NHS
Berkshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 04 December 2024 starting at 10.30am

(Conducted via MS Teams)

There will be a governor pre-meeting at 9.45

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	**Welcome & introductions**	Chair	1
2.	**Apologies for Absence**	Julie Hill, Company Secretary	1
3.	**Declarations of Interest**	All	1
4.1	**Minutes of Last Formal Meeting of the Council of Governors and Matters Arising**	Chair	1
5.	**Carers Strategy Update** *(Presentation on the day)*	Katie Humphrey, Carers Lead	15
6.	**Audit Committee Annual Report to the Council of Governors** (Enclosure)	Rajiv Gatha, Chair, Audit Committee	10
7.	**Committee/Steering Groups** Reports: *a)* Membership & Public Engagement *Enclosure)* *b)* Quality Assurance Group *(to follow)* *c)* Living Life to the Full *(Enclosure)*	Committee Group Chairs and Members	5
8.	**Executive Reports from the Trust** 1. Patient Experience Quarter 2 Report *(Enclosure)* **2.** Performance Report *(Enclosure)*	Alexandra Bambury, Complaints Manager Julian Emms, Chief Executive	10
9.	**Governor Feedback Session** *This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended*	Martin Earwicker, Chair	2
10.	**Any Other Business**	Martin Earwicker, Chair	2

11.	**Dates of Next Meetings***)* • *12 February 2025 (Governor Development Day – NHS Providers* • *12 March 2025 - Formal Council Meeting - MS Teams*	Martin Earwicker, Chair	1
12.	**CONFIDENTIAL ISSUE:** **To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.**	Martin Earwicker, Chair	1
13.	**Chair and Non-Executive Directors Remuneration**	Recommendation from the Appointments and Remuneration Committee	
	12 Noon to 1pm – Training Session (open to all Governors and Non-Executive Directors		
	Equality, Diversity and Inclusion Awareness Session	**Karla Inniss, Head of Inclusion, Organisational Development and Engagement**	

NHS Berkshire Healthcare NHS Foundation Trust

Minutes of the Council of Governors Meeting held on

Wednesday, 25 September 2024 at 10.30am

(Conducted via MS Teams)

	Present:	Martin Earwicker, Chair
	Public Governors:	Brian Wilson John Featherstone Ian Germer George Mathew Ros Crowder Graham Bridgman Sarah Croxford James Cuggy Aryan Sharma Jon Wellum Baldev Sian Madeline Diver
	Staff Governors:	Guy Dakin
	Appointed Governors:	Cllr Jacopo Lanzoni Fiona Price Barbara Evetts
	In attendance:	Alex Gild, Deputy Chief Executive Paul Gray, Chief Financial Officer Mark Day, Non-Executive Director Julie Hill, Company Secretary Linda Jacobs, Executive Business Assistant Cheryl Gardner, Deputy Executive Office Manager & Executive Business Assistant
	Guests:	Maria Grindley, Partner Ernst & Young LLP Alison Kennet, Audit Manager Ernst & Young LLP Jade Hens, Team Lead - Getting Help and Mental Health Support Teams in Slough Alexandra Bambury, Complaints Manager
1.	**Welcome and Introductions**	
	Martin Earwicker, Chair welcomed everyone to the meeting.	
2.	**Apologies for Absence**	
	Cllr Michael Karim, Julian Emms, Debra Allcock Tyler, Tom O’Kane, Cllr Patrick Clark, Jenni Knowles, Naomi Coxwell, Rebecca Burford, Sally Glen, Alun Griffiths, and Anne Jumba.	
3.	**Declarations of Interest**	

	None declared.
4.1	**Minutes of Last Formal Meeting of the Council of Governors and Matters Arising - 12 June 2024**
	The minutes the meeting held on 12 June 2024 were approved as a correct record of the meeting after a correction had been made to minute 8 – Patient Experience Report: The second reference to complaints" to be replaced with the word "compliments" – the sentence to read: "Guy Dakin asked if Corporate Services, IT and Finance to received complaints/compliments". The minutes of the Private meeting held on 12 June 2024 were approved as a correct record of the meeting *(the minutes of the private session do not contain any confidential information).*
5.	**Election Results Paper**
	The results of the public governor elections in Reading, Bracknell, Slough, West Berkshire and Rest of England had been circulated. The Chair welcomed George Mathew, Public Governor, Reading, Hilary Doyle, Public Governor, Bracknell, Aryan Sharma, Public Governor, Sough and John Featherstone, Public Governor, Rest of England as new governors and congratulated Brian Wilson and Madeline Diver on their re-election as Public Governors, Bracknell and Ros Crowder on her re-election as a Public Governor, West Berkshire. The Chair also congratulated Guy Dakin on his re-election as a Non-Clinical Staff Governor. The Company Secretary said that it was disappointing that no nominations had been received for the vacancies in Wokingham and Windsor, Ascot and Maidenhead. The Company Secretary reported that Tina Donne had left the Trust and therefore there would shortly be an election for a new Clinical Staff Governor. The Council of Governors noted that the outcome of the Elections.
6.	**External Auditors Reports to the Council of Governors**
	The paper was taken as read. The Chair welcomed Maria Grindley, Partner Ernst & Young LLP to the meeting. Maria Grindley presented the report and highlighted the following points: • The Trust's Accounts 2023-24 were unqualified and were submitted to NHS England ahead of the deadline. • The Auditors were satisfied that the Trust's financial statements gave a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for the year that ended. • There was positive working between the Auditors and the Trust's finance team. • There were no other matters to report to the Governors. • The financial information in the Annual Report and Accounts 2023-24 and published with the financial statements was consistent with the audited accounts. • There were no matters to report by exception on the Trust's Value for Money arrangements. • Ernst and Young were satisfied that the Trust's Annual Governance Statement was consistent with their understanding of the Trust. • The National Audit Office (NAO) included the Trust in its sample of Department for Health and Social Care component bodies. We had no matters to report to the NAO.

	• We issued our certificate on 19 June 2024. The Chair thanked Maria Grindley for her report and thanked the Finance Team for the support given to Ernst & Young. Paul Gray thanked Maria and her team for their help and guidance with the early sign off and wished Maria well in her retirement. The Council of Governors noted the report.
7.	**Trust Annual Report and Accounts 2023-24**
	i. AGM Presentation on the Trust's Annual Report and Accounts 2023-24 The Chair welcomed Alex Gild, Deputy Chief Executive to the meeting. Alex provided an overview of the Trust including: • The Trust's mission and vision • The Trust's Role in Integrated Care Systems, Provider Collaboratives and System Working Challenges • Board Membership Changes • External Well-Led Board Review • Workforce: Staff Turnover Reduction, High Positive Scores in NHS Staff Survey and Remaining Challenge • Staff Survey Results • Digital Leadership and Innovations: Leadership in Digital, Online Therapies and Support, Automated Systems for Administrative Tasks and Future Development of Digital Technologies • Health Inequality Strategy: Understanding Data Across Berkshire, Variations in Disadvantage and Early Study on Mental Health Sectioning • Tackling long waits: Increased Patient Demand, Long Waiting Times and Multi-Factor Approach • Trust Performance: Care Quality Commission Outstanding, Financial Target Met, High Staff Survey Results and Active System Working Participation Ian Germer asked if the Government's message that the NHS was "broken" was damaging staff morale. Alex Gild reported if this narrative continued this could potentially damage staff morale and may lead to patients being fearful of receiving NHS treatment. The Government had identified key areas requiring improvement namely, waiting list reduction and improved access and some high-profile areas of treatment. George Mathew acknowledged that the Anti-Racism Community Forums were crucial to tackling the challenges of closing the gap in experiences of minority and white staff and asked how the impact of the Forums and the closing the gap was measured. Alex Gild thanked George for the support and engagement with ACRE and reported that outcome measures for better alignment with and for the needs of the communities was needed. The Patient Care Race Quality Framework would bring disparities and access outcomes alongside when designing services. The Chair thanked Alex for his presentation. ii. Financial Review 2023/24 The Chair welcomed Paul Gray, Chief Financial Officer to the meeting.

Paul provided an overview of the Trust's financial position 2023/2024 context for the year and highlighted the following points:

- The Trust had planned for a financial performance **surplus of £1.3m with planned efficiencies of £14.1m**
- The tough economic climate was driving **high inflation**
- There was a continued focus **on increasing activity levels/reducing waiting lists**
- Plans to **invest £12.5m capital expenditure** were agreed with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System
- There was a planned decrease in the Trust's **cash reserves of £8.7m**

2023/2024 Financial Performance

- Summary: Financial performance was better than the financial plan by **£2.5m,** Financial performance adjustments included asset impairments (**£6.9m**) and required changes to PFI reporting (**£3.3m**)
- **Efficiencies of £14.1m were delivered**
- Capital Investment: IM&T Equipment & Infrastructure **£6.2m,** Estate Improvements & Developments **£3.8m**

To note: £3.8m surplus is after adjustment for the financial impact of national changes in treatments for PFIs and asset impairment arising from audited annual revaluations. This value was excluded from the assessment of financial performance by NHS England.

Looking forward for 2024/25

- Challenging national planning round
- The Trust had submitted a **£1.9m surplus** plan for 2024/25
- Planned **Efficiencies of £13.6m**
- Plans to **invest £13.1m capital expenditure** agreed with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System
- Planned decrease in **cash of £5.8m**

Ian Germer asked how the efficiency savings were achieved without affecting patient care and how the surplus would be used.

Paul Gray reported that an efficiency programme was in place and that prior to any cost improvement programme scheme was implemented a quality impact assessment was conducted to identify and mitigate and impacts on quality. The Trust's surplus would contribute to the system target and increased cash reserves.

George Mathews asked what the key financial challenge would be for the Trust in 2024-25.

Paul Gray reported that the key challenge was making sure that the Trust could deliver to the set plan. There were delivery and operational pressures, maintaining quality of care and reduction of waiting list issues across the NHS.

Jon Wellum asked how sustainable the efficiencies were considering mental health funding was below the requirements and further government funding was unlikely.

Paul Gray said that the Trust was challenging itself on productivity and looking at waste in the system that can be removed safely without compromising patient care.

Sarah Croxford asked how equitable the capital expenditure for the integrated care system was and how equitable this was against other contributors and partners. Also, what the Trust expected this to lead to and what this meant for both patients are staff.

Paul Gray reported that the Trust had a reasonable amount to deliver the capital expenditure within the year and can spend as needed to provide services to our patients.

The Chair thanked Paul for his presentation.

8.	**Trust's Strategy Presentation**
	The paper was taken as read. The Chair welcomed Alex Gild, Deputy Chief Executive. Alex provided a summary update of Our Corporate Strategy to 2025 which included External Environment, Internal Factors, Strategic Priorities and Next Steps for Trust Strategy Development. The Chair thanked Alex for his presentation.
9.	**Lead Governor's Annual Review for the AGM**
	Brian Wilson, Lead Governor reported that he would be presenting an annual review of the work of the Council of Governors over the last year at the Annual General Meeting this afternoon and thanked Julie Hill, Company Secretary for updating the information and for drafting the Council of Governor's Annual Review Report.
10.	**CAMHS Getting Help and Mental Health Support Team Presentation**
	The Chair welcomed Jade Hens, CAMHS Team Lead/Getting Help Team/Mental Health Support Team to the meeting. Jade provided an overview of the CAMHS Getting Help and Mental Health Support Service and a Patients Journey and highlighted the following points: Service Background • Government Initiative: Transforming Children and Young People's Mental Health Provision: A Green Paper. • The aim was for every school and college to have a designated mental health lead by 2025. • Part of East Berkshire CAMHS Getting Help Service - three localities (Bracknell, RBWM and Slough). • In Slough, the CAMHS Mental Health Support Team (MHST)1 had been operational since 2019/2020, with Team 2 joining the team in 2021/2022. • Across the two MHSTs there was approximately 47% coverage for MHST. The remaining schools fell within our Getting Help Team. Our Offer Direct interventions • Early intervention and prevention for mild-moderate mental health interventions • 1-1support for CYP (12 years+) over 6-8 sessions • Parent led interventions (11 years and under) over 6-8 sessions • Small group sessions (where appropriate) Indirect interventions • Support in Multiagency triage (Getting Help Team) • School staff consultations and reflective practice • Joined up working with professionals (e.g.: Local Authority and Schools) • Delivering training/workshops and providing consultation to schools on mental health and wellbeing where appropriate • Psychological Perspectives in Education and Primary Care (PPEP Care) Training What we can support with ✓ Mild to moderate mental health presentations ✓ Behavioural Difficulties (brief parenting support) ✓ Worry Management

- ✓ Anxiety e.g. Simple Phobias (Dogs, Heights, Separation anxiety)
- ✓ Low Mood
- ✓ Sleep Hygiene
- ✓ Panic Management
- ✓ Assessing Self Harm and Coping Strategies
- ✓ Thought Management
- ✓ Problem Solving

What we do not support with

- Conduct disorder/Anger management/Full parenting programmes
- Chronic depression
- Social anxiety disorder
- Extensive phobias e.g. blood, needles, vomit
- Severe, active, high risk self-harm
- PTSD
- OCD
- Pain management
- Historical or current experiences of abuse or violence

If a referral is not accepted, then we can support the referrer to explore where the needs may best be met and identify appropriate/alternative services to signpost to.

Patient Story

Jade presented a patient journey showcasing the positive impact of early intervention on a young patient (8 years old) who attend a Special Educational Needs school. He had an ASD diagnosis and was and awaiting ADHD assessment.

The child was referred by the school for concerns around food avoidance, fears of sitting down/being dirty and social worries around their disappearance, particularly whilst eating.

The child's mother was apprehensive about her child attending the initial assessment and subsequent sessions as he had never engaged with services before. The staff member tailored their approach including using Pokémon cards to engage with the child.

The service had a positive impact on the child and the family was now confident going out together, planning a holiday and the child was able to eat and drink outside of the home. The school reported huge improvements in school behaviour and the child had been able to go on school trips, attendance improved and attending on time with limited anxiety.

Jade Hans shared a letter that the mother had written to the service thanking them for their support.

Guy Dakin asked if the Eating Disorder Service supported children of all ages.

Jade Hens confirmed that the Berkshire Eating Disorder Service (BEDS) supported children until the age of approx. 17.

James Cuggy asked if there was anything in place to ensure there was continuous follow up to prevent children reverting to their previous condition.

Jade Hens confirmed that by collaborating closely with schools and the community-based referral routes they could do re-referrals, top up sessions and could refer to higher specialist CAMHS Services if needed.

Fiona Price asked what impact neuro diversity long waiting lists had on the Service. Jade Hens reported if a child was undiagnosed this could be due to neuro diversity symptoms or them struggling with anxiety. Some behaviour issues were clear whether

they had ADHD, Autism or ADHD and Autism. While children were on waiting lists for a neuro diversity assessment parents were referred to sources of help and support.

Aryan Sharma asked if short- or long-term structured courses incorporating yoga, mindfulness and cognitive therapy to help patients had been considered.

Jade Hens reported that structured courses were not available as the NHS supported evidence-based CBT interventions, although clinicians did use yoga, mindfulness and breathing techniques. Apps were also recommended to young people.

Ros Crowder asked if there was a similar service in West Berkshire.

Jade Hens confirmed there that there was a MHST in Reading and an equivalent of the Getting Help Team also worked with GP and Wokingham had a Primary Mental Health for You service.

The Chair thanked Jade for her presentation.

11. Committee/Steering Groups

Reports:

a) Membership & Public Engagement and approval of the Excluded Member Review Process
The report was taken as read.

b) Quality Assurance Group
The report was taken as read.

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

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

12. Executive Reports from the Trust

1. Patient Experience Quarter 1 Report
The report was taken as read.

The Chair welcomed Alexandra Bambury, Complaints Manager to the meeting.

Alexandra gave a presentation and highlighted the following points:

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Distinct patient numbers recorded (inc discharges from wards)	Number	151,330			
Number of iWGC responses received	Number	9,149			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	6.04%			
iWGC 5-star score	Number	4.78			
iWGC Experience score – FFT	%	94.1%			
Compliments received directly by services	Number	1237			
Formal Complaints Rec	Number	68			
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	3			
Formal Complaints Closed	Number	41			
Formal complaints responded to within agreed timescale	%	100%			
Formal Complaints Upheld/Partially Upheld	%	51%			
Local resolution concerns/ informal complaints Rec	Number	28			
MP Enquiries Rec	Number	5			

Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	7			

iWGC
Particularly well:

- Emotional support and empathy shown by staff
- Patients being involved in decision and having their preferences respected
- Involving patients and their carers

Opportunities for improvement:

- Access to healthcare advice
- Continuity of care and transitions
- Targeted action plan; 6% Response Rate; target of 10% by March 2025
- Rapid Improvement Event held in May 2024; Nearly in May 2024; Nearly 60 people from across Divisions, QI, the Patient Experience Team and Governors attended
- Continue PALS promotion at Ward Community meetings at Prospect Park Hospital
- The Trust was using data to support Patient and Carer Race Equality Framework Experience, Access and Outcomes
- Strengthened Divisional reporting

Complaints/PALS

- Community Nursing had the highest increase: 3 to 6
- Decrease in Formal Complaints found to be Not Upheld across all services

CQC: The Early Resolution process was designed to provide people who are detained under the MHA with a swift, person-centred response to their complaints wherever possible. 4 complaints received.

Parliamentary Health Service Ombudsman: Meditation process. 0 new cases, 2 remained open
PALS: 618 + 461 non-Trust contacts

Other activity

- Lived Experience Workforce Programme
- 15 Step Visits. 13 visits in Quarter 1: visits scheduled to the end of the year, planning for next year underway
- Patient Safety Partner recruitment (PSP) continued
- PLACE Visits from the end of September to November 2024

The Chair thanked Alexandra for her report.

2. Performance Report
The report was taken as read.

The Chair welcomed Alex Gild, Deputy Chief Executive to the meeting.

Guy Dakin asked if there were Out of Area Placement Beds are for Community patients.

Alex Gild reported that the Trust did not have Out of Area Placements for Community beds as we do for our mental health patients which was an indication of the efficiency of flow through our Community Rehabilitation Wards/Physical Health Wards and was a function of how the system was working from Acute to Community into discharge to place of residence or into a package of care with local authority partners.

Guy Dakin asked if, Risk 6 - Finance in the Board Assurance Risk Summary, the Trust had problems accessing the money it was entitled to receive.

	Paul Gray reported if there was financial pressure on the whole system the deficit would be higher and decisions on spending could potentially impact the amount of funding that we and others received. The Chair thanked Alex for his report.
13.	**Appointment of Lead and Deputy Lead Governors**
	The Chair congratulated Brian Wilson on being successful on being re-appointed as Lead Governor and Jon Wellum as Deputy Lead Governor.
14.	**Governor Feedback Session**
	This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended. None.
15.	**Any Other Business**
	None.
16.	**Dates of Next Meetings and Annual Schedule of Meetings for 2025**
	• *06 November 2024 - Joint Trust Board and Council of Governors meeting - in person/ MS Teams meeting* • *04 December 2024 - Formal Council Meeting - MS Teams meeting*

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Annual Report of the Trust's Audit Committee to the Council of Governors January 2024 to December 2024

SUMMARY

It is good practice for the Audit Committee to provide a report annually to the Council of Governors to:

- Highlight any relevant audit issues identified during the year in respect of which the Committee considers action or improvement is required and setting out the steps to be taken.
- Comment on the quality of the auditors' work and on the reasonableness of the fees (if appropriate).

Introduction

The Audit Committee's chief function is to advise the Trust Board on the adequacy and effectiveness of the Trust's systems of internal control, risk management and governance and also its arrangements for securing economy, efficiency and effectiveness. The Committee's terms of reference are attached.

As requested by the Council of Governors, this annual report has been expanded to provide more detail about the work of the Committee. It should be noted that the full minutes of the Audit Committee are presented to the next meeting of the Public Trust Board (the Trust Board's meeting papers are available from the Trust's website at https://www.berkshirehealthcare.nhs.uk/about-us/key-documents/board-meetings

Committee Membership

The members of the Committee during 2024 (all of whom are Non-Executive Directors) were as follows:

- Rajiv Gatha, Non-Executive Director, and Audit Committee Chair
- Naomi Coxwell, Non-Executive Director
- Mark Day, Non-Executive Director

Executive support to the Committee included regular attendance by the Chief Financial Officer, Director of Finance, Director of Nursing and Therapies, Medical Director and Head of Clinical Effectiveness and Audit. The Company Secretary supports the Committee.

External representation included representatives Ernst and Young, External Auditors, RSM Risk Assurance Services, Internal Auditors and TIAA, Anti-Crime Services.

During 2024, the Committee met on five occasions, including June 2024 when the Annual Accounts were presented for approval.

All meetings were quorate.

The minutes of each Committee meeting are received at the next available Trust Board meeting. The Audit Committee Chair presents the minutes and highlights any key areas of the Committee's discussions.

Audit Committee Seminars

The Audit Committee's external representatives (internal and external auditors and anti-crime specialists are invited to facilitate seminars prior to the Audit Committee meeting. The seminars were conducted virtually and covered the following topics:

- Tax and Vat Issues by the Internal Auditors
- Emerging Risk Radar by the Internal Auditors
- Economic Crime and Corporate Transparency Act by the Anti-Crime Specialist

Committee Self-Assessment of Effectiveness

The Committee undertakes an annual self-assessment of effectiveness. Members and regular attendees are requested to rate the performance of the Committee and to make suggestions for improvement. The results are then considered to determine what action, if any, may be necessary.

The results of the latest self-assessment exercise were reported to the July 2024 Audit Committee meeting. Overall, the results were positive.

Summary of Work Undertaken

During 2024 key activity included:

A) Board Assurance Framework and Corporate Risk Register

The Committee reviews the Board Assurance Framework and the Corporate Risk Register at each meeting in order to maintain scrutiny on the management of risks to strategic and corporate objectives.

B) Cyber Security Annual Report 2023-24

The Chief Information Officer presented the Trust's Cyber Security Annual Report to the Committee and highlighted the following points:

- Robust cybersecurity measures were crucial in our ongoing effort to safeguard digital services and sensitive information. The landscape of cyber threats was multifaceted, encompassing not only domestic challenges, but also external risks posed by nation state groups. These threats may be motivated by a desire for financial gain or seek retribution against governments and organisations supporting countries involved in conflicts, underscoring the need for proactive cybersecurity participation at the executive level.
- In 2023 **we had no cyber security incidents** which was testament to the technical and cultural measures we have taken to protect the Berkshire Healthcare estate. We have **not been affected by any cyber incidents to our digital suppliers** since the Advanced cyber incident in 2022.
- The **top three cyber risks** we face are a malicious attack (virus) on our digital infrastructure, ransomware, and an attack on our supply chain. Any of these have the potential to impair our ability to deliver patient care. Whilst the

risk of a virus attack and ransomware have been prevalent for several years, supplier attacks were rising as they have a far-reaching effect making it more likely that a private supplier will pay a ransom.

