candour and reassure them that the incident will be fully investigated (depending on the incident). Once investigation completed then NOK and patient to be updated.	Care and Treatment
9265	Reading	Adult Acute Admissions - Daisy Ward	Low	The patient feels their autism needs are not being met and is unhappy with moving wards as the now feels unsafe as they are being attacked on the ward	Partially Upheld	Implementation of the Trust's neurodiversity strategy. Develop care plan with patient for support after incidents.	Abuse, Bullying, Physical, Sexual, Verbal

9248	Reading	School Nursing	Minor	Mark found on young person's leg, Nurse referred to Social Services informing parents. There was no follow up information to parents which they found extremely distressing.	Partially Upheld	<p>An immediate plan has been in place since 23rd November providing nursing cover until the end of term as the School Nurse is currently on sick leave. The suction risk assessment for was reviewed and updated on 23/11/23 and this has been amended to allow them to be on site with a nursery nurse without a school nurse on site as well.</p> <p>An action plan is in place for all Special School Nurses across the team to spend time with the patient and be signed off as competent to care for her tracheostomy. You will be providing the team with some dates for the nurses to visit the patient at home to support with this and complete a trachy change, as they are only in school for limited periods.</p> <p>All of the team should be upskilled and confident to support the patient in school by the end of the Spring term. An update/ training session on the bruising protocol will be given to all CCN's/ SSN's within BHFT at the next development day.</p> <p>Bruising Protocol now saved to local Teams Channel.</p>	Communication
9264	Bracknell	CAMHS - Specialist Community Teams	Low	Family state that many professional have said the young person needs to be seen urgently. They have Autism with learning disabilities and the family feel their rejection is discriminatory	Partially Upheld	<p>Discussion with Frimley ICB regarding process of CETR's and CAMHS inclusion when not presently open to CAMHS</p> <p>Clear process in place for referrals to LD CAMHS or CAMHS CPE. Regular meetings to stay in touch. Suggestion link in with CAMHS RRT meetings with CPE.</p> <p>Consider LD CAMHS linked into Leads Meetings on Thursday mornings for streamline referral discussions</p> <p>CPE to consider discussions with referrers to get a clear picture of requests and present needs</p> <p>Ensure CAMHS have reasonable adjustments in place for children that are neurodiverse and have communication or sensory processing needs to not disadvantage them in the referral process</p>	Waiting Times for Treatment
9336	West Berks	Urgent Treatment Centre	Low	Complainant reports that a staff member was very rude and made mother feel 'horrible'. After the appointment her 7 yr old daughter asked why the nurse wasn't very nice to her.	Not Upheld		Attitude of Staff



9321	Slough	Assessment and Rehabilitation Centre (ARC)	Low	Extension of 8634 - Following LRM on 5 Dec 2023 further concerns were raised regarding the handling of the complaint by the complaints department. The complainant wishes to know why they were told they could not make any additions.	Not Upheld		Attitude of Staff
9274	Bracknell	CMHT/Care Pathways	Low	Patient reports being unhappy with their psychiatrist. They would like to change to a new clinician and not be discharged as they are pregnant and still wishes to take their medication	Partially Upheld	Feedback to medic: More explanation around referral routes, what the perinatal service is and why certain questions are asked may be useful in avoiding confusion.	Care and Treatment
9296	West Berks	Out of Hours GP Services	Low	The patient was not informed of any impairment following their ECG after attending WestCall in May 2021. Pt found out they had a RBBB (right bundle branch block) following a 3rd ECG despite it allegedly showing up in the one in May 2021.	Partially Upheld	Patient's clinical care was appropriate, incidental findings were not shared with the patient as they did not impact the clinical decision making, however it is acknowledged that it later caused concern to the patient when informed of them at a later date by another Trust.	Care and Treatment
9286	Windsor, Ascot and Maidenhead	Continence	Low	Patient relies on catheters and is reliant on equipment deliveries and orders being placed correctly. They were unable to contact anyone after 2:30 as the service is closed and questions why orders are taking so long to be placed.	Partially Upheld	To ensure that in the event of telephony issues or lack of admin staff support, that the service is able to maintain service provision through call divert to COBWEB to support patient prescription queries and support. To ensure that patients are aware of the lead times for ordering supplies including when ordering emergency supplies. To create and share patient information on when to restock supplies to reduce the risk of running out before the next delivery.	Support Needs (Including Equipment, Benefits, Social Care)
9267	Bracknell	Children's Occupational Therapy - CYPIT	Minor	The complainant report the clinician was not understanding of the patients Autism. They are also concerned that the clinician requested the patient to do an exercise resulting in them falling forward and hitting their chin	Partially Upheld	The clinician has indicated for future sessions with autistic children and young people, he will make sure that there are regular breaks to allow for sensory regulation and that language needs to be kept clear and simple. Add an alert to the patients record to indicate he has an Autism diagnosis Operational Leads to flag at CYPIT East team meetings/supervision that all clinicians need to be mindful of discussing diagnoses in front of children and young people. Agreed that the Physiotherapy team will offer x2 handover sessions (clinic/school) of the exercise programme to provide reassurance to complainant prior to discharge.	Discrimination, Cultural Issues
9310	Windsor, Ascot and Maidenhead	Hearing and Balance Services	Low	Complainant unhappy that patient needs to wear hearing aids and wonders if things would have been different if the service had been in contact in the last 8 years	Serious Untoward Incident Investigation	Moved to Patient Safety	Care and Treatment

9218	West Berks	Eating Disorders Service	Low	Transition from CAMHS to adult services, family feel the pt is left with no help and now not able to receive ECT. Patient has autism and this is not accounted for	Upheld	<p>The Standard work on Transitions helps provide a structure and time scale for transitions, Need a reminder to circulate and request locality groups follow these steps. While there are a number of complexities in this instance, had the process been followed by all parties, a proportion of the complaint could have been avoided.</p> <p>CAMHS should remain as named contact until named adult worker identified. If this is delayed beyond the recommended times in the Standard Work it should be escalated to the locality transitions group – then service manager and CAMHS / Adults Transition lead then Service Lead if still not resolved.</p> <p>Having a named adult professional, even if they are not providing direct care, is important to identify ASAP in the transition process. Ideally need to improve the speed that this professional is identified.</p> <p>The Rio review of progress notes highlighted that the majority of the entries were from CAMHS. While these mentioned discussions or conversations with Adult services, the content was not always explicit as the e-mails/ telephone conversations were not logged from Adult side. This did not reflect the consideration or involvement that Adult services had in developing the care plan. If this is a 'Rio' issue, need to allow all parties involved to enter</p>	Care and Treatment
9302	West Berks	Urgent Treatment Centre	Low	Patient did not wait to be seen by UTC, went to their place of work (Donnington Ward) for immediate care. Sister and HCA sent for an x-ray and UTC applied a sterile strip. Due to pain pt went to Basingstoke Hospital where they were given 12 stitches. As a result of incorrect dressings the pt got an infection. Very unhappy, would like compensation	Not Upheld		Care and Treatment
9289	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Minor	GP referral to CMHT April 23, complainant advised by a third party in November the case was closed with no further action but later was advised that a referral was being made to CTPLD - none of this confirmed directly to the family.	Upheld	changes regarding how referrals are managed and responded to. Whoever looks at the referral will take it to the referrals meeting and will write to the referrer explaining the outcome.	Access to Services
9276	Windsor, Ascot and Maidenhead	CAMHS - Rapid Response	Low	DECEASED Pt, Questions as to why the parents were not contacted earlier in the yr when the pt was referred to CAMHS, why were they discharged. Why were they not involved at all?	Not Upheld		Communication
9318	Reading	Neuropsychology	Low	pt unhappy an admin questioned them regarding being on the ADHD assessment waiting list	Upheld	Letter sent from clinician following conversation with agreed plan Nite added to medical record to reduce risk of being discharged inappropriately in future.	Communication

9234	West Berks	CMHT/Care Pathways	Low	Some elements have not been answered and there are some slight errors in the report ORIGINAL COMPLAINT BELOW Wish to know why there was a delay in treatment? Why denied therapy in 2022? Why denied early access in 2023? why referral were not made in a timely manner? Decisions made re the pt without seeing the pt	Partially Upheld	To share recommendation that assessment decisions by IPT are completed and communicated following initial referral within 28 days or following formulation provided by inpatient Psychology. To request IPT complete assessment of patient with a view to recommending therapy pathway. To request face to face meeting with complainant and patient to explore suitability for service support by OP Courage. To request Adult social care prioritise carers assessment	Care and Treatment
9239	Bracknell	Other	Low	Complainant feels emails are not being forwarded on and they feel there have been serious breaches of GDPR	Not Upheld	No breach of GDPR.	Communication
9311	West Berks	Urgent Treatment Centre	Minor	lack of care and empathy from the staff following a broken knee from a horse riding accident. Full plaster cast applied, later told this was incorrect	Partially Upheld	Plaster update for MIU staff to be arranged with RBH	Care and Treatment
9305	Bracknell	CMHT/Care Pathways	Low	Family feel the patient was discharged too early from Cygnet Hospital, due to consent the family do not know what care is in place now for the pt but they are concerned that the pt has now deteriorated and has isolated themselves with screaming and banging day and night	Partially Upheld	upheld point 4. Service to be reminded of carer responsibilities.	Care and Treatment
9307	Windsor, Ascot and Maidenhead	Psychological Medicine Service	Moderate	pt has presented at A&E on a number of occasions, family are questioning why they have never been sectioned or taken to a MH hospital but discharged back to the family who are struggling to support the pt, they also question why it takes so long for the service to see the pt.	Not Upheld		Care and Treatment
9313	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	general conditions of Sorrel & Daisy ward. No access to wheelchairs and Zimmer frames. Pt wishes the service to be inspected	Case not pursued by complainant		Care and Treatment
9288	Reading	CAMHS - Common Point of Entry (Children)	Low	Family of Autistic YP would like access to specialist services to obtain an assessment and diagnosis for LD, plus a Functional Assessment by a PBSS to create a support plan and access to specialist eating disorder services	Not Upheld		Access to Services
9241	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Family unhappy with the Dr who visited to do an assessment. Felt the assessment was too long and not all of it was appropriate	Not Upheld		Attitude of Staff

9254	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Pt feels their confidentiality was breached by not asking people present to leave during personal discussions. Further questions regarding entries on their medical records. ORIGINAL BELOW Pt received their medical records to find many inaccuracies. Now feels they can not reach out for help going forward due to what has been written about them	Upheld	records to be amended as per investigation	Medical Records
9083	Reading	A Place of Safety	Low	further review into the incident at Burgess Hill required ORINGIONAL BELOW Pt unhappy at being taken to POS and attitude and actions of staff. Unhappy that police broke into his home when he had an assessment booked at PPH the following day.	Not Upheld		Attitude of Staff
9259	West Berks	Estates	Low	Unhappy with the outcome ORIGINAL BELOW Relative sat in their car while pt was receiving a blood test, received a parking fine. Complainant is stating there are no 'no waiting' signs, there was no time to appeal and not enough time given in the letters to pay on time so as not to incur further cost penalties	Not Upheld		Communication
9246	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	would like to look into past care for the pt following discharge from S3, and if s117 would have changed the actions of the 30th Oct. Family do not understand why patient was not deemed ill enough to be in hospital ORIGINAL BELOW CMHT not replying to emails sent	Not Upheld		Communication
9206	Reading	CMHT/Care Pathways	Low	Complainant wishes a formal response despite local resolution - Family want to know what support the pt will get when discharged from RBH to prevent a further suicide attempt	Upheld	Pt did not receive appropriate level of care from CMHT	Care and Treatment
9327	West Berks	Community Hospital Inpatient Service - Donnington Ward	Low	Discharged on a Friday , advised with a package of care which did not materialise, no carers, no key safe. Catheter bag was full	Not Upheld		Discharge Arrangements

9212	Windsor, Ascot and Maidenhead	CAMHS - Specialist Community Teams	Moderate	complainant feels the service have not properly safeguarded the pt, have not provided sufficient advice around medication reduction, psychiatrist not attending a meeting, reasonable adjustment has not been taken into consideration for the pt's disability, recommendations from the CETR panel have not been met. 10 points to answer	Partially Upheld	Service would benefit with full staffing complement, especially psychiatry in this instance. Continue with recruitment to cover gaps/ vacancies CETR did not include specific/ SMART recommendations and poorly formatted. Feedback quality issues to ICB Key working to provide specific examples of appropriate reasonable adjustments to CAMHS team. Team to review and incorporate. Look at process for invite reminders, do they incorporate re scheduling and cancelling notifications Request for a Call from psychiatrist to review medication and re state care plan (Potentially) may have avoided hospital admission and subsequent Rapid team involvement and /or complaint. Explore in MDT cross cover arrangements in this instance.	Care and Treatment
9341	Reading	Adult Acute Admissions - Rose Ward	Low	felt staff member antagonized, tormenting and provoked the pt, with holding pain relief. believes staff members were asleep on duty. States a member of staff gave false info at a tribunal, thus their illegal detention	Partially Upheld	Staff will have to be reminding patient in their one to one interactions that all medications brought into the ward will be kept in the clinic room and not on their person. And also discuss this in patient's community meetings on the ward.	Attitude of Staff
9324	Bracknell	CMHT/Care Pathways	Minor	Dr previously ill prepared and then felt not listened to and shut down felt disrespected and insulted. Felt the Dr followed a script and did not engage in 'normal' dialogue. believes further training is needed. wishes to see a different psychiatrist	Not Upheld		Attitude of Staff
9393	Reading	Talking Therapies - PWP Team	Low	Calls come through as number withheld, pt does not want to be scammed	Not Upheld		Communication
9355	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	Moderate	Pt presented at A&E Wexham, PMS discharged to Crisis, 6 days later still no call.	Upheld	CRHTT will accept all referrals from EBPM	Care and Treatment
9322	West Berks	CMHT/Care Pathways	Minor	-Concerns the pt will not be able to reach dosage level of medication - Why was the medication changed - How can CMHT make an accurate assessment of needs without making any notes when the discussion with the team could take place 2 weeks later - why were personal notes requested when notes are not important - no handover took place before assessment as clinician did not know all the relevant information	Partially Upheld	Staff have been reminded of the need to take notes during sessions, especially assessments so we can ensure we capture accurate and relevant information.	Care and Treatment

9332	Reading	Out of Hours GP Services	Minor	terrible experience with the Dr not listening to any concerns relating a pregnant pt who was bleeding and then felt dismissed when they spoke the next day	Upheld	Lead to discuss at next clinical meeting to raise awareness of issues surround bleeding and pain in early pregnancy	Attitude of Staff
9357	Slough	CMHT/Care Pathways	Low	Originally requesting compensation, Pt is unhappy with historic diagnosis from the Priory and Cygnet that they believe will be overturned by BHFT Dr in May	Not Upheld		Care and Treatment
9339	Reading	Psychological Medicine Service	Low	Unhappy with the care and treatment received from PMS team at the RBH. Feels discriminated against as has autism	Partially Upheld	Clinicians need to adapt certain skills to work with clients who are neurodivergent. IO will share this with her team, which in hand will help increase further awareness around neurodiversity.	Care and Treatment
9272	Reading	CAMHS - Anxiety and Depression Pathway	Low	114 points to address in writing, unhappy with the engagement with the service	Partially Upheld	Although we have not agreed with the concerns that you have raised, it is clear that there is further improvement that we need to make in supporting staff to improve communication with services users who have autism and other neurodivergent conditions. We will be taking this forward through our Neurodiversity Strategy work.	Care and Treatment
9388	Wokingham	Health Visiting	Low	complainant unhappy at the alleged inaccuracies on the children's records and needs this investigated before it is taken to the ICO	No Further Action		Medical Records
9347	Reading	Psychological Medicine Service	Low	Pt believes they were wrongly sectioned (MHA S.2) following incorrect treatment at A&E on thurs 30th Nov and Fri 1st Dec 23	Not Upheld		Care and Treatment
9354	West Berks	Intermediate Care	Minor	Family state staff member disclosed personal patient data without consent from the NOK, they also feel being hassled to return medical supplies following the death	Upheld	Staff to ensure their training in information governance and data security is revisited to ensure clarity on gaining clear consent when dealing with patient and relative information. Administrator involved in the complaint raised to contact the patient to apologise for any distress and upset caused. Intermediate Care West Berkshire to review their process in supporting relatives of those who have passed away while on our service. Implementing a new process in relation to gaining written consent when passing information over to third parties.	Confidentiality

