

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 12 March 2025
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.	Silver Cloud Direct to Digital Presentation	Sarah Sollesse, Clinical Services Manager Digital and Support Services – Talking Therapies/Ben Blease, Divisional Director for Mental Health Operations	15
6.	Trust’s Digital Strategy Presentation	Mark Davison, Chief Information Officer <i>Presentation to be provided during meeting.</i>	30
7.	Election Report – New Clinical Staff Governor	Julie Hill, Company Secretary	1
8.	Committee/Steering Groups Reports: a) Membership & Public Engagement (Enclosure) b) Quality Assurance Group (Enclosure) c) Living Life to the Full (Enclosure)	Committee Group Chairs and Members	5

9.	Executive Reports from the Trust 1. Patient Experience Quarter 3 Report <i>(Enclosure)</i> 2. Performance Report <i>(Enclosure)</i> 3. Annual Plan on a Page 2025-26 <i>(Enclosure)</i>	Elizabeth Chapman, Head of Service Engagement and Experience Julian Emms, Chief Executive	10
10.	Governor Feedback Session <i>This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended</i>	Martin Earwicker, Chair	2
11.	Any Other Business	Martin Earwicker, Chair	2
12.	Dates of Next Meetings <ul style="list-style-type: none"> • 7 May 2205 – Notice of an Extraordinary meeting* to appoint a new Non-Executive Director to replace Naomi Coxwell – this will be followed by the Joint Trust Board and Council of Governors meeting • 11 June 2025 – Formal Council Meeting • 16 July 2025 – Notice of an Extraordinary meeting* to appoint a new Trust Chair – this will be followed by the Joint Non-Executive Directors and Council of Governors meeting <p><i>*If the Appointments and Remuneration Committee are unable to make a recommendation for the appointment of a new Non-Executive Director or a Chair, the extraordinary meeting(s) will not be required.</i></p>	Martin Earwicker, Chair	1
13.	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
14.	Non-Executive Directors – extension to terms of office Appointment of a New Senior Independent Director	Recommendations from the Appointments and Remuneration Committee	

Minutes of the Council of Governors Meeting held on

Wednesday, 04 December 2024 at 10.30am

(Conducted via MS Teams)

	<p>Present: Martin Earwicker, Chair</p> <p>Public Governors: Brian Wilson John Featherstone Ian Germer George Mathew Ros Crowder Graham Bridgman James Cuggy Jon Wellum Baldev Sian Hilary Doyle Madeline Diver</p> <p>Staff Governors: Guy Dakin Alun Griffiths Anne Jumba</p> <p>Appointed Governors: Cllr Patrick Clark Fiona Price</p> <p>In attendance: Julian Emms, Chief Executive Mark Day, Non-Executive Director Sally Glen, Non-Executive Director Naomi Coxwell, Non-Executive Director Rajiv Gatha, Non-Executive Director Julie Hill, Company Secretary Linda Jacobs, Executive Business Assistant Cheryl Gardner, Deputy Executive Office Manager & Executive Business Assistant Jenni Knowles, Executive Office Manager/Assistant Company Secretary</p> <p>Guests: Alexandra Bambury, Complaints Manager Katie Humphrey, Carers Lead</p>
1.	Welcome and Introductions
	<p>Martin Earwicker, Chair welcomed everyone to the meeting and reported that he had been appointed as Chair of Hampshire Hospitals NHS Foundation Trust commencing on 1st January 2025 and would continue with the Trust until Summer 2025 to ensure a smooth handover.</p>
2.	Apologies for Absence
	<p>Cllr Michael Karim, Tom O’Kane, Debra Allcock Tyler, Sarah Croxford</p>

3.	Declarations of Interest
	None declared.
4.1	Minutes of Last Formal Meeting of the Council of Governors and Matters Arising - 25 September 2024
	The minutes the meeting held on 25 September 2024 were approved as a correct record of the meeting.
5.	Carers Strategy Update
	<p>The Chair welcomed Katie Humphrey, Carers Lead to the meeting.</p> <p>Katie gave a presentation and highlighted the following points:</p> <ul style="list-style-type: none"> • A carer was anyone, including children and adults, who looked after a family member, partner, or friend due to illness, disability, mental health problems, or addiction, and who cannot cope without that support. <p>Carers Strategy</p> <ul style="list-style-type: none"> • The Trust's Carer Strategy consisted of six standards and a friends, family, and carers charter with four pillars: <ul style="list-style-type: none"> - Identify Carers - Recognise Carers - Inform and Involve - Guide and Support <p>Self-Assessment Review</p> <ul style="list-style-type: none"> - 2023: Annual Carers Strategy Self-Assessment Review process developed - Aim: Gather data to evidence carer activities and compliance against six standards - Process: MS Form - RAG rated questions to assess compliance against our standards - Minor amendments to Self-Assessment Review in 2024. Included questions regarding culturally appropriate care, classification of services, additional free text questions - Dashboard can be filtered at Trust, directorate, and service level and by RAG ratings to support targeted improvements - Results: Developed into a <u>Dashboard</u> 2024 - available to all staff/managers - Opportunity to compare results from 2023 and 2024 <p>Collaboration & Engagement</p> <ul style="list-style-type: none"> • ICS Partners: <ul style="list-style-type: none"> - Attendance on each local authority Carer Steering Group/Partnership Board - Contribution to updated Carer Strategies (Bracknell/West Berks/Reading) - Active participant working groups/action plans (Slough/Wokingham/WAM) • Internal Projects: Provide carer perspective <ul style="list-style-type: none"> - Multi-Faith Project - Health Inequalities - CommUNITY Forum - Patient and Carer Race Equality Framework - Lived Experience Programme <p>One Team</p> <p>Carers Lead input into One Team project workstreams:</p> <ul style="list-style-type: none"> - New One Assessment documentation including Carer questions