- We anticipate that the **main threats of attack in 2024** to be the security of our cloud services and digital supply chain. The key actions for 2024 were: to continue to comply with and then exceed the national multi-factor authentication policy, focus risk identification on our supply chain and maintain our cybersecurity conscious culture in the Trust. We will work with the Emergency Preparedness, Resilience and Response team to ensure our plans in this area are effective in the event of a large-scale cyber incident.
- Although staff awareness remained a vulnerability for us, as criminals attempt to fool our staff into revealing information, it was now no longer our highest risk. This year we have implemented new technical controls such as multi-factor authentication and raised awareness of the threats across the organisation very successfully which has substantially reduced both the likelihood of our staff's access credentials being stolen and them actually being utilised. We evaluated the effectiveness of our work in this area through a joint exercise with NHS England. Of the 6,367 staff receiving a fake phishing email **only 17 people entered their credentials,** and **no accounts could be used** as the multi-factor authentication blocked them. A significant reduction compared to the results of the exercise carried out last year.
- We have layered cybersecurity defences and systems protecting our network and cloud infrastructure using software to detect and mitigate threats. We have an enterprise-wide software update regime which applies software updates regularly to prevent any newly discovered vulnerabilities being exploited. Each new system introduced to the Trust is reviewed for security risks prior to implementation. Our certified email includes filters to prevent the delivery of malicious programmes and notifications to inform staff of which emails are certified safe and those that are potentially unsafe.
- We gained external, independent assurance on our Cyber Security Measures through a number of independent assessments, audits and certifications.

The Chair noted that Trust had no cyber security incidents during 2023 and asked how the Trust had assured itself that there were no cyber security incidents.

The Chief Information Officer said that the Trust closely monitored the IT infrastructure and external assurances were received from several different sources, including from penetration checking and testing companies and from the National Cyber Security Centre who issued various alerts throughout the year which often related to things which the Trust was already doing. The Chief Information Officer said that the Trust also took assurance from the certification process for the ISO 27001 and cyber essentials plus.

The Chair congratulated the Trust for the very positive results of the Phishing exercise.

C) Information Governance Annual Report

The Chief Information Officer presented the report and highlighted the following points:

- Information Governance provided a framework to ensure that patient and staff personal information was dealt with lawfully, securely, efficiently and effectively, supporting our delivery of the best possible care.
- The NHS Data Security and Protection Toolkit (annual) assessment of ***Standards was Exceeded***.

- Of the **1,414 Subject Access Requests** (SARs) the Trust received, 3 deadlines were extended and 4 exceeded the timeframe for response.
- Of the **325 internally reported incidents**, 1 met the threshold of a reportable breach to the Information commissioner's Office ICO) who has confirmed that they will be taking no action in this case.
- **6 complaints** were made directly to the ICO by members of the public, none resulted in further action by the ICO against the Trust.
- **97% of staff were compliant** with information governance training (95% is the national requirement).

Key areas of focus for 2024 will be to maintain the quality standards of our Information Governance processes and to address the emerging needs of:

- Collaboration across our **Integrated Care System (IC) partners** – helping our partners to mature an effective pan-ICS information governance approach.
- **Artificial Intelligence** (AI) development in healthcare coupled with robotic process automation, the use of large language models and extensive data-lakes indicating a pressing need to understand the new scale and complexity of this technology in the context of the intertwined web of privacy, clinical safety, safeguarding, etc. which may lead to patient harm.
- NHS providers collecting and sharing increasing amounts of **unstructured data** - working to build upon our vanguard work on ICS sharing frameworks and agreements and our pilots for combining AI and unstructured data to develop initial formularies for addressing this risk.
- **Data democratisation** – Staff are becoming empowered to make data-driven decisions and glean insights without having to rely on one central team. This also required effective access management protocols and governance policies to be in place prior to sharing to ensure data was being used responsibly and by the right people. Patient access to and control of their own records was gathering pace within the NHS. Our current plans were based on using the national NHS app and NHS login to provide appropriate security and work to expand our digital interactions with patients. We will work with them to ensure this increased sharing is done appropriately.
- ***Grey IT*[1] systems** risk – tightening Trust governance and contracting controls to ensure that appropriate due diligence assessments are carried out, not just in impacts on clinical quality and finance, but also on information governance (privacy) and cyber security.

The Chair pointed out that the report had highlighted that there had been an increase during 2023 in operational services procuring systems through their service budgets without seeking support and guidance from IT, Security, Information Governance and the Procurement Teams. The Chair asked what subsequent controls had been put in place to mitigate this risk.

The Chief Information Officer explained that a lot of work had been done to make sure that services understood the governance and contracting processes. Mr Davison pointed out that many computer systems were now hosted on the internet which was more challenging to control.

The Chair said that it would be helpful for the Committee to understand more about the Trust's current strategy in relation to the development of Artificial Intelligence.

D) Artificial Intelligence and Healthcare

The Chief Information Officer gave a presentation and highlighted the following points:

- The five key components of Artificial Intelligence were:
    - Expert System Based on Rules
    - Robotic Process Automation
    - National Language Processing
    - Large language Models
    - Machine Learning
- It was important to understand the constraints of AI and how it could be applied in local healthcare settings. All AI processes in healthcare settings needed safety checks and implementation controls.
- The Trust was already using robotic process automation but there was more that could be done, for example, referral triage, staff expense approvals etc.
- More could be done around Population Health Management analytics – using data from Connected Care, NHS Federated Data Platform and the Trust's Data Warehouse to cohort patients based on holistic records in order to prioritise patients for treatment and to identify interventions etc.
- Two of the Trust's Psychiatrists were piloting using clinical ambient documentation. The Trust was also piloting Microsoft's Co-Pilot to help with some administrative tasks, for example meeting notes.

The Medical Director said that it would be helpful if the clinical audit process could be more automated. The Medical Director also mentioned that a process to flag when a patient's detention under the Mental Health Act was due to expire would also be useful.

The Director of Finance pointed out that the Trust was making more use of the Patient Level Information Costing System (PLICS) and suggested that AI could be used to automatically identify variations rather than relying on staff to identify anomalies.

Jenny Loganathan, Anti-Crime Specialist, TIAA commented that there was a definite role for AI to assist with TIAA's investigative and proactive work.

The Chief Information Officer said that before investing in AI systems, it was important to undertake a benefit realisation exercise to identify the likely costs and savings. It was noted that Microsoft's Co-Pilot licence costed around £300 per person per annum.

The Director of Finance said that the business cases for AI investment also needed to be considered in terms of any productivity gains especially given the staffing constraints in many clinical areas.

The Chief Information Officer pointed out that the Trust needed to be clear about the potential risks and limitations of using AI, including risks around bias and discrimination.

The Chief Information Officer said that by focussing on two small scale and controlled projects, the Trust was able to explore the use of AI in a safe way.

E) Clinical Audit Programme

The Audit Committee's role is to ensure that there is an effective Clinical Audit process. This included reviewing the annual clinical audit plan and receiving regular reports on both progress against plan and status of relevant action plans. The results of the individual clinical audits together with action plans to address any areas

identified for further improvements are reviewed by the Quality Assurance Committee.

F) Data Quality Assurance

The Trust recognises that all its decisions, whether clinical, managerial or financial need to be based on sound information that is of the highest quality. Information is derived from individual data items that are collected from numerous manual and digital sources. Use of information to support:

- effective patient care
- clinical governance
- management and service agreements for healthcare planning

This means that data quality is a crucial element in providing assurance that decisions made are the correct ones. The Committee received a quarterly Data Quality Assurance Report which sets out the results of the Trust's data quality audits.

G) Single Waiver Report

The Committee receives a quarterly report setting out details of any contracts which have been awarded to a provider without going through the usual procurement process. There are a number of reasons for single waiver contracts, for example, if the provider is the sole source of supply or an existing contract is extended pending a full procurement exercise.

H) Losses and Special Payments Report

The Committee receives a quarterly report on any losses or special payments made during the reporting period.

I) Clinical Claims and Litigation Report

The Committee receives a quarterly report on clinical negligence and employers' liability claims together with any learning and on-going work in relation to any themes identified as part of the claims process. Learning from the analysis of the claims (both clinical and employee) detailed within this paper will be shared with the wider organisation through learning newsletters and patient safety and quality forums.

J) Approval of the Trust's Annual Accounts on behalf of the Trust Board

We convened a special meeting in June 2024 to approve the Trust's Annual Accounts on behalf of the Trust Board.

K) Other Matters

The Committee also received:

- Reports from the Internal Auditors, External Auditors and Anti-Crime Specialist.
- The Internal and External Auditors and the Anti-Crime Specialist share national good practice and help the Audit Committee to be kept up to date with any new policy developments.
- Minutes of assurance related Committees, including the Finance, Investment and Performance and Quality Assurance Committees

There are no substantial issues or concerns that the Audit Committee needs to draw to the Council's attention from its work in 2023-24.

External Audit Matters

The Trust's External Auditors, Ernst and Young attended the September 2024 Council of Governors meeting to present their audit report to the Governors. NHS England has removed the requirement for the Trust's Quality Accounts 2023-24 to be subject to external assurance so the External Auditors' report to the Governors only included their comments on their audit of the Trust's year-end accounts.

The External Auditors' Report on the Trust's Annual Accounts 2023-24 was "unqualified" which meant that the Trust's financial statements gave a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for 2023-24.

Internal Audit Reports

The Trust's Head of Internal Audit opinion for the year was "The organisation has an adequate and effective framework for risk management, governance and internal control. However, work identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."

In reaching their opinion, the Internal Auditors had taken into effect the positive assurance ratings in respect of the individual audit reviews over the course of the last year and management's response to addressing any areas for improvement when assigning an internal audit opinion.

A summary of the audit reviews completed since the last Annual Audit Committee Report to the Governors is set out below:

2023-24

a) Sickness Absence (partial assurance)

The objective of this audit was to ensure there are robust processes for managing staff absences and that the reporting of absences to the Trust Board is accurate. The Trust defines absences as follows:

- **Short term sickness absences –** frequent and separate episodes of absence which last up to 28 calendar days each and may or may not be related.
- **Long term sickness absence –** a prolonged period of continuous absence due to sickness or injury which lasts for 28 calendar days or more.

The Auditors made three high and two medium rated recommendations:

- **Medical Certificates (high priority)** – The Trust should undertake regular spot checks to ensure absences have the relevant medical certificate covering the duration of their absence.
- **Regular Contact (high priority)** – the audit identified that there was a lack of formal evidence to support that managers were making regular contact with staff members during the period of their absence. The Trust should undertake routine spot checks to ensure regular contact is made with employees during the period of sickness absence and managers will be reminded about the need to maintain a record of the contract.

- **Return to Work Discussion (high priority)** – the audit identified that there was a lack of formal evidence to support that return-to-work discussions were held for employees who returned to work after a prolonged period of sickness. The Trust would explore this recommendation as part of a wider piece of work around reviewing people systems with a view to making them more customer centric.
- **HR Systems (medium priority)** – there are two systems in place for reporting sickness absence (Health Roster and ESR employee staff record). The majority of staff are recorded on Healthroster which sickness is reflected on this system and interfaces into ESR on a monthly basis. The non-clinical services and a small number of clinical services do not use Healthroster and therefore sickness is manually entered onto ESR. The Trust agreed to move to one HR system for recording sickness absences. The system will need to be rolled out to all parts of the Trust to ensure constituency
- **Reasons for Sickness Absences (medium priority)** – the Trust records the reasons for sickness but does not record how many staff are waiting for referrals or treatments that impact sickness levels. The Trust is exploring this recommendation as part of a piece of work within the Frimley Integrated Care Board.

b) Data Quality (reasonable assurance)

The purpose of the review was to provide assurance on processes for key performance data, ensuring that they are robust and lead to accurate reporting of performance. As part of the review, the Auditors looked at the six dimensions of data quality for completeness, validity, accuracy, relevance, reliability and timeliness to ensure they are being met.

The following performance measures were selected in agreement with management and reviewed as part of our deep dive:

- Staff Turnover
- Statutory training Fire Safety
- Inappropriate Out of Area Placements KPI

The Auditors made three medium and one low recommendations.

- **Collection of Data – Inappropriate Out of Area Placements (medium priority) –** two out of the five of the out of area placements in the sample, did not have a discharge data recorded. The Prospect Park Hospital Bed Management Team will be responsible for ensuring that RiO (electronic patient record) forms are completed with all the required information.
- **Validation of Data – Impatient Fire Safety (medium priority)** – the Training and Compliance Team will ensure that the data which is collected for the inpatient fire safety performance indicator is validated and reviewed prior to being entered onto the system to ensure that the data collated is accurate.
- **Information Assurance Framework – Data Quality Audits (medium priority)** – the Data Quality team will review resources to ensure that there is sufficient capacity to undertake audits across all the key performance indicators in the Information Assurance Framework.
- **Expected standards, data definitions and performance measures (low priority) –** the Trust to agree a process to ensure that expected standards and data definitions were reviewed on a periodic basis.

c) Temporary Staffing (reasonable assurance)

The Auditors found that the Trust had a good control framework in place surrounding temporary staffing and rostering. The Rostering policy provided a backbone to the procedures relating to rostering, and the Trust where possible, prioritises bank staff over agency staff to reduce the overall financial burden on the Trust. The Trust had a listing of approved agencies which can be used to fill gaps in the workforce and had clear processes in place relating to the use of off-framework staff, including robust approval procedures.

However, the Auditors noted some areas where the control framework was inadequately designed or not being complied with. The Auditors made five medium recommendations:

- **Temporary Staffing Policy (medium priority) –** at the time of the audit, the policy had not been reviewed since July 2021.
- **Timeliness of Roster Production and Approval (medium priority)** – the Trust has a rostering procedure which required unit managers to upload the approved roster eight weeks in advance. 12 out of the 20 rosters in the sample were approved less than eight weeks in advance. For most teams, management were aware of which staff were going to be on annual leave and the risk was low.
- **Consideration of Annual Leave (medium priority) –** in the sample of 20 annual leave requests, 6 were annual leave requests which were completed less than four weeks before the required roster publication date. Going forward, where possible, annual leave requests will be submitted more than 28 days in advance.
- **Divisional Reporting (medium priority) –** the Trust reports to the Board and the Finance, Investment and Performance Committee on the current agency spend against the year plan. However, the Trust does not produce any divisional or local reporting about divisional spend. The Trust will produce a monthly report which would be circulated to divisions and will include a breakdown of agency and bank spend for each division.
- **Monitoring of Agency Spend Against Plan (medium priority)** - the Trust will devise action plans to manage and reduce the drivers behind the use of bank and agency staff, particularly for temporary staff filling vacant posts.

d) Key Financial Controls – Accounts Payable (reasonable assurance)

The Auditors found the system of internal control over accounts payable to be generally well designed and operating effectively. We noted good controls over invoice processing and approval of BACS payments.

The Auditors made one medium and three low priority recommendations:

- **Purchase Order Usage (medium priority)** – the Auditors identified 30 out of 4,000 invoices where the purchase order date was after the invoice received date. The Trust will undertake analysis of invoice expenditure to see what is covered by contract, what is covered by Purchase Orders (PO), where it is expected that there is neither a contract or PO, and where any gaps exist. Management will then build a plan to address these gaps. The Trust will also define and document the conditions under which purchase orders are not required and communicate that to budget holders.
- **Purchase Order Report (low priority)** – on a periodic basis, the Trust to run a report which identified all purchase orders which have been raised retrospectively after the invoice had been received. This will be investigated, and a root cause analysis will be undertaken to understand the reason why.
- **Authorised Signatories (low priority)** – The Auditors recommended that the Trust's banking signatories list should include the date of the last review. The

Trust will produce a periodic report of banking signatories and report this to the Audit Committee.

- **Duplicated Supplier Names (low priority)** – the Auditors recommended that the Trust review the list of potentially duplicated supplier names and consolidate/remove accounts as necessary.

e) Cost Improvement Plans (reasonable assurance)

The Auditors made three medium and three low priority actions:

- **Assumptions (medium priority)** – the Auditors recommended that assumptions that underpin individual CIP schemes should be documented in a central document for each CIP.
- **Risk Assessment of Cost Improvement Schemes (CIPs) (medium priority) –** the Auditors recommended that the risks that underpin individual CIP schemes should be documented in a central document for each CIP.
- **Clinical Input – Quality Impact Assessment/Equality Impact Assessment (medium priority)** – the Auditors identified that in the sample of ten CIP schemes, there was no evidence of a Quality or Equality Impact Assessment. The sample schemes had no impact on patient services and therefore did not require Quality/Equality Impact Assessments. The Trust agreed that where it was assessed that there would be no impact on the quality and equality of services, this would be documented.
- **Cost Improvement Plans Policy (low priority) –** the Auditors recommended that the Trust should have a Cost Improvement Plan Policy.
- **Roles and Responsibilities (low priority)** – the Auditors recommended that roles and responsibilities should be defined within a Cost Improvement Pan Policy.
- **Business and Finance Executive Committee – Terms of Reference (low priority) –** the Committee-s terms of reference be reviewed to ensure it reflected up to date roles and responsibilities.

f) Board Assurance Framework and Risk Management (reasonable assurance)

The Auditors made one medium priority recommendation:

- **Questionnaire Analysis – Training (medium priority)** – as part of the audit, a questionnaire was sent out to staff. The Auditors recommended that the Trust review the results of the survey, and the themes identified by the Auditors, and review existing policies and training materials in order to address the issues raised.

g) Out of Area – Long Term Placements (reasonable assurance)

The Auditors made one high, four medium and one low priority recommendations:

- **Managing Out of Area Placements – Care Co-Ordinator Reviews (low priority)** – all patients in placements must be reviewed every three months by the care co-ordinator and presented to the Trust's Out of Area Placements Panels for any extension in funding and to ensure that patients were receiving the quality of care in line with their care plans. The Auditors recommended that reviews were carried out for all patients on a timely basis in line with policy.
- **Identifying, appropriateness of decision making, authorising and reviewing Out of Area Placements (medium priority)** – the Auditors recommended that the Trust should ensure that all funding applications would

be signed before submission by the relevant stakeholders involved in their clinical and care service process in line with policy requirements.

- **Family Involvement (high priority)** – the Auditors recommended that where a patient did not have the mental capacity to make their own care decisions, greater care must be taken to ensure that a relative or next of kin is involved in the long-term placement process.
- **Care Providers (medium priority)** – the Auditors recommended that the Trust should ensure that all reasonable provider options will be considered and documented so that stakeholders at the professional and panel meetings have sufficient information to make an informed decision.
- **Professionals' meeting (medium priority)** – the Auditors recommended that the Trust should ensure that professionals meetings are held in advance of patient placements with a care provider to ensure that adequate discussions are held and scrutiny applied about the suitability of a placement provider and the patient's needs prior to transferring a patient.
- **Care Home Contracts (medium priority)** – the Auditors recommended that the Trust extend the framework contract provisions to include long term care providers and that contracts should be drawn up, signed and put in place for all providers being used to place patients for long term care.

h) Bed Management and Discharge Processes (partial assurance)

The Auditors' sample testing and data analytics testing identified significant delays between when a patient was ready for discharge and when they were discharged. These delays were caused due to both internal and external system failures, which could impact patient experience.

The Auditors made five medium priority recommendations:

- **Medically Optimised for Discharge (medium priority)** – the Auditors identified that there was no formal policy or procedure in place for the recording and calculation of the medically optimised for discharge date. The Trust agreed to update the Admissions, Discharges and Transfer Policy to confirm the requirements for a patient to be recorded as being medically optimised for discharge.
- **Discharge Ready Date (medium priority)** – the Trust to conduct regular data quality audits of the discharge ready spreadsheet to ensure that the data is consistent.
- **Internal Delays to Discharge (medium priority)** – the Trust to ensure that the internal delays to discharge are identified and that an action plan is put in place to ensure that these issues were rectified.
- **External Delays to Discharge (medium priority)** – the Trust to ensure that external delays to discharge would be monitored to ensure that escalation flow chart was working effectively.
- **Board rounds (medium priority)** – Board rounds take place daily in West Berkshire and twice a week in East Berkshire. The primary focus of these board rounds was to discharge status of the patients in the ward. The Auditors recommended that as part of the Trust's work to standardise multi-disciplinary team (MDT) meetings and Board Rounds across East and West Berkshire, a procedure document will be developed to include ow MDTs and Board rounds will be utilised, staff required to attend and the frequency of MDTs and Board rounds.
- **Multi-Disciplinary Team Meetings (medium priority)** – see above for Board rounds.

i) Data Security and Protection (DSP) Toolkit (moderate Assurance)

The review produced the following outputs:

- The confidence level in the veracity of the Trust's self-assessment/DSP Toolkit submission.
- The overall risk assurance rating as regards the Trust's data security and data protection control environment. This has been derived from an evaluation of the impact and likelihood of each in-scope assertion and an assessment of risk at the standard level.

The Auditors identified the following areas for improvement:

- In relation to Information Governance, whilst a Record of Processing Activities was in place which included all the key requirements of GDPR, there was no fixed schedule of review. In addition, there was currently no privacy notice that could be easily understood by children.
- In relation to the cyber-related requirements of DSPT, the majority of the Auditors' findings related to ensuring that the control framework was documented, for example the software asset management process, and log retention.

2024-25

a) HFMA Follow Up – Finance Culture (reasonable assurance)

In April 2022, the Healthcare Financial Management Association (HFMA) issued Improving NHS financial sustainability: are you getting the basics right?

The self-assessment was made up of two parts: an initial self-assessment and a detailed checklist.

As part of the national guidance, the Auditors undertook an Internal Audit to assess the veracity of the Trust responses and the supporting documentation. As part of this work, the Auditors have undertaken a review to follow up progress made by the Trust to implement actions in relation to the Finance Culture and Training assertions raised within the HFMA Financial Sustainability Audit in 2022/23 where the Trust identified areas for improvement as follows:

- Have all staff received relevant training in financial management, both in the requirements of standing orders, financial instructions/ procedures, as well as the wider communication of the role of finance in organisational success?
- Is there a system of training in financial management available across the organisation for non-financial staff that promotes the culture of financial control?
- Are financial governance requirements of roles considered, where relevant, in individuals' annual performance reviews and personal development plans?
- Are financial governance requirements included in new starter packs/ on-boarding processes?
- Is budget management included in the objectives and performance review of all budget holders?

The Auditors identified that the Trust had made some progress in implementing the agreed management actions from the original audit. Two actions remained open at the time of the review which were around the formalisation of Finance Training as well as the strengthening of reporting and monitoring arrangements over the completion of HFMA actions through reporting to the Finance, Investment and

Performance Committee. The Trust has demonstrated progress in these areas towards continuing to enhance the financial sustainability arrangements of the Trust.

b) Mortality Review Processes (substantial assurance)

The review was undertaken to provide an assessment and assurance of a new mortality process that the Trust had implemented since January 2024. The new process is a single mortality reporting, reviewing and quality assurance process. There is a single Board report covering all deaths (including those having a patient safety learning response). The review assessed the process for learning from mortality and how the Trust was using this learning to improve the care its patients received.

The review found that although the new process had only been implemented since January 2024, it was very mature, and the teams worked well together and there was clear leadership. The review found the process of identification of deaths including additional fail-safe systems to ensure all deaths of any person who had a link to the Trust were identified and investigated. The Auditors found that the culture and approach was transparent and there was a clear focus on working collaboratively with families and identifying learning.

The Auditors identified two low priority recommendations in relation to the Policy and training that would further strengthen the current processes.

c) **Raising Concerns (substantial assurance)**

A review of Freedom to Speak Up (FTSU) arrangements at Berkshire Healthcare NHS Foundation Trust was completed as part of the Trust's approved Internal Audit Plan for 2024/25. Berkshire Healthcare has a Freedom to Speak Up/Raising Concerns (Whistleblowing) Policy and Procedure in place which was re-issued in September 2023 and ratified by the Strategic People Group and Joint Staff Consultative Committee.