9315	West Berks	CMHT/Care Pathways	Minor	Unhappy with a recent report, missing several diagnoses and stating nonfactual information.	Partially Upheld	Reinforce to all staff, the need to review previous documentation to gain a view and understanding of the patients' needs and diagnosis. Also, explore with the team, the use of 'capacity to treatment' and how this is communicated to patients Further discussion with Dr to explore points around restricted eating/drinking being due to self-harm Follow up on Oxford Sleep Clinic's suggestion of referring to neurology sleep clinic. Discussion with the patient, regarding the Clonazepam hindering the possible prescribing of Melatonin and explore what support she may with this.	Medical Records
9323	West Berks	CMHT/Care Pathways	Minor	<ul style="list-style-type: none"> <li>•Referrals declined for provision of a direct service. (Two referrals by Dr Featherstone GP, two by A&amp;E Consultants).</li> <li>•Dissatisfaction with a joint working approach (CMHT and BEDS).</li> <li>•Dissatisfaction with service provided by two members of BEDS staff.</li> <li>•Lack of specific eating disorder diagnosis</li> <li>•Being told she is 'treatment resistant'</li> <li>•Lack of any BEDS service over 7 months</li> <li>•Autism not factored in</li> </ul>	Partially Upheld	BEDS head of service to discuss with staff, terminology used to avoid distress to patients. Adaptation of treatment for people with neurodiverse needs to be explored at the assessment appointment. Future plans of care to be discussed with the patient following her assessment. This will include any complimentary support provided by CMHT and her care agency. Consideration to be given to process for teams within Berkshire Healthcare joint working and identifying roles for each service.	Care and Treatment
9326	Reading	Out of Hours GP Services	Minor	Mother feels Dr misdiagnosis their 4 month old which ultimately has led to seizures and a referral to RBH and then JR oxford	Partially Upheld	IO To Discuss Case at WestCall Clinical Meeting	Care and Treatment
9299	Wokingham	CMHT/Care Pathways	Low	Family of a pt with multiple MH conditions want to know why no one will help. The pt also has drug and alcohol issues and last Saturday set light to their house burning all the complainants things. Questions are why have they not been sectioned for longer than the 28 days in the past and why are they in RBH at the present time without any help from BHFT	Not Upheld		Care and Treatment
9331	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Telephone appt's booked and no call received and no apology- twice	Partially Upheld	Where possible pt will be offered face to face appointments instead of telephone Pt will be allocated back to their Doctor for her care and treatment. Husband will be offered carer support.	Care and Treatment

9272	Reading	CAMHS - Anxiety and Depression Pathway	Low	114 points to address in writing, unhappy with the engagement with the service	Partially Upheld	Although we have not agreed with the concerns that you have raised, it is clear that there is further improvement that we need to make in supporting staff to improve communication with services users who have autism and other neurodivergent conditions. We will be taking this forward through our Neurodiversity Strategy work.	Care and Treatment
9270	Reading	Podiatry	Minor	Unhappy with the response, wish a review ORIGINAL BELOW Podiatrist removed part of a ganglion having asked the pt if he should remove it 2 years ago. Family say pt has been suffering since this, is diabetic and has been advised worse they may lose their foot.	Partially Upheld	To ensure that Clinicians are taking good quality digital images of wounds or a deteriorating foot to assist in the measurement of healing and/or deterioration. Talk to clinicians about the importance of good record keeping. Foot Protection Leads and Podiatry Team Leaders to conduct more medical record clinical notes reviews at 121s and clinical supervision To present this complaint anonymously at a Podiatry Study day so learning can happen	Care and Treatment
9365	Wokingham	Lower Limb Clinic	Low	Complainant devastated that the Clinic is closing in Wokingham, lists concerns they would like addressed	Not Upheld		Access to Services
9394	West Berks	CAMHS - AAT	Low	Complainant urgently wants anxiety medication for YP, cannot understand why ASD/Autism pt cannot access anxiety pathway, YP self-harms and states they want to die. Feel there are too many meetings with no action	Partially Upheld	IO to provide a response to mother re school supporting her with EHCP application. IO to see whether Early Help can support mother. IO to relay to the team the learning from this complaint re ensuring we are clear with our rationale to families of why we are discharging.	Access to Services
9320	Bracknell	Other		Unhappy with the attitude of the MH clinician when they arrived on the door step of the patient without an appt. complainant wishes to see evidence that an appt had been made. Complainant lacks trust in the clinician and wishes to deal with someone else	Upheld		Attitude of Staff
9348	West Berks	Health Visiting	Low	Unhappy with the action of the HV when they attended the patients house on 25.1.24 without an appointment	Partially Upheld	A reminder to staff re introducing students	Attitude of Staff



9352	Slough	Children's Occupational Therapy - CYPIT	Minor	OT report containing personal Data sent to estranged father instead of mother which has raised safeguarding concerns	Partially Upheld	Reminder to all staff (via Newsletter and at team meetings) (clinical and admin) to check contact details at each contact. This should be done by asking the parent/carer to confirm their details. Staff to update Rio with any changes. Where there are concerns about potential safeguarding issues/parental rights, clinicians should be advised to follow up with parents at a time when the CYP are not present e.g. if a clinic appointment was completed, telephone contact should be made following the appointment at a time when the parent can talk freely. Therapists should be reminded about professional curiosity. This to be added to learning from this complaint via newsletter and team meetings. Prior to sending out reports via email all staff to check that there is consent to share via email. If this cannot be established, then the report should not be shared in this way and should be sent via post. This reminder to be shared via Newsletter and at team meetings. When contacting parents/carers we should be accessing contact details via the contacts page, not the front page to ensure that we are using the most up to date information. In order to support staff (clinicians and administration), training should be provided either at a whole team meeting or via the newsletter/email	Confidentiality
9360	Windsor, Ascot and Maidenhead	CAMHS - Learning Disabilities	Moderate	Family feel the YP person needs to see a psychiatrist but have been told this is not possible for a pt under the age of 6. They do not understand how urgent referrals have been declined by CAMHS and would like some answers	Partially Upheld	HoS is going to advise CPE staff that if additional/new information is submitted during/after a CYP has been referred they should re-review the referral and contact the referring health professional. Paediatricians to be reminded to send on blood results (once they are available) in a timely manner.	Care and Treatment
9345	Wokingham	CAMHS - AAT		YP on the wait list for nearly 2 yrs, messages left with the service and no calls returned. Private diagnosis sought at great cost only to have paperwork arrive from CAMHS. Complainant feels they should be reimbursed	Partially Upheld		Waiting Times for Treatment
9284	Wokingham	Community Hospital Inpatient Service - Windsor Ward	Low	Poor communication and the pt did not get any better	Partially Upheld	Communication on ward- Nok confusion- process for this? Date Parkinsons referral sent? Hydration Charts sporadic	Care and Treatment
9424	Slough	CAMHS - AAT	Low	Staff member asked very probing sexual questions, complainant felt very uncomfortable and was devastated to receive a call from social services	Not Upheld		Attitude of Staff

9390	Reading	Out of Hours GP Services	Minor	17 days postpartum, breast feeding pt, no advice on the BP medication, offered flucloxacillin after being told the pt is allergic to penicillin, concerned about the Dr's practice	Not Upheld		Care and Treatment
9359	Reading	Out of Hours GP Services	Minor	Pt experienced a miscarriage and feels the Dr dismissed them at each of the visits	Partially Upheld	To Discuss Management of suspected First Trimester Miscarriages and ensure clinicians are familiar with NICE CKS and EPU referral guidance.	Care and Treatment
9344	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Low	2. Further email stating that CRHTT laughed at the complainant when they begged for them to section the, now deceased pt. 1. Family unhappy that TT is all that has been offered their father who was an alcoholic. - DECEASED	Not Upheld		Care and Treatment
9415	Wokingham	District Nursing		RBH Discharge stated meds to be given up to 9/3/24, DN's gave on 10/3 and wanted to give on 11/3. Complainant concerned DN's do not follow medication instructions	Serious Untoward Incident Investigation	moved to PSM process	Medication
9362	Reading	Other	Low	Unhappy with Sectioning and being transferred to Cygnet in Stevenage without any possessions	Not Upheld		Care and Treatment
9410	Bracknell	District Nursing	Low	Nurse visited without prior warning for blood test, when there was very rude. Due to this the pt strained too much and ended up in hospital. Family do not want the same nurse to visit again	Case not pursued by complainant		Attitude of Staff
9377	Reading	Psychological Medicine Service	Low	Family unhappy the pt was discharged in what they consider to be an unfit mental state. Pt admitted to PPH the following day	Not Upheld		Care and Treatment
9207	Wokingham	CMHT/Care Pathways	Minor	Unhappy with response thinks it is rumours and slander ORIGINAL COMPLAINT BELOW Pt unhappy with the psychiatrist from Wokingham, unhappy with medication given. Very unhappy at the number of police to take them to PPH and the handling of the process, not allowed to take their medication (insulin)	Not Upheld		Care and Treatment

9234	West Berks	CMHT/Care Pathways	Low	<p>Some elements have not been answered and there are some slight errors in the report</p> <p>ORIGINAL COMPLAINT BELOW</p> <p>Wish to know why there was a delay in treatment? Why denied therapy in 2022? Why denied early access in 2023? why referral were not made in a timely manner? Decisions made re the pt without seeing the pt</p>	Partially Upheld	<p>To share recommendation that assessment decisions by IPT are completed and communicated following initial referral within 28 days or following formulation provided by inpatient Psychology.</p> <p>To request IPT complete assessment of patient with a view to recommending therapy pathway.</p> <p>To request face to face meeting with complainant and patient to explore suitability for service support by OP Courage.</p> <p>To request Adult social care prioritise carers assessment</p>	Care and Treatment
9202	Slough	Community Dental Services	Minor	<p>emergency dental treatment, no x-ray was offered, extreme pain before and worse afterwards. Pt ended up needing to stay in the John Radcliffe for 3 days</p>	Partially Upheld	<p>It may be helpful when a patient suspects they have had a swelling or recurrent pain to take a temperature reading</p> <p>Possible improvement opportunity: It may be helpful for the rollout of intra-oral scanners/cameras as clinical imaging of the affected area may be useful for diagnosis and medico-legal purposes. Whilst they would not replace radiography, they may help form part of the clinical picture and back up the narrative in the notes. There would be a cost implication to this.</p>	Care and Treatment

## Appendix 2: complaint, compliment and PALS activity

### All formal complaints received

Service	2022/23						2023/24							
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Q3	Compared to previous quarter	Q4	Q4 no. of contacts	% contacts Q4	Total for year
CMHT/Care Pathways	11	10	18	14	53	22.00%	16	6	13	↑	14	10019	0.01	49
CAMHS - Child and Adolescent Mental Health Services	4	6	13	10	33	14.00%	8	11	7	↑	9	8672	0.10	35
Crisis Resolution & Home Treatment Team (CRHTT)	3	9	6	4	22	9.00%	5	10	5	↑	6	13197	0.05	26
Acute Inpatient Admissions – Prospect Park Hospital	13	7	9	6	35	15.00%	10	2	4	↑	7	175	4.00	23
Community Nursing	3	0	4	5	12	5.00%	3	6	5	↓	3	61104	0.00	17
Community Hospital Inpatient	4	3	2	1	10	4.00%	1	2	5	↓	4	265	1.51	12
Common Point of Entry	0	1	3	1	5	2.00%	1	3	0	no change	0	12	0.00	4
Out of Hours GP Services	1	0	1	2	4	1.50%	1	2	7	↓	4	6711	0.06	14
PICU - Psychiatric Intensive Care Unit	1	2	0	4	7	3.00%	0	0	1	↓	0	3	0.00	1
Urgent Treatment Centre	1	0	0	0	1	0.50%	1	1	2	↓	1	4265	0.02	5
Older Adults Community Mental Health Team	1	1	0	0	2	1.00%	1	2	1	↓	0	5151	0.00	4
Other services during quarter	19	11	15	11	56	23.00%	21	19	25	↑	26	135027	0.02	91
<b>Grand Total</b>	<b>61</b>	<b>50</b>	<b>71</b>	<b>58</b>	<b>240</b>	<b>100.00%</b>	<b>68</b>	<b>64</b>	<b>75</b>		<b>74</b>	<b>244601</b>		<b>281</b>

### Locally resolved concerns received

Division	Month Received			Grand Total
	January	February	March	
Children, Young persons & Families		1	1	2
Community Mental Health East	1			1
Community Mental Health West		2		2
Physical Health	8	2	7	17
<b>Grand Total</b>	<b>9</b>	<b>5</b>	<b>8</b>	<b>22</b>

### Informal Complaints received

Division	Month Received			Grand Total
	January	February	March	
Children, Young persons & Families	2		1	3
Community Mental Health East	1	1		2
Community Mental Health West		1	1	2
Mental Health Inpatients			2	2
Physical Health		2		2
<b>Grand Total</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>11</b>

### KO41a Return

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

### Formal complaints closed

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome).

### Outcome of formal complaints closed

Outcome	2022/23				2023/24				Higher or lower than previous quarter	Total for year	% of 23/24
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Locally resolved/not pursued	0	0	0	0	0	4	1	↑	3	8	3.11
Not Upheld	23	22	23	38	20	25	30	↓	25	100	38.91
Partially Upheld	21	30	26	25	22	26	24	↑	32	104	40.47
Upheld	12	9	7	8	11	9	12	↓	9	41	15.95
SUI	0	0	0	0	0	0	2	No change	2	4	1.56
<b>Grand Total</b>	<b>57</b>	<b>61</b>	<b>57</b>	<b>72</b>	<b>53</b>	<b>64</b>	<b>69</b>		<b>71</b>	<b>257</b>	<b>100</b>

56% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 52% in Q3 and 55% in Q2). These were spread across several differing services.

### Complaints upheld and partially upheld

Service	Main subject of complaint										Grand Total
	Alleged Abuse	Access	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discrimination	Medical Records	Support Needs	Waiting Times	
Adult Acute Admissions - Daisy Ward	1										1
Adult Acute Admissions - Rose Ward			1								1
CAMHS - AAT		1								1	2
CAMHS - Anxiety and Depression Pathway				2							2
CAMHS - Learning Disabilities				1							1
CAMHS - Specialist Community Teams				2						1	3
Children's Occupational Therapy - CYPIT						1	1				2
CMHT/Care Pathways		1		8				1			10
Community Dental Services				1							1
Community Hospital Inpatient Henry Tudor Ward				1							1
Community Hospital Inpatient Windsor Ward				1							1
Continence									1		1
Crisis Resolution and Home Treatment Team				1				1			2

Service	Main subject of complaint										Grand Total
	Alleged Abuse	Access	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discrimination	Medical Records	Support Needs	Waiting Times	
Eating Disorders				1							1
Health Visiting			1								1
Intermediate Care						1					1
Neuropsychology					1						1
Other			1								1
Out of Hours GP Services			1	3							4
Podiatry				1							1
Psychological Medicine Service				1							1
School Nursing					1						1
Urgent Treatment Centre				1							1
<b>Grand Total</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>24</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>41</b>

### Care and Treatment complaint outcomes

Care and Treatment complaint outcomes	Case not pursued by complainant	Not Upheld	Partially Upheld	Serious Untoward Incident Investigation	Upheld	Grand Total
CAMHS - Anxiety and Depression Pathway			2			2
CAMHS - Learning Disabilities			1			1
CAMHS - Specialist Community Teams			2			2
CMHT/Care Pathways		3	7		1	11
Community Dental Services			1			1
Community Hospital Inpatient Service - Henry Tudor Ward			1			1
Community Hospital Inpatient Service - Windsor Ward			1			1
Crisis Resolution and Home Treatment Team (CRHTT)		1			1	2
Early Intervention in Psychosis - (EIP)		1				1
Eating Disorders Service					1	1
Hearing and Balance Services				1		1
Other		1				1
Out of Hours GP Services		1	3			4
PICU - Psychiatric Intensive Care - Sorrel Ward	1					1
Podiatry			1			1
Psychological Medicine Service		3	1			4
Urgent Treatment Centre		1	1			2
<b>Grand Total</b>	<b>1</b>	<b>11</b>	<b>21</b>	<b>1</b>	<b>3</b>	<b>37</b>

37 complaints related to care and treatment. Of these 11 were not upheld, 21 were partially upheld and 3 were fully upheld.

### PHSO

The table below shows the PHSO activity since April 2023:

Month opened	Service	Month closed	Current stage
Apr-23	CMHT/Care Pathways	Sep-23	LGO not progressing, but now with PHSO to consider
Jul-23	CMHT/Care Pathways	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Jul-23	CAMHS – Specialist Community Team	Sep-23	PHSO have reviewed file and are not progressing
Sep-23	CRHTT	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Sep-23	CAMHS	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Nov-23	Neurodevelopmental services	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Dec-23	Heart Function	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Feb-24	CAMHS - Specialist Community Team	Ongoing	Complaint referred to PHSO
Feb-24	CAMHS - Specialist Community Team	Ongoing	Confirmed we will enter into Dispute Resolution process; awaiting update.

## CQC

At the point of triage, the Mental Health Act (MHA) complaints team within the CQC will consider whether any of the concerns raised could be dealt with as an early resolution by Trusts.

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

In Q4 we received one complaint via the CQC.

## Compliments

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

Year	2022/23					2023/24				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Received	1076	1119	1403	924	4522	1091	1229	1408	1399	4036

## Patient Advice and Liaison Service (PALS)

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

PALS has continued to facilitate the 'Message to a loved one' service, which involves collating messages for patients, which are then delivered on the ward. This is available across all inpatient areas. The PALS Manager continues in the role Armed Forces Service Network champion. PALS is also responsible for responding to postings on the NHS website which refer to Trust services. Arrangements have been made to attend community meetings on wards at Prospect Park Hospital and office space has been identified at Prospect House.

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

There were 488 queries recorded during Quarter four. An increase of 103 since Quarter three. 484 queries were acknowledged within the 5 working day target. The recording of queries has improved with the involvement of other team members. Team members have been working with the PALS Manager to familiarise with the response and recording processes. The volume of calls and e mails coming into the service continues to be high.

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

We have also refined the number of queries which need to be recorded on Datix, replacing this with a method which enables us to record more quickly and efficiently. To do this we have introduced Excel spreadsheets to capture queries which do not necessitate recording on Datix. These include queries relating to HR, Estates/Site Services, Access to Medical Records and Pensions/Finance.

PALS has support from a volunteer on a part time basis, and this has improved direct access to the service. The volunteer is also recording queries which has improved the rate of data collection. Our volunteer has also helped to raise the profile of the service by providing services with publicity and information. The PALS manager has produced a volunteer Role Description in order to standardise the expectations of volunteers and their input.