- New **Mental Health Care Planning & Named Worker Policy** (replacing CPA)
- Partnership working with family/carers weaved throughout
- Carer - Care Plan Editable letter
- **Risk Assessment & Safety Plan** - new approach & paperwork. Survey to capture patient & Carer views
- Carer engagement at One Team events (November/March/July)
- **Mental Health First Aider** course offered to Carers - pilot (11 completed)

Carers Trust: **Triangle of Care**

- Carers Lead attends national and regional meetings
- Annual return submitted
- Data from Self-Assessment process forms core elements of our submission

Carers UK: **Carer Confident**

- Successfully achieved Level 2 Accomplished - Carer Confident Award
- Benchmarking Scheme - heighten reputation as employer of choice for Carers - supports recruitment and retention and Wellbeing initiatives

Recording Carer Information

- **Carer prefix:** Activity descriptors for booking and outcoming appointments
- **Intelligent Automation: Main Carer Project**
 - Currently takes staff c.10 minutes to add someone as a Main Carer
 - Working with the Intelligent Automation team to develop a robot to automatically add people as Main carers to RiO (our patient record system)
 - Older People's Mental Health Team (Wokingham) and Early Intervention in Psychosis Team - collaborating with Carers Lead/Intelligent Automation Team to develop and pilot the automation. If successful, could be adopted across services
- **Friends, Family and Carer Passport**
 - RiO transformation team building a variety of passports into RiO
 - Content created and demo being built in RiO

Carer Champions

- Introduced Friend, Family and Carer Champions
- Encouraging services to appoint a Carer Champion to make **incremental changes to culture and behaviours** to influence **on-going engagement and involvement** with Carers
- 25 Carer Champions and rising - plans for adaptations within settings e.g. Prospect Park
- Monthly Carer Champion Cuppa and Catch-Up Sessions
 - Opportunity for peer support and to share good practice
 - Learn from each other and "pinch with pride"
 - Discuss any challenges or concerns

Next Steps

Strategy and Culture - Update and launch refreshed Carers Strategy

Identify Carers - Introduce enhanced Carer reporting and recording on RiO

Recognise Carers - Continue to develop meaningful information for Carers

Inform and Involve - Improve our processes for gathering Carer feedback and engagement with diverse communities

Guide and Support - Continue to develop our Carer support relationships locally with ICS partners

Patrick Clark asked if Governors could access the e-Learning Platform without a Berkshire Healthcare email.

Katie Humphrey reported she will investigate this and report back.

	<p>Patrick Clark reported that West Berkshire Council had published a Carers Strategy and commented that it was important that the Trust's Carers Strategy aligned with local authority Carers Strategies to ensure consistency and support for carers across Berkshire.</p> <p>Katie Humphries reported she had contacted the West Berkshire Council and was involved with the development of their Strategy. Most of the local authorities had six priorities which were aligned with the Trust's Carers Strategy.</p> <p>Hilary Doyle asked about the impact of the Carers Strategy on patient outcomes.</p> <p>Katie Humphrey reported that in the Triangle of Care, the patient, Carer and Health Care Professional all worked together.</p> <p>Fiona Price suggested considering specialist support and training for carers of specific cohorts, such as people with dementia and learning disabilities. Katie Humphrey acknowledged the need for this and mentioned ongoing reviews in the older people's mental health team.</p> <p>Ros Crowder asked if there were any consideration for verification of the Self-Assessment such as a peer review across Wards to gain an external perspective as well as the Self-Assessment.</p> <p>Katie Humphrey reported currently setting up the culture and after this is established this could be included as part of the refresh strategy.</p> <p>The Chair thanked Katie for her presentation.</p>
6.	Audit Committee Annual Report to the Council of Governors
	<p>The paper was taken as read.</p> <p>The Chair welcomed Rajiv Gatha, Chair of the Audit Committee to the meeting.</p> <p>Rajiv Gatha presented the Audit Committee Annual Report to the Governors and highlighted the following points:</p> <ul style="list-style-type: none"> • The Audit Committee membership comprised of himself as the Committee Chair, Naomi Coxwell, Non-Executive Director and Mark Day, Non-Executive Director. The Audit Committee was supported by Paul Gray, Chief Financial Officer, Minoo Irani, Medical Director, Debbie Fulton, Director of Nursing and Therapies and colleagues. • The Audit Committee was also supported by three external organisations: the Internal Auditors (RSM), External Auditors (Ernst and Young) and the Anti-Crime Specialist (TIAA) • Ernst & Young, External Auditors Report's 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 of 31 March 2024 and of its expenditure and income for 2023-24 • The report included a summary of the work of the Internal Auditors over the last year. <p>The Chair thanked Rajiv for his report.</p>
7.	Committee/Steering Groups
	<p>Reports:</p> <p>a) Membership & Public Engagement The report was taken as read.</p> <p>b) Quality Assurance Group The report was taken as read.</p>