The Auditors found that the overall process for raising concerns and managing them to be comprehensive. The Trust have made improvements to the control framework around FTSU since the last audit report. This included improvements in relation to the Freedom to Speak Up/ Raising Concerns (Whistleblowing) Policy and Procedure, Freedom to Speak Up Strategy, FTSU 6-monthly Guardian reports and routine auditing of FTSU cases. However, the Auditors identified two low priority areas which required improvements to strengthen the control framework and this related to the following:

- Raising concerns training for all staff; and
- Timescales for the raising concerns processes.

d) Mental Health Adult Acute Admissions (partial assurance)

The Trust has policies and procedures in relation to Mental Health Acute Adult Admissions which outline the roles and responsibilities of Senior Nursing and Managerial Staff, Clinical and Non-Clinical Staff, Multi-Disciplinary Teams, and Clinical Leads in relation to the admission, discharge, and transfer of patients. However, at the time of the audit, one of the procedures documents was out-of-date.

The audit found that performance indicators were reported on a monthly basis at the Unit Leadership Trust meetings and Performance, Patient Safety and Quality meetings. The Trust had been meeting its target in relation to Mental Health Acute Admissions key performance indicators presented at Board-level and within

management reports. However, the auditors identified instances where processes outlined in agreed policies had not been adhered to and this was in relation to physical examinations, risk assessments, and patient discharges. The Auditors noted that the Trust currently did not report on compliance with these processes.

The auditors raised two high and three medium actions, and the following issues have led to the partial assurance opinion:

- The Transfer and Discharge from Mental Health & Learning Disability In-Patient Care Protocol and Checklists policy was last reviewed in March 2021 and was out-of-date at the time of our review.
- There was one instance where a physical examination was not completed for a patient.
- Of the 309 patients admitted between January 2024 and June 2024, there were 209 instances where the purpose of admission was not recorded in RiO (electronic patient record system).
- There were 225 instances where a risk assessment was completed two hours after the patient's arrival at the wards, and therefore was not compliant with the agreed processes.
- There were five instances where there was no completed patient discharge checklist in place.

Overall Internal Audit Programme Progress

The table below sets out the ratings of the audit reviews conducted in 2023-24 which were not finalised when the Council of Governors received last year's annual audit committee report.

The table also sets out the ratings of the audit reviews conducted so far during 2024-25.

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Audit Area	***Risk Rating***
2023-24	
Sickness Absence	*Partial Assurance*
Data Quality	*Reasonable Assurance*
Temporary Staffing	*Reasonable Assurance*
Key Financial Controls – Accounts Payable	*Reasonable Assurance*
Cost Improvement Plans	*Reasonable Assurance*
Board Assurance Framework and Risk Management	*Reasonable Assurance*
Out of Area - Long Term Placements	*Reasonable Assurance*
Bed Management and Discharge Processes	*Partial Assurance*
Data Security and Protection Toolkit	*Moderate Assurance*
2024-25	
HFMA Follow Up – Finance Culture	*Reasonable Assurance*
Mortality	*Substantial Assurance*
Raising Concerns	*Substantial Assurance*
Mental Health Adult Acute Admissions	*Partial Assurance*
Key Financial Controls	*TBC*
Risk Management	*TBC*
Safety Planning/Risk Assessments	*TBC*

ACKNOWLEDGEMENTS

The Audit Committee also commends the sterling work carried out by the Trust's finance team on the annual accounts this year.

ANTI-CRIME SPECIALIST AND AUDITORS' CONTRIBUTION:

Throughout the year, the Audit Committee has been supported fully by the Trust's internal and external auditors and by the Anti-Crime Service.

The Committee is fully satisfied with the quality of the work undertaken by the Anti-Crime Service, TIAA, the Internal Auditors, RSM and the former External Auditors, Deloitte and current External Auditors, Ernst and Young.

ACTION:

The Council of Governors is invited to note the report and to seek any clarification.

Prepared by Julie Hill
Company Secretary

Presented by Rajiv Gatha,
Chair of Audit Committee

Berkshire Healthcare
NHS Foundation Trust

Terms of Reference

Audit Committee

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Purpose

This document contains the terms of reference for the Trust Audit Committee.

Document Control

Version	Date	Author	Comments
1.0	12 Mar 08	Garry Nixon	Initial Draft for Committee Chair
2.0	14 Mar 08	Garry Nixon	Updated following Committee Chair comments
3.0	1 May 08	Garry Nixon	Updated following Audit Committee consideration
4.0	22 May 09	John Tonkin	Revised per Internal Audit Report Recommendations on Integrated Governance –
5.0	28 May 09	Clive Field	Minor amendments
6.0	12 August 2010	John Tonkin	Revision following Audit Committee review July 2010
7.0	14 Sept 2010	John Tonkin	Revision following Board consideration 14 Sept 2010
8.0	8 May 2012	John Tonkin	Revision following Board consideration 8 May 2012
9.0	12 April 2013	John Tonkin	General revision to reflect changes in past year
10.0	23 May 2013	John Tonkin	Revision following Board discussion on 14 May 2013
11.0	11 June 2013	John Tonkin	Board approved – 11 June 2013
12.0	13 May 2014	John Tonkin	Board approved - 13 May 2014
13.0	27 July 2016	Julie Hill	Revision following Audit Committee review – October 2016
14.0	08 November 2016	Julie Hill	Board approved – 08 November 2016
15.0	July 2018	Julie Hill	Revision following Audit Committee review – July 2018 – Board approved September 2018
16.0	July 2019	Julie Hill	Revision following Audit Committee review – July 2019 – Board approved September 2019
17.0	October 2020	Julie Hill	Revision following Audit Committee review – October 2020
18.0	July 2022	Julie Hill	Revision following Audit Committee review – July 2022

Document References

Document Title	Date	Published By
NHS Audit Committee Handbook	2005	Department of Health & Healthcare
The NHS Foundation Trust Code of Governance	2006	NHS Improvement, Independent Regulator of NHS Foundation Trusts

Authority

1.1 The Audit Committee is constituted as a Standing Committee of the Trust Board of Directors. Its constitution and terms of reference shall be set out as below, subject to amendment at future Board of Directors' meetings.

1.2 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

1.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary.

Purpose

2.1 To conclude upon the adequacy and effective operation of the Trust's overall internal control system and independently review the framework of risks, controls and related assurances that underpin the delivery of the Trust's objectives.

2.2 To review the disclosure statements that flow from the Trust's assurance processes ahead of its presentation to the Trust Board, including:

a. Annual Governance Statement, included in the Annual Report and Accounts and the Annual Plan together with the external and internal auditors' opinions.

b. Annual Plan declarations relating to the Assurance Framework.

Membership

3.1 The membership of the Committee shall comprise three Non-Executive Directors, at least one of whom shall have recent and relevant financial experience, plus, ex officio, the Chair of the Finance, Investment & Performance Committee. The Chair of the Quality Assurance Committee will attend as and when there are appropriate matters to discuss with the Audit Committee.

3.2 The Chair of the Trust and the Chief Executive shall **not** be members.

3.3 The Chair of the Committee will be a Non-Executive Director and will not be a member of any other standing Committee of the Board.

3.4 A quorum shall be two members.

In attendance at meetings

4.1 The Committee will be supported by the following in attendance:

- Chief Financial Officer
- Director of Finance
- Medical Director
- Head of Clinical Effectiveness and Audit
- Director of Nursing and Therapies (or deputy)

- The Company Secretary

4.2 The Committee can invite the Chairman and Chief Executive as well as other Trust Directors or Officers to attend to discuss specific issues as appropriate.

4.3 The Committee will be attended by representatives of the following:

- External Audit
- Internal Audit
- Counter Fraud
- Clinical Audit

4.4 The Committee will consider the need to meet privately, at least once a year, with both the internal and external auditors. The internal and external auditors may request a private meeting with the Committee at any time.

Frequency and Administration of Meetings

5.1 The Committee will meet at least 4 times a year. It may meet more frequently at any time should circumstances require.

5.2 It will be supported by the Company Secretary who will agree the agenda for the meetings and the papers required, directly with the Chair.

5.3 Minutes of all meetings shall be formally recorded and submitted, together with recommendations where appropriate, to the Board of Directors.

Duties

Governance Risk Management and Internal Control

6.1 The Committee shall review the establishment and maintenance of an effective system of integrated Governance, risk management and internal control, across the Trust's clinical and non-clinical activities that support the achievement of its objectives.

6.2 The Committee shall ensure that the Board Assurance Framework is effective in enabling the monitoring, controlling and mitigation of risks to the Trust's strategic objectives.

6.3 In particular, the Committee will review the adequacy of the following:

a. All risk and control related disclosure statements, together with any accompanying Head of Internal Audit statement, external audit opinion or other independent assurances, prior to endorsement by the Board;

b. The underlying assurance processes that indicate the following:

   - The degree of the achievement of corporate objectives
   - The effectiveness of the management of principal risks
   - The appropriateness of the disclosure statements

c. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.

6.4 The Committee shall request and review reports and positive assurances from Directors and managers on the overall arrangements for governance (including clinical audit and data quality), risk management and internal control.

Audit & Counter Fraud

6.5 The Committee shall ensure that there is an effective internal audit function and clinical audit function that provide appropriate independent assurance to the Audit Committee and includes the following:

a. Review the Internal Audit Plan, operational plan and programme of work and recommend this for acceptance by the Trust Board of Directors.

b. The review of the findings of internal audits and the management response.

c. Discussion and agreement with the External Audit of the nature and scope of the External Audit annual plan.

d. The review of all external audit reports, including the agreement of the annual audit letter before submission to the Board and any work completed outside the External Audit annual plan.

e. Review and approval of the Counter Fraud Plan and operational plans.

f. The review of the findings of the Counter Fraud plan and the management response.

6.6 Clinical Audit

The Committee shall ensure that there is an effective Clinical Audit process. This includes reviewing the annual clinical audit plan and receiving regular reports on both progress against plan and status of relevant action plans.

6.7 The Committee shall ensure that Internal Audit, External Audit and Clinical Audit recommendations are implemented promptly by management.

Financial Reporting

6.8 The Committee shall review the Annual Accounts and Financial Statements before submission to the Board.

6.9 It will ensure that the financial systems for financial reporting to the Board are subject to review as to completeness and accuracy of the information provided to the Board.

6.10 It will review the annual accounts of the Charitable Trustees prior to submission.

Reporting

6.11 The Committee will routinely review the minutes of:

- Finance, Investment & Performance Committee
- Quality Assurance Committee
- Quality and Performance Executive Committee

and will review the work of other committees within the organisation whose work can provide relevant assurance to the Committee.

6.12 The Minutes of the Audit Committee will be formally submitted to the Trust Board.

6.13 The Chair of the Committee shall report to the Board any concerns and assurances relating to the Trust and the Committee's work.

6.14 The Audit Committee Chair will produce an Annual Audit Report setting out the work of the Committee and highlighting any issues raised during the course of year by the Trust's Internal and External Auditors and the Counter Fraud Specialist. It will report annually to the Council of Governors Trust Board through an 'Audit and Governance Report' which will include the following:

a. The fitness for purpose of the assurance framework.

b. The completeness and embeddedness of risk management.

c. The integration of Governance arrangements.

d. The Committee's self-assessment and any action required.

Other functions

6.15 The Committee will review and monitor compliance with Standing Orders and Standing Financial instructions.

6.16 It will review the following:

a. Schedules of losses & compensations and making recommendations to the Board

b. Any decision to suspend Standing Orders

c. Decision to waive the competitive tendering rules when requested by the Board

d. The Trust's Litigation activity

e. Information Governance and Caldicott Guardian Annual Report

6.17 It will approve changes in accounting policies.

6.18 It will review the performance of the Audit Committee through self-assessment and independent review to be completed at least annually. It will also review the output from the annual self-assessment exercises conducted by other Board Committees.

6.19 It will provide oversight of the Trust’s processes for ensuring robust data quality and will review periodic reports on data quality performance.

6.20 The Committee shall provide assurance on the quality checks of data used in the preparation of the Performance Assurance Framework.

6.21 The Committee will provide assurance on the system for identifying cost improvement plans, including the process for ensuring that there are no adverse impacts on quality.

Amended: July 2022

Board approved: September 2022

Next review: July 2025

GOVERNORS' MEMBERSHIP & PUBLIC ENGAGEMENT SUBCOMMITTEE
19th November 2024

The M&PE Subcommittee of Governors met online on 19th November. There were seven attendees, four of whom were Governors. This was the lowest Governor attendance in recent records, more about that later in this report.

Cathy Saunders, Director of Marketing and Communications gave a further update on the team changes in Marcomms. Cat Teixeira is currently transiting into the team and will be producing the December issue of the Newsletter to Members. We look forward to Cat joining our meetings and to working with her.

Future Newsletters:
I met with Cathy Saunders and three other Governors, Jon Wellum, Ros Crowder and Sarah Croxford to discuss Governor service visits, PLACE Assessments and the 15 Steps visits. Subsequently we provide a selection of Governor visit reports and the Service Briefing that is sent ahead of Governor visits. The intention is to feature and showcase this aspect of the Governors role in the next few Newsletters. One thing we also need is pictures of the visits taking place, but not to include patients, of course. Could Governors on visits please explore, with permission from the service, the possibility of a couple of photos. Thank you.

Previous Meeting Actions (28th September):
You may recall from the previous Meeting Minutes that I was due to produce two short pieces of work for discussion at this last meeting. Due to reasons of health and post-surgery recovery I was not able to have these completed in time, with apologies. The two topics for discussion are Outreach to local groups and organisation which would improve the under-represented categories in the Membership and the Membership "Offer", what it is we can best say to attract people to take up Membership. Short discussion papers will be circulated to Governors in January, ahead of the next M&PE meeting on 28th January.

Subcommittee Chair – other activities:
Frimley Health NHS Foundation Trust: As a member of Frimley Health, I receive invitations to their online Trust Updates and Presentations (evening events). They have all been very interesting and informative and regularly attended by 150 or more people. There is also an opportunity at the end for a few minutes of Q&A.

Cathy Saunders has confirmed further that a similar approach will be launched by BHFT in 2025, details to be confirmed. Given the success of Frimley Health's equivalent, this would add an excellent additional way of promoting more member and public engagement. Very much looking forward to these!

For the following activities I attended on behalf of one or other of the three Sandhurst charities that I am involved in. However, there has been very good value in attending and supplement ing my role as a Governor.

Frimley VCSE Alliance:
This was launched only in recent months and brings together a wide range of organisation across the VCSE sector. In addition to the main meetings, I also attend the Living Well and Ageing Well subgroups.

Link Visiting Wokingham (see also Madeline's report):
I met with CEO, Marjie walker to find out about the scope of their activities. After 25 years the charity is now very large, providing social activities, home visits and befriending to over 400 clients throughout Wokingham Borough.

Bracknell Older People Consortium:
Meeting online this week on an eight-weekly basis. Attendees from charities, the Local Authority and others with a focus on wellbeing provision and social prescribing etc.

Age UK Berkshire:
My thanks to our fellow Governor, Fiona Price for a very interesting online meeting about the range of provisions that are provided. Very comprehensive coverage indeed.

I would encourage Governors (subject to having the time of course!) to explore similar networking opportunities. I have found them valuable in supporting the role of Governor.

Call to action – meeting attendance:
My thanks to Ros Crowder and Tom O'Kane for recent brief discussions about this. I have noticed from as far back as January this year that there has been a noticeable drop in meeting attendance across all the meetings available to us.

I am immensely respectful of Governors who are 'employed' and who have a lot of other commitments in their lives.

I have only one question for now, seeking responses from as many Governors as possible – what thoughts or ideas do you have about, for example, the content of the Subcommittee meetings and how they could be improved? I look forward to hearing from you.

Brian Wilson, Lead Governor

Living Life to the Full Report to Council of Governors 4th Dec 2024

On 17th October, Katie Humfrey, Carer's Lead, presented an overview of the support available to Carers.

This comprised:

1. A Definition of Carers i.e. anyone offering unpaid support to those who need help.
2. The Trust Strategy and Standards i.e. 6 standards similar to the triangle of care and NICE guidance. This involves training being identified and involves refining it to relevant support.
3. Developing friends, family and carer e-learning.
4. Offering a self-assessment review.
5. Collaborative Efforts i.e. working with ICS partners, local authorities and various projects including Carers Week activities.
6. Internal Projects providing a carers perspective.

The Trust retained its 2 star status from the Carers Trust for the Triangle of Care.

Next steps include an update and refresh of the Carers Strategy; identifying and recognising carers and informing and involving carers.

The "Silver Cloud" project covers most of this development work and Katie has offered to test it with the Governors.

The links to the Carers page on the Trust website and the carers handbook are below :

[Carers Information | Berkshire Healthcare NHS Foundation Trust]

[Friends, Family, & Carers handbook (berkshirehealthcare.nhs.uk)]

The carers information page also links to a video sharing recognition of a carer. The Carers Charter is also available on the website.

Katie spoke about the Carers Group meetings and said all Governors are welcome to join and participate in the role.

Governors are welcome to contact Katie directly via email about the Silver Cloud testing and joining the carers group meetings katie.humphrey@berkshire.nhs.uk

Katie will join the April 2025 meeting and may provide a more interactive meeting to enable our input to some of the developments.

The group also discussed the Community Health Team report from Sarah Beaumont, Community Services Manager, Adults Mental Health from the last meeting.

Note: a} groups and agencies are working effectively together

b] social prescribing – enabled assistance to be given in finding useful community groups and activities.

Other areas had schemes for community engagement leading to life enhancing social connections especially for older people such as:

Frimley VCSE for all East Berkshire; The Link Visiting Scheme in Wokingham

Madeline Diver Co-Chair

Berkshire Healthcare
NHS Foundation Trust

Patient Experience Quarterly Report

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

Presented by: Alex Bambury, Complaints Manager

Highlight Patient Experience Report
Quarter Two 2024/25

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 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 and 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 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.

Patient Experience – overall Trust Summary		Target	Q1	Q2
Patient numbers (inc discharges from wards)	Number		151,330	169,235
Number of iWGC responses received	Number	**61,000 year**	9,149	9,041
iWGC Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	**10%** by Mar '25	6.04%	5.34%
iWGC 5-star score	Number	**4.75**	4.78	4.80
iWGC Experience score – FFT (good or very good experience)	%	**95%**	94.1%	94.5
Compliments received directly by services	Number	Total 23/24 **4522**	1237	1012
Formal Complaints received	Number/ %	Total 23/24 **281** **0.030%**	68	64
Formal Complaints Closed	Number	Total 232/4 **257**	41	59
Formal complaints responded to within agreed timescale	%	**100%**	100%	100%
Formal Complaints Upheld/Partially Upheld	%	Target 50%	51.7%	55%
Local resolution concerns/ informal complaints Rec	Number	Total 2023/24 **149**	28	42
MP Enquiries Rec	Number	2023/24 total **73**	5	6
Complaints upheld/ partially by PHSO	Number	Total 2023/24 **0**	1	0

Our total number formal complaints per £100m income for 2023/24 was in line with peer and national average. Data demonstrates that we have a slightly lower percentage of fully upheld complaints compared to peer average and a slightly higher percentage not upheld 38.7% compared to 29.6% peer average).

The data continues to show only small variations each quarter although we have continued to see a lower number of MP enquires compared to previous years. We have also seen slightly fewer formal complaints and an increased number of concerns able to be resolved locally this quarter.

During quarter 2 we have seen a small reduction in the number of feedback forms received; term time only services not operating for 6 weeks over this period (less opportunity to collect) will have had some impact on this. Alongside this high numbers of primary school children have received their flu vaccine (over 17,000) in September, this has contributed to an increased number of unique patients receiving care and treatment. These children are much less likely to complete a patient experience survey, given the way the clinics run and because this is a one-off encounter for a nasal spray. Both factors have contributed to a lower percentage response rate for this quarter.

We have received a higher than usual number of secondary complaints (those not resolved with first response); there were no specific themes or services associated with this and not all were upheld (69% upheld/ partially upheld); we will continue to monitor this and the standard of our responses to ensure that initial responses are clear and answer all concerns being raised.

We are continuing to see more focus on 'you said we did,' with more examples of how feedback has been used to make changes and improvements to services being reported; Examples are included within the main report.

The lowest sub scores across all divisions were previously within the mental health inpatient services where feeling involved and listened to had remained lower in terms of star rating than other services throughout last year; During quarter 1 there was a significant positive shift in scores received with the involved score moving from 3.89 to 4.73, the listened to score moving from 3.96 to 4.79 and feeling safe score also having a positive shift from 4.10 to 4.72. For this quarter, these scores have all remained above Q4 scoring and above 4.0 which is positive although they are slightly lower than Q1. The Ease question was the lowest rated score for Mental Health inpatients, this asks whether the place they received their care, assessment and/or treatment is suitable for their needs.

The wards all have ongoing work to support improvement and 3 of our wards participating in 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 and learning disability wards for patients and staff so that they are safe, therapeutic, and equitable places to be cared for, and fulfilling places to work.

The lowest overall sub scores this quarter was for facilities in Mental Health community West, feedback received around this question related to parking.

Overall feedback remains overwhelmingly positive; clear information, communication, and support for self-care, along with the involvement in decisions and respect for preferences continue to be areas that our patients report that we do well. There has also been improved satisfaction for continuity of care and smooth transition, this improvement is a sustained from Quarter 4

The themes of Involvement and support for family and carer as well as people feeling emotionally supported both saw some decline in positive percentage scoring this quarter and are both just below 90%, the scoring for these two themes fluctuate over the quarters. Services will continue to use the feedback received to make improvements in these areas.

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.

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q2 attendances
Asian/Asian British	6.20%	7.50%	10.44%
Black/Black British	1.50%	2.80%	3.54%
Mixed	6.25%	2.50%	3.40%
Not stated	9.38%	10.90%	5.33%
Other Ethnic Group	3.13%	4.30%	2.21%
White	73.44%	72.10%	75.08%

The data indicates that Asian/Asian British and Black/Black British people appear to be less likely to complain and give feedback through the patient survey; this data is consistent with data from last quarter. Whilst the survey is provided in easy read and several differing languages it is important for services to ensure that they are explaining about the survey when having contact with patients, their families, and interpreters to enable the opportunity for all patients to provide feedback.

In terms of gender, as in most previous quarters we see a slightly higher percentage of males making formal complaints compared with attendance and we have continued to see a lower percentage of people stating that they are male completing the survey than either females or those identifying as non-binary/ other. We continue to see around 20% percentage of people completing the survey who are not completing some of the demographic questions including gender.

In terms of age the data would indicate that those over 60 years of age are more likely to complete the survey and less likely to make a formal complaint than those in younger age brackets.

During this Quarter, we introduced further filters into the dashboard, which means that services can drill down into the feedback given by people by characteristic, including those who are Neurodiverse. This not only helps services to ensure that they are being as inclusive and accessible as possible, but also supports wider pieces of work such as the Neurodiversity Strategy and Patient and Carer Race Equality Framework (PCREF).

The 15 steps programme has continued with several visits undertaken during the quarter as detailed in appendix 3.

3. Conclusions and Recommendations for consideration by the Board

It is the view of the Director of Nursing and Therapies that there are no specific new themes or trends identified within this 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.

We continue to work to increase the number of responses received through the patient experience tool and we are seeing the use feedback to inform improvement across services. Board members should continue, as part of their contact with services to explore how patient feedback is being used for improvement.

Berkshire Healthcare NHS Foundation Trust

Patient Experience Report Quarter 2 2024/25

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 iWCG 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 has been calculated using the number of unique/distinct clients rather than the total number of contacts. Patients will continue to be offered the opportunity to give feedback at each appointment.