In addition, there were 459 non-BHFT queries recorded. Another member of the Patient Experience Team is consistently helping with the recording process to improve the rate of data collection.

To improve dialogue with other PALS services and share information and best practice, the PALS Manager has contacted PALS services across Berkshire, with a view to reconvening the Berkshire PALS network.

PALS recorded queries from a wide range of services but the services with the highest number of contacts are in the table below:

<b>Service</b>	<b>Number of contacts.</b>
Work Experience/ placement requests	24
HR queries	21
CMHT/ Care Pathways	21
IT queries	19
Access to medical records	17
CAMHS AAT	17
Neuropsychology	9
District Nursing	8
CAMHS ADHD	8



# NHS Community Mental Health Survey Benchmark Report 2023

Berkshire Healthcare NHS  
Foundation Trust

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This work was carried out in accordance with the requirements of the international standard for organisations conducting social research (accreditation to ISO27001:2013; certificate number GB10/80275).

Papers – Council of Governors – Public Meeting 12.06.24

# Background and methodology

**This section includes:**

- an explanation of the NHS Patient Survey Programme
- information on the Community Mental Health Survey
- a description of key terms used in this report
- navigating the report

# Background and methodology

## The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Community Mental Health Survey has been conducted almost every year since 2004. The CQC use the results from the survey in its assessment of mental health trusts in England.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

## Community Mental Health Survey

The survey was administered by the Survey Coordination Centre (SCC) at Picker Institute.

The 2023 survey of people who use community mental health services involved 53 providers of NHS

community mental health services in England. We received responses from 14770 people, a response rate of 20%.

This year, the survey has moved from a solely paper-based method to a mixed-mode approach, providing participants with the opportunity to complete an online or a paper questionnaire. The change in methodology provided the opportunity to revise and thoroughly redesign the questionnaire, following current policy and practice. As a result, trends have been broken, and trend data is not available for the 2023 survey.

People aged 16 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face-to-face at the trust, via video conference or telephone between 1 April 2023 and 31 May 2023.

For more information on the sampling criteria for the survey, please refer to the sampling instructions detailed in the 'Further information' section. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between August and December 2023.

## Further information about the survey

- For published results and for more information on the Community Mental Health Survey please visit the [NHS Survey website](#).
- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the [NHS Surveys website](#).
- To learn more about the CQC's survey programme, please visit the [CQC website](#).

# Key terms used in this report

## The ‘expected range’ technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the ‘expected range’ to determine if your trust is performing about the same, better or worse compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement. More information can be found in the [Appendix](#).

## Standardisation

Demographic characteristics, such as age and sex, can influence service users’ experience of care and the way they report it. For example, research shows that older people report more positive experiences of care than younger people. Since trusts have differing profiles of service users, this could make fair trust comparisons difficult. To account for this, we ‘standardise’ the results, which means we apply a weight to individual service user responses to account for differences in demographic profile between trusts.

For each trust, results have been standardised by

the age and sex of respondents to reflect the ‘national’ age-sex type distribution (based on all respondents to the survey).

This helps ensure that no trust will appear better or worse than another because of its profile, and enables a fairer and more useful comparison of results across trusts. In most cases this standardisation will not have a large impact on trust results.

## Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the trust is performing. Only evaluative questions in the questionnaire are scored. Some questions are descriptive (for example Q1) and others are ‘routing questions’, which are designed to filter out respondents to whom the following questions do not apply (for example Q19). These questions are not scored. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

## National average

The ‘national average’ mentioned in this report is the arithmetic mean of all trusts’ scores after weighting is applied.

## Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question (or the corresponding section the question contributes to).

## Further information about the methods

For further information about the statistical methods used in this report, please refer to the [survey technical document](#).

# Using the survey results

## Navigating this report

This report is split into five sections:

- **Background and methodology** – provides information about the survey programme, how the survey is run, and how to interpret the data.
- **Headline results** – includes key trust-level findings relating to the service users who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.
- **Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the ‘expected range’ analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to improve.

- **Appendix** – includes additional data for your trust; further information on the survey methodology; and interpretation of graphs in this report.

## How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey.

The two chart types used in the section ‘Benchmarking’ use the ‘expected range’ technique to show results. For information on how to interpret these graphs, please refer to the Appendix.

## Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results; technical document: <http://www.cqc.org.uk/cmhsurvey>
- National and trust-level data for all trusts who took part in the Community Mental Health Survey 2023 <https://nhssurveys.org/surveys/survey/05-community-mental-health/>. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.
- Information on the NHS Patient Survey Programme, including results from other surveys: [www.cqc.org.uk/content/surveys](http://www.cqc.org.uk/content/surveys)
- Information about how the CQC monitors hospitals: <https://www.cqc.org.uk/what-we-do/how-we-use-information/using-data-monitor-services>

# Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the best and worst scores for your trust

# Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of service users who took part in the survey.



**1250** invited to take part



**232** completed

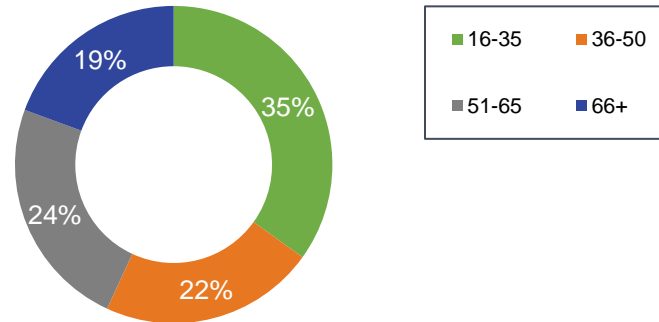


**19%** response rate

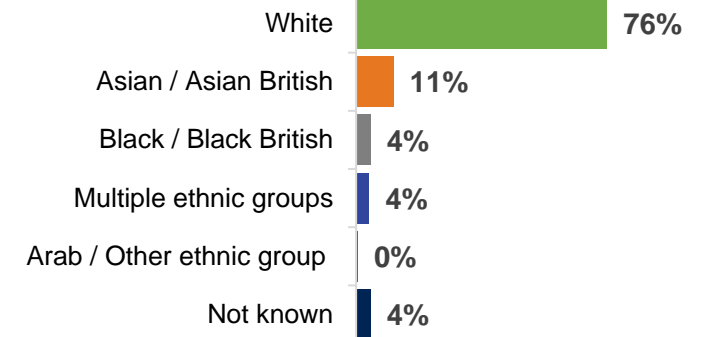
20% average response rate for all trusts



## AGE



## ETHNICITY



## LONG-TERM CONDITIONS

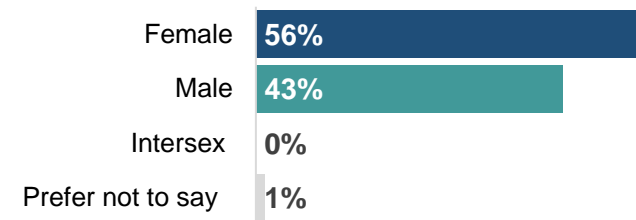
**94%** of service users have a **physical or mental health condition or illness that has lasted or is expected to last for 12 months or more.**

Number of long-term conditions reported:



## SEX

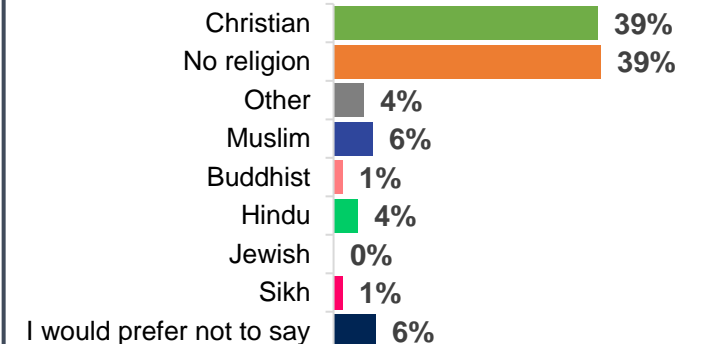
At birth were you registered as...



**4%** of service users said their **gender is different from the sex they were registered with at birth.**



## RELIGION





# Summary of findings for your trust

## Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix sections [“your trust has performed much worse”](#), [“your trust has performed worse”](#), [“your trust has performed somewhat worse”](#), [“your trust has performed somewhat better”](#), [“your trust has performed better”](#), [“your trust has performed much better”](#).

# Best and worst performance relative to the national average

These five questions are calculated by comparing your trust's results to the national average.

- **Top five scores:** These are the five results for your trust that are highest compared with the national average. If none of the results for your trust are above the national average, then the results that are closest to the national average have been chosen, meaning a trust's best performance may be worse than the national average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the national average. If none of the results for your trust are below the national average, then the results that are closest to the national average have been chosen, meaning a trust's worst performance may be better than the national average.

## Top five scores (compared with national average)

■ Your trust score ■ National average 0 2 4 6 8 10

### Section 8 Crisis care access

q26. Would you know who to contact out of office hours within the NHS if you had a crisis?

8.7

### Section 5 Medication

q21\_4. Have any of the following been discussed with you about your medication? What will happen if I stop taking my medication

5.8

### Section 10 Support in accessing Care

q37. Do you feel the support provided meets your needs?

5.5

### Section 13 Feedback

q40. Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?

3.0

### Section 1 Support while waiting

q6. While waiting, between your assessment with the NHS mental health team and your first appointment for treatment, were you offered support with your mental health?

6.3

## Bottom five scores (compared with national average)

■ Your trust score ■ National average 0 2 4 6 8 10

### Section 3 Planning care

q16. In the last 12 months, have you had a care review meeting with your NHS mental health team to discuss how your care is working?

4.6

### Section 7 Crisis care support

q30. Did the NHS mental health team give your family or carer support whilst you were in crisis?

3.5

### Section 5 Medication

q22. In the last 12 months, has your NHS mental health team asked you how you are getting on with your medication?

7.6

### Section 5 Medication

q21\_2. Have any of the following been discussed with you about your medication? Benefits of medication

6.7

### Section 9 Support in other areas of life

q31. In the last 12 months, has your NHS mental health team supported you with your physical health needs?

4.0

# Benchmarking

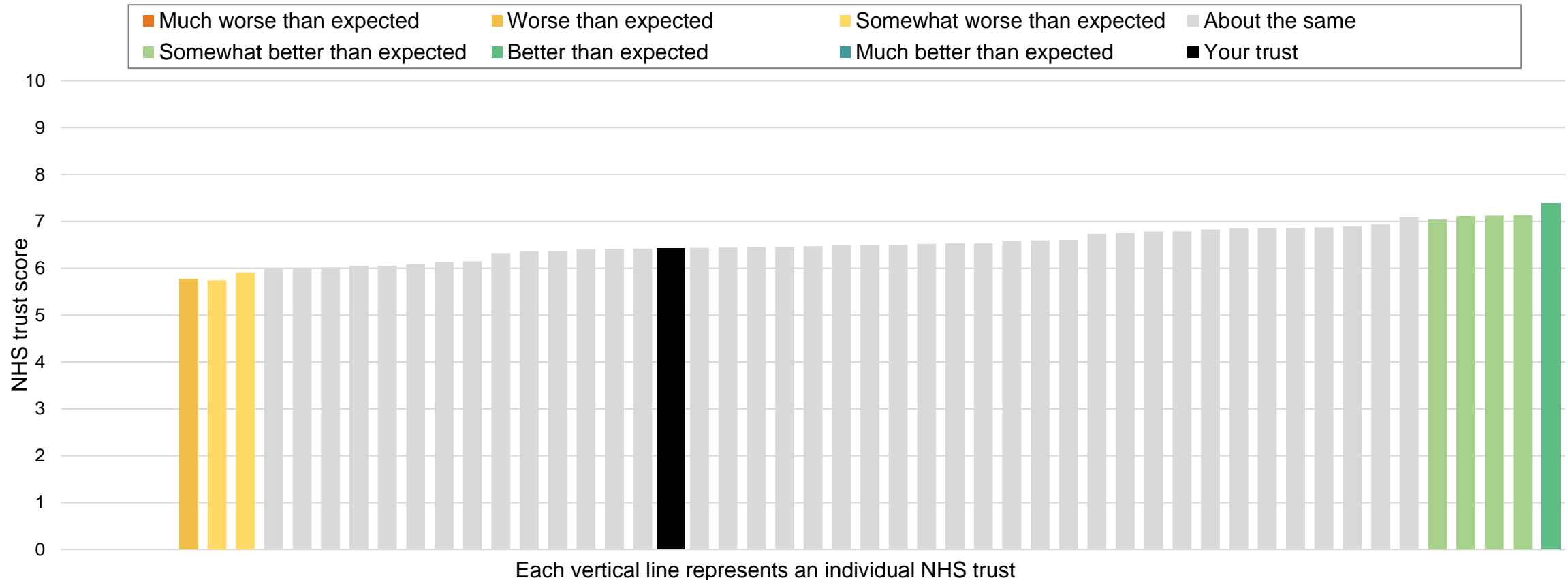
This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part
- an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts

# Section 1. Support while waiting

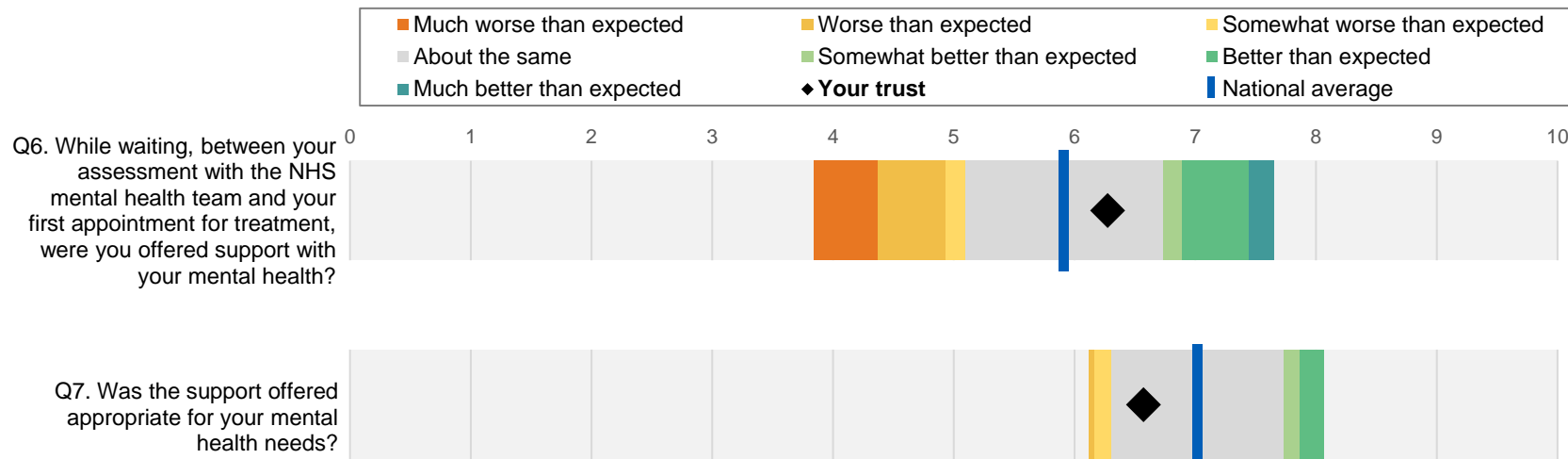
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

**Your trust section score = 6.4 About the same**



# Section 1. Support while waiting (continued)

## Question scores

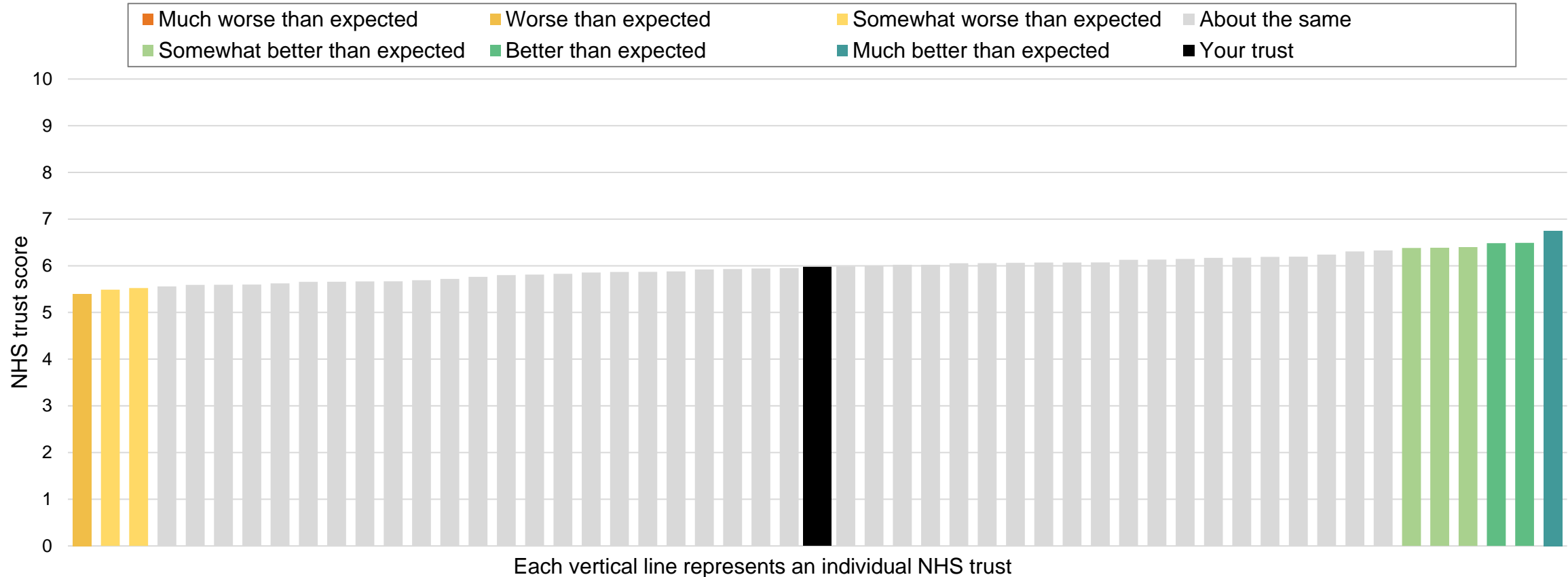


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
98	6.3	5.9	3.8	7.7
		About the same		
60	6.6	7.0	6.1	8.1
		About the same		