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

- Community Mental Health Team Report discussed
- Group is looking to expand knowledge of social prescribing at January meeting

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

8. Executive Reports from the Trust

1. Patients Experience Quarter 2 Report (Enclosure)
 The paper 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		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 23/24 257	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

I Want Great Care (iWGC) Patient Experience Feedback Tool
 Working particularly well the following areas:

- Giving clear information, communication, and support for self-care
- Involvement in decisions and respect for preferences

Opportunities for improvement:

- Fast access to reliable healthcare advice
- Continuity of care and smooth transitions
- Involvement and support for family and carers
- Targeted action plan; 6% Response Rate; target of 10% by March 2025. Impacted in Q2 by large number of contacts by the flu clinics in schools - we are working with them to find the best way to collect feedback during these
- Monthly iWGC all staff drop in sessions
- Continue PALS promotion at Ward Community meetings at Prospect Park Hospital
- We are using data to support the Patient Carer Race Equality Framework (PCREF), Experience, Access and Outcomes and our Neurodiversity Strategy
- Strengthened Divisional reporting

Complaints/PALS
 - CAMHS had the highest increase; 10 to 13

	<p>- Decrease in Formal Complaints found to be Not Upheld across services</p> <p>CQC: The Early Resolution process is designed to provide people who are detained under the MHS with a swift, person-centred response to their complaints where possible. 1 complain received (compared to 4 in Q1)</p> <p>PHSO: Meditation process. 0 new cases, 2 remain open PALS: 659 + 378 non-Trust contacts</p> <p>Other activity</p> <ul style="list-style-type: none"> - Lived Experience Workforce programme (LEAPS) officially going live from April 2024 - 15 Steps. 15 visits in in Quarter 2; schedule being finalised for next year - PLACE visits went well with good engagement from Governors, volunteers and Healthwatch organisations - UPC complain review panel was positive - looking for new Governor to take part - thank you Tom for your support <p>Guy Dakin asked for clarification of the meaning of “Not Upheld” and “Consent Not Obtained” and what the reasons of “Not Upheld” could be.</p> <p>Alexandra Bambury reported that “Consent Not Obtained” was a complaint raised on behalf of a patient therefore the patient’s consent is required to respond to them. If a complaint was “Upheld” or “Not Upheld” it was always investigated.</p> <p>The Chair thanked Alexandra for her report.</p> <p>2.Performance Report (Enclosure) The paper was taken as read.</p> <p>The Chair welcomed Julian Emms, Chief Executive to the meeting and highlighted the following</p> <ul style="list-style-type: none"> • An offer has been made to a candidate for the Medical Director role. <p>The Chair thanked Julian for his report.</p>
9.	Governor Feedback Session
	<p><i>This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended.</i></p> <p>Brian Wilson reported that a Frimley VCSE Alliance had launched in East Berkshire.</p>
10.	Any Other Business
	None.
11.	Dates of Next Meetings
	<p>12th February 2025 - Governor Development Day - NHS Providers - MS Teams 12th March 2025 - Formal Council Meeting - MS Teams 7th May 2025 - Joint Trust Board and Council of Governors meeting (with Breakout Rooms) - Hybrid - MS Teams and in person 11th June 2025 - Formal Council Meeting - MS Teams 16th July 2025 - Joint Meeting Council of Governors & Non-Executive Directors (with Breakout Rooms) - Hybrid - MS Teams and in person 24th September 2025 - Formal Council Meeting - MS Teams 12th November 2025 - Joint Trust Board and Council of Governors Meeting - MS Teams 3rd December 2025 - Formal Council Meeting - MS Teams</p>
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.
	The Council of Governors agreed to discuss the following item in private.
13.	Chair and Non-Executive Directors Remuneration
	The Council of Governors agreed to increase Non-Executive Director and the Trust Chair's remuneration by 5% per annum in line with the staff agenda for change pay settlement. The increase will be back dated to 1 April 2024.

SilverCloud