Table 1

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Distinct patient numbers (inc patient discharges)	Number	151,330	169,235		
Number of iWGC responses received	Number	9,149	9,041		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	6.04%	5.34%		
iWGC 5-star score	Number	4.78	4.80		
iWGC Experience score – FFT	%	94.1%	94.5%		
Compliments received directly by services	Number	1237	1012		
Formal Complaints Rec	Number	68	64		
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	3	13		
Formal Complaints Closed	Number	41	59		
Formal complaints responded to within agreed timescale	%	100%	100%		
Formal Complaints Upheld/Partially Upheld	%	51%	55%		
Local resolution concerns/ informal complaints Rec	Number	28	42		
MP Enquiries Rec	Number	5	6		
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	7	4		

There was an increase during this Quarter of the number of complaints that were re-opened however, there are no themes identified within this. These are from differing patients across mental health and physical health services, of these re-opened complaints 69.2% were upheld or partially upheld.

There was also an increase in the number of complaints that were able to be dealt with locally and we closed 18 more cases when compared to the previous Quarter.

There were no notifications of the outcome of any PHSO investigations this Quarter.

From the iWGC feedback received, clear information, communication and support for self-care, along with the involvement in decisions and respect for preferences continue to be areas that our patients report that we do well. There has also been a decrease in the negative theme for continuity of care and smooth transition from 10% to 6%, which is a sustained improvement from 12% in Quarter 4 (meaning an increase in satisfaction).

The themes of Involvement and support for family and carer as well as people feeling emotionally supported both saw some decline in positive percentage scoring this quarter and are both just below 90%, these 2 scores fluctuate over the quarters. Services will continue to use the feedback received to make improvements in these areas.

Appendices 1 and 2 contain our PALS and Complaints information for Quarter Two. Appendix 3 shows the Board Report from iWGC.

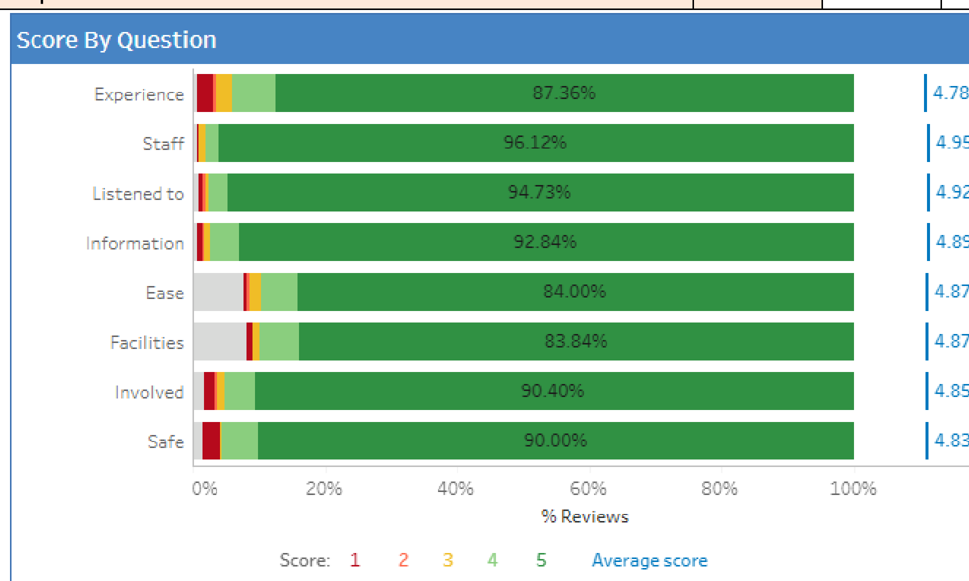
What the data is telling us

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

Children, Families and All Age Pathways including Learning Disability services.

Table 2: Summary of patient experience data

Patient Experience - Division CFAA and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	1,530	1,313		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3.9%	2.7%		
iWGC 5-star score	Number	4.9	4.88		
iWGC Experience score – FFT	%	95.3%	94.1%		
Compliments received directly by services	Number	98	70		
Formal Complaints Rec	Number	17	17		
Formal Complaints Closed	Number	6	14		
Formal Complaints Upheld/Partially Upheld	%	33.33%	35.2%		
Local resolution concerns/ informal complaints Rec	Number	6	1		
MP Enquiries Rec	Number	3	3		



For children's services the iWGC feedback has seen a decrease in responses from last Quarter, further work with the services continues and 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 CFAA services.

Of the 1313 responses, 1154 responses related to the children's services within the division; these received 94.4% positivity score, with positive comments about staff being helpful and kind and a few suggestions for further improvement, this included 1 review for Phoenix House. 73 of the responses related to learning disability services and 45 to eating disorder services.

From the feedback that was received, ease of access and facilities were the most frequent reasons for responses being scored below 4. Areas with the highest positive responses were about staff attitude and feeling listened to.

Children's Physical Health Services

There were 4 formal complaints for children's physical health services received this Quarter: 2 for the Community Team for People with Learning Disabilities, 1 for Children's Occupational Therapy and 1 for Health Visiting.

786 of the 1154 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Health Visiting Bracknell and Health Visiting Wokingham – 2 Year Development Review; the Health Visiting Bracknell Team received 95 of these responses which scored positively receiving a five-star rating of 4.95 and feedback included they listened, kind and were helpful. "*Our health visitor was extremely supportive and kind. She listened to my anxiety's and help our family through our challenges*".

Child and Adolescent Mental Health Services (CAMHS)

For Child and Adolescent Mental Health Services there were 13 complaints received (including one each for the Key working team and Phoenix House), these were primarily in relation to care, and treatment received and waiting times. The CAMHS ADHD service is the area with the most concerns about waiting times.

There have been 364 responses for CAMHS services received through our patient survey for this Quarter. Currently the survey is accessed through paper surveys, online, QR codes or configured tablets in the departments.

There was a significant increase in the activity figures due to the Immunisation Team giving the annual flu nasal spray in primary schools, with very low numbers of feedback received and a potential reduction in responses due to term-time only services. The Patient Experience Team are continuing to work with individual services to help them to collect more responses and facilitate the iWGC drop in to answer any questions services have and assist them in collecting more responses.

Learning disability

There were 2 complaints received for the Community Team for People with a Learning Disability.

Overall, there were 73 responses for all Learning Disability services; responses were for the Community Teams for People with a Learning Disability and Learning Disability Intensive Support Team. These received an 89% positive score; feedback included that staff listened, "*You listened to what I needed to say, because I lack time to say what I need to say but you*

waited and gave me time.”, “*I liked the fact that you used things I like - like Disney's Inside Out - and incorporated it into the group. Everyone was treated with respect and dignity and was heard and listened to. I miss being able to talk and doing the techniques with other people.*”, there were comments for improvements including signage needed for the Reading site to let visitors know they need a parking permit and reduce the time of the appointment as patients get restless. The 8 responses that received with a score below 4 left comments in the free text boxes, comments included needing help to get to the meeting, and how they felt about staff speaking with them about their weight and supporting with healthy eating.

Eating disorders

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

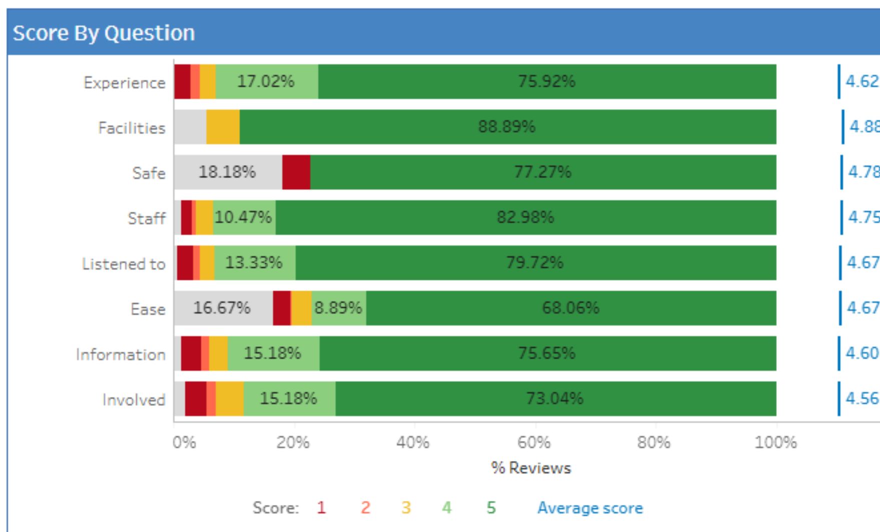
Of the 45 feedback responses received, 38 scored a 5 with comments such as “*[name removed] is brilliant. She has adapted the sessions to specifically meet my needs and understand why my eating patterns are the way they are and is massively helping me to develop strategies to adapt a more healthy approach to my condition. I have been under the care of the NHS for difficulties since I was 19 and I can honestly say I have progressed further in the last few months than I have over the past 30 years. [name removed]’s understanding of other conditions that impact my eating habits has meant that I haven’t just gone down yet another rabbit hole and I’m finally coming to terms with what is really going on for me.*”, “*Staff lovely. Young receptionist very attentive and asks about my daughter’s treatment progress when I’m alone in reception and I feel it is genuine and that she too cares. My daughter has seen a lot of different staff and Dr’s and nurses and they have really done a wonderful job so far! Hours slightly difficult with work but appreciate you are a 9~5 service but would be helpful for later appointments if possible. Thank you for all your continued support.*”, "*[name removed] was amazing, she explained exactly how the guided sessions would work and was so supportive. If I had questions or was struggling at any point I would email and she would reply quickly and was able to help and support.*” Areas for improvement included making the waiting room more welcoming and having evening appointments.

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**	365	382		
Response rate (calculated on number contacts)	**%**	4.5%	4.1%		
iWGC 5-star score	**Number**	4.70	4.65		
iWGC Experience score – FFT	**%**	93.7%	92.9%		
Compliments received directly by services	**Number**	34	25		
Formal Complaints Rec	**Number**	12	11		
Formal Complaints Closed	**Number**	10	10		
Formal Complaints Upheld/Partially Upheld	**%**	70%	60%		
Local resolution concerns/ informal complaints Rec	**Number**	1	2		
MP Enquiries Rec	**Number**	0	1		



11 Formal Complaints were received into the division; in addition, there were 2 informal/locally resolved complaints. 10 complaints were closed during the Quarter. 6 of these were either fully or partially upheld.

Feedback through IWGC indicates that the opportunity for most improvement is in relation to information and the feeling of being involved in your care and treatment.

The services receiving the majority of iWGC responses were CRHTT East with 85 responses, Memory Clinic Bracknell with 29 responses and CMHT Bracknell with 29 responses.

Across the CRHTT East survey, the average 5-star score was 4.39 with 90.6% positive feedback, a decrease in the 5-star score and an increase in the percentage positive feedback from last Quarter. 77 of the (overall number of responses received) scored a 4 or 5-star rating with many comments about staff being helpful, listened, professional and supportive; "*I have been seen by the lovely Dr [name removed], Consultant Psychiatrist today for a medication review. He spoke to me so kindly and I felt that he treated me with dignity and respect. He was honest and knowledgeable and I felt he took great interest and genuine care to support me understand my circumstances and I was given options for treatment, explaining them to me the step we needed to take to help me recover my psychological robustness. I have also been in close contact with the rest of the Crisis team who have been the only people who checks up on me when I seem to have no one else. I am so grateful for your kindness and support. Thank you all.*" 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 there was miscommunication, staff didn't listen and patients felt rushed.

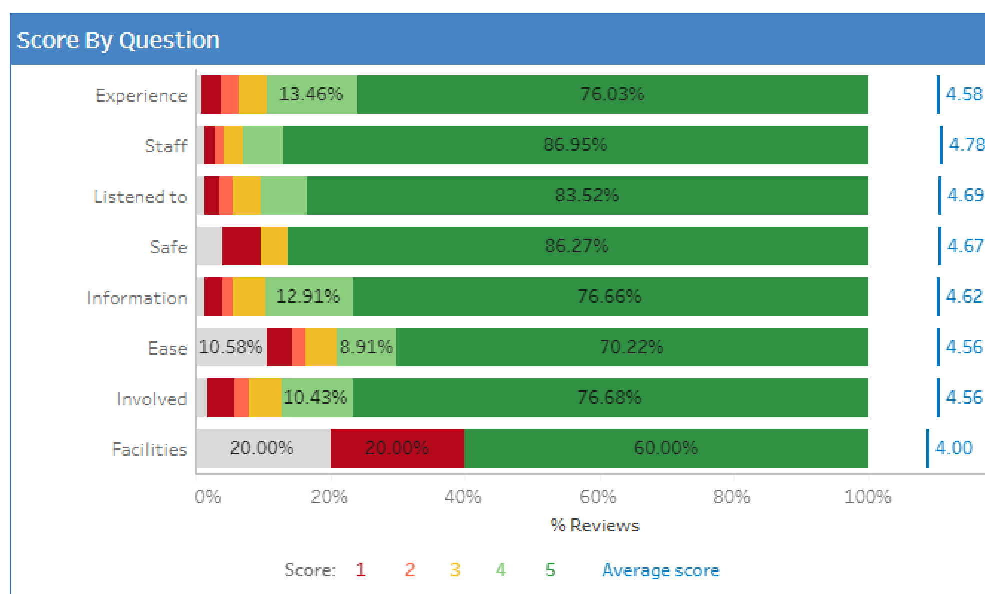
The Memory Clinic Bracknell received 100% positive score (4.91-star rating) and received positive feedback about staff being pleasant, helpful, kind and listened. "*From getting an appointment and needing to change the date, staff were extremely helpful and kind, which helped me a lot. [name removed] was excellent, put me at ease, listened well. Thanks.*" CMHT Bracknell received 100% positive score with feedback comments including *"I worked with [name removed] for several weeks and could not ask for a better experience. I felt uplifted by her even on days where I felt that I had let myself down by not achieving my goals. [name removed] let me do the appointments in a way that wasn't overwhelming yet was still progressive which in turn made sure that I felt more motivated and had less setbacks which I found extremely beneficial. She was professional yet at the same time it felt like I could talk to her about anything. She truly found the perfect balance which makes her extremely great at her job."*

CMHT received 67 responses (Bracknell 29, WAM 18 and Slough 20) with 92.5% positive score and 4.56 star with 5 of the total responses scoring less than a rating of 4; comments included "*The therapist called me this morning u had appointment to go too she was meant to call back between 4/5 I didn't hear back I find this extremely worrying especially with my mental health I need that support your not giving me great confidence in your service when your meant to be supporting me*". There were several positive comments about being listened to, that staff were kind, supportive and helpful. Some of the suggestions for improvement included better communication. Further work is being carried out with Mental Health services to improve uptake as part of the wider patient experience improvement plan.

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

Table 4: Summary of patient experience data

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	1281	1218		
Response rate (calculated on number contacts)	%	6.06%	6.01%		
iWGC 5-star score	Number	4.51	4.62		
iWGC Experience score – FFT	%	84.8%	89.5%		
Compliments received directly by services	Number	435	375		
Formal Complaints Rec	Number	12	12		
Formal Complaints Closed	Number	6	3		
Formal Complaints Upheld/Partially Upheld	%	33.32%	27.2%		
Local resolution concerns/ informal complaints Rec	Number	1	1		
MP Enquiries Rec	Number	0	1		



The Mental Health West division has a wide variety of services reporting into it, including the Talking Therapies service and Court Justice Liaison and Division service, as well as secondary mental health services. The 3 services with the most feedback through the patient survey were Talking Therapies Step 2 with 250 responses, Talking Therapies with 210 responses and CRHTT West with 188 responses.

Questions relating to ease, involvement and facilities have the least number of positive responses. Examples of feedback include parking at Prospect Park Hospital for people accessing CRHTT West and MHICS.

This division received 12 Formal Complaints during the Quarter including CMHT receiving 5, CRHTT receiving 2 and CPE with 2. There were 3 Formal Complaints closed, all being found to be upheld or partially upheld.

For CRHTT West there was an 81.4% positivity score and 4.20-star rating; with lots of positive comments about staff listening, being helpful and kind, "*From the initial call back (following a referral from NHS 111) everyone I spoke with or met were genuinely kind, responsive, informative and empathetic. I never felt rushed in any session or call with the CRHTT team. Between the people I have met, they each had sufficiently read prior notes to make the session as productive as possible. What's more, there were no contradictions in care plan or approach. The team ([name removed], [name removed], [name removed], [name removed], [name removed], [name removed] and visiting consultant [name removed] - apologies if I missed anyone else!) have really done their best to provide a platform for my recovery to continue with various referrals undertaken on my behalf. Thank you all.*"

Some of the areas for improvement included wanting to see the same person for all appointments, poor communication and staff attitude.

Talking Therapies Step 2 received a 93.6% positive score and 4.76-star rating (16 responses scored less than 4) many of the comments were positive about staff having listened, and that they were helpful and understanding.

The Older Adult Mental Health Service and Memory Clinic combined have received a 97.8% positivity rating (4.91-star rating) some of the feedback included *"All members of staff were courteous, helpful and discussed issues appropriately. They listened and dealt with me and my wife, who accompanied me, professionally. Allocated parking spaces very helpful."*

There were 54 responses received for West CMHT teams with 79.6% positivity score and 4.27-star rating, 43 of these were positive with comments received that staff listened and were kind, there were 8 negative responses with reviews stating that patients felt like staff didn't listen, didn't explain and that they felt that the staff needed more training.

Talking Therapies a positivity score of 84.3% (4.53-star rating), 33 of the reviews scored less than 4.

Most comments were still very positive about the staff, including that they listened, were kind and understanding. Several of the comments/areas for improvement were that the wait was too long, issues with Silver Cloud software and wanting face to face appointments. For example, *"I found the use of modern technology a little challenging at times and not without its own problems, however once I got to grips with it, it was acceptable. Of course nothing compares to face to face human contact!"*

Examples of positive feedback about Talking Therapies included, *"My therapist was always kind, caring, supportive and encouraging in all my sessions with her and helped me process something very traumatic in my personal life. She also helped me to feel empowered in how I dealt with this very difficult time in my life. It really made a big difference to me and helped me cope with what I was going through with all its associated anxiety and depression. "The treatment I received from [name removed] from NHS Berkshire, was excellent as she listened and adapted the treatment to best suit my needs. Her friendly and disarming natural manner is much appreciated, and ensures a fantastic patient experience. Thank you."* and *"[name removed] was a great therapist. She was kind, comparing and compassionate. She always listened and she was very good at explaining all the theory and concepts that were introduced to me during therapy. She was able to accommodate appointments later in the evening that worked for my schedule. And when I couldn't use a tool or understand something she went back over it in a way that worked for me. I couldn't really fault her or therapy service."* Patients reported that they felt "*[name removed] was fantastic, it felt like she really understood me and what I'm going through, she was endlessly patient and caring. She checked in regularly and made sure I was ok. It felt like this wasn't a process to get through to get to the next step, she was genuinely caring, genuinely helpful and was really trying to help. She made me feel valued, she made me feel like I mattered and what I*

wanted mattered. She helped me to make decisions and answer questions in the best way that was what I wanted, even when I struggled to make choices or didn't want to be an inconvenience. She was incredible.", "The whole experience was fast, simple and stress free. I was surprised at how soon my first therapy session was after my assessment. My therapist was friendly and made me feel comfortable to open and work with her. I am truly grateful to the service and my therapist."' and "[name removed] was a lovely lady , easy to understand solutions to my problems we spoke about, happy to listen and understand how I felt , made me feel relaxed from the very start so I found it so easy to talk to her and she has helped me believe in myself again so a big thank you to [name removed]".

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.

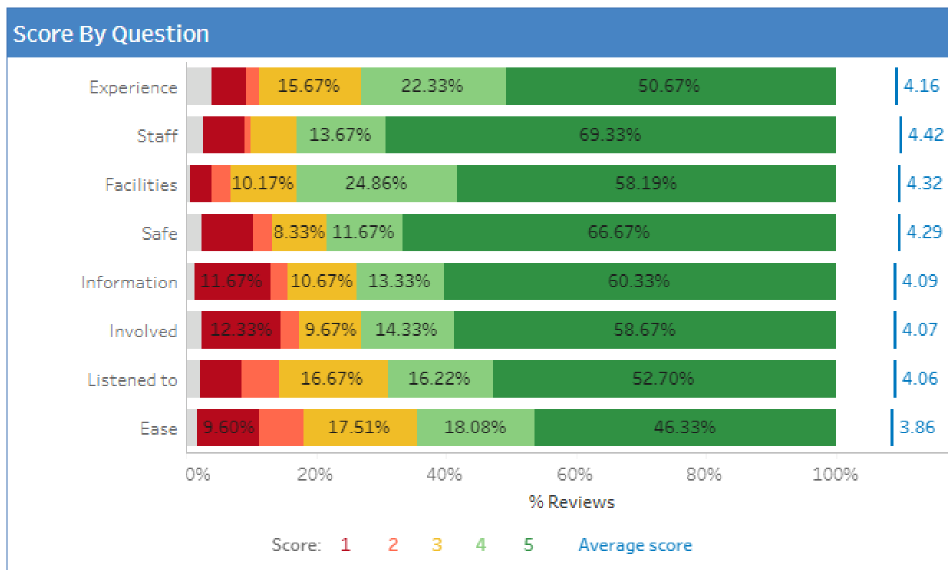
Op COURAGE received 51 responses during the Quarter, their patient survey responses gave a positivity score of 90.2% (4.84-star rating), 5 of the reviews scored less than 4.

Mental Health Inpatient Division

Table 5: Summary of patient experience data

Patient Experience - Division MH Inpatients (wards)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received*	**Number**	229	300		
Response rate	**%**	111.3%	180.7%		
iWGC 5-star score	**Number**	4.07	4.17		
iWGC Experience score – FFT	**%**	71.7%	73%		
Compliments	**Number**	12	20		
Formal Complaints Rec	**Number**	11	11		
Formal Complaints Closed	**Number**	8	11		
Formal Complaints Upheld/Partially upheld	**%**	37.5%	63.6%		
Local resolution concerns/ informal complaints Rec	**Number**	1	0		
MP Enquiries Rec	**Number**	1	0		

- This excludes the number of surveys completed for Place of Safety, as whilst we collect feedback on people's experience, it is not an inpatient ward.



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 response rate is 180.7% due to patients in mental health wards completing more than one survey during their stay.

The satisfaction rate was 73% with 69 of the 300 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to ease received the least positive scores with overall 5-star rating for this question being 3.86 and 60 of the 247 giving a score of 3 or less to this question. The Ease question asks whether the place they received their care, assessment and/or treatment is suitable for their needs, comments relating to feeling listened to and involved in terms of needs also received lower scores with some comments relating to staff needing to listen to their needs, need more staff to meet their needs and feeling the care wasn't suitable for their needs. Some of the wards are currently participating in a national mental health ward culture of care programme which focuses on safety and involvement of patients; there is also ongoing work in relation to improving communication and the involvement of patients making decisions about their care, particularly around managing risk.

There were 11 Formal Complaints received for mental health inpatient wards during the Quarter across Snowdrop, Daisy, Bluebell wards and the Mental Health Act; they were mainly regarding care and treatment.

There were 8 Formal Complaints closed during the Quarter and of these 3 were partially upheld and 5 found to be not upheld.