# Section 2. Mental Health Team

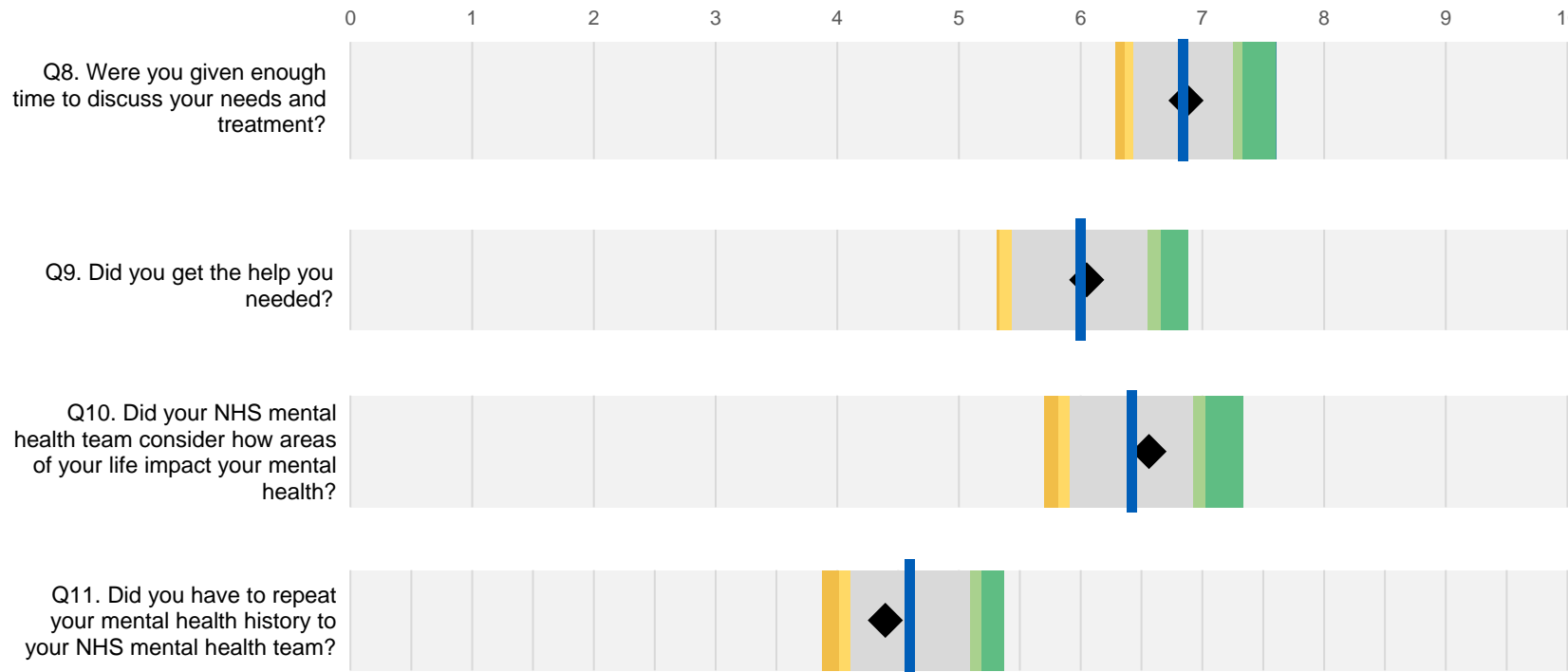
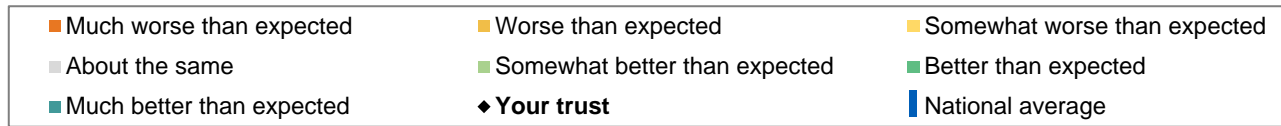
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**Your trust section score = 6.0 About the same**



# Section 2. Mental Health Team (continued)

## Question scores

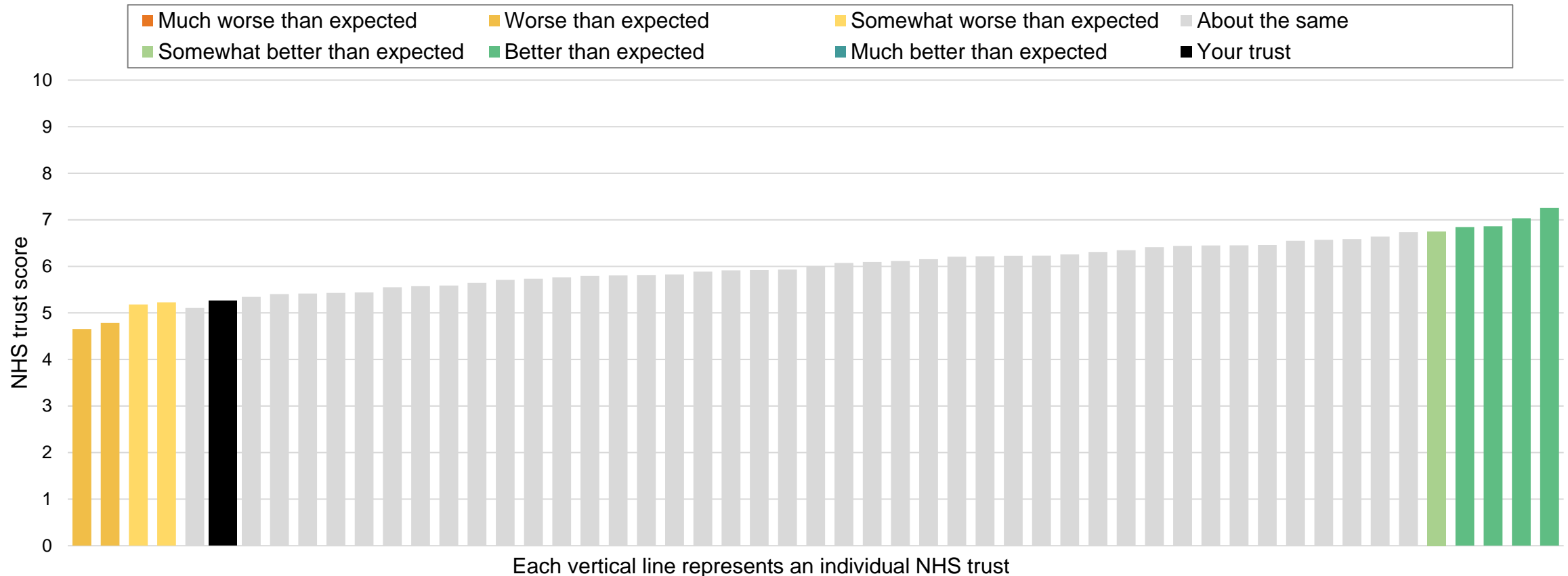


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
224	6.9	6.8	6.3	7.6
223	6.0	6.0	5.3	6.9
219	6.6	6.4	5.7	7.3
212	4.4	4.6	3.9	5.4

## Section 3. Planning care

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

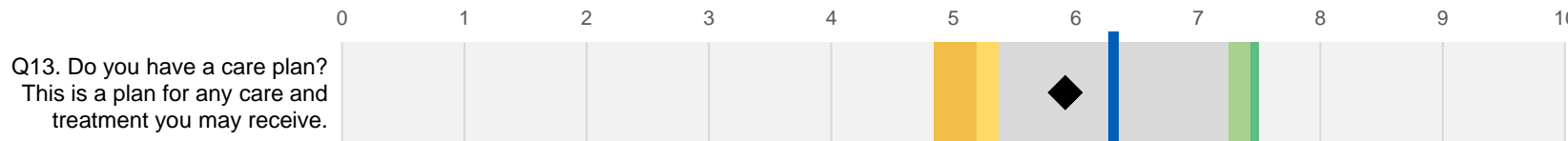
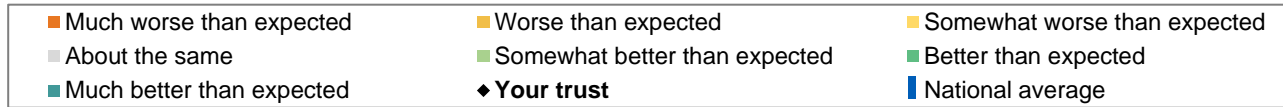
**Your trust section score = 5.3 About the same**





# Section 3. Planning care (continued)

## Question scores



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
181	5.9	6.3	4.8	7.5

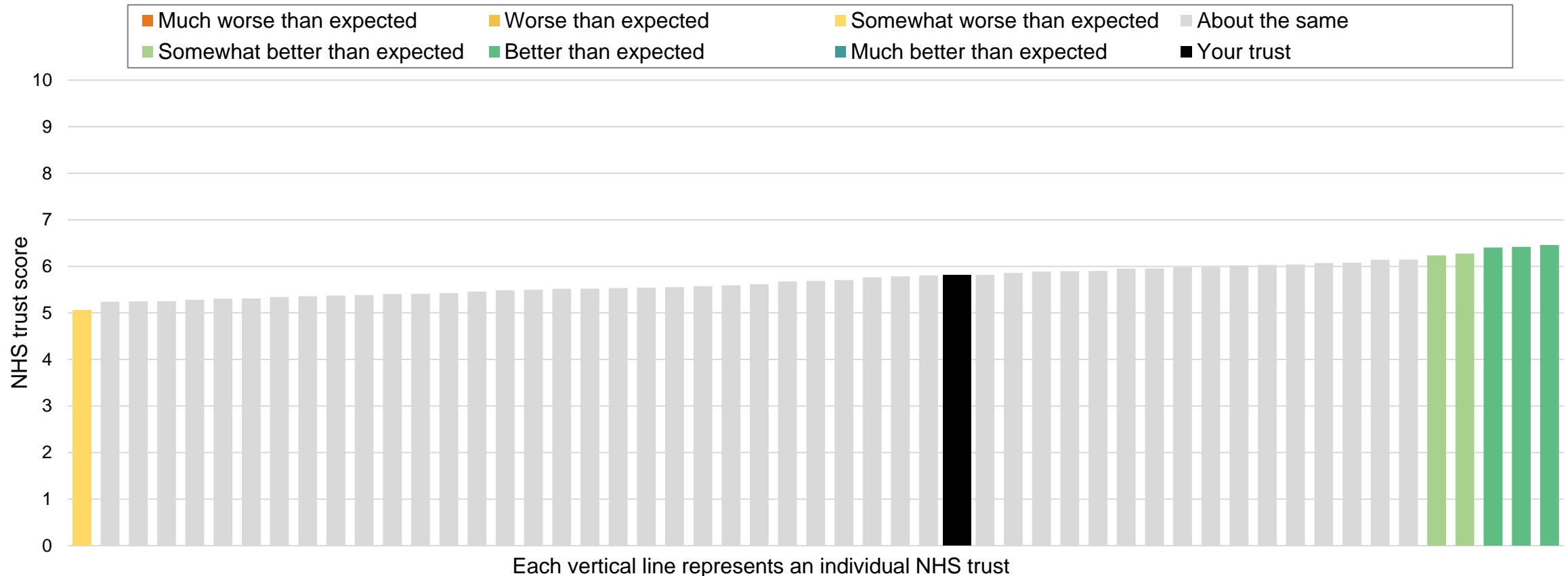
About the same

Worse than expected

## Section 4. Involvement in care

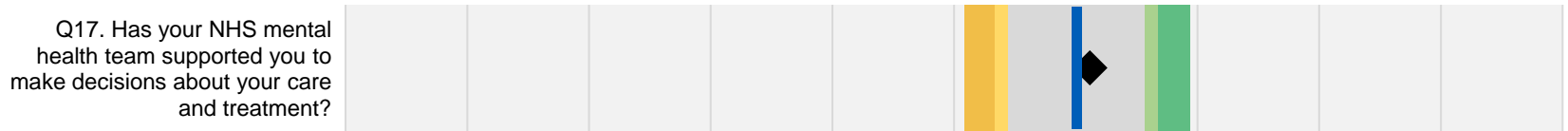
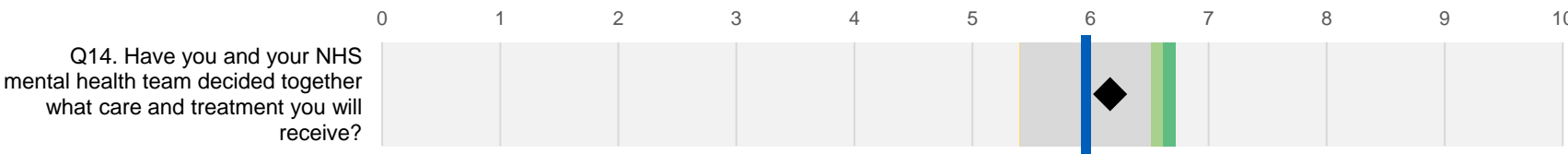
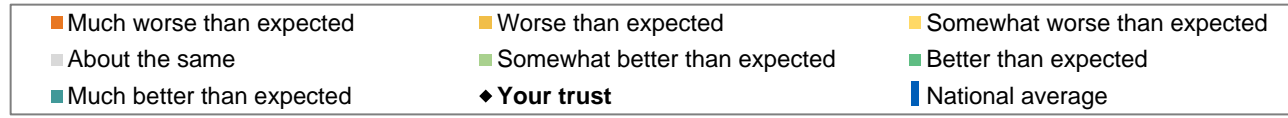
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**Your trust section score = 5.8 About the same**



# Section 4. Involvement in care (continued)

## Question scores

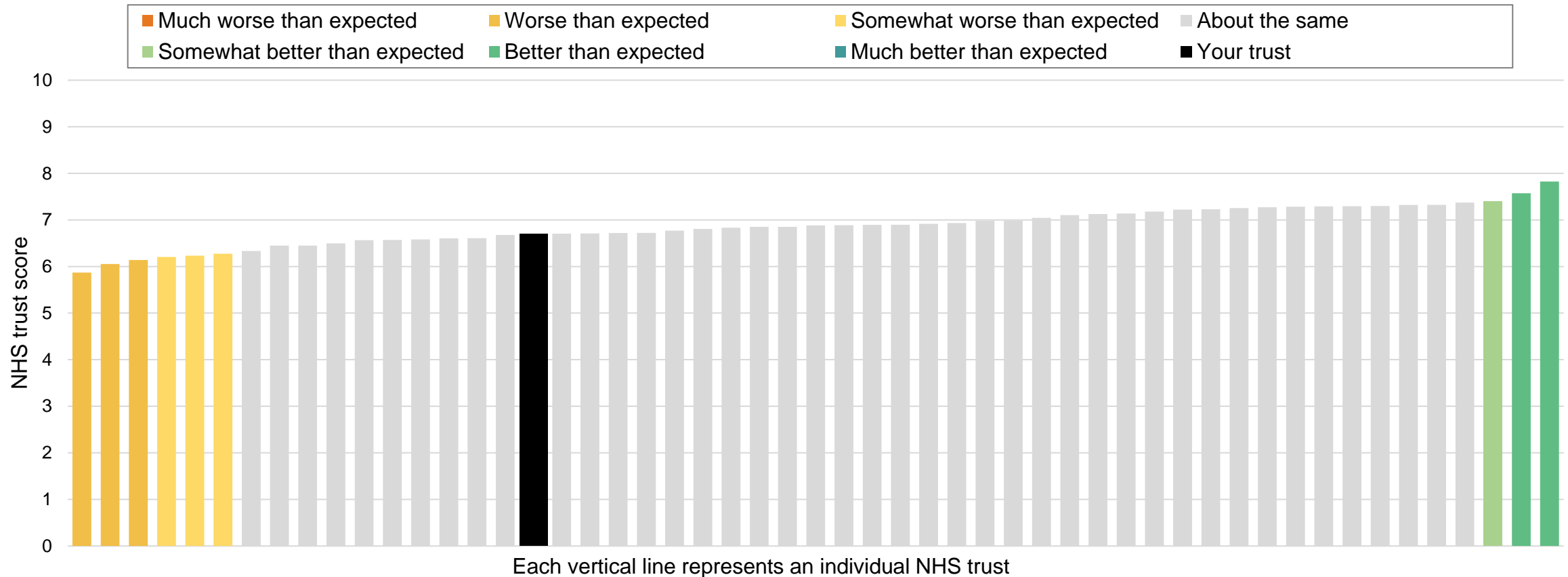


		All trusts in England			
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q14. Have you and your NHS mental health team decided together what care and treatment you will receive?	216	6.2	6.0	5.4	6.7
Q17. Has your NHS mental health team supported you to make decisions about your care and treatment?	214	6.1	6.0	5.1	6.9
Q18. Do you feel in control of your care?	199	5.1	5.2	4.5	6.0

## Section 5. Medication

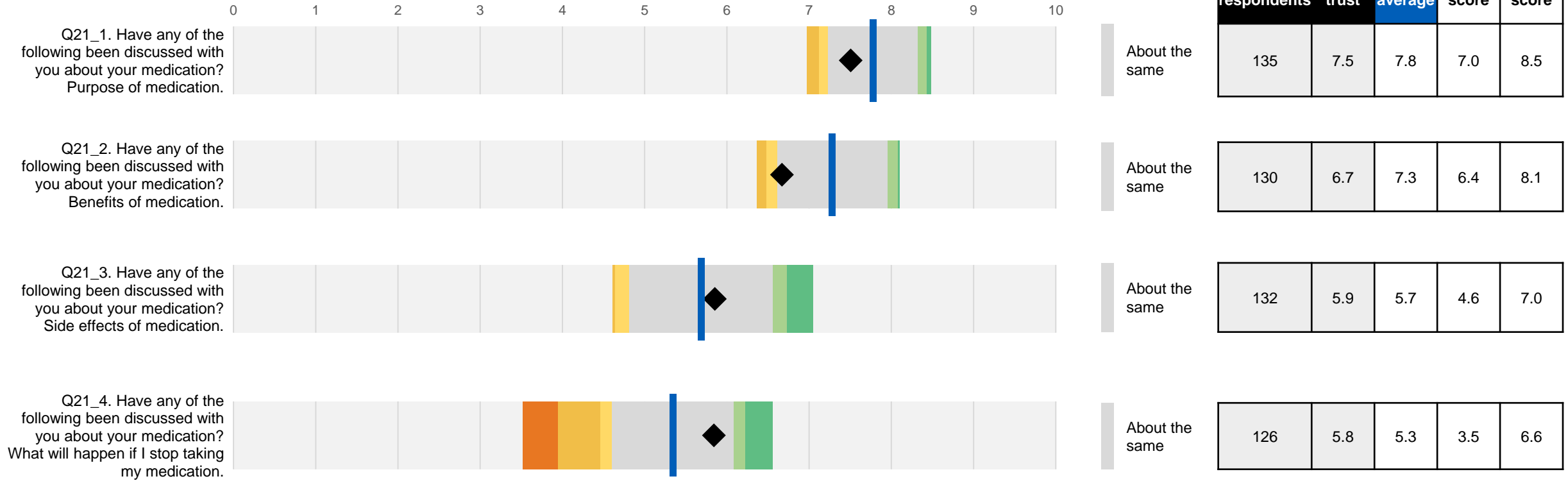
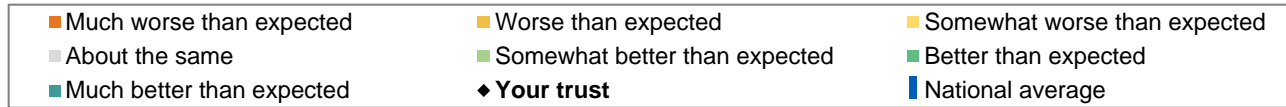
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**Your trust section score = 6.7 About the same**



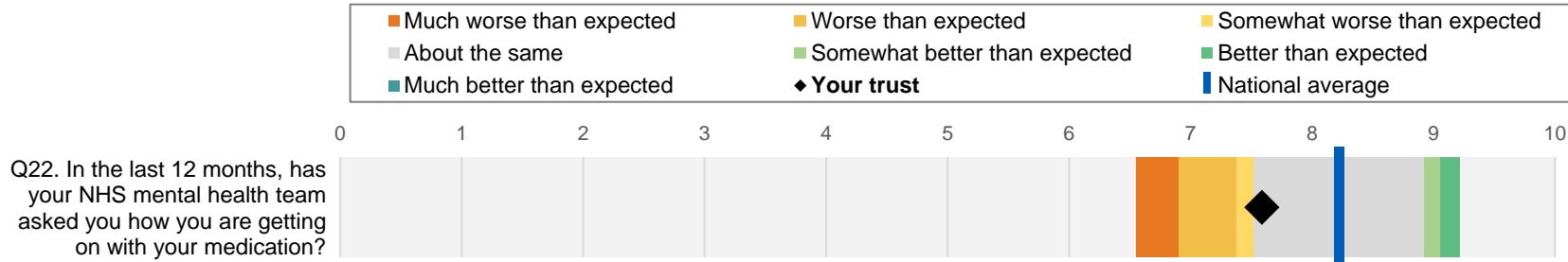
# Section 5. Medication (continued)

## Question scores



# Section 5. Medication (continued)

## Question scores



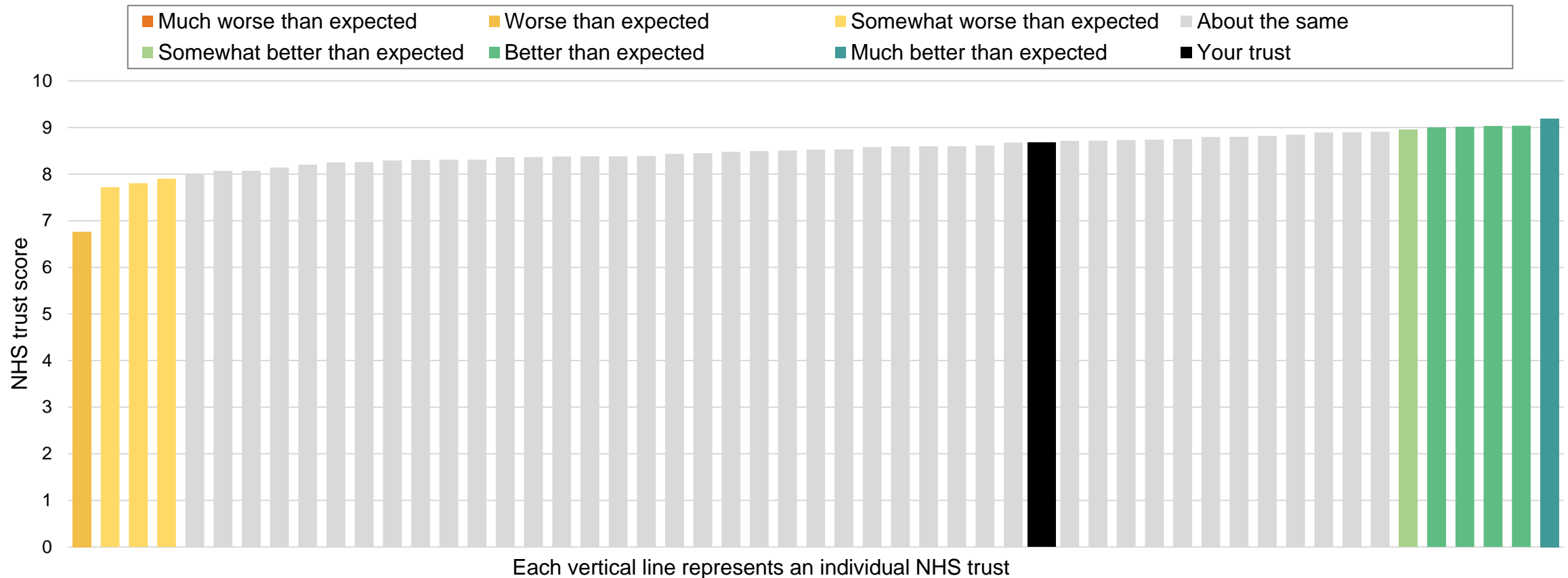
About the same

		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
125	7.6	8.2	6.6	9.2

## Section 6. Talking Therapies

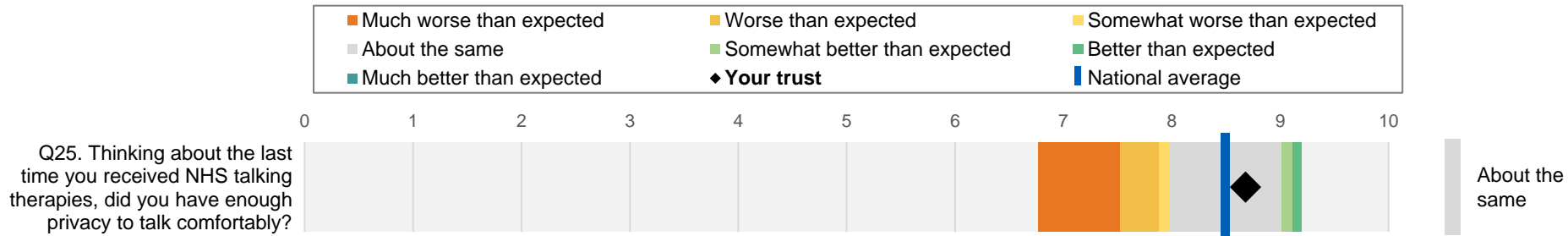
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**Your trust section score = 8.7 About the same**



# Section 6. Talking Therapies (continued)

## Question scores



Number of respondents	Your trust	All trusts in England		
		National average	Lowest score	Highest score
81	8.7	8.5	6.8	9.2

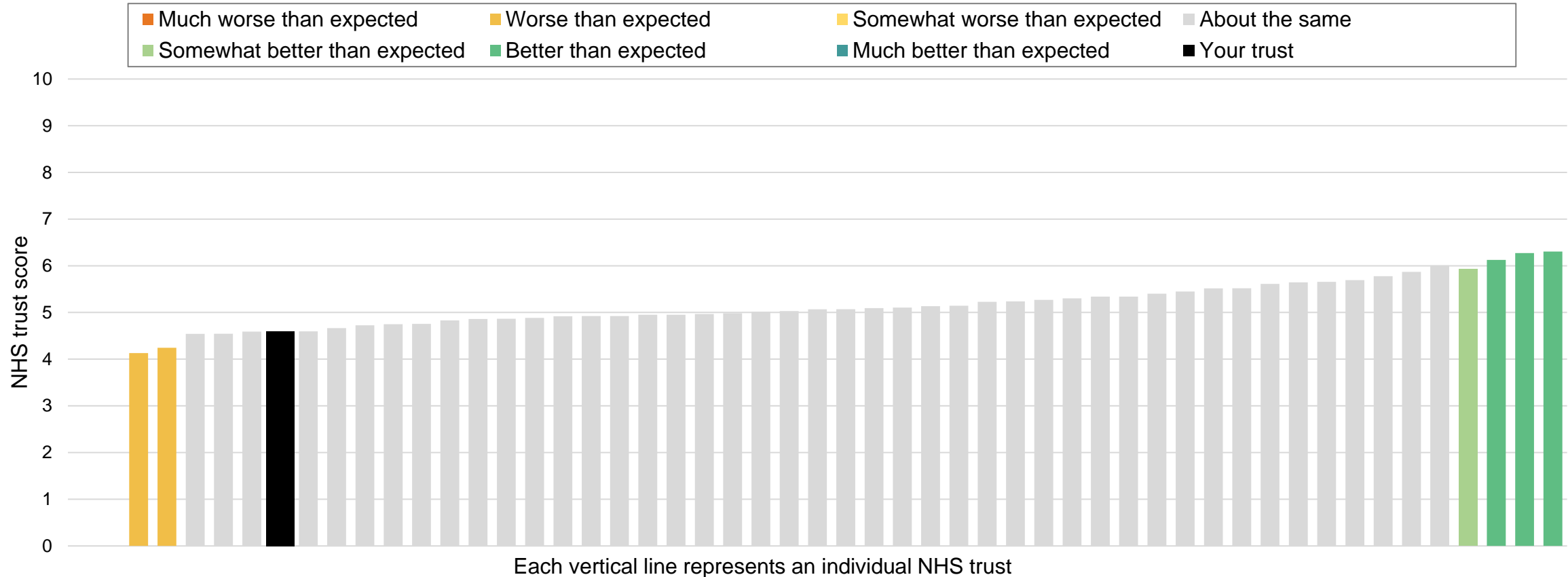
About the same



# Section 7. Crisis Care Support

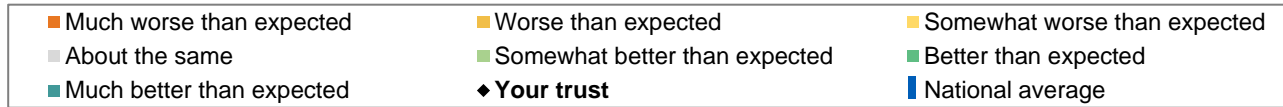
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**Your trust section score = 4.6 About the same**



# Section 7. Crisis Care Support (continued)

## Question scores



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
79	5.7	6.0	4.8	7.3
61	3.5	4.4	3.3	5.5

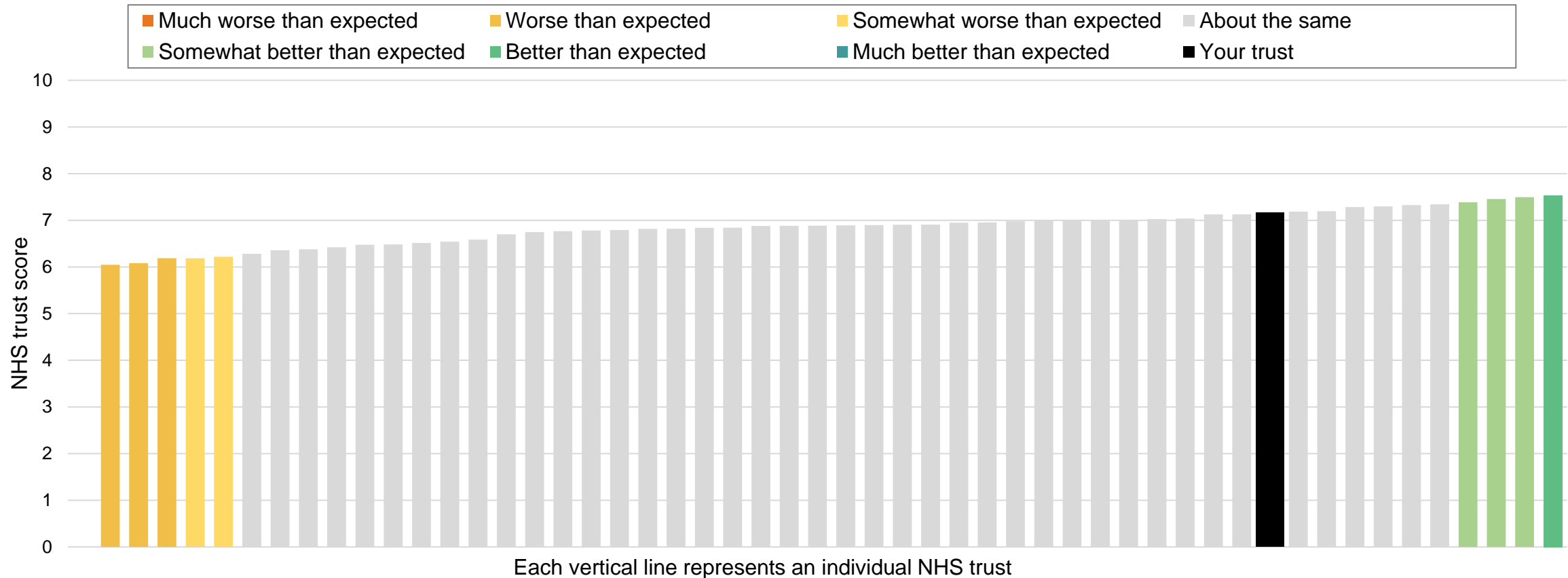
About the same

Somewhat worse than expected

# Section 8. Crisis Care Access

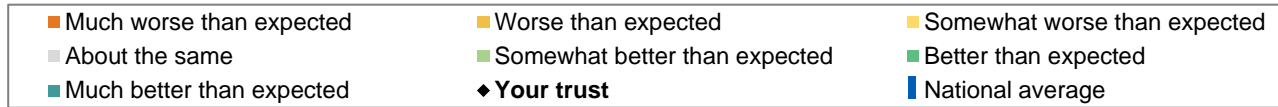
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**Your trust section score = 7.2 About the same**



# Section 8. Crisis Care Access (continued)

## Question scores



Q26. Would you know who to contact out of office hours within the NHS if you had a crisis? This should be a person or a team within NHS mental health services.



Better than expected

Number of respondents	Your trust	All trusts in England		
		National average	Lowest score	Highest score
203	8.7	7.8	6.6	9.1

Q29. Thinking about the last time you contacted this person or team, how do you feel about the length of time it took you to get through to them?