There were many positive comments received in the feedback including comments such as staff were friendly, caring, kind and helpful. There were some comments for improvement about more activities, better communication and better food. Examples of the feedback left are "*Food is good I have a good room. I like the courtyard. Staff are friendly. The medicine has made me better.*" "*The staff always ask if I am ok, if I need water. Staff are there for me. Good doctors they listen to my needs.,*" "*Staff are amazing and caring, the room is good and clean. Very happy with overall treatment from hospital.*"

In addition to the feedback about the wards, there were 29 responses for a Place of Safety and the average 5-star score was 4.66. Some comments received were "*The treatment I received while being assessed at prospect park hospital in reading was outstanding. I was treated like a VIP. All staff were highly respectful towards me, non-judgmental compassionate, clear transparent communication, warm and friendly. A great team working together effectively and showing close bands within the dynamics of this happy working*

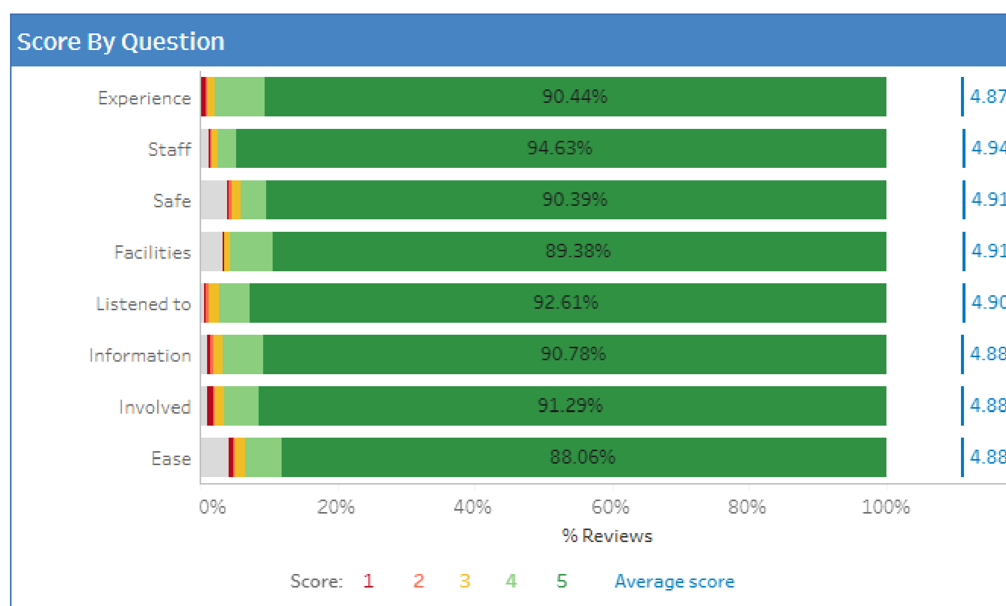
environment.” , “*Staff were kind and supportive towards my needs, understanding to my mental health and been validating.*” And “*The staff was caring and when the other patient was shouting, staff closed the door and came and sat inside with me.*”.

Community Health Services Division

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

Table 6: Summary of patient experience data

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2462	2364		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.4%	7.1%		
iWGC 5-star score	Number	4.89	4.89		
iWGC Experience score – FFT	%	97.6%	97.8%		
Compliments received directly into the service	Number	382	136		
Formal Complaints Rec	Number	4	2		
Formal Complaints Closed	Number	5	1		
Formal Complaints Upheld/Partially Upheld	%	100%	0%		
Local resolution concerns/ informal complaints Rec	Number	3	9		
MP Enquiries Rec	Number	0	0		



Of the 2 Formal Complaints received this Quarter, 1 was for Henry Tudor Ward and 1 was for Hearing and Balance.

There were 5 Formal Complaints closed, all of which were upheld or partially upheld. There were no discernible themes within these complaints.

The Hearing and Balance Service received 122 responses to the patient experience survey with a 95.1% positive score and 4.88-star rating.

East Community Nursing/Community Matrons received 554 patient survey responses with a 99.3% positive scoring, many comments were about staff being kind and professional, for example “*NHS is a great service, district nurses should have more recognition, every time you call the hub they call and arrange for a visit to redress my wounds and are always very*

professional and kind.," "The nurses are always good when they come and listen to me when I discuss about my plan with the hospital. They are always kind and professional.," "*The nurse was very kind, skilful and professional, her warm smile made my pain more tolerable during the dressing change, all the nurses are caring and am very thankful"* There were also some comments around wanting a time slot for the appointment for example *"Would like to know a time when nurse will come."*

The wards received 105 feedback responses (58 responses for Jubilee ward 94.8% positive score and 47 responses for Henry Tudor ward with a 87.2% positive score). Most of the comments for improvement were related to wanting more physiotherapy, buzzer to be answered quickly and food needs improvement. There were many comments about staff being kind, friendly and helpful. For Henry Tudor ward there were 6 responses that scored below 4 and comments were that staff need a pay rise, staff need to listen more and be honest, felt like they were not seen as a patient and felt staff need more time for individual patients.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 98.5% (4.90-stars), comments were very complimentary about staff being professional and helpful, *"The staff at Foundation House were brilliant. I was given all exercises on line and shown how to do them. Every physiotherapist listened and understood the pain and restrictions I had and gave me realistic manageable plans. They were all friendly and professional and made me feel comfortable.".* The reoccurring improvement suggestion for this Quarter was for more parking.

Outpatient services within the locality received a positivity score of 97.6% with 4.91 stars from the 571 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"Every single person that has visited from this team has been amazing. They talk to my husband instead of talking at or over him and they took their time when visiting. We didn't feel rushed and felt all our questions were answered. Great service."*

The Diabetes Service received 71 feedback responses with 95.8% positivity and some lovely comments including "*The session was very simple and easy to understand. There were pictures, examples and materials to ease my understanding. There was no pressure. And the message was clear. Look after your health by making sensible choices to eat & drink. So many unhealthy food & drinks in the market. But we need to make an educated choice . The course speaker was excellent. I felt very educated and motivated. Thank you.*" Alongside some helpful suggestions for the service to consider around appointments to be closer together "*My follow up with the consultant was after a year. Lower waiting times would be good.".*

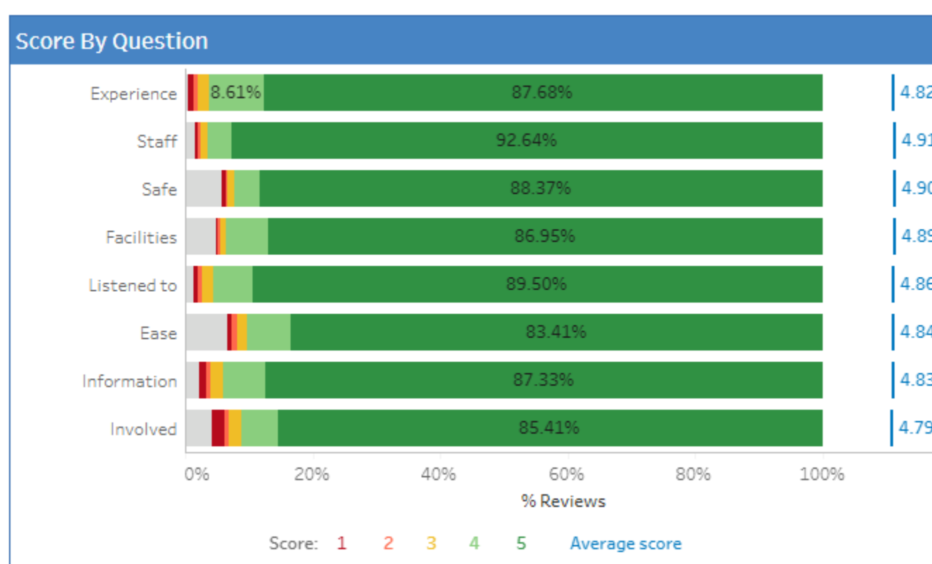
The Assessment and Rehabilitation Centre (ARC) also received positive feedback including "*I had a thorough examination relative to my problem, ALL members of the staff were user friendly and professional. And the follow up was excellent, my blood test results came back the same day and I was offered an MRI appointment 3 days after my assessment. So over all very impressed.*"

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

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

Table 7: Summary of patient experience data

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	3227	3426		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	5.9%	5.9%		
iWGC 5-star score	Number	4.83	4.84		
iWGC Experience score - FFT	%	96.4%	96.3%		
Compliments (received directly into service)	Number	260	95		
Formal Complaints Rec	Number	12	10		
Formal Complaints Closed	Number	6	10		
Formal Complaints Upheld/Partially Upheld	%	83.3%	70%		
Local resolution concerns/ informal complaints Rec	Number	16	23		
MP Enquiries Rec	Number	1	0		



Community Health West saw a slight decrease in responses this Quarter. The Patient Experience team held a Rapid Improvement Event (RIE) in May which included staff from Community Heath West services and concentrated on those finding it more challenging to increase their response rate; the expectation is that an increase in responses will be seen because of this. 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 96.3% positive satisfaction and 4.84-star rating and the question on staff receiving a 96.4% positive scoring from the 3426 responses received.

There were 10 Formal Complaints received compared to 12 in Q1, these were split across several different services.

The community hospital wards have received 191 responses through the patient survey receiving an 91.6% positive score and 4.56-star rating, (12 responses scored 3 and below) questions around listened to and feeling involved receive the most results of 3 and below. Comments include *"It's brilliant here. Everyone is so caring. I haven't heard about this place before coming here but I'm so happy I came here and received the outstanding care I did. The food is quite good as well. I told my son and family how good this place is."*, *"All the staff were so kind and caring . The doctor listened to my concerns about another problem and took a action about it."*., *"All staff are very friendly and kind. They all work so hard and to a very high*

standard. I feel safe and content in my environment. The food is quite nice." And *"I gave maximum stars because I felt like I was listened to its been ages since I felt someone has listened and helped me and I left with the feeling I'm not alone and can get help with my struggles."* there were some individual comments where patients were less satisfied with food as it was cold, long wait for help after ringing the bell, wanted more physiotherapy and more therapy. Comments for reviews with responses that scored below 4 included food needed improvement, early morning staff are challenging, wanted a table that worked, wanted more physiotherapy, more considerate night staff and patients wanted to be more involved in their care. There were 3 reviews which received a score of 1 and received positive comments.

Of the 2 Formal Complaints for the Out of Hours GP service, 1 related to medication and 1 was about delayed response times.

WestCall received 88 responses through the iWGC questionnaire this Quarter (93.2% positive score, 4.78-star rating, 6 scores received below 4. Positive comments included "*I called 111, within an hour I had an out of hours GO appointment booked, there was no waiting around, everyone was professional and kind. There was no rush. I was seen by [name removed] [name removed], a lovely doctor who listened to me and put my mind et ease. He checked come vitals and reassured me there was nothing seriously wrong with me. I appreciated his kindness and just listening to me more than anything on the late Wednesday evening. NHS, I give you a massive high five and thank you from my heart for doing what you are doing. [name removed] is a gem, look after him please so he can extend his kindness and medical experience to others. Thank you." "The reception team were very kind and very helpful. The doctor saw me very quickly and was wonderful and very thorough. The waiting room was very cosy and I felt very relaxed while I was there." "I was seen by Dr [name removed] in the Westcall unit and wanted to say a huge thank you to him. He was a kind, caring and empathetic doctor. I was in a lot of pain and he took the time to listen, understand and help. His manner and expertise were hugely appreciated and I felt in very good hands.".*

The Podiatry Service received 209 patient survey responses. Most responses were very positive receiving 5 stars (overall 96.7% positivity 4.83-star rating) with examples including *"Very kind, helpful and informative through the whole process. Very patient and hardworking with a reassuring attitude throughout the procedure. [name removed] and [name removed] were fantastic.*", *"Very friendly, knowledgeable, kind, helpful team from reception to doctors. Felt cared for, listened to in a happy relaxed atmosphere, where information and suggestions were given in an easily understood manor, with a hint of humour from smart well turned out professionals."* and *"My treatment has always been superb and at last I believe my foot is healed; thanks to the caring and efficient treatment from the podiatrists at WBH, [name removed] in particular. Many thanks for your lovely support and terrific treatment!".*

There was 1 Formal Complaint for the Community Nursing Service regarding a lack of treatment provision.

To provide some context across our East and West District Nursing teams combined there were 16,948 unique patients this Quarter. Lots of comments included nurses were kind, helpful, and friendly, *"The nurse who came was very helpful and understanding, they contacted my GP and as I'm low mood now, they will refer me to pink where I can off load. What a great service."*, *"The nurses who came were very good, I always have problems with my Catheter and they changed it with no problems and found that I had a urine infection and got me antibiotics straight away." and "I had some questions about my catheter and the nurse on triage answered all of them and really put me at ease. sounded very friendly and ever so kind so thank you."* There were several positive comments about nurses being caring and there were very few suggestions for improvement, would like to know when they will visit and would like the staff to be paid more.

MSK Physio has received 1 Formal Complaint in the Quarter. The service has received 769 patient survey responses with a 98.4% positive score (4.91 -star rating), very few areas for

improvement were included in the feedback there were a few suggestions including parking, referrals to be put through to different services, would like to be seen sooner and privacy in the rooms and the overall feedback was extremely positive with lots of comments about staff were helpful, professional, friendly and listened.

Demographic profile of people providing feedback

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q2 attendances
Asian/Asian British	6.20%	7.50%	10.44%
Black/Black British	1.50%	2.80%	3.54%
Mixed	6.25%	2.50%	3.40%
Not stated	9.38%	10.90%	5.33%
Other Ethnic Group	3.13%	4.30%	2.21%
White	73.44%	72.10%	75.08%

The table above indicates that Asian/Asian British and Black/Black British people are less likely to complain and give feedback through the patient survey. Intelligence such as this feeds into our wider work to ensure that we capture the outcomes and experience of all people who use our services.

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 several 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

Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q2 attendance
Female	48.40%	44.70%	54.70%
Male	48.40%	32.60%	45.28%
Non-binary/ other	0%	2.80%	0%
Not stated	3%	19.80%	0.00%

This shows that comparatively, we received more formal complaints from men as whilst the percentage of complaints were evenly split, we saw less men than women; 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 Q2 attendance
0 to 4	3.13%	11.70%	7.01%
5 to 9	3.13%		2.22%
10 to 14	9.38%		3.86%
15 to 19	10.94%		4.85%
20 to 24	10.94%	4.30%	3.44%
25 to 29	1.56%		3,12%
30 to 34	12.50%	6.00%	3.28%
35 to 39	1.56%		3.78%
40 to 44	6.25%	7.60%	3.74%
45 to 49	1.56%		3.67%
50 to 54	12.50%	11.30%	4.02%
55 to 59	6.25%		5.04%
60 to 64	0.00%	14.00%	5.24%
65 to 69	3.13%		4.82%
70 to 74	3.13%	16.20%	6.09%
75 to 79	6%		8.46%
80 to 84	0.00%	15.10%	9.54%
85 +	6.25%		17.83%
Not known	2%	13.40%	0%

Comparatively, people over 60 years old are more likely to give feedback via the patient survey and are less likely to make a formal complaint. Interestingly, we are seeing more patient feedback from people over 60 years old being received via paper, which could indicate more proactive staff promotion of the survey in this way.

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).

From next Quarter, we are going to start reporting on the outcome of the Complaint Investigation, by demographic, to see if there are any themes and areas we can investigate further.

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. During this Quarter, we introduced further filters into the dashboard, which means that services can drill down into the feedback given by people by characteristic, including those who are Neurodiverse. This not only helps services to ensure that they are being as inclusive and accessible as possible, but also supports wider pieces of work such as the Neurodiversity Strategy and Patient and Carer Race Equality Framework (PCREF).

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

Some examples of services changes and improvements are detailed below.

Service	You said	We did
Henry Tudor Ward and Jubilee Ward	The groups on the wards are helpful for patients and their loved ones. We would like these to continue.	Regular groups during the week and families are invited to join. These groups promote cognitive stimulation and mobility. It promotes peer group interaction, patient wellbeing and allows relatives to be involved with patients rehab and recovery. Joint assessments are done with patients and their carers. Patients on Jubilee Ward were invited to Memory clinic Garden opening and are now using that garden for activities.
Community Inpatients: Ascot and Windsor Ward	Food is poor, cold, not enough options etc	Work being completed with food supplier and local teams to make improvements. Aware that new trollies have been purchased to improve food temp coming from kitchen to ward. Staff complete food hygiene training to ensure that food is served at the correct temperature.
Children and Young People [CYP] Eating Disorder Service [BEDS]	A participant suggested “a Q&A with a recovered individual”.	Discussed as part of quality improvement . Due to ethical boundaries, it was suggested that the idea evolved to a ‘from me to you’ therapeutic letter. Next step: To plan how to deliver a ‘from me to you’ therapeutic support letter.
	Greater support for parents.	Appointed parent participation champion and launched parent participation group
Adult BEDS	Patients found it triggering to watch staff eat their lunch through the window in the St Marks Hospital waiting room.	In response we have ensured that it is not possible to see through the window.
	First Steps Group [FSG](psychoeducation and motivational group that most patients go through to start treatment), would be helpful if there was more of a focus on positive body image, introducing that idea earlier in treatment process.	The content has been reviewed to add more info on what an eating disorder is and body image.
	Felt SHaRON not as visually pleasing, not very easy to navigate.	Feedback about SHaRON was passed onto the SHaRON campions. Having more information on what SHaRON is and it being introduced earlier. Leaflet has been reviewed and SHaRON posters have been adapted and refreshed. They are displayed in more places around St. Marks and Erlegh house.

CAMHS Common Point of Entry [CPE]	The clocks in rooms in Erlegh House are too loud.	The clocks were replaced with quieter models.
CAMHS Anxiety Disorders Treatment Team	Make groups easier to attend and the environment feel safe.	Introduced ground rules in each session, fidget toys and games available throughout.
	Clinic rooms and the waiting room should be more sensory friendly and welcoming.	Introduced Fidget toys, softer lighting and bean bags in clinic rooms. Fewer posters which are changed monthly and music in the waiting room.
	The music is sometimes too loud or not required.	A poster has been displayed to inform people that they can ask reception to turn music off or down .
	Attending groups online can be awkward.	Most groups are now delivered in person.
CAMHS Phoenix	More games for the Nintendo Switch.	We ordered more games for young people to use during their free time.
	Young people asked to make the quiet room more accessible	We received got allocated funds to buy more sensory items for the quiet room so it can be used more regularly.
	Request to make the garden more usable and aesthetic.	We ordered bird feeders, bird baths and bird houses to attract more wildlife. We ordered more flowers and benches to make the garden more usable.
	Make the ward environment more appealing.	We ordered wall stickers and allocated time for young people to make posters for the walls.
	Families and carers expressed that travel to and from the unit is challenging at time.	We are exploring ways to support families with the cost of travel.
	Families mentioned that on days they are working they do not know where locally they can sit to attend meetings.	We have begun putting together a list of local places parents/carers can go to attend their meetings, such as coffee shops/libraries.
	Young people expressed that the art room is not accessible and that they would like more art based activities.	We have cleared and tidied the art room so that it can be used more frequently.
	Young people expressed that they would like a book club.	We have shared this with school in the hopes to develop a book club as part of a school-based activity.
	Young people requested that the evening dinner options provided by the	The Dietician liaised with the community hospital canteen to develop a wider menu with more options.

	canteen to be amended and broadened. Young people requested to have hot meal options for lunch.	We explored this with young people further by creating a focus group to identify what hot meal options for lunch we could offer. We now offer hot paninis and jacket potatoes.
Talking Therapies – Step 2:	Long wait times for assessment and step 2 treatments.	We have successfully reduced wait times for assessment and treatment at Step 2 by looking at wasted appointments and shifting resources to use those appointments better. We continue to look at the flow and demand for all interventions to prevent wait times from building up again. We've also talked with all supervisors and will discuss with the team how we can help clients make informed choices about their treatment. This includes sharing our recommendations on what treatment options might work best for their needs.
	Impersonal or scripted treatment by clinicians.	Feedback has been shared with clinical supervisors and the Talking Therapies leadership team regarding the importance of personalised care. This feedback was discussed during a Step 2 training morning and included in the staff brief, an email distributed to the team bi-weekly. The roll-out of extended clinical case management supervision has commenced and supervisor training on the importance of focusing on our supervisees' interpersonal skills has been delivered. We are liaising with our partners at the University of Reading to request that trainees being observed at the university receive feedback on their interpersonal skills. We have reworded suggested template messages sent to clients using the Silvercloud platform to ensure they are more patient-centred.
	Requests for face-to-face step 2 treatment.	The efficacy of delivering step 2 treatment via telephone is well researched, however we have encouraged the team to offer video treatment sessions to those who request it to support engagement with treatment. Clients with a clinical need for face-to-face sessions can be offered this option. During a recent training workshop, we discussed the adaptations we can offer to support our clients in engaging with treatment. Feedback was shared with clinical supervisors and the Talking Therapies leadership team.
	Poor discharge procedures (clients expressing they did not receive appropriate communication about their discharges).	Feedback shared with clinical supervisors and supervisors will have additional time to ensure correct discharge policies are being followed in clinical case management. The correct discharge procedures for those who are assessed as being a risk to themselves were shared in the Step 2 risk training to the wider team. Quality deep dives are regularly completed by the Step 2 Training and Quality lead and individual feedback is shared with the supervisor and clinician .

	Treatment not fitting their needs or feeling they were able to make an informed choice.	Short video's detailing the evidence base of a range of treatment modalities have been recorded and shared with the team, so meaningful discussions can be held to support the clinicans to ensure the client is making an informed choice. Feedback shared with clinical supervisors and Talking Therapies leadership team.
Talking Therapies – Step 3	Clinical Rooms are not conducive to a therapeutic environment.	Decor has been added to the rooms to provide a more relaxing environment. Pictures have been hung, and plants have been added. In some locations, white noise machines have been installed to minimise noise from other clinical areas.
	Concerns over wait times. Clients feel by the time they enter intro treatment the issues they have needed help with have passed.	There have been changes to the way clients are allocated to therapists. Clients can now be seen across East and West Berkshire locations rather than being placed on a locality-based waitlist. This should even out the wait times and reduce waits for more congested localities.
	Concerns over early discharge.	Supervision practices are being reviewed and renewed to ensure that discharge is being discussed and is suitable for individual clients. Audits are being done to check all cases taken to supervision
Respiratory Service	Larger print available for patient handouts.	All staff aware of printing or enlarging in a larger font.
	Buzzer at Coley Clinic too high if you are in a wheelchair.	Patients who are in wheelchairs are asked to phone when they arrive and will be given access to the building via the ramp.
Community Dental Service	When I called to make an appointment, it took quite a time to get through, get a call back and get a date and time .	Employed part time receptionists for Langley and West Berks clinic they are now in post. We have volunteers at Whitley and Skimped Hill clinics.
MSK Physio West	Space, noise and privacy.	We are reviewing spaces that we do not own alongside estates to see what is possible.
	Expectations - hands on, scans and advice given.	Expectations to be discussed in first session
	Physio reception at Bath Road - staffing and facilities	Reception now moved to main desk so more room for seating, review of admin staffing underway.
Nutrition and Dietetics	Could you please educate me on portion size I should eat on the day.	In addition to links on portions sizes provided during the group session, extra portion size guidance, with attached resources and infographics sent.
Intermediate Care	Would've been better if we had known the reason for delay.	Staff are to contact patients if their visits are going to be delayed.
	Unable to see standard format on exercise prescriptions.	Changed the font size on the exercise prescription for visually impaired clients/carers.