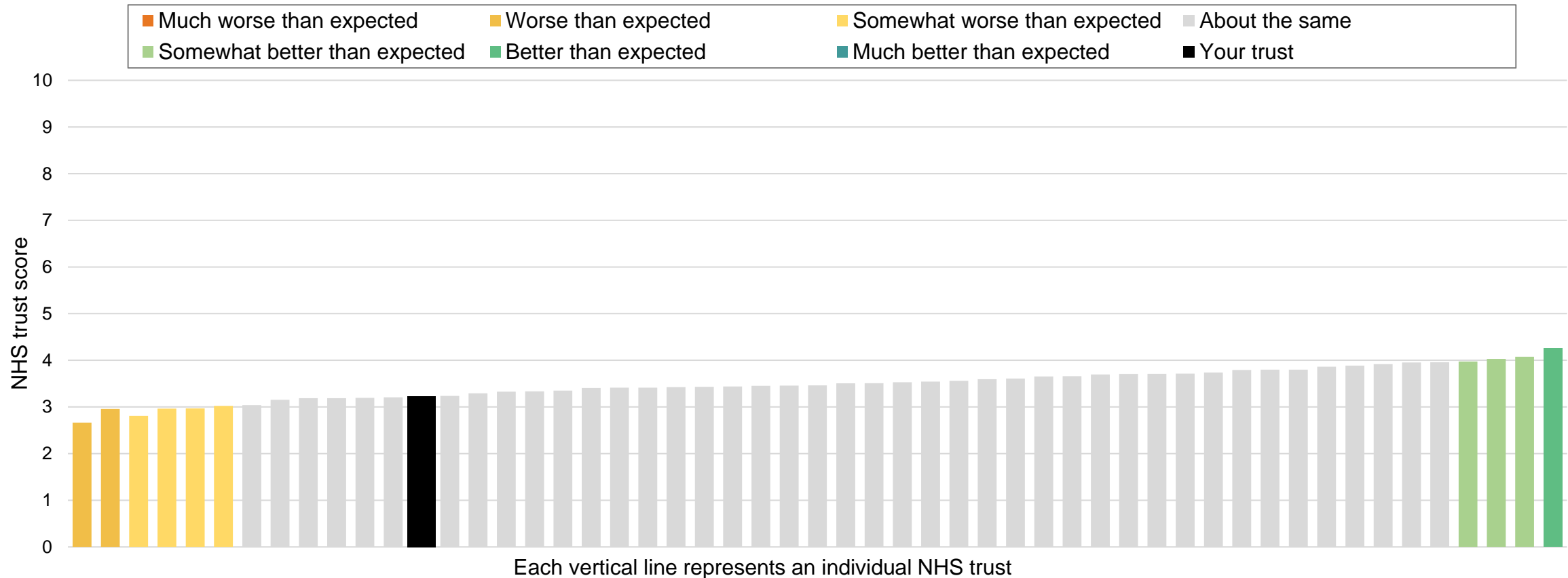
About the same

Number of respondents	Your trust	National average	Lowest score	Highest score
73	5.6	5.8	4.6	7.5

# Section 9. Support with other areas of life

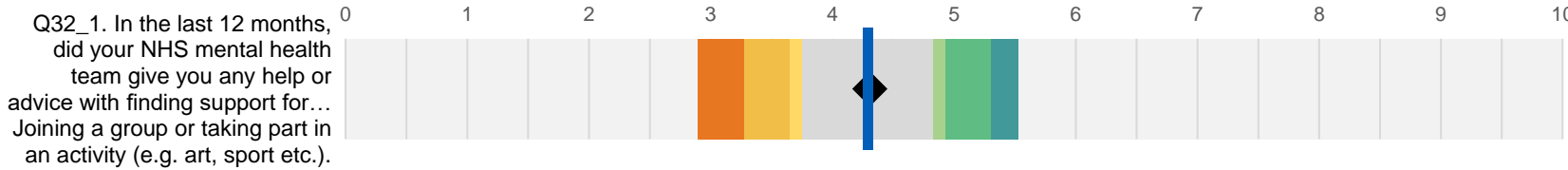
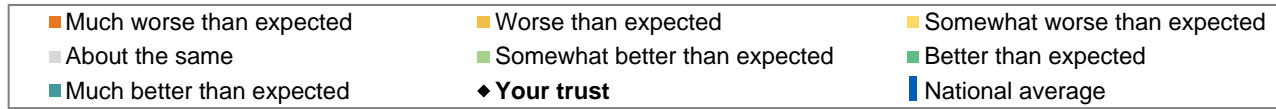
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**Your trust section score = 3.2 About the same**



# Section 9. Support in other areas of life (continued)

## Question scores



About the same

Number of respondents	Your trust	All trusts in England		
		National average	Lowest score	Highest score
188	4.3	4.3	2.9	5.5



About the same

131	1.6	2.1	1.3	2.8
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About the same

156	2.4	2.5	1.3	4.0
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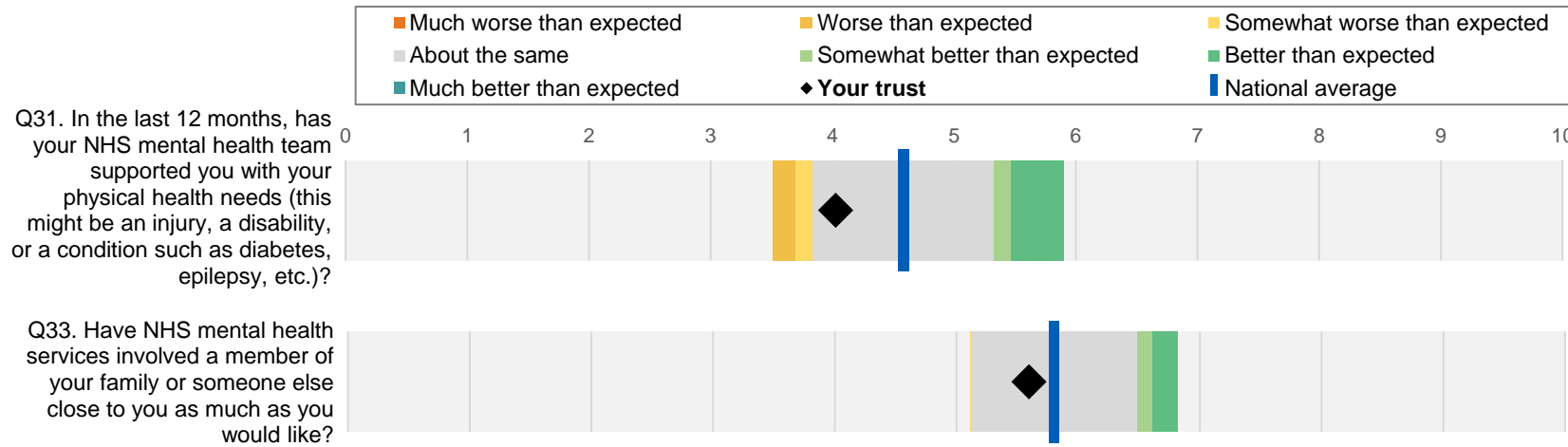


About the same

147	1.4	1.7	0.9	2.7
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# Section 9. Support with other areas of life (continued)

## Question scores



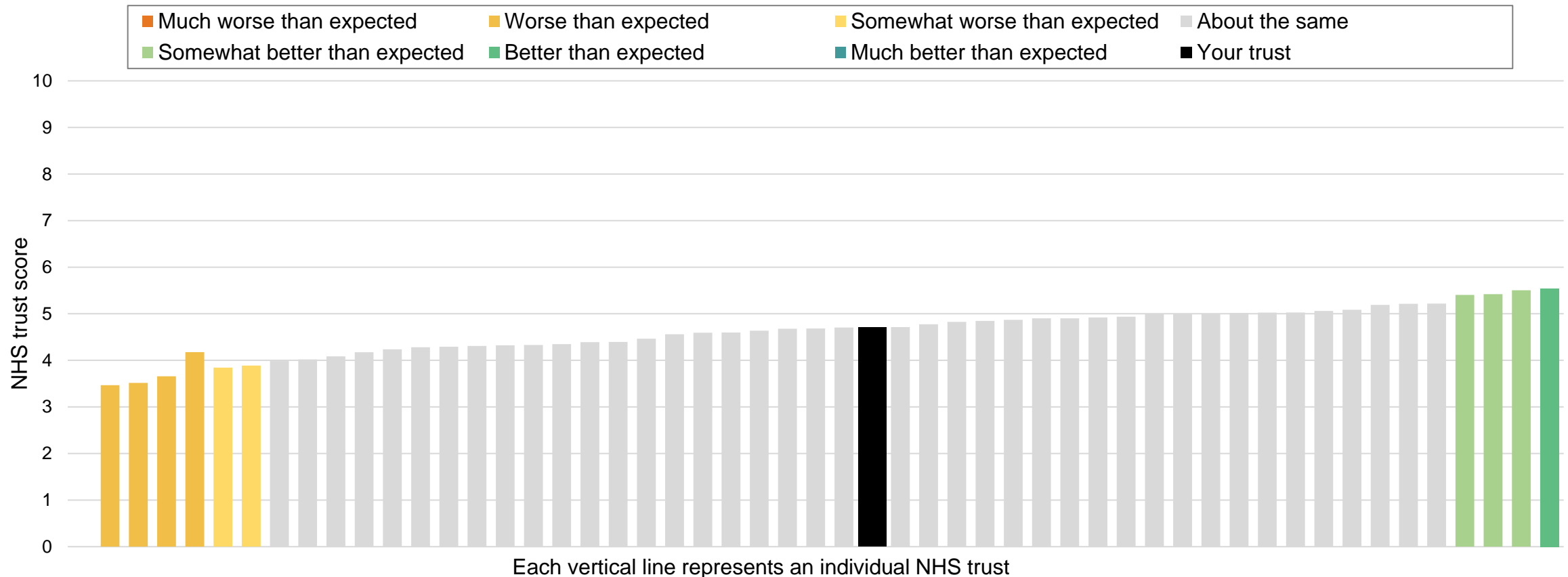
		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
125	4.0	4.6	3.5	5.9

163	5.6	5.8	5.1	6.8
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## Section 10. Support in accessing care

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

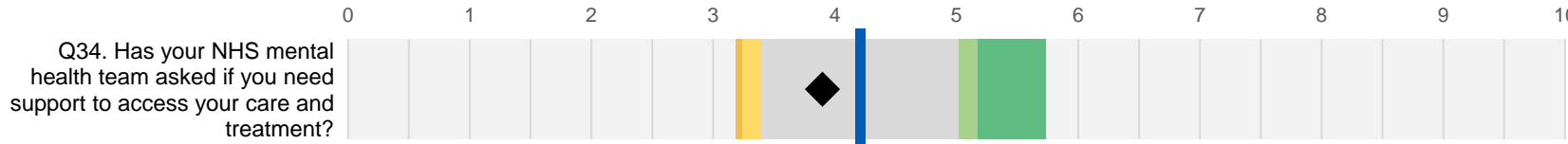
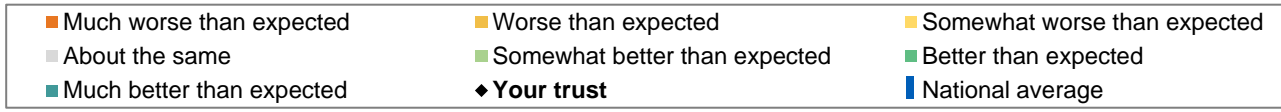
**Your trust section score = 4.7 About the same**





# Section 10. Support in accessing care (continued)

## Question scores



About the same

Number of respondents	Your trust	All trusts in England		
		National average	Lowest score	Highest score
160	3.9	4.2	3.2	5.7



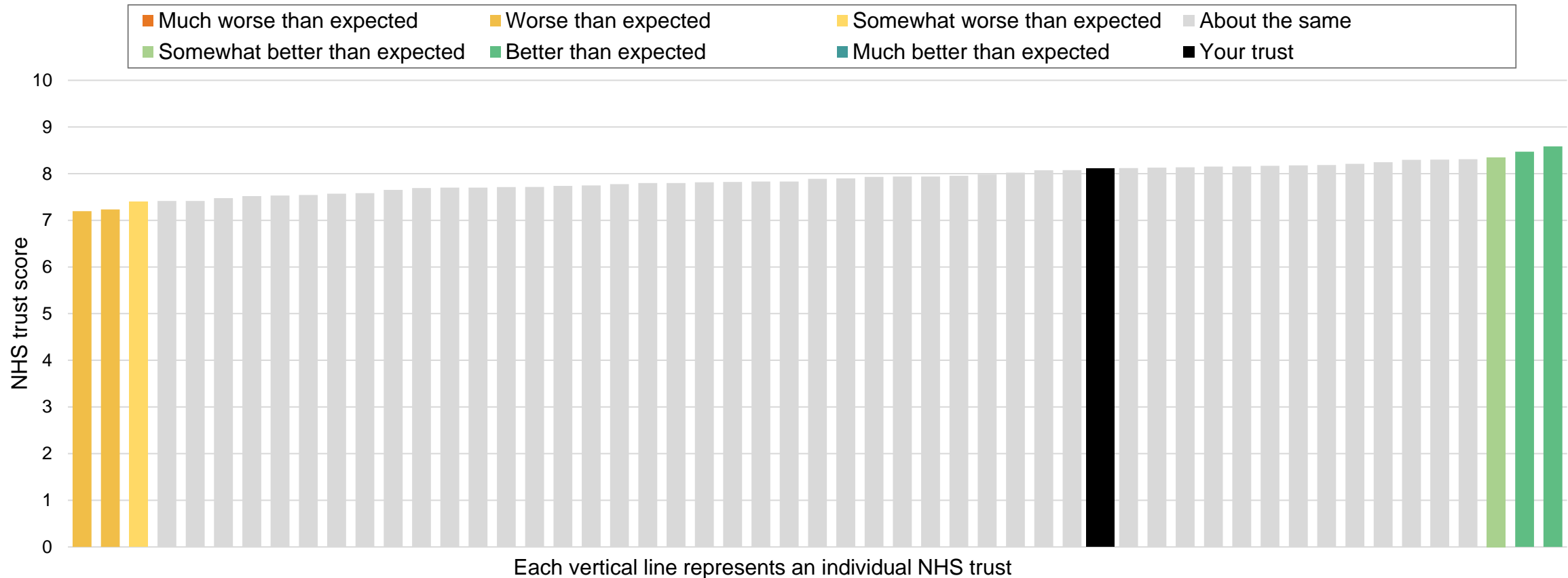
About the same

51	5.5	5.0	3.7	6.3
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# Section 11. Respect, dignity and compassion

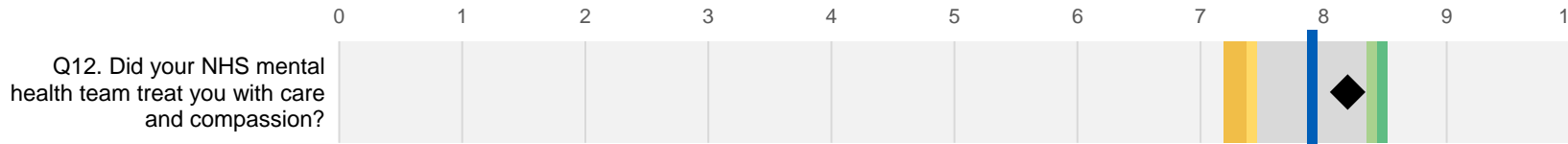
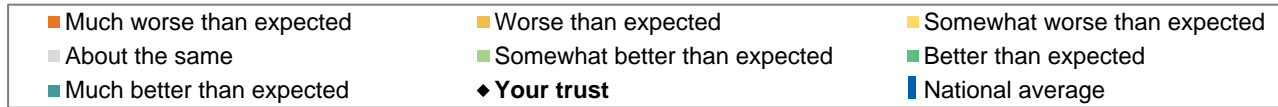
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**Your trust section score = 8.1 About the same**



# Section 11. Respect, dignity and compassion (continued)

## Question scores



About the same



About the same

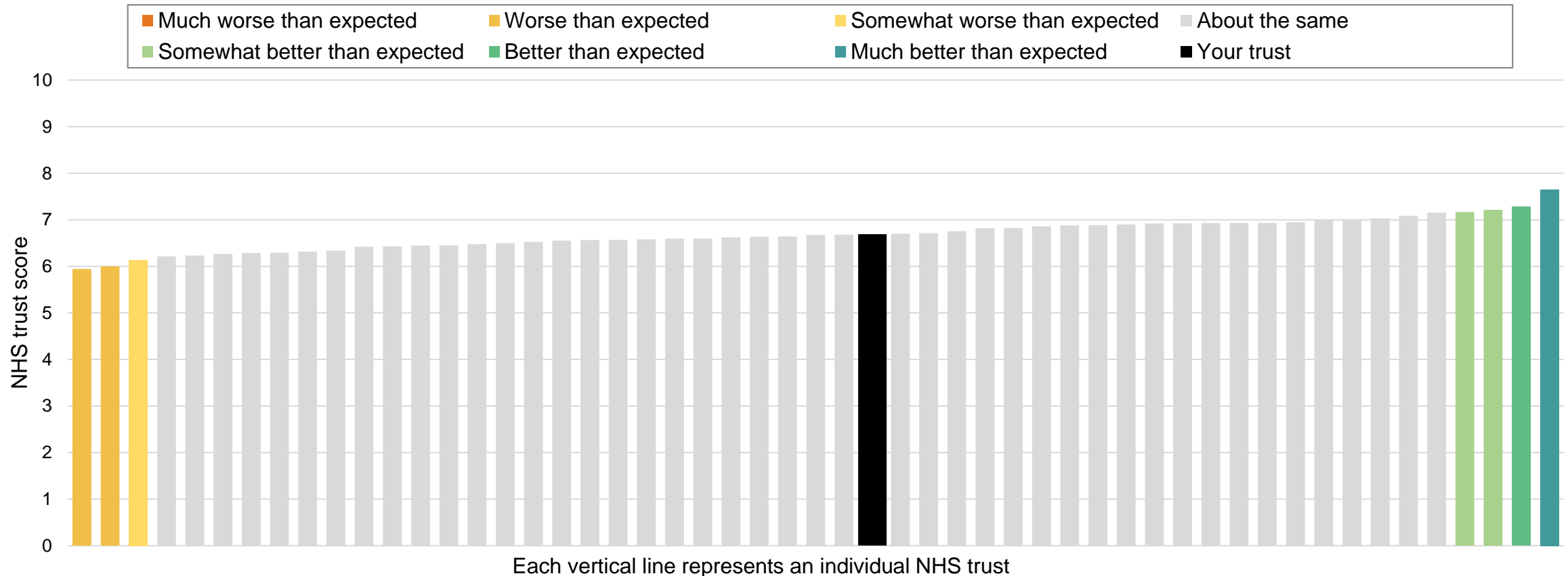
Number of respondents	Your trust	All trusts in England		
		National average	Lowest score	Highest score
224	8.2	7.9	7.2	8.5