Community Nursing Service – Reading/West Berks	We would like a call when our visit is moved.	We have changed the process regarding calling patients when visits are moved aligning Reading and West Berkshire processes.
Heart Function Team East	Chairs are needed for relatives in the clinic.	Chairs are in place.
	Better signage at the WAM clinic – again – needed to be bigger.	Better signage has been put up
Wheelchair Service	Signs for disabled parking confusing – family's coming without blue badges not sure they can park in the designated bays.	New signs, clearer that not only blue badge holders can park there but also any patients.
Inpatients – West Berkshire Community Hospital	Introduction of menu cards for patients to complete suggested.	Menu cards for patients are now being used
Sexual Health Service	Finding the clinic can be difficult.	Walk through social media videos and signage updated.
	The website is confusing.	Developing a guide video for social media.
Integrated Services - East	Contact info for Groups, unsure who to call if need to cancel/unable to attend.	Letters being sent out as well as telephone call to book in for 1st class session.
Berkshire West Urgent Care	The option to purchase a drink; the café was closed and coffee machine not working.	There is a water dispenser in the waiting room as well as vending machines in the café. A new costa coffee machine has recently been installed in the café.
	I was seen quickly but I think everyone would benefit from a wait time.	All staff have been informed to update patients and notify them on arrival of the current wait time. Staff are reminded regularly on this. We also have a poster on our notice board that should be displaying the current wait times within the clinic. Staff are also reminded regularly to have the notice board out on each shift and to update wait times.
Berkshire West UCR/VFW Service	Wish could give a time of am or pm.	We now ask all patients/carer are asked if they would like to be contacted to inform them of when clinician will be visiting.

15 Steps

There have been fifteen '15 Steps' visits during Quarter two. We are receiving consistently positive feedback about the visits, with services relaying how helpful they are.

The Head of Service Engagement and Experience is continuing to lead an end-to-end review of the 15 Steps programme, looking at how these are planned, reported, and how any improvements are implemented. Our review is providing information into to national NHSE

review of the 15 Steps programme. Insight from our services, Governors and Non-Executive Directors is integral to this piece of work and a schedule of visits has been shared which has resulted in a vast increase in the participation of this programme.

Summary

Whilst most of the 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 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 Two 2024/25

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9530	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)		medication concerns, family do not understand why the pt has not been sections. Pt now living in a Hotel	Not Upheld	Consent not obtained	Care and Treatment
9542	Windsor, Ascot and Maidenhead	Common Point of Entry		Unhappy with the response, wishes clarity about around sharing information and where the information was found ORIGINAL COMPLAINT BELOW Staff member spoke with landlord regarding pt. Pt is extremely unhappy as they feel the landlord is abusing and harrassing them	Partially Upheld	It was found that the email should have stated there was a presumption of capacity on how you were conducting your affairs and no reason to doubt this. Where an individual informs BHFT services of potentially criminal behaviour it would be usual practice for staff to advise that individual to consider reporting such behaviour to the police, that is why this advice was given	Communication
9521	Unknown	Complaints	Low	Patient raising concerns that she has not had a sufficient response to her formal complaints	Partially Upheld	Apology for delay in recording meeting and which complaints are to be discussed. Review complaints process against PHSO report Making Complaints Count report.	Communication
9526	Reading	Adult Acute Admissions - Daisy Ward		1. Attitude of 2 staff members toward pt following food selection from the menu. 2. Unhappy the Dr said they could be downgraded to informal one day then suggested an increase to S3 on the next Pt expects to be treated fairly and discharged	Local Resolution	This was resolved locally with senior staff speaking to the patient. At the end of the conversation the patient was satisfied that she had been given a chance to discuss her concerns and some explanation/responses given to her about actions taken and possible considerations.	Attitude of Staff

9520	Slough	Community Team for People with Learning Disabilities (CTPLD)		Patients carer raising a number of concerns in relation to the patients interactions with their clinician and the clinical care provided	Not Upheld	No consent provided	Care and Treatment
9372	Slough	CAMHS - ADHD		Father complaining about the service delivery of ADHD assessments for his daughter. He complains about the waiting times and the environment at Fir Tree House especially for someone, like his daughter, who has autism and sensory issues. Re-Opened - complainant does not feel all elements of his complaint have been addressed.	Partially Upheld	It is acknowledged that the waiting room is in need of reconsideration and there is a project being taken place around this. The appointment was booked into the clinicians diary however, they were late to the appointment which caused the issue complained about. No breach of confidentiality or data protection was found	Waiting Times for Treatment
9511	Windsor, Ascot and Maidenhead	Children's Occupational Therapy - CYPIT	Minor	history of sensory and emotional issues. family feel fobbed off having had referral from CYPT/CAMHS refused	Partially Upheld	IO to discuss in L&P - CPE and GH re assessing need for OCD assessment ahead of sensory referral and when to do this. RBWM Getting Help team to offer face to face assessment. CYPIT OT to honour functional and sensory assessment after CYP turns 18. Feedback parent concerns regarding signposting information confusing and difficult to navigate.	Care and Treatment
9531	Reading	Early Intervention in Psychosis - (EIP)		Autistic Pt allegedly told home treatment would be for 3 yrs from Jan 23 but discharged in March 24 to Neuropsychology. Complainant unhappy they were not involved in this decision	Upheld	It is agreed that EIP making the decision to move toward discharge was wrong and that an open and honest conversation with Keyan and yourself would have been more supportive and appropriate.	Communication

9481	Reading	Adult Acute Admissions - Snowdrop Ward		CQC - complaiant states pt was held down by 9 men and they are now black and blue. Pt feels threatened, states transport to PPH was not appropriate. Pt also not allowed out to smoke	Not Upheld	Consent not obtained	Care and Treatment
9501	Wokingham	CMHT/Care Pathways	Low	Pt feels a lack of support from CMHT and wishes an apology. Pt wishes a thorough assessment of their MH issues other than EUPD and support and care to accompany this. Pt wishes a meeting with advocate rather than a written response	Not Upheld	Not upheld	Care and Treatment
9544	Reading	Adult Acute Admissions - Daisy Ward		Pt feels their seizures were caused by medication being introduce to their other medication, they feel this was clinical negligence	Partially Upheld	Medication was monitored by the ward staff however, the patient refused certain recommended medications so alternatives had to be prescribed. The patient did have a seizure which required hospitalisation.	Medication
9529	Reading	Cardiac Rehab		Unhappy with the care provided to pt, believes the nurse did not refer the pat to the next stage rehab Phase 4	Not Upheld	NO consent given. Investigation in doc section	Care and Treatment
9516	Wokingham	Phoenix		Complainant unhappy at the way information was given to them, feels the service need to remember who the parent is and who the trained professionals are	Not Upheld	no consent received IO spoke to Mum directly to hear the concerns and will feed back any learning to the services	Care and Treatment
9486	Reading	CAMHS - Rapid Response	Minor	(Joint complaint with Oxford Health) complex YP, family beleive BHFT failed to meet our responsibilities as directed by the MHA code of conduct. Admitted to RBH, S2 then S3 been there 3 weeks. Oxford Health to answer failure to provide a T4 bed	Partially Upheld	Whilst the clinical rationale and decision making were sound, there were delays with and missed communication with the patient and their family on what the plans were for their treatment.	Care and Treatment

9489	Wokingham	CMHT/Care Pathways		poor and slow decision making, with multiple changes in care management has contributed towards significantly increased distress to pt and carer 1. inadequate support on discharge from Yew tree Lodge 2. poor support with monitoring (psychoactive) medication changes 3. delay in referral to social services / discharge from CMHT complainant wants an apology for the distress caused and answers to several points	Not Upheld	The patient was diagnosed with organic psychosis which is not classed as a mental disorder but is a result of their history of traumatic brain injury. The CMHT recognised the need for a longitudinal assessment over a period of time and this resulted in a longer period of waiting for the appropriate treatment pathway to be determined.	Care and Treatment
9507	Slough	CMHT/Care Pathways		3 points to address regarding current care going forward ORIGINAL BELOW Attitude of Dr at pt 3 month review	Partially Upheld	The evidence suggests that the case was not discussed in the case conference as it was suggested it would be however, the concerns about the staff attitude came as a surprise to the clinician as their recollection differs. It was found that the clinician did review the notes before the appointment and it was reasonable that they were not aware of ever elements of the patients 17 year history. Re-Opened - Complainant feels response was vague in terms of plans for future care.	Attitude of Staff
9594	Reading	Community Team for People with Learning Disabilities (CTPLD)		FICB to provide a response. Pt angry that the funding has not been approved yet for their move	Not Upheld	The ICB and Slough council are responsible for this funding. The patient was therefore directed to the ICB to raise this complaint with them as BHFT do not have input into this process.	Financial Issues/Policy

9589	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Feels CRHTT are being unsupportive and have hung up on them, disagrees with dicharge from TT with a referral to MHICS	Not Upheld	Not Upheld	Care and Treatment
9565	Slough	CAMHS - ADHD	Low	Mother unhappy as son is unable to obtain the medication that he needs. Has not been able to access CBT and no referal has been made to OT, states it has been going on for 2/3 years	Partially Upheld	Partially Upheld; the advise that CBT is not commissioned for ADHD was correct. However, the member of staff did not inform the young person and their family that they were leaving, and it did not handover actions from last appointment.	Care and Treatment
9605	West Berks	District Nursing		DN reported they saw the patient walking to a car so advised the DN's would not visit anymore. They wish us to reinforce training on the correct assessment for house bound status	Partially Upheld	It was found that the service acted in line with their policies to inform the patient that if they were able to travel they would not be eligible to have a District Nurse come to their home. The patient did deteriorate further and once again became eligible for this care.	Communication
9577	Unknown	Continence		Concerns raised in relation to the change in products provided by the continence service and the impact this has had on the patients lifestyle	Upheld	At the time of the complaint a review of the patients needs were taking place. In light of this, the original product was reinstated.	Care and Treatment
9632	Wokingham	Community Hospital Inpatient Service - Windsor Ward		Possible complaint to be discussed with PSM at PSLEG	Serious Untoward Incident Investigation	moved to PSM process	

9557	Reading	Other	Low	Unhappy with response, does not understand why the Dr does not remember him. Wants a meeting with staff who are still working at BHFT ORIGINAL BELOW Historical Fair Mile Hospital complaint. Disagrees with diagnosis and the way they were treated whilst in the hospital. States they have only just discovered their diagnosis of Acute Schizophrenia. Have also requested their medical records from around this time (1999)	Not Upheld	Not Upheld.	Care and Treatment
9623	Wokingham	Musculoskeletal Community Specialist Service		left hip replacement in 2019, no physio received. right hip replacement in 2024, patient on crutches with 2 damaged shoulders, now needs physio on right shoulder and 4 months on no treatment received. Does MSK only work on one lot of physio at a time?	Upheld	There is no policy that states a patient cannot be seen for more than one condition at a time and apologies were made if there was a misunderstanding of the policy from staff	Care and Treatment
9374	Reading	Adult Acute Admissions - Bluebell Ward		CQC - 1.Pt believes they have lost the key to their room and feels people have entered without their permission moving and taking items 2. Believes they have radiation poisoning, leave cancelled due to being rude, swollen legs - has not seen a Dr, has been told they cannot take their own medication. 3. illegally detained, no medication for Edema, alleged assault 13/2/24 @ 11:15	Partially Upheld	There was no evidence to substantiate the majority of concerns raised however, there was no fob available on admission and this was apologised for.	Care and Treatment

9613	Reading	Out of Hours GP Services		Unhappy with response, wishes to see accountability from the Dr and for them to admit the pt confronted them and they were made to feel uncomfortable. Also wishes a further apology ORIGINAL COMPLAINT BELOW Felt the Doctor was rude, when he was paying attention	Not Upheld	The clinician had been attempting to complete the notes during the appointment which may have been seen as rude during the patient but is best practice for accurate note keeping. The clinician had prescribed medication from stock rather than referring to the Pharmacy in an attempt to support the patient. Upon review, the issue was diagnosed and treated in the correct manner.	Attitude of Staff
9563	Reading	CMHT/Care Pathways	Low	concerns around the discharge from Cygnet hospital with no medication, pt ended up in PPH within 3 days,lack of interventions from CMHT and a question why the pt wasn't sectioned immediatley	Not Upheld	Not Upheld.	Care and Treatment
9561	Wokingham	Community Hospital Inpatient Service - Windsor Ward		Unhappy with the response would like points reviewed ORIGINAL BELOW Discharge planning and care 1.Delivery and proper functioning of all necessary equipment. 2.A clear and immediate plan for community physiotherapy. 3.Assurance of continued care and support to ensure both pt and carer's well-being.	Partially Upheld	The husband was involved in the discharge planning process and proper checks were carried out to ensure the equipment worked in the home. There was some equipment that was not delivered on time but assessments were made on the furniture in the homes which were found to be useable. There was learning around communication with the family.	Care and Treatment

9586	Windsor, Ascot and Maidenhead	Hearing and Balance Services	Low	Attitude of staff saying the pt needs to have 2 aids because the service are being audited this year, if the complainant refuses they state they will raised a safeguarding Have requested copies of relevant paperwork	Not Upheld	Not Upheld.	Attitude of Staff
9602	Windsor, Ascot and Maidenhead	Common Point of Entry	Low	Pt unhappy with the staff member and the message given that the NHS still after 20 years won't consider drug users for MH services	Not Upheld	Not Upheld	Attitude of Staff
9503	Bracknell	Mental Health Integrated Community Service		meeting arranged and clinician did not turn up, lack of communication form the service, arranged a meeting with an unknown male clincian when males are a trigger for the patient. unhappy with TT	Partially Upheld	The patient was appropriately referred to other service when their presentation fell outside of what Talking Therapies can support with. This was communicated with the patient and their further referral was not acknowledged as it was understood this would be done outside of Talking Therapies.	Care and Treatment
9588	West Berks	CAMHS - ADHD	Low	unhappy having to wait 2 more years for ADHD assessment	Not Upheld	Not Upheld.	Waiting Times for Treatment

9619	Unknown	CAMHS - ADHD		Parents concerned that the child was discharged from the ADHD waiting list with no explanation and without an assessment	Partially Upheld	There has been a significant increase in demand for assessments which has added to a delay in the initial screening process. There is a dedicated piece of work happening to reduce waits for screening and triage, including the recruitment of additional administration and clinical staff. The IO found the letter sent to the family was generic and didn't provide information that would have been helpful for them. The IO has spoken to the clinicians who look at the information provided when a patient is referred and has asked them to ensure that letters include more detail about the reason referrals are not accepted. The information presented at the initial referral stage did not meet the criteria to transfer to the ADHD team. The IO has spoken to the Common Point of Entry Team Service manager and highlighted this concern.	Discharge Arrangements

9587	Reading	A Place of Safety - Patient Admitted to POS		concerns about pain treament and quality of care in POS plus historic data breach regarding a fellow patient	Partially Upheld	It was found that patient names could be seen from the POS. The board displaying patient details has been repositioned to prevent this from being seen through the door. The Assessment Team are to use another location within the hospital to discuss other patients; this is to ensure that another patient cannot hear this discussion. The Trust process was followed in relation to this a Datix incident form was completed. There is evidence that joint working was taking place between POS managers and the patients care team up north. PMVA was appropriately used to remove a telephone from the patient when they used it to call emergency services. There was a legal basis for the detention and this was communicated with the patient.	Care and Treatment
9601	Windsor, Ascot and Maidenhead	CMHT/Care Pathways		1971, misagnosis, patient wishes for this to be removed without being reassessed	Not Upheld	The patient is contesting a historic diagnosis for which they received treatment over many years. As we are not able to amend records the patient was offered the option of adding an note to her file stating she refutes the diagnosis.	Medical Records

9593	Reading	CAMHS - Specialist Community Teams		Father feels that YP needs a broader input from CAMHS	Partially Upheld	It is accepted that the waiting times for treatment are longer than the Trust would like but work to improve this is being undertaken. There is evidence that despite the long waiting time the patient was being appropriately managed and risks monitored. The investigation found that joined up working with other agencies is taking place.	Access to Services
9515	Reading	Crisis Resolution and Home Treatment Team (CRHTT)		Partner concerned about patient discharge.	Not Upheld	No consent received	Care and Treatment
9535	West Berks	Community Hospital Inpatient Service - Highclere Ward		Complainant unhappy with the response relating to the incident, several additional complaints raised ORIGINAL COMPLAINT BELOW incorrect dispensing of medication. Cancer scans booked for 3.6.24, ward stated it was August so no priority had been made for the pt to attend. Complainant extremely unhappy	Partially Upheld	the team responsible for the electronic prescribing (ePMA) have been contacted to see how improvements can be made with the system to highlight, at the time of the drug round, if a medication has been omitted. This should mitigate the risk of human error and prevent similar errors occurring. In these incidents, the nurses have since completed reflective accounts. On the occasion of these near miss errors, it has been identified that the handling of the drug error was not acceptable. This has been discussed with the team to reiterate their responsibility to report when a drug error or near miss errors occur. Training will be undertaken for all staff administering medication, specifically in the area of medicines administration for patients with difficulties in swallowing, due to the high risk of choking, as you have highlighted. Following the investigation no other concerns regarding nursing practice and the care Mrs Garrett received have been identified	Medication

9592	Reading	Community Team for People with Learning Disabilities (CTPLD)		In the last yr pt has had 4 different psychiatrists which has had servious consequences to their MH. Whats to know why BHFT do not have enough permanent psychiatrists with LD	Not Upheld	Local resolution	Care and Treatment
9642	Wokingham	Health Visiting		Unhappy with information sharing in children services child protection assessment report by health visiting service. Complainant believes the colour of their skin plays a big part in what is written about them, they feel their is systemic racist	Not Upheld	Local resolution - no racisum on BHFT part	Confidentiality
9457	Reading	Adult Acute Admissions - Daisy Ward		Relative very concerned for the pt's wellbeing and their welfare. Wishes the pt could have escorted leave. ultimately believes they should be discharged to the community to prevent the risk of MRSA or other infections	Partially Upheld	The investigation found the patient remains very unwell and this is the reason they are unable to have leave or be discharged. The patient withdrew consent for his information to be shared with his father which is why at times he may have felt alienated. It was however felt that there could have been more effort made to involve the patients father in MDT meetings so that he could have his voice heard.	Care and Treatment
9649	Bracknell	Out of Area Placements		Following a yr stay in PPH pt trfd to Kewstoke Hosptial, complainant believes pt made significant progress at Kewstoke but bed management brought the pt back to Sorrel which the complainant feels is unsafe	Not Upheld	The patient did make improvements during their time in Kewstroke ward however, during this time his father was sleeping in his car and showering in the gym in order to be close by. The clinical decision was made to move the patient back to Prospect Park where the improvements could continue and the father could be better supported by living at home	Care and Treatment

9608	West Berks	Phlebotomy		Painful blood test, staff member ignored when told it was hurting	Partially Upheld	The investigation found that the appointment did take place 22 minutes after it was scheduled. The patient did not mention during the test that it was painful and no staff members can verify her account of screaming in pain. The staff's was fully trained to provide the procedure and had undergone the appropriate supervision prior to being allowed to undertake this alone.	Care and Treatment
9583	Wokingham	CMHT/Care Pathways		Concerns raised in relation to the care provided by the CMHT and that the response to their local resolution complaint contained a number of inaccuracies	Not Upheld	The CMHT doctors were not keen to prescribe new medications before some blood tests were done as the previous blood tests had shown some deficiencies, hence why physical health checks were required first. At that time, in March 2023, it was decided that it may not be the appropriate time to proceed with psychological therapeutic options as Kelis was unable to commit to this due to childcare and limited concentration due to sleep issues. Therefore, consideration was given to involve a care coordinator and the possibility of medication options starting with the GP reviewing options. Record shows that all efforts were being made to get the housing association to act.	Care and Treatment

9597	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward		allegations of sexual assault on the Sorrel and physical abuse on Snowdrop in May put in to seclusion and clothing removed	Partially Upheld	Due process was followed in relation to the allegations made, these were raised with the ward and Police at the time. There is no evidence that an assault took place and the Police have closed the case due to a lack of evidence. There is evidence however, that the patient was hostile and aggressive towards staff and at times became violent and destructive. As per Trust Policy the CCTV footage was deleted after 31 days, as the complaint was raised after this time the footage was deleted. The patient was offered to view the footage that we do still hold, with support from staff. The patient was not alone at any time with less than two staff due to her presentation and aggression in seclusion and therefore we were unable to substitute the claim of sexual assault. The patient was stripped naked as she had used her clothes multiple times in seclusion to fashion and ligature. She was offered anti ligature clothing but declined this. The patient also damaged the room and harmed herself superficially with objects she was able to get. There is	Abuse, Bullying, Physical, Sexual, Verbal

9618	Reading	Older Adults Inpatient Service - Rowan Ward		•Why did your mum remain on Haloperidol once she was discharged from Wexham Park Hospital. You understood that Haloperidol was to be discontinued and a different antipsychotic medication prescribed •Why was your mum not seen by a Community Old Age Psychiatrist	Partially Upheld	The patient was appropriately placed under level two observations during visits with the complainant due to safeguarding concerns. Relatives of patients are usually asked to travel separately to patients' appointments rather than accompanying them on escorted transport such as in an ambulance and in taxis however, considering the anxiety the patient has experienced when attending some subsequent appointments, Vicki has asked the Ward Manager to request a larger taxi to enable the complainant to travel with her mother and staff escorts to future appointments so that she can reassure her if necessary.	Care and Treatment
9603	Reading	Older Adults Inpatient Service - Orchid ward		Relative of pt upset at how the pt now presents, feel the changes have happened due to multiple medication changes, despite feeling the ward staff have done a good job they feel the patient has been failed and wonders if it is due to funding	Consent Not Granted		Medication
9610	Slough	CMHT/Care Pathways		COmplainant unhappy with the attitude of the consultant toward patient	Partially Upheld	The appointment was terminated due to aggression from the patient which is in line with Trust policy and a behaviour letter was sent following this. It was found that appointments were cancelled in previous years and this was apologised for. There were no concerns about the current care being provided as this was in line with current procedures.	Attitude of Staff

8845	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Very unhappy with members of the Crisis team, from being hung up on and not understood	Partially Upheld	Apology offered by staff as appropriate. Offer made to pt to work to find a way he find therapeutic	Attitude of Staff
9447	Reading	Adult Acute Admissions - Daisy Ward	Moderate	Unhappy with their inpt admission Dec 2023. Feels their MS diagnosis was not known so their needs were not taken into consideration. Not provided with the notes as requested from a meeting they were told they could not record - feel their Neurodiversity was not taken into consideration, also refused advocacy support	Partially Upheld	1. BHFT is currently undertaking a wide scale initiative relating to Neurodiversity Strategy. This strategy is aimed at individuals who are neuro diverse, that includes patients, staff, and other service users within the inpatient setting. • We have received feedback from Autism Berkshire who visited our wards and given valuable feedback on improvements that can be made. • This feedback has already been added to BHFT's Quality Improvement projects to explore and find solutions regarding adaptation of ward environments to foster optimal-patient experience whilst admitted as an inpatient. • There is also a dedicated project group specifically tasked with researching and communicating improvements to the various aspects of the neurodiversity strategy, this includes a multi-disciplinary and interprofessional collaborative approach, with the use of SMART action plans to ensure longevity. Some of these include the use of specific bespoke	Discrimination, Cultural Issues

9507	Slough	CMHT/Care Pathways	Low	3 points to address regarding current care going forward ORIGINAL BELOW Attitude of Dr at pt 3 month review	Not Upheld	The evidence suggests that the case was not discussed in the case conference as it was suggested it would be however, the concerns about the staff attitude came as a surprise to the clinician as their recollection differs. It was found that the clinician did review the notes before the appointment and it was reasonable that they were not aware of ever elements of the patients 17 year history. Partially Upheld. Re-Opened - Complainant feels response was vague in terms of plans for future care. This is not Upheld.	Attitude of Staff
9546	Bracknell	CMHT/Care Pathways		Wishes a review of the response as not happy ORIGINAL BELOW Injection given one day early and the wrong size needle was used resulting in excruciating pain. Pt feels it is clinical negligence as the nurse did not familarise themselves with the instructions	Partially Upheld	It was found that the medication was given early as it was due on a weekend when the team were not working so this was done one day early, on the Friday. The medication can be administered up to 7 days early safely. The member of staff did not read the instructions on the medication as they were very familiar with it and did not feel this was necessary. They did however, use the wrong size needle for the patients body weight.	Care and Treatment
9542	Windsor, Ascot and Maidenhead	Common Point of Entry		Unhappy with the response, wishes clarity about around sharing information and where the information was found ORIGINAL COMPLAINT BELOW Staff member spoke with landlord regarding pt. Pt is extremely unhappy as they feel the landlord is abusing and harrassing them	Partially Upheld	It was found that the email should have stated there was a presumption of capacity on how you were conducting your affairs and no reason to doubt this. Where an individual informs BHFT services of potentially criminal behaviour it would be usual practice for staff to advise that individual to consider reporting such behaviour to the police, that is why this advice was given	Communication

9372	Slough	CAMHS - ADHD		Father complaining about the service delivery of ADHD assessments for his daughter. He complains about the waiting times and the environment at Fir Tree House especially for someone, like his daughter, who has autism and sensory issues. Re-Opened - complainant does not feel all elements of his complaint have been addressed.	Partially Upheld	It is acknowledged that the waiting room is in need of reconsideration and there is a project being taken place around this. The appointment was booked into the clinicians diary however, they were late to the appointment which caused the issue complained about. No breach of confidentiality or data protection was found	Waiting Times for Treatment
9613	Reading	Out of Hours GP Services		Unhappy with response, wishes to see accountability from the Dr and for them to admit the pt confronted them and they were made to feel uncomfortable. Also wishes a further apology ORIGINAL COMPLAINT BELOW Felt the Doctor was rude, when he was paying attention	Not Upheld	The clinician had been attempting to complete the notes during the appointment which may have been seen as rude during the patient but is best practice for accurate note keeping. The clinician had prescribed medication from stock rather than referring to the Pharmacy in an attempt to support the patient. Upon review, the issue was diagnosed and treated in the correct manner.	Attitude of Staff

9511	Windsor, Ascot and Maidenhead	Children's Occupational Therapy - CYPIT	Minor	Family feel the response is missing the bigger picture and no reasonable adjustments were made for the pt, they believe all the service did was signpost ORIGINAL BELOW history of sensory and emotional issues. family feel fobbed off having had referral from CYPT/CAMHS refused	Partially Upheld	IO to discuss in L&P - CPE and GH re assessing need for OCD assessment ahead of sensory referral and when to do this. RBWM Getting Help team to offer face to face assessment. CYPIT OT to honour functional and sensory assessment after CYP turns 18. Feedback parent concerns regarding signposting information confusing and difficult to navigate.	Care and Treatment
8845	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Very unhappy with members of the Crisis team, from being hung up on and not understood	Partially Upheld	Apology offered by staff as appropriate. Offer made to pt to work to find a way he find therapeutic	Attitude of Staff
9561	Wokingham	Community Hospital Inpatient Service - Windsor Ward		Unhappy with the response would like points reviewed ORIGINAL BELOW Discharge planning and care 1. Delivery and proper functioning of all necessary equipment. 2. A clear and immediate plan for community physiotherapy. 3. Assurance of continued care and support to ensure both pt and carer's well-being.	Partially Upheld	The husband was involved in the discharge planning process and proper checks were carried out to ensure the equipment worked in the home. There was some equipment that was not delivered on time but assessments were made on the furniture in the homes which were found to be useable. There was learning around communication with the family.	Care and Treatment

9489	Wokingham	CMHT/Care Pathways		Unhappy with the response and the lack of care being provided ORIGINAL COMPLAINT BELOW poor and slow decision making, with multiple changes in care management has contributed towards significantly increased distress to pt and carer 1. inadequate support on discharge from Yew tree Lodge 2. poor support with monitoring (psychoactive) medication changes 3. delay in referral to social services / discharge from CMHT complainant wants an apology for the distress caused and answers to several points	Not Upheld	The patient was diagnosed with organic psychosis which is not classed as a mental disorder but is a result of their history of traumatic brain injury. The CMHT recognised the need for a longitudinal assessment over a period of time and this resulted in a longer period of waiting for the appropriate treatment pathway to be determined.	Care and Treatment

Appendix 2: complaint, compliment and PALS activity

All formal complaints received.

	2023/24						2024/25						
Service	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of Total**	**Q1**	**Q2**	**Compared to previous quarter**	**Q2 no. of contacts**	**% contacts Q2**	**Total for year**	**% of Total**
Acute Inpatient Admissions – Prospect Park Hospital	10	2	4	7	23	**8.19**	8	3	↓	49	6.12	11	**8.33**
CAMHS - Child and Adolescent Mental Health Services	8	11	7	9	35	**12.46**	10	13	↑	1914	0.68	23	**17.42**
CMHT/Care Pathways	16	6	13	14	49	**17.44**	12	13	↑	2047	0.64	25	**18.94**
Common Point of Entry	1	3	0	0	4	**1.42**	2	3	↑	816	0.37	5	**3.79**
Community Hospital Inpatient	1	2	5	4	12	**4.27**	4	4	No change	180	2.22	8	**6.06**
Community Nursing	3	6	5	3	17	**6.05**	6	3	↓	5585	0.05	9	**6.82**
Crisis Resolution & Home Treatment Team (CRHTT)	5	10	5	6	26	**9.25**	5	3	↓	1307	0.23	8	**6.06**
Older Adults Community Mental Health Team	1	2	1	0	4	**1.42**	1	0	↓	1521	0.00	1	**0.76**
Out of Hours GP Services	1	2	7	4	14	**4.98**	2	2	No change	1823	0.11	4	**3.03**
PICU - Psychiatric Intensive Care Unit	0	0	1	0	1	**0.36**	0	2	↑	2	100.00	2	**1.52**
Urgent Treatment Centre	1	1	2	1	5	**1.78**	1	0	↓	1306	0.00	1	**0.76**
Other services during quarter	21	19	25	26	91	**32.38**	17	18	↑	50213	0.04	35	**26.52**
Grand Total	68	64	75	74	281	100	68	64		11724		132	**100.00**

Locally resolved concerns received.

	Month Received			
Division	**July**	**August**	**September**	**Grand Total**
Children, Young persons & Families	1			1
Community Mental Health East		1		1
Community Mental Health West				0
Physical Health	9	9	10	28
Grand Total	**10**	**10**	**10**	**30**

Informal Complaints received.

	Month Received			
Division	**July**	**August**	**September**	**Grand Total**
Children, Young persons & Families	2	1	1	4
Community Mental Health East	1	2		3
Community Mental Health West			1	1
Mental Health Inpatients				0
Physical Health		3	1	4
Grand Total	**3**	**6**	**3**	**12**

KO41a Return

NHS Digitals 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 still awaiting a response in terms of being able to benchmark our activity.

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.

	2023/24				2024/25					
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Higher or lower than previous quarter**	**Q2**	**Q3**	**Total for year**	**% of 24/25**
Consent not granted	0	0	0	0	0	↑	1			
Locally resolved/not pursued	0	4	1	3	0	↑	1			

	2023/24				2024/25					
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Higher or lower than previous quarter**	**Q2**	**Q3**	**Total for year**	**% of 24/25**
Not Upheld	20	25	30	25	19	↑	24			
Partially Upheld	22	26	24	32	9	↑	29			
Upheld	11	9	12	9	12	↓	3			
SUI	0	0	2	2	1	No change	1			
Grand Total	**53**	**64**	**69**	**71**	**41**		**58**			

55% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 51% in Q1, 54% in Q4 and 55% in Q3. These were spread across several differing services.

Complaints upheld and partially upheld.

Row Labels	Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	Discrimination, Cultural Issues	Medication	Waiting Times for Treatment	Grand Total
A Place of Safety - Patient Admitted to POS				1						1
Adult Acute Admissions - Bluebell Ward				1						1
Adult Acute Admissions - Daisy Ward				1			1	1		3
CAMHS - ADHD				1		1			2	4
CAMHS - Rapid Response				1						1
CAMHS - Specialist Community Teams		1								1
Children's Occupational Therapy - CYPIT				2						2
CMHT/Care Pathways			2	1						3
Common Point of Entry					2					2
Community Hospital Inpatient Service - Highclere Ward								1		1
Community Hospital Inpatient Service - Windsor Ward				2						2
Complaints					1					1
Continence				1						1
Crisis Resolution and Home Treatment Team (CRHTT)			2							2
District Nursing					1					1
Early Intervention in Psychosis - (EIP)					1					1
Mental Health Integrated Community Service				1						1

Row Labels	Abuse, Bullying, Physical , Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatm ent	Com muni catio n	Discharge Arrangeme nts	Discrimina tion, Cultural Issues	Medica tion	Waiting Times for Treatmen t	Grand Total
Musculoskeletal Community Specialist Service				1						1
Older Adults Inpatient Service - Rowan Ward				1						1
Phlebotomy				1						1
PICU - Psychiatric Intensive Care - Sorrel Ward	1									1
Grand Total	**1**	**1**	**4**	**15**	**5**	**1**	**1**	**2**	**2**	**32**

Care and Treatment complaint outcomes.

Row Labels	Partially Upheld	Upheld	Grand Total
A Place of Safety - Patient Admitted to POS	1		1
Adult Acute Admissions - Bluebell Ward	1		1
Adult Acute Admissions - Daisy Ward	1		1
CAMHS - ADHD	1		1
CAMHS - Rapid Response	1		1
Children's Occupational Therapy - CYPIT	2		2
CMHT/Care Pathways	1		1
Community Hospital Inpatient Service - Windsor Ward	2		2
Continence		1	1
Mental Health Integrated Community Service	1		1
Musculoskeletal Community Specialist Service		1	1
Older Adults Inpatient Service - Rowan Ward	1		1
Phlebotomy	1		1
Grand Total	**13**	**2**	**15**

PHSO

There have been no new complaints brought by the PHSO since April 2024, although two cases to remain open with them.

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	July-23	PHSO have reviewed file and are not progressing
Jul-23	CAMHS – Specialist Community Team	Aug -23	PHSO have reviewed file and are not progressing

Month opened	Service	Month closed	Current stage
Sep-23	CRHTT	Oct-23	PHSO have reviewed file and are not progressing
Sep-23	CAMHS	Oct-23	PHSO have reviewed file and are not progressing
Nov-23	Neurodevelopmental services	Nov-23	PHSO have reviewed file and are not progressing
Dec-23	Heart Function	Dec-23	PHSO have reviewed file and are not progressing
Feb-24	CAMHS - Specialist Community Team	Awaiting update	Complaint referred to PHSO
Feb-24	CAMHS - Specialist Community Team	Sept-24	Apology given
Sept-2024	Community Dental Service	Ongoing	Documents sent to PHSO
Sept-2024	CMHT/Care Pathways	Ongoing	Awaiting update from PHSO on information needed

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 Q2 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					2024/25	
Quarter	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2
Received	1119	1403	924	4522	1091	1229	1408	1399	4036	1237	1012

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. Two postings were responded to during this period.

Physiotherapy in Bracknell: Negative – staff attitude.

WestCall: Negative – communication issues.

Arrangements have been made to attend community meetings on wards at Prospect Park Hospital and in the community. Office space has been identified at Prospect House and Wokingham Hospital.

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

There were 659 queries recorded during Quarter 2. An increase of 41 since Quarter 1. 658 of these queries were acknowledged within the five 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. Via the QMIS process we have implemented and updated Standard Works which help to provide consistency and continuity and adopted a skills matrix which highlights areas where individuals may need support.

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 is supported by 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. They have also attended Reading Pride and taken part in 15 Steps visits The PALS manager has produced a volunteer Role Description to standardise the expectations of volunteers and their input.

In addition, there were 378 non-BHFT queries recorded. 249 originated from the Royal Berkshire Hospital. The Head of Service Engagement and Experience has met with colleagues at the Royal Berkshire Hospital to work together to reduce these. Meetings have been held with the Intelligent Automation Transformation Team to develop an automated response method when dealing with non BHFT queries. It is hoped that this will provide a timelier response for patients and the public and free up more time to develop our service.

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.

An inaugural meeting has been held with Frimley Park PALS and with the RBH service committed to attending. A framework for a Term of Reference has been agreed and distributed. The aims of the group are to improve communication, share themes and local developments and raise the profile of PALS in general. Further meetings have been planned with other organisations invited to attend.

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

Service	Number of contacts.
CMHT Care Pathways	50
CAMHS AAT	27
Neuropsychology	20
CAMHS ADHD	20
CMHTOA	19
District Nursing	14
Physiotherapy - Adult	11

Appendix 3

15 Steps; Quarter Two 2024/25

The 15 Steps programme was relaunched in April 2024, and during quarter two, there were 15 visits:

Mental Health Services Division		
Prospect Park Hospital		
Ward	**Positives**	**Observations**
Rowan Ward	Let in promptly by NHSP staff who clearly knew processes for people coming onto the ward. At the ward entrance there were a good supply of relevant leaflets. There was also good up to date information on the walls either side of the door. Staffing number on duty was clear. Photo board was up to date and current. Photographs also used on the board to demonstrate who was looking after who and which rooms. Hand gel and masks available and team were encouraged to use should they need. The Rowan tree on the wall was a lovely feature. Staff reported that patients and visitors always commented. Several staff asked if they could help, were we ok etc. The ward felt calm and well managed. The ward manager was on leave, but all staff seem to be aware of their duties. Uncluttered environment. The ward was bright. Rooms were clearly labelled with pictures and writing. Quality Improvement work was clear, and some clear improvement seen in reducing falls. Staff seen actively engaging with patients in a positive way. Activity board in situ and current. A patient asked for assistance when we mentioned to staff someone went straight away. There were several sitting areas around the ward. In all of them there were staff who were engaging with patients. All patients appeared to be treated as individuals.	There was a picture on the dining area door which did not reflect the multicultural vision of the trust. The TV in one area had the sound off despite being on.
Daisy Ward	The ward had welcoming signage outside. The visitor's book was outside the unit and clearly visible to encourage completion. There was a staff photo board which we were told was work in progress.	It took a long time for someone to answer the buzzer on the door.

<table>
<tr><td></td><td>There were some nice touches under some staff giving background info/hobbies however this was not consistent.

Appeared calm.

We were informed that there were sufficient staff on duty.

The service users we spoke to had no issues and appeared calm initially and showed us the garden and introduced other patients. There was a variety of seating available which was all being used by various service users.

Some interactions observed of activity coordinator in main area with some service users.

Garden area was nice and had recently been attended.</td><td>It was unclear who was to fill in the book as there was no signage to say.

It was unclear who was in charge.

Not all staff were wearing name badges and staff wore a mixture of tunics and own clothes. It was not clear who anyone was.

Leaflets in the entrance were all creased and some all jumbled up. Some were old versions. Not clear who was monitoring or managing these.

Staff seem to be standing around communal areas rather than interacting with patients.

Television was on but sound off. There was a radio blaring in the same area.

Ward areas looked tired and uninviting.

The above observations were shared with the lead, and actions to address were agreed.</td></tr>
<tr><td colspan="3">Physical Health Services Division</td></tr>
<tr><td colspan="3">Community Inpatient Wards</td></tr>
<tr><td>Ward</td><td>Positives</td><td>Observations</td></tr>
<tr><td>Highclere Ward</td><td>We did not wait long for the bell to be answered.

Photo boards were up to date, along with contact info for other key staff, such as Safeguarding, the Patient Safety Team, Governance Lead etc

The ward proactively reviewed patient feedback.

The ward appeared calm.

The outside space was welcoming, and staff described supporting patients from the Rainbow Room to sit outside.

Information on the journey for patients was clearly on display, which helped to explain what is going to happen and manage expectation.</td><td>There is no communal space for patients to eat lunch or socialise; other than the outdoor area (weather dependent).</td></tr>
</table>

	Nurses on duty and staffing levels were clearly on display and up to date. The ward was clean and uncluttered. The ward was preparing for lunchtime, which smelt appetising. Staff were seen talking with patients in a pleasant and respectful way. Very few call bells were ringing and were answered swiftly by staff. Staff were busy but it did not seem to be chaotic. Walkways were clear of obstruction and housekeepers were actively on the ward. Equipment was accessible and stored in clearly labelled areas. An example of the extended support for patients and their families is to offer the ward food service to people visiting loved ones in the Rainbow Room. The information on iWGC was up to date and included qualitative feedback.	
Donnington Ward	The ward had welcoming signage outside. Hand gel available. Staff were welcoming. There was a staff photo board which was up to date. The number of staff on duty for the day and the nurse in charge were clearly displayed. Ward felt calm even though it was busy. Ward felt well managed and organised. Quality improvement board up to date and evidence of patient centred improvements. Current up to date information for carers (relating to carers week) Informed this would be changed this week for a new topic. Staff were all wearing ID badges and visible. Ward was uncluttered and clean. Good interactions observed of staff with service users. Noticeboard for service users and staff were up to date and clearly visible. Evidence of acting on feedback.	
Jubilee **Ward**	The ward had welcoming signage outside. There was lots of up-to-date relevant information on IWGC, QMIS, Trust values in the stairway up to the ward. Staff were welcoming.	Equipment in the corridor. Some of the patient thank you cards were a bit out of date (2017/8) perhaps needed a refresh. However, were

	There was a staff photo board which was up to date. The number of staff on duty for the day and the nurse in charge were clearly displayed. Ward felt calm. Ward felt well managed and organised. QMIS board up to date and evidence of patient centred improvements. Current up to date information and leaflets readily available. Staff were all wearing ID badges and visible. Quality improvement board current and positive work being undertaken. Ward was clean and no smells. Number of staff on duty clearly displayed. Uniforms of who is who clearly displayed. Good interactions observed of staff with service users. Noticeboard for service users and staff were up to date and clearly visible. Evidence of acting on feedback.	clearly using IWGC and feedback to good effect. Men's day room was a bit sparse although bright. Maybe more pictures/ activities could be available. The above observations were shared with the ward manager, and actions to address will be taken.
Community Physical Health Services		
Service	**Positives**	**Observations**
Podiatry - Bracknell	Staff welcoming and friendly. The waiting area was clean, and clear of clutter. Information on how to give feedback is on display.	There is no reception area for the service and patients are called in from the waiting area. The Exec poster is out of date, and it would be good to see some 'You Said, We Did' on display. There is limited information about what the service offer compared to other Podiatry Services in the Trust, possibly due to the shared environment and location of the service in the building. The above observations were shared with the team manager, and actions to address will be taken.
Podiatry **King Edward VII**	There is no reception area and patients wait to be called by staff, rather than check in. The waiting area was clean, and clear of clutter. There was relevant patient information, and it did not feel cluttered.	There is a notice that patients may not be seen if they are late and would need to rebook. There is no information on how to do this shown, and as

	Information on how to give feedback via online link and QR code is available.	there is no reception area, how would patients know if the clinic is running behind. Would it be possible to add photos of who is on duty as there is positive feedback about patients knowing who is working in a clinical area, and their role. It would be good to look at how the information is displayed – A4 information drops down and the leaflet racks refer to the family planning service. 'You Said, We Did' is from June 2023. There were no iWGC paper forms that could be seen. The above observations were shared with the lead, and actions to address will be taken
Podiatry **West Berkshire**	Staff were welcoming. There is information for patients on what to do when they arrive for their appointment, as there is no reception area in the separate waiting area. Waiting area was comfortable. Clinic rooms appeared tidy and ready for the next patient. Information for patients was not cluttered, and up to date. An open waiting area with clear information –user friendly with a range of helpful leaflets which were up to date and relevant. Lots of information about how to give feedback and up to date scores and You Said, We Did on display.	
Physio **Upton**	We were welcomed without delay by the receptionist. There are up to date posters on the wall in the reception area, reporting on the very positive feedback the service has received from patients. There is a prominent poster advising patients to let the reception staff know, if they have been waiting for more than 10 minutes IWGC feedback invitations are displayed prominently, with additional copies available at reception as patients are leaving.	The poster displaying the Exec team needs to be updated. There is a large blue notice board standing behind some chairs in the waiting area, which may benefit from being removed or better utilised.

	The unit is light and airy, spacious, and clean, with no unpleasant smells. The unit was calm and quiet. We were seen to quickly and welcomed for our visit. The unit was clean with no visible litter or clutter. There is a large blue notice board standing behind some chairs in the waiting area, which may benefit from being removed or better utilised. The Quality improvement board in the staff area has tangible goals and outcomes, although the tickets are now out of date. We were advised that QI is regularly discussed in the team. There were information posters around the unit and also well organised leaflets, with information about a range of conditions relating to the service.	
MSK Physio Bracknell	All staff we saw were welcoming. Staff welcome patients to raise Quality Improvement Huddle Board tickets, with what they are working on visible, and empty tickets in the waiting area. It is clear from the waiting area about the staff, their roles and who is the lead clinician on that day. The waiting area was clean, and clear of clutter. There were some bright paintings on the walls. The admin area staff work in is not cluttered, and as this is an area that patients walk through, there was no patient identifiable information on show. The clinical spaces were clean, well laid out and set up ready for the next patient. Information on how to give feedback is on available, along with 'You Said, we Did.' Information that is relevant to patients accessing the Physio Service, including support in the local area is easily accessible.	
Dellwood Physio	There was plenty of parking. There was a reception area inside Bath Road. The noticeboard in reception appeared to be informative but difficult to see behind the makeshift reception. Other clinics ran in the buildings on other days i.e., Continence and had access to a private separate room. The main areas were uncluttered, and it smelt clean. The clinic had a calm atmosphere. All information is sent to patients regarding what to do at appointment prior. Also, texts to patients to remind them of details etc. No details of staff or who worked there. Some staff had name badges.	We were not aware that the department had moved over a year ago. It was only by chance that we saw the information on the back of the front door. The sign at the front by Dellwood still says the physiotherapy is there. At Bath Road (current location of clinic) there was no signage to say this was BHFT physio. There were 2 receptions and the BHFT one was

		very makeshift. It was unclear who was working the reception. The clinic had been at the new base for over a year but still felt temporary and there did not appear to be much effort to make it welcoming for patients. The notice boards were disorganised. There was information relating to oncology clinics mixed in with trust info etc. No information around the department for patients to provide any feedback. Feedback was provided to the service for them to review.
Physio WBCH	Made to feel very welcome by the admin/reception staff member. Clinic was easy to find, and signage was good. Waiting area was busy but organised and shared with the Xray department. Staff in the department were observed positively interacting with patients. There were also rooms where staff were interacting with patients both face to face and remotely. All clinic areas were clean and well organised. Equipment in the gym area was clean and clearly laid out. There was a lovely view of the garden from the treadmill. The gym was spacious. Board dedicated to staff wellbeing and support with good information. All staff were positively engaged in patient related duties. Clinic appeared to be running smoothly. Noticeboards in the department with relevant information for patients. Leaflets available. Clear information regarding non urgent clinic appointment waiting time displayed.	
Minor Injuries Unit **WBCH**	Main reception area for both departments then a receptionist for the MIU at the department desk. Staff were welcoming and engaging. The unit felt calm and organised.	Was slightly confusing as to which department was BHFT led, and which was run by RBH. Both shared the same working

	Waiting area was clean with facilities for children and adults. Area was quiet. All patients were seen in individual rooms with good privacy, and all were clean and uncluttered. Good seating and wheelchair access available throughout the department. Clear information on how many patients were treated last month. Information on large board in waiting area.	area. Perhaps clearer signage would be appropriate.
Community Dental Services Bracknell	Staff in the clinic were welcoming and friendly. There is a list of staff along with their roles and registration numbers in reception. The waiting area was clean, and clear of clutter. The clinic room was clean and tidy. Information on how to give feedback is on display. There was ‘You Said, We Did’ on show.	It would be good to see photos of staff alongside this. The contact information was out of date for the complaints office. The feedback was out of date and needs to be updated.
Hearing and Balance Service King Edward VII	All staff we saw were welcoming and friendly. The reception and waiting areas are clean, and the paediatric area in particular is brightly coloured. It is clear from the waiting area about the staff, their roles and who is in the clinic on that day. The waiting area was clean, and clear of clutter. There was relevant information on the walls in most of the waiting areas and it did not feel cluttered. The admin area staff work in is not cluttered and had age-appropriate toys and information on show. The clinical spaces were clean, well laid out and set up ready for the next patient. There is a separate paediatric area, which you walk through to get to two of the other waiting/clinic areas. Separate sensory areas for children (in the first instance) are being set up. The feedback tree is up, and there are plans to start posting the ‘You Said, we Did’ as red and green apples. Information that is relevant to patients accessing wellbeing support is easily accessible. There are opportunities to give feedback readily available.	The further waiting area (near MHICS) did not have any posters or information on display for people waiting to be seen.