223	8.0	7.9	7.2	8.7
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## Section 12. Overall experience

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

**Your trust section score = 6.7 About the same**



# Section 12. Overall experience (continued)

## Question scores



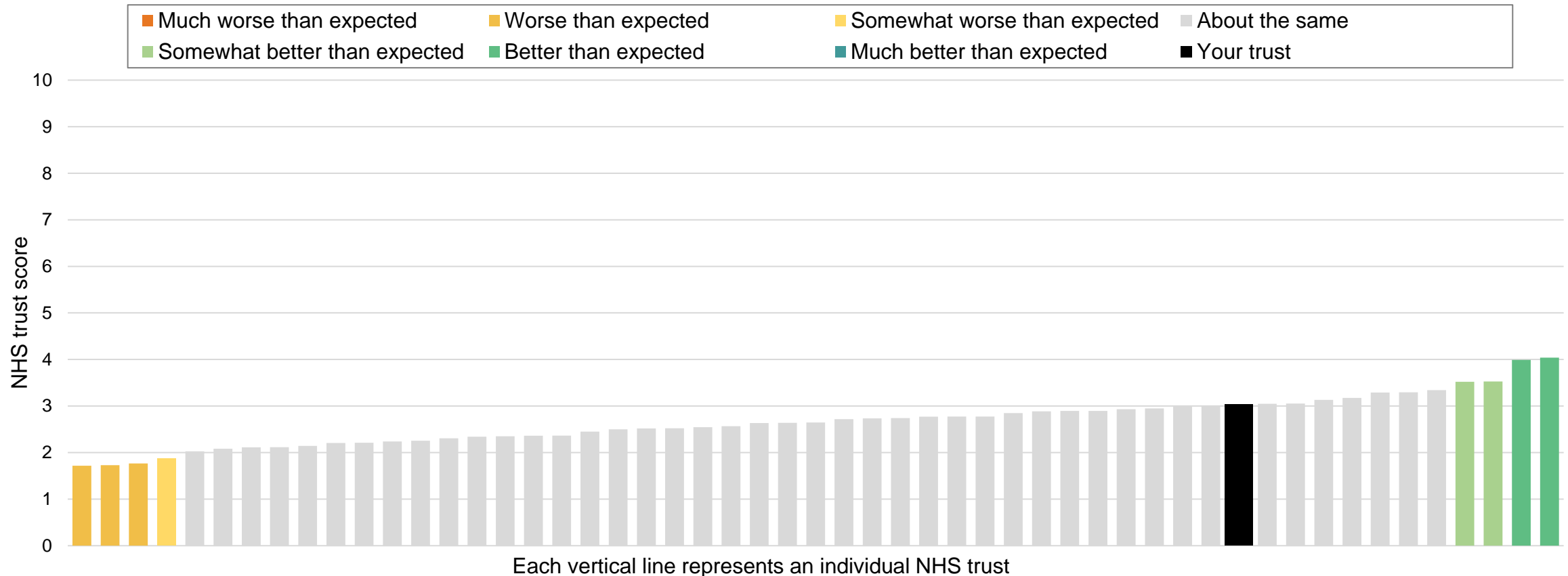
Number of respondents	Your trust	All trusts in England		
		National average	Lowest score	Highest score
225	6.7	6.7	5.9	7.7

About the same

## Section 13. Feedback

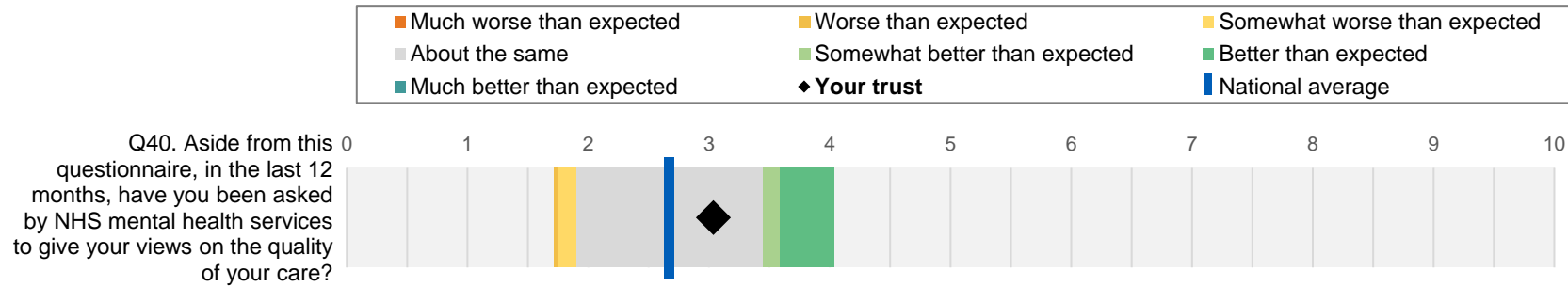
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

**Your trust section score = 3.0 About the same**



# Section 13. Feedback (continued)

## Question scores



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
180	3.0	2.7	1.7	4.0

# Appendix



## Comparison to other trusts: where your trust has performed much better

The questions at which your trust has performed much better when compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

### Much better than expected

- No questions for your trust fall within this banding.

# Comparison to other trusts: where your trust has performed better

The questions at which your trust has performed better than compared with all other trusts are listed below.  
The questions where your trust has performed about the same compared with all other trusts have not been listed.

## Better than expected

- q26. Would you know who to contact out of office hours within the NHS if you had a crisis?

# Comparison to other trusts: where your trust has performed somewhat better

The questions at which your trust has performed somewhat better when compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

## Somewhat better than expected

- No questions for your trust fall within this banding.

# Comparison to other trusts: where your trust has performed somewhat worse

The questions at which your trust has performed somewhat worse when compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

## Somewhat worse than expected

- q30. Did the NHS mental health team give your family or carer support whilst you were in crisis?

## Comparison to other trusts: where your trust has performed worse

The questions at which your trust has performed worse compared with all other trusts are listed below.  
The questions where your trust has performed about the same compared with all other trusts have not been listed.

### Worse than expected

- q16. In the last 12 months, have you had a care review meeting with your NHS mental health team to discuss how your care is working?

## Comparison to other trusts: where your trust has performed much worse

The questions at which your trust has performed much worse when compared with all other trusts are listed below. The questions where your trust has performed about the same compared with all other trusts have not been listed.

### Much worse than expected

- No questions for your trust fall within this banding.

# NHS Community Mental Health Survey

## Results for Berkshire Healthcare NHS Foundation Trust

### Where service user experience is best

- ✓ **Crisis care access:** service users knowing who to contact out of hours in the NHS if they had a crisis
- ✓ **Medication:** what will happen if they stop taking medication being discussed with service users
- ✓ **Support in accessing care:** support provided met service users' needs
- ✓ **Feedback:** NHS mental health services asking service users for their views on the quality of their care
- ✓ **Support while waiting:** service users offered support while waiting

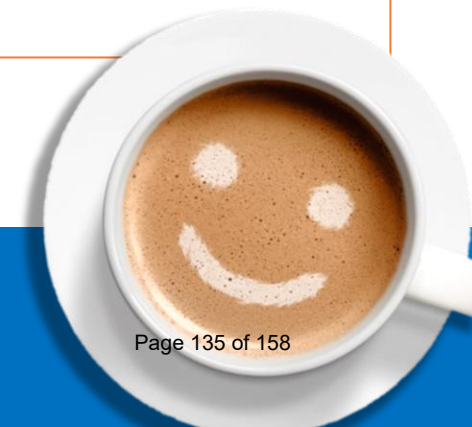
### Where service user experience could improve

- **Planning care:** service users had care review meeting in the last 12 months
- **Crisis care support:** NHS mental health team provided support to family/carer when service users had a crisis
- **Medication:** NHS mental health team checking how service users are getting on with medication
- **Medication:** benefits of medication being discussed with service users
- **Support in other areas of your life:** service users being given support with physical health needs

These questions are calculated by comparing your trust's results to the national average. "Where service user experience is best": These are the five results for your trust that are highest compared with the national average. "Where service user experience could improve": These are the five results for your trust that are lowest compared with the national average.

This survey looked at the experiences of people who were receiving care or treatment for a mental health condition and had been treated by the trust between 1 April 2023 and 31 May 2023. Between August and December 2023, a questionnaire was sent to 1250 recent service users. Responses were received from 232 service users at this trust. If you have any questions about the survey and our results, please contact [INSERT TRUST CONTACT DETAILS].

Papers – Council of Governors – Public Meeting 12.06.24



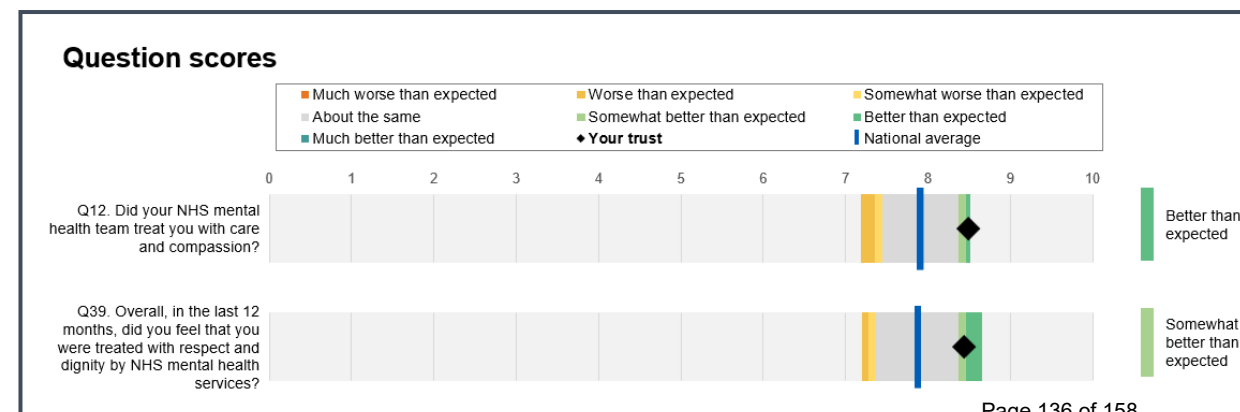
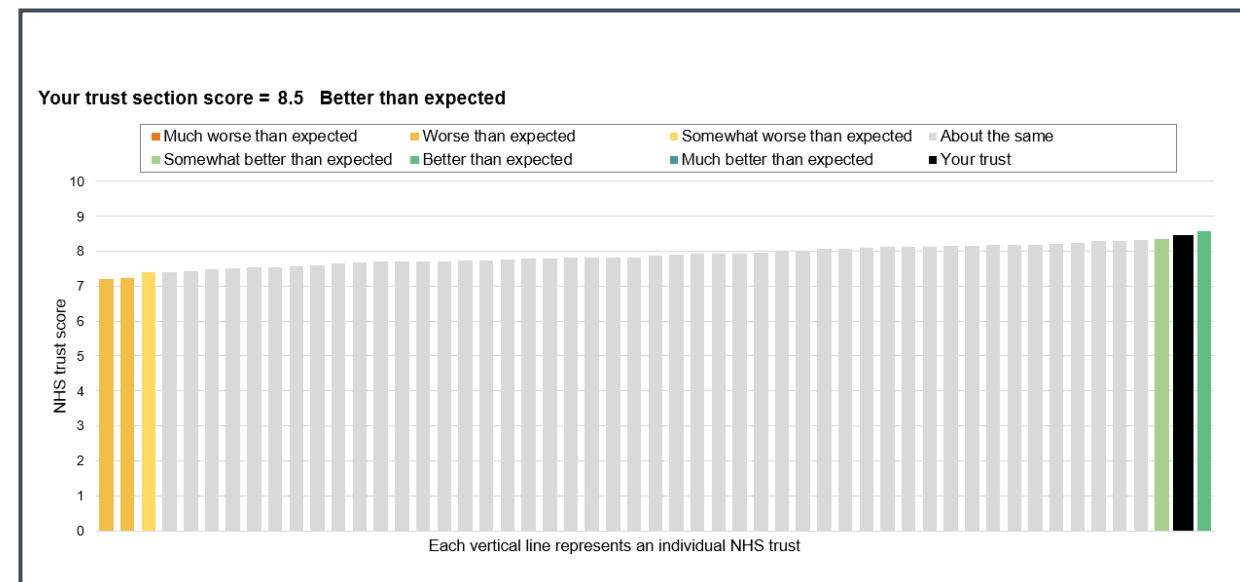
# How to interpret benchmarking in this report

The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the **light orange section** of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange section** of the graph, its result is 'Much worse than expected'.

These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.

Papers – Council of Governors – Public Meeting 12.06.24





## How to interpret benchmarking in this report (continued)

The 'much better than expected,' 'better than expected', 'somewhat better than expected', 'about the same', 'somewhat worse than expected', 'worse than expected' and 'much worse than expected' categories are based on an analysis technique called the 'expected range'. Expected range determines the range within which a trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust's performance is 'about the same' as other trusts. Where a trust is identified as performing 'better' or 'worse' than the majority of other trusts, the result is unlikely to have occurred by chance.

In some cases, there will be no shades of orange and/or green area in the graph. This happens when the expected range for your trust is so broad that it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and/or a lot of variation in their answers.

In some cases, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Additional information on the 'expected range' analysis technique can be found in the survey technical report on the [NHS Surveys website](#).

# An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the service user's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive service user experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of service user experience, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

## Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question 17 "Has your NHS mental health team supported you to make decisions about your care and treatment? Support includes sharing information on risks and benefits of your care and treatment.":

- The answer code "Yes, definitely" would be given a score of 10, as this refers to the most positive service user experience possible.
- The answer code "Yes, to some extent" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer code "Don't know / can't remember" would not be scored, as they do not have a clear bearing on the trust's performance in terms of service user's experience.

## Calculating the trust score for each question

The weighted mean score for each trust, for each question, is calculated by dividing the sum of the weighted scores for a question by the weighted sum of all eligible respondents to the question for each trust. An example of this is provided in the [survey technical document](#).

## Calculating the section score

An arithmetic mean of each trust's question scores is taken to provide a score for each section.

# Thank you.

For further information  
please contact the Survey  
Coordination Centre:  
[mentalhealth@surveycoordination.com](mailto:mentalhealth@surveycoordination.com)

# Report to Council of Governors For Quarter 4 2023/24

## June 2024



# Chief Executive Highlights Update

Local



Berkshire Healthcare  
NHS Foundation Trust

## Local

- **Project One Team** – Project One Team will transform the Trust’s Mental Health offer in line with the national NHS Long Term Plan. It will build upon the work already done by the Trust’s Community Mental Health Transformation Programmes to create a brand-new model for Berkshire. The overall aim is to establish a new and integrated model of primary and community mental health care for all adults with severe mental illness.
- **NHS Staff Survey Results** – for the fifth year running, the Trust is in the NHS top five for staff engagement. A record 67% (3,291) of our staff responded to the survey, which also showed significant improvements in 28 areas of staff experience. There will be a presentation on the national NHS Staff Survey Results at the meeting.
- **“Big Conversations” with staff** - Big Conversations are part of the Trust’s “Listening into Action” programme and are all about engaging and empowering our staff through a Big Conversation, ensuring that they have ownership and a voice in everything we do and all the improvements we make when tackling widespread challenges. Listening to the feedback from Big Conversations is central to informing future improvements and changes. Over 250 staff attended the Big Conversation events. Staff identified a range of issues which were causing staff and patients difficulty and frustration. The Big Conversation Steering Group led by Alex Gild, Deputy Chief Executive meets fortnightly to review the feedback and agree clear roles and responsibilities for addressing the issues raised.

# Chief Executive Highlights Update

Local Continued



**Berkshire Healthcare**  
NHS Foundation Trust

- **Sexual Health Outreach Clinics for People Seeking Asylum** - Our sexual health service is partnering with the Florey Clinic at the Royal Berkshire NHS Foundation Trust on a new project to improve access to sexual health testing, treatment and education for refugees and people seeking asylum across Berkshire. The project aims to understand the unmet sexual health needs and prevalence of STIs amongst refugees and people seeking asylum, and the barriers that may prevent this group from accessing mainstream NHS services. Building on their experience and current links with refugee support groups, the team is working with hotels currently accommodating people seeking asylum in Slough, Reading, Wokingham and Maidenhead to support monthly testing.
- **New Research Explores the Long-Term Impact of Exercise on Mental Health** – the Trust was partnering with the Charity Sport in Mind and Chichester University on a new research study which will examine the long-term impact of community physical activity programmes on people with mental health problems. The research is funded by Sport in Mind, the UK’s leading mental health sports charity which in partnership with the NHS, delivers free physical activity, including sport, walking, dance and gardening to anyone struggling with their mental health or experiencing loneliness and isolation. The aim of the research is to find out more about the long-term benefits to the patients who take part in these physical activity sessions.
- **Trust’s Financial Plan 2023-24** – the final outturn position for the Trust at year end was a £3.8m surplus. The surplus had increased from the initial financial plan of a £1.3m surplus following receipt of £0.6m industrial action funding and agreement of £1.3m of elective over performance funding.
- **New Therapy Garden at Upton Hospital** – a new wellbeing garden, created as part of the Living Well Programme which aims to support those experiencing mental health challenges has opened at Upton Hospital. It will provide a space for quiet reflection, a

# Chief Executive Highlights Update

Local Continued



**Berkshire Healthcare**  
NHS Foundation Trust

- **New Social Networking Group Launching in Maidenhead** – the Let’s Connect Community Wellbeing Network, facilitated by the Trust is expanding into Maidenhead. Let’s Connect is a social network with over 227 members across Berkshire. There are currently weekly meetings in Slough and Reading and meetings every two weeks in Wokingham and Newbury.
- **Sustainability** - the Trust has won a £2.6m sustainable renewable energy grant for a decarbonisation scheme at West Berkshire Community Hospital.
- **Improving the Working Lives of Doctors in Training** - following publication of the 2024/25 priorities and Operational Planning Guidance by NHS England, the Medical Director attended the Trust Postgraduate Doctors’ Forum on 4 April 2024 and provided assurance that Medical Staffing and Directors of Medical Education (DME) would work with our doctors in training to address the 3 areas of priority as listed in the Planning Guidance:
  - increasing choice and flexibility in rotas
  - reducing duplicative inductions
  - reducing payroll errors.