Berkshire Healthcare
NHS Foundation Trust

Report to Council of Governors For Quarter 2 2024/25

December 2024

Tehmeena Ajmal

Chief Executive Highlights Update

Local

Berkshire Healthcare NHS Foundation Trust

- **Executive Director Departures** - Dr Minoo Irani, Medical Director will be retiring from the Trust in March 2025. The recruitment process to appoint a new Medical Director is underway. Tehmeena Ajmal, Chief Operating Officer will also be leaving the Trust in March 2025 to join Betsi Cadwaladr University Health Board, which provides community, mental health, and hospital care across North Wales as their Chief Operating Officer.
- **Communications Team Awards** - our Communications team have won The Middle Aisle Award at the CommsHERO awards. The Middle Aisle award recognises how we have used social media to share patient stories, and offer a compassionate approach to sensitive topics, breaking down barriers and providing help for those affected by issues such as miscarriage, HIV and post-natal depression. The impact of our TikTok page has been profound for Berkshire Healthcare. We are able to use it in a way to educate and help the public, posting about various topics.

- Our communications team was also nominated for two other awards. The first was for the Health Tech 'Best use of digital for NHS Trusts' award. This category celebrates organisations that effectively use digital platforms to engage with the public. We were recognised for our strategic use of TikTok, a platform that has allowed us to reach younger, and traditionally harder-to-reach audiences. By creating and delivering content in a way that resonates with this demographic, we are able to increase awareness of health information and services.

Chief Executive Highlights Update

Local Continued

Berkshire Healthcare
NHS Foundation Trust

Our second nomination came from the Orlo Golden Ele Awards for the ’Community Impact’ award which has recognised the way in which we have promoted the vital work of our Health Bus through the use of Nextdoor. We have been able to provide residents with health information and opportunities to directly access our services.

Listen to the podcast on Can TikTok help the NHS reach new heights? (new browser tab)

- **System Chair** – Dr Priya Singh, the chair of Frimley Integrated Care Board, is replacing the Buckinghamshire, Oxfordshire and Berkshire West’s (BOB) Integrated Care Board (ICB) acting chair Sim Scavazza. Dr Singh will be BOB’s first substantive chair in 18 months after Javed Khan went on a period of extended leave in April last year and subsequently stepped down from the role. Dr Singh is only one of two people to be the chair of two ICBs. Kathy McLean, chair of Nottingham and Nottinghamshire ICB, took on the same role at Derby and Derbyshire ICB in January.

The move comes after BOB appointed its first substantive chief executive in two years in September. Nick Broughton took on the role after more than a year as interim.

- Student nominates Sexual Health Clinic for award - the Sexual Health Clinic in Slough (Garden Clinic) has been awarded the Oxford Brookes University’s Education Award after a student who did a placement with the clinic submitted a heartfelt nomination. In the nomination, the student mentioned: “The team were incredible at providing support and pushing me to be the best student I could be. This team deserve to win the Education Award because I had the best experience here. I cannot thank them enough, without them my confidence wouldn’t be where it is now and I’m very grateful to have been part of a wonderful team.”

Chief Executive Highlights Update

Local Continued

Berkshire Healthcare
NHS Foundation Trust

- **NHS Veteran Aware Accreditation** – the Trust has been awarded the NHS Veteran Aware re-accreditation by the Veterans Covenant Healthcare Alliance in recognition of our work to provide the best possible healthcare and support to veterans and their families. his five-year accreditation shows that we are committed to providing:

- better health and wellbeing for the whole of the Armed Forces community,

- a more joined-up experience of care for serving personnel and their families as they move around the country and transition from service to civilian life,

- faster and more local access to high quality, personalised care for the Armed Forces community and

Being awarded re-accreditation is a major milestone in our five-year Armed Forces strategy and is the latest achievement in our on-going work to support the Armed Forces community. We were recently highly commended for two Step into Health awards, which recognise those who have gone above and beyond to help those taking the step from the Armed Forces community into the NHS. Earlier this year our Armed Forces team supported the launch of a new series of NHS Armed Forces Suicide Bereavement Support guides. We've also received a recognition award from the NHS Veteran Aware team for our work with the Veterans Covenant Healthcare Alliance.

Chief Executive Highlights Update

Local Continued

Berkshire Healthcare
NHS Foundation Trust

- **Opening of CAMHS Maple in Reading** – We are pleased to announce the opening of Maple, a unit for children and young people experiencing a mental health crisis. CAMHS Maple provides an alternative location for young people in crisis to be assessed, rather than at the Royal Berkshire Hospital. Maple is a more appropriate and less stimulating environment, where young people are seen by appointment only. Funded by an Urgent and Emergency Care bid via NHSE, Maple will be staffed by the CAMHS Rapid Response Team, and is located at the back of 25 Erleigh Road, Reading in a standalone facility that was originally a classroom.

Chief Executive Highlights Update

National

Berkshire Healthcare
NHS Foundation Trust

- **Hospital waiting list figure for England down to 7.57m, lowest level for 5 months -** the waiting list for routine hospital treatment in England has fallen to its lowest level for five months. *An estimated 7.57 million treatments were waiting to be carried out at the end of September, relating to 6.34 million patients – down from 7.64 million treatments and 6.42 million patients at the end of August,* ***NHS England*** *said these are the lowest figures since April 2024. The list hit a record high in September 2023, with 7.77 million treatments and 6.50 million patients.*

- **The Budget –** announced that day-to-day spending for the Department of Health and Social Care will increase by £22.6bn from 2023/24 to 2025/26. This is a two-year average real terms NHS growth rate of 4% – the highest since 2010 (excluding the years affected by the Covid-19 pandemic).

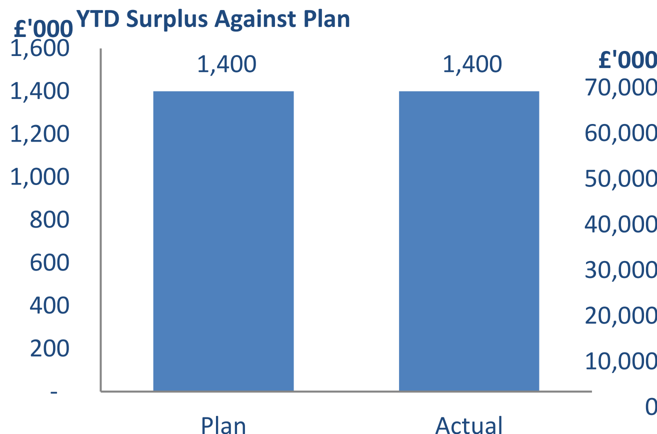
  Capital spending will increase by £3.1bn in 25/26 (compared to 2023/24 outturn) – rising to £13.6bn. This is a two-year average real terms growth rate of 10.9%, although it is still lower than the overall value of the maintenance backlog (£13.8bn).

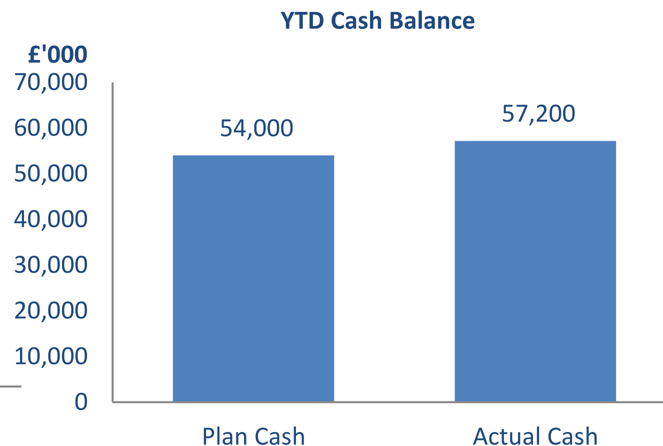
- **NHS England –** Amanda Pritchard, Chief Executive, NHS England has announced that NHS England and not Integrated Care Boards will be solely responsible for the performance of Trusts. A call for great clarity in this area was a recommendation in the Darzi Review of NHS Performance

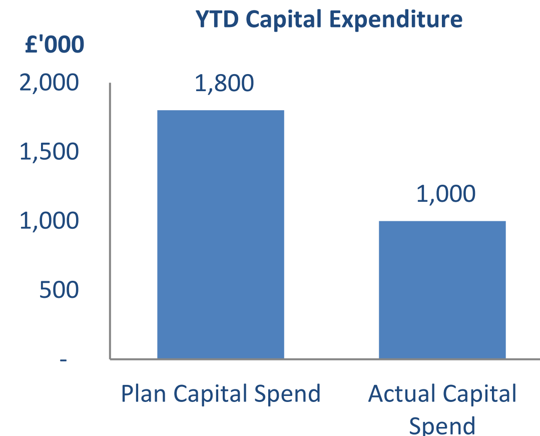
- **Department of Health and Social Care Consultation on the NHS 10 Year Strategy –** the Department of Health and Social Care are consulting the public on their priorities for the NHS 10 Year Strategy which is due to be published next Spring. More information is available from: www.change.nhs.uk

Financial Summary – 30th September 2024

Berkshire Healthcare
NHS Foundation Trust







Year to Date

The Trust delivered a £1.4m surplus YTD against a plan of £1.4m surplus.

We were set a cost improvement target of £13.6m for the current financial year, in Q2 we were on plan.

Cash

Our cash balance at the end of September is £3.2m above plan.

Capital Spend

The capital plan is behind plan but the forecast outturn is expected to be on plan with orders still to be placed for IT equipment and estates projects completing in the final quarter of the year.

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Berkshire Healthcare
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True North Driver Metrics and Oversight Performance Metrics Quarter 2 September 2024

True North: Driver Metrics

Berkshire Healthcare
NHS Foundation Trust

Harm Free Care

Metric	Target	External/Internal	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24
Breakthrough Restrictive Interventions in Mental Health Inpatient Wards	241 from 1st August 2024 previously 309	Internal	249	155	157	156	199	172	213	274	242	261	233	185

Patient Experience

Metric	Target	External/Internal	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24
Positive Patient Experience Score %	95% compliance	External	93.30%	94.39%	94%	94.71%	94.09%	94.59%	93.67%	94.37%	93.97%	94.19%	94.19%	95.09%
Patient Experience Compliance Rate %	10% compliance	External	3.69%	3.20%	2.70%	3.30%	3.50%	3.20%	7.09%	7.39%	6.5%	5.70%	6.20%	4.39%

Metric	Target	External/Internal	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24
Breakthrough Clinically Ready for Discharge by Wards MH (including OAPS)	250 bed days	External	465	390	559	371	268	353	248	351	275	249	248	306
Breakthrough Bed days occupied by patients who are discharge ready Community	500 bed days	External	895	776	738	842	752	663	554	647	813	1,004	840	899

True North: Driver Metrics

Supporting our Staff

Metric	Threshold / Target	External/Internal	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24
Breakthrough Physical Assaults on Staff	44 per month	Internal	52	74	108	67	75	58	30	38	55	59	45	59
Staff turnover (excluding fixed term posts)	10% by March 2025	External	13.42%	13.03%	12.87%	12.33%	12.83%	12.28%	12.4%	12.60%	12.59%	12.49%	12.32%	12.07%

Efficient Use of Resources

Metric	Threshold / Target	External/Internal	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24
YTD variance from control total (£'k)	0	External	-1492	-1459	-1712	-1914	-1648	-2476	0	0	-26	-103	-9	-16
Active Inappropriate OAPS at end of month	< 8 Q1, 5 Q2, 3 Q3, 1 Q4	External							5	3	4	3	4	7

Countermeasure Summary for Driver Metrics Continued

Berkshire Healthcare
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Restrictive Interventions – This metric comprises prone restraint, rapid tranquilisation, non-rapid tranquilisation, seclusion and long-term segregation and has been green for 12 months. Threshold has been reduced from 309 to 241. Focus on Prevention and Management of Violence and Aggression (PMVA) and use rapid tranquilisation and non-rapid tranquilisation and looking at individualised advanced care planning and safety plans. The service have also looked at seclusion with a focus on reducing the length of time in seclusion. Data shows that there is a link between the time in seclusion with aggression and Test projects being finalised with NHS England around Culture of Care.

Clinically Ready for Discharge Mental Health–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 September 2024 there was a decrease in the number of patients clinically ready for discharge to 16 (from 18 in June 2024) and bed days lost increased from 268 in June 2024 to 306 September 2024. This was 56 days above the target of 250 bed days lost. The top contributors in September 2024 were Rowan Ward with 6 patients and 146 lost bed days and Rose Ward with 4 patients and 94 bed days lost. Reading were the top contributing locality with 128 days followed by the Royal Borough of Windsor and Maidenhead were the top contributing locality with 76 bed days. Actions have included

- Use of Bed Prioritisation tool supporting decision making and improving communication between teams.
- New postholder in Frimley system invited to Clinically Ready for Discharge meetings.

Outcomes

- Quality Improvement work has begun on length of stay on Bluebell ward.
- Data on Inpatient admissions for the past 3 years shared with Crisis Home Treatment Teams and Community Mental Health Teams to try and work with patients to avoid admission this year.

Countermeasure Summary for Driver Metrics Continued

Berkshire Healthcare
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iWantGreatCare – There is a new denominator in 2024/25 which is based on the number of clients rather than footfall. There has been good take up of devices such as such as iPads 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. This is a driver metric for all of the Divisions with counter measures produced to look at ways to improve the collection of feedback.

Bed Days Lost for those clients who are ready – Physical Health Inpatient Services New Metric from April 2024 - This is a new metric from April 2024 and measures bed days lost for those clients who are discharge ready on our Physical Health wards. The total for September 899 bed days lost for 135 clients which was an increase where the total for June 2024 showed 814 lost bed days from 113 clients who were clinically ready for discharge. Whilst the number of patients increased the average delay was 6.6 days. 45% of cases were waiting for packages of care.

Actions in September 2024.

- Work with Business Analysts to ensure data submitted to Frimley ICB dashboard.
- Quality Improvement work underway with Royal Berkshire Hospital and Frimley Hospital
- Teams continue to work with Unitary Authorities to improve communication and reduce delays.

Outcomes and Next Steps

- Admission pathway added to Tableau to determine why patient has been admitted
- Monthly meetings to analyse those patients with length of stay over 21 days
- Reviewing Length of Stay work with clinical leads on length of stay which will reduce bed days lost.

Countermeasure Summary for Driver Metrics Continued

Berkshire Healthcare
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Physical Assaults on Staff – New target of 36 was agreed from October 2024. Increase in assaults however to 59 in September 2024.

- Violence - Acuity of patients is a factor and issues for individual patients – need to check for history of violence. Rose ward are looking at what can be done prior to a patient being admitted, such as, consider if a person may need a referral to a forensic service or prison.
- Common features on Datix and triggers for violence include
- – patient lacks understanding of what is happening and when
- – Lack of activity on ward so patient gets frustrated

Next steps and outcomes

- Align with NHSE Culture of Care programme work
- Analyse Datix incidents and look at triggers for violence
- Provide feedback to ward staff

Inappropriate Out of area placements – This metric has changed to the number of active inappropriate out of area placements at the end of each month. A patient is deemed an inappropriate Out of Area placement if the reason for their placement is a lack of available bed within their own trust at Prospect Park Hospital. These increased to 7 at the end of September 2024. A tender for a new 18 bed unit has been won by the Priory Group, the facility will be in Newbury.

Key Performance Indicators - Oversight Framework Metrics

Berkshire Healthcare
NHS Foundation Trust

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24
C.Diff with learning (Cumulative YTD)	0	0	0	0	0	0	0	0	0	1	1	1	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	1	1	1	1	1	1	0	0	0	0	0	0
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	81.82	100	80	85.70	100	100	100	100	100	83	100	100
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.22	99.20	99.14	99.5	99.40	99.35	98.60	99.37	98.89	98.76	99.31	99.17

Key Performance Indicators - Oversight Framework Metrics

Berkshire Healthcare
NHS Foundation Trust

Metric	Threshold / Target	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% seen	99.07	95.93	97.79	95.18	99.53	97.03	98.21	71	98.92	96.20	96.39	98.40
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	99.59	100	100
Sickness Rate: %	<3.5%	4.6%	4.6%	4.6%	4.8%	4.1%	3.7%	3.9%	3.8%	3.7%	4.1%	4.1%	4.5%
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	100%	100%	50%	50%	100%	100%	40%	50%	100%	100%	60%	100%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	100%	100%	100%	87.5%	85.7%	60%	100%	90.9%	66.7%	80%	100%	100%

Key Performance Indicators - Oversight Framework Metrics

Berkshire Healthcare
NHS Foundation Trust

Metric	Threshold / Targ..	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24
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	99	99	99	100
People with common mental health conditions referred to Talking Therapies will be treated within 6 weeks from referral	75% treated	88	89	88	88	91	91	95	91	91	88	87	90
People with common mental health conditions referred to Talking Therapies completing a course of treatment moving to recovery	50% treated	43.5	45	48.39	48.5	45	48.25	47.5	51.89	47.5	51	52	53
Talking Therapies Reliable Improvement for those completing a course of treatment	Q1 62%,Q2 64%,Q3 66%,Q4 67%							59%	64%	64%	63%	65%	69%
Talking Therapies Reliable Recovery for those completing a course of treatment	Q1 44%,Q2 46%,Q3 47%,Q4 48%							44%	47%	45%	48%	48%	50%
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	1	1	1	1	1	1	1

Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance

Berkshire Healthcare
NHS Foundation Trust

Clostridium Difficile – One case identified with learning from July 2024 (Highclere ward) and one case identified with learning in August 2024 (Henry Tudor ward).

Sickness – Stress and Anxiety contributing to be the top contributing Reason for Sickness in September 2024 accounting for 27.9% followed by Cough, Colds and Flu at 14.9%. A new Supporting Attendance policy which seeks to proactively support the health and wellbeing of our people which reduces absence and turnover, and improves performance, morale and motivation, creating a positive environment for our people. This policy seeks to promote early intervention and helps identify support to prevent or minimise sickness absence.

Patient Safety Alerts - Patient Safety Alerts - This is still a safety alert around bed rails and bed grab handles. Many providers across the country are facing the same challenges and work is in place to address this. It relates to the fact that the alert states anyone issued with bed grab handles/bed rails now need a risk assessment in community and a regular review. There are thousands of patients in community that do not have ongoing health input therefore responsibility on who completes these reviews needs to be clarified and the resource to complete them 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. Risk assessments are now undertaken at time of issue so it is historical prescriptions and reviews outstanding. It is these elements that mean we are unable to close the alert at present.

Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance

Berkshire Healthcare
NHS Foundation Trust

Children and Young Persons Eating Disorders 4- week routine waiting times target – Work has now been completed to update the RiO pathway as agreed with commissioners to bring our reporting in line with the national Access and Waiting Times Standards definitions, going forward we can expect fewer breaches as the transfer process between the Common Point of Entry has now been refined. During Quarter 2, the impact of the change was evident in September when no breaches were recorded. In July there was one routine breach and in August there were 2 urgent breaches. The routine breach in July was due to the severity of the eating difficulties not being identified as requiring a specialist eating disorders assessment until assessment by Common Point of Entry. Once referred to Berkshire Eating Disorder Service Children and Young People, assessment was carried out and treatment commenced well within the required access and waiting times. Of the 2 urgent breaches in August, one missed the target by one day and was seen on day 8. The other urgent breach was reclassified as routine when it entered our service, the patient received a routine assessment within 13 days of referral.

Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance

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Talking Therapies Recovery:

The team have been working hard to improve recovery for the last 12 months. Due to the size of the service and discharge timings we are now starting to see the improvement work impact on all f our recovery metrics and we are continuing to work hard on this as can be seen below.
Improved recovery rates have been achieved by:

- Continuing to implement an initiative to adjust the threshold for individual therapy for depression to ensure proportionally more patients with depression receive the top-level intervention.
- Supporting clinicians to identify complex cases not appropriate for primary care early on in client journey and referring into the One Team system for more appropriate treatment pathway consideration
- Ensuring appropriate recording of appointment purposes for clients referred in and assessed only and referred to more appropriate teams
- Deep dives continuing to provide insights into training needs and comms needs
- Quality improvement methods being used to address key issues such as increasing the average number of sessions at Step 2, and a yellow belt project focussing on increasing reliable recovery at Step 3
- Monthly reviews of IWGC themes
- Working parties to review waiting times for face to face and step 3 pathways
- Recovery workshops and support documents for clinicians developed, with training planned for Q3 of 24/
- Comms initiative is underway to provide patients with up to date information on wait times to help manage expectations and support informed choice regarding appointment modality
- Supervision processes are being reviewed to embed a recovery focussed culture and to modernise processes to support good engagement in therapy with consistent progress reviews being carried out.

Board Assurance Framework Risk 2024/25 Summary

Berkshire Healthcare
NHS Foundation Trust

Strategic Ambition	Risk Description
Workforce We will make the Trust a great place to work for everyone **Patient Safety** We will reduce waiting times and harm risk for our patients	**Risk 1 – Workforce** 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.
Patient Safety We will reduce waiting times and harm risk for our patients **Efficient Use of Resources** We will use our resources efficiently and focus investment to increase long term value	**Risk 2 - Demand and Capacity** 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.
Patient Experience and Voice We will leverage our patient experience and voice to inform improvement	**Risk 3 – Patient Voice** 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.
Health Inequalities We will reduce health inequalities for our most vulnerable patients and communities	**Risk 4 – System Working** There is a risk that due to political, operational, workforce and funding pressures across health and care the Integrated Care Systems fail to deliver on their core aims of improving population health outcomes, reducing health inequalities, increasing system efficiency and contributing to wider social and economic development.

Board Assurance Framework Risk 2024/25 Summary Continued

Berkshire Healthcare
NHS Foundation Trust

Strategic Ambition	Risk Description
Health Inequalities We will reduce health inequalities for our most vulnerable patients and communities	**Risk 5 – Health Inequalities** 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.
Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value	**Risk 6 – Finance** 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.
Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value **Patient Safety** We will reduce waiting times and harm risk for our patients	**Risk 7– Digital Risk** There is a risk of cyber-attack which could compromise systems leading to unavailability of clinical systems which could impact on patient safety, loss of data, ransom demands for data and mass disruption.
Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value	**Risk 8 - Sustainability** 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