Although discussions which followed suggested that our doctors in training did not have concern about how the Trust managed and supported them with these priority areas, it was agreed that the 3 priority areas for doctors in training would be reviewed with their representatives to ensure it met their needs.

# Chief Executive Highlights Update

National



**Berkshire Healthcare**  
NHS Foundation Trust

- **NHS Waiting Lists** – the Office of National Statistics shows that almost 10 million people across England could be waiting for an NHS appointment or treatment – this was 2 million more than previously estimated. The study found that 21% of patients were waiting for a hospital appointment or to start receiving treatment on the NHS, equating to 9.7 million people. In January the waiting list stood at 7.6 million, according to official NHS statistics.
- **Perinatal Mental Health** - data from NHS England shows record numbers of women accessing specialist perinatal mental health support. NHS statistics show that more than 57,000 new and expectant mothers received specialist mental health support between March 2023 and February 2024, up a third compared to the previous year.
- **Childrens' Community Services Waits** - Figures from NHS England reveal that the number of people waiting more than a year for community services has risen sharply, with children the hardest hit. NHS England data shows that the number of community waits of more than 52 weeks rose from 26,800 in April 2023, to 31,509 in January this year (18%). The number of children waiting over a year jumped even more starkly, from 14,632 to 23,473 in the same time frame – an increase of 60%.
- **NHS England has completed its restructure, reducing its workforce by 30 per cent, in what it says is “one of the largest public sector transformations in the UK”**- NHS England, Health Education England and NHS Digital had a combined total of 24,300 posts at the start of NHS England’s restructure process in 2022/2023. The number of posts has been reduced by 30%. Over the next two years NHS England will transfer more posts to integrated care boards, for example as a result of the devolution of specialised commissioning and vaccination and screening services. This will take the total reduction to 36 per cent and leave NHSE with 15,300 remaining posts. NHS England is also continuing to hold about 800 (5 per cent) of posts vacant to reduce costs.



# Chief Executive Highlights Update

National



**Berkshire Healthcare**  
NHS Foundation Trust

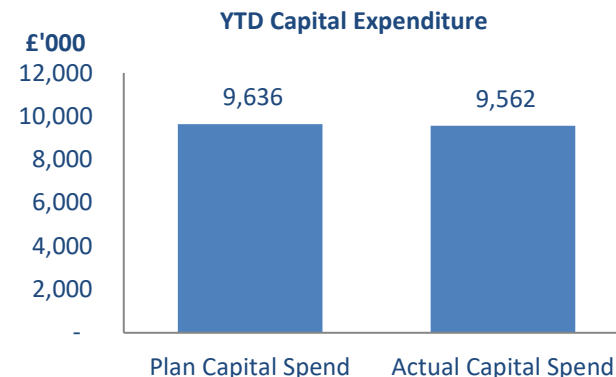
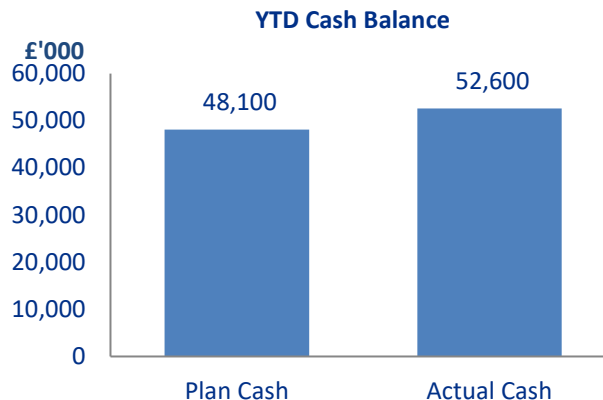
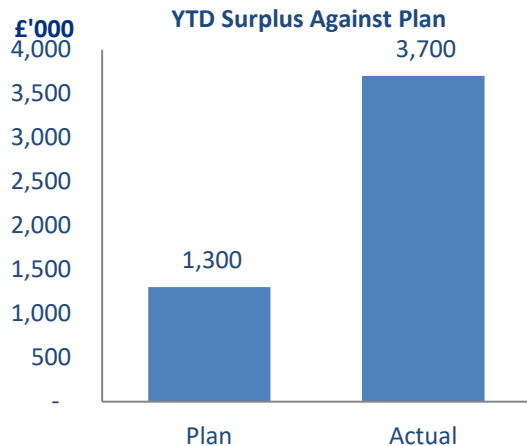
- **NHS Public Satisfaction** - responding to a new report today from the Health Foundation and Ipsos on what the public thinks about the NHS in England, the Chief Executive of NHS Providers, Sir Julian Hartley said:

"Leaders across the NHS know they face an uphill battle to restore public satisfaction in the NHS with survey after survey revealing patients' concerns about standards and access to health care."

"They will be deeply worried that more than half of the people surveyed believe the standard of care provided by NHS services will worsen in the coming year."

"While it is reassuring that public support for the founding principles of the NHS remain rock solid, it is undeniable that factors such as rising demand, squeezed funding and workforce shortages have all taken their toll."

# Financial Summary – 31<sup>st</sup> March 2024 Subject To Audit



## Year to Date

The Trust delivered a surplus (£3.7m) against a surplus plan (£1.3m)

Surplus year to date is linked to elective recovery (£1.3m), income for industrial action (£0.6m), reduced PDC dividend (£472k) and depreciation (£722k)

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

## Cash

Our cash balance at the end of March was £52.6m, £4.5m better than plan.

## Capital Spend

The capital programme is £73k below plan for schemes within CDEL control total, and £2.7m below plan for schemes outside of this control total.

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

# True North Driver Metrics and Oversight Performance Metrics Quarter 4 June 2024

## Performance Scorecard - True North Drivers

		Harm Free Care											
Metric	Target	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Breakthrough Self-Harm Incidents on Mental Health Inpatient Wards (ex LD)	61 per month	22	24	19	55	37	43	53	28	17	26	39	71
Breakthrough Restrictive Interventions	TBC	337	409	324	320	301	246	294	198	196	160	200	172
		Patient Experience											
IWGC Positive Score %	95% compliance from April 22	94.0%	94.2%	94.1%	95.2%	95.2%	94.3%	93.3%	94.3%	94%	94.7%	94.0%	94.5%
IWGC Compliance %	10% compliance	2.6%	3.3%	3.7%	3.5%	4.2%	3.3%	3.6%	3.2%	2.7%	3.3%	3.5%	3.2%
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Breakthrough Clinically Ready for Discharge by Wards MH ( including OAPS)	250 bed days	468	484	565	712	460	348	465	390	559	371	268	353
Breakthrough Bed days occupied by patients who are discharge ready Community	500 bed days	583	799	876	823	768	731	895	783	741	850	756	665

# Countermeasure Summary for Driver Metrics Continued



**iWantGreatCare** – there has been good take up of devices to record patient experience and work is ongoing to ensure that the correct services are aligned to correct divisions following the change in Divisional structure. There will be a new denominator in 2024/25 which is based on the number of clients rather than footfall.

**Clinically Ready for Discharge Mental Health**– This is a **new driver metric from April 2023**. The measure here shows **the lost bed days** between when a client is clinically ready to be discharged and their actual discharge date for **Mental Health** Inpatients. In **March 2024** there was an decrease in the number of patients clinically ready for discharge to 20 from 32 in December 2023 and bed days lost reduced from 598 in December 2023 to 353 in March 2024. This was 103 days above the target of 250 bed days lost. Longest delay is on Sorrel ward with a patient delayed over 400 days in total. The top contributors in March 2024 were Rowan Ward that had 4 patients and 76 lost bed days and Orchid Ward that had 4 patients and 59 bed days lost. Reading were the highest locality with 84 beds. To achieve 250 bed days - focus areas for the next 12 months including updates with recent actions are as follows:-

- A meeting took place with Reading Borough Council to review process and identify quick wins.
- Reviewed attendance at Clinically ready for discharge meetings to ensure more senior oversight in the locality teams.

## Outcomes

- Consultant practitioner focusing on the longest length of stay and complex discharges
- Psychiatric Intensive Care Unit Consultant screening all in hours requests for Psychiatric Intensive Care Units to confirm if needed.

# Countermeasure Summary for Driver Metrics Continued



**iWantGreatCare** – there has been good take up of devices to record patient experience and work is ongoing to ensure that the correct services are aligned to correct divisions following the change in Divisional structure. There will be a new denominator in 2024/25 which is based on the number of clients rather than footfall.

**Bed Days Lost for those clients who are ready – Physical Health Inpatient Services New Metric** - This is a new metric and measures bed days lost for those clients who are discharge ready on our Physical Health wards. The total for March 2024 shows 665 bed days lost by 88 clients who were clinically ready for discharge. This is a reduction from December 2023 when 746 bed days were lost by 109 clients who were ready to be discharged. Social Care funding is the highest reason for delay. Frimley ICB have recognised significant improvements in bed days lost made by the Trust and partners.

## Actions in March 2024.

- Frimley ICB dashboard now has Berkshire Healthcare Trust data in it

## Outcomes and Next Steps

- Berkshire Healthcare Trust Bed Management system now live
- Length of stay is a driver metric for Community Health Services for 2024/25.

# Countermeasure Summary for Driver Metrics Continued



**Physical Assaults on Staff – 49 in March 2024. Rowan ward had 11 incidents Driven by a small number of individuals. Link with use of restraints. Actions taken and impacts**

- Continue to raise reporting
- New role to support staff at Prospect Park – restorative reviews
- Nurse Consultants network supporting
- Proactive Care Planning and post incident reviews
- Thames Valley Police colleagues' presence on wards and in status exchanges
- Look at individual factors

## Outcomes

- Advanced safety planning training refresh
- Look at individual factors and address in status exchange

**Inappropriate Out of area placements** – This is bed days used by those patients where a bed was not available at the Trusts Mental Health Wards at Prospect Park Hospital. This metric will change to the number of active inappropriate out of area placements at the end of the month in 2

# Key Performance Indicators - Oversight Framework Metrics



Berkshire Healthcare  
NHS Foundation Trust

Metric	Threshold / Target	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
C.Diff due to lapse in care (Cumulative YTD)	6	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	0	1	1	1	1	1	1	1	1	1	1	1
Count of Never Events (Safe Domain)	0	0	0	0	0	0	0	0	0	0	0	0	0
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	60% treated	88	75	80	87.5	100	100	81.82	100	80	85.70	100	100
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.26	99.35	99.42	99.40	99.42	99.17	99.22	99.20	99.14	99.5	99.40	99.35
People with common mental health conditions referred to Talking Therapies will be treated within 18 weeks from referral	95% treated	100	100	100	100	100	100	100	100	100	100	100	100
People with common mental health conditions referred to Talking Therapies will be treated within 6 weeks from referral	75% treated	94	94	93	91	91	87	88	89	88	88	91	91
People with common mental health conditions referred to Talking Therapies completing a course of treatment moving to recovery	50% treated	46.5	48	45	49.95	46.15	46	43.5	45	48.39	48.5	45	48.25
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DMO1 - Audiology): %	95% seen	61.26	83.45	92.09	97.79	100	99.00	99.07	95.93	97.79	95.18	99.53	97.03
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	99.57	99.53	100	100	100	100	100	100
Sickness Rate: %	<3.5%	3.7%	4.0%	3.8%	3.9%	3.7%	3.9%	4.6%	4.6%	4.6%	4.8%	4.1%	3.7%
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	42.8%	83.3%	75%	100%	75%	100%	100%	100%	50%	50%	100%	100%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	83.2%	75%	85.7%	60%	100%	100%	100%	100%	100%	87.5%	85.7%	60%
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	1



# Key Performance Indicators - Oversight Framework Metrics



Metric	Threshold / T..	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Community Health Services: 2 Hour Urgent Community Response %.	80%	83.1%	84.2%	87.8%	87.6%	85.2%	86.3%	88.5%	82.0%	81.8%	82.5%	86.7%	87.7%
E-Coli Number of Cases identified	Tbc	0	1	1	0	1	0	1	0	1	1	1	1
Mental Health 72 Hour Follow Up	80%	96.4%	91.6%	90.7%	98.0%	87.5%	92%	89.1%	86.9%	86.2%	95.1%	100%	86.0%
Adult Acute LOS over 60 days % of total discharges	TBC	24.1%	25.8%	22.8%	24%	25%	24%	24%	24%	30%	28.9%	30%	34%
Older Adult Acute LOS over 90 days % of total discharges	TBC	66.7%	66.7%	50%	36%	32%	28.9%	42%	42%	66%	57.9%	55.0%	52%

# Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance

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

## Talking Therapies Recovery:

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

# Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance

## Talking Therapy Access

- Blue Monday – Head of Service interviewed on BBC Berkshire
- Older Adult poster developed and mailed out to GPs across Berkshire
- National Talking Therapies Comms Campaign promoted on social media channels
- Planning an SMS trial alongside Frimley ICB in Bracknell targeting older adults
- January saw an increase in Berkshire West referrals, 968 new patients were seen which is 98% of the access target
- Berkshire East showed improvement by achieving a 14% increase from previous months, 813 new patients were seen which is 85% of the access target
- As per the 24/25 priorities and operational planning guidance, from April 2024 the service will be shifting its focus on to the number of people completing a course of treatment. We are yet to confirm these numbers with our ICBs.
- Metrics for the financial year 2024/25 will include reliable recovery and reliable improvement for those completing treatment.

# Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance

**Patient Safety Alerts** - This is a safety alert around bed rails. Many providers across the country are facing the same challenges and work is in place to address this. It relates the fact that the alert states anyone issued with bed sticks/bed rails now need a risk assessment in community. There are thousands of patients in community that do not have ongoing health input therefore responsibility on who completes these needs to be clarified and the resource to complete the reviews needs identifying. There is now a Task and Finish Group being set up in the South-East Region.

There are 7 elements to this alert and Berkshire Healthcare is compliant in the Trust's Inpatient areas with all 7 elements and for those with equipment prescribed by the Trust and being used in the community we are compliant with 5 of the elements – the remaining two being in relation to initial assessment and review of any patient prescribed this equipment. It is these elements that mean we are unable to close the alert at present.

**Sickness** – Stress and Anxiety is the top contributing Reason for Sickness in March 2024. Berkshire Healthcare has a number of well-being options including Mental Health and Physical Health Support on its intranet. Service managers meet with Human Resources to progress cases where performance management of an individuals' sickness is needed.

**Children and Young Persons Eating Disorders 4 week routine waiting times target** – The 4 week target was missed for 3 referrals. We have just undertaken a review of referrals that have breached over the last 6 months. There were 10 referrals in total that have breached over that period: 5 urgent and 5 routine. All delays were due to either the eating disorder not being identified in the referral, or the severity of the eating difficulties not being identified as requiring a specialist eating disorders assessment until assessment by CPE. Once referred to BEDS CYP, assessment was carried out and treatment commenced well within the required access and waiting times. This will be addressed by the changes being made to the current RiO pathway, as agreed with commissioners to bring us in line with the national

# Board Assurance Framework Risk 2024/25 Summary



Strategic Ambition	Risk Description
<p><b>Workforce</b> We will make the Trust a great place to work for everyone</p>	<p><b>Risk 1 – Workforce</b></p> <p>Due to national workforce shortage and increasing scarce supply there is a risk of failure to recruit and retain staff which could impact on our ability to meet our commitment to providing safe, compassionate, high-quality care and a good patient experience for our service users.</p>
<p><b>Patient Safety</b> We will reduce waiting times and harm risk for our patients</p> <p><b>Efficient Use of Resources</b> We will use our resources efficiently and focus investment to increase long term value</p>	<p><b>Risk 2 - Demand and Capacity</b></p> <p>There is a risk that the Trust will fail to transform services and that some services, even after making internal efficiencies and productivity gains will be unable to keep up with increased demand leading to increased waiting times thus increasing the risk of harm to patients.</p>
<p><b>Patient Experience and Voice</b> We will leverage our patient experience and voice to inform improvement</p>	<p><b>Risk 3 – Patient Voice</b></p> <p>There is a risk that that the Trust will fail to “hear the patient voice” and take account of patient experience when shaping, adapting, and designing services leading to services which do not meet the needs of all groups of patients and their families leading to inequality of access and poorer health outcomes.</p>
<p><b>Health Inequalities</b> We will reduce health inequalities for our most vulnerable patients and communities</p>	<p><b>Risk 4 – System Working</b></p> <p>There is a risk that due to political, operational, workforce and funding pressures across health and care the Integrated Care Systems fail to deliver on their core aims of improving population health outcomes, reducing health inequalities, increasing system efficiency and contributing to</p>

# Board Assurance Framework Risk 2024/25 Summary Continued



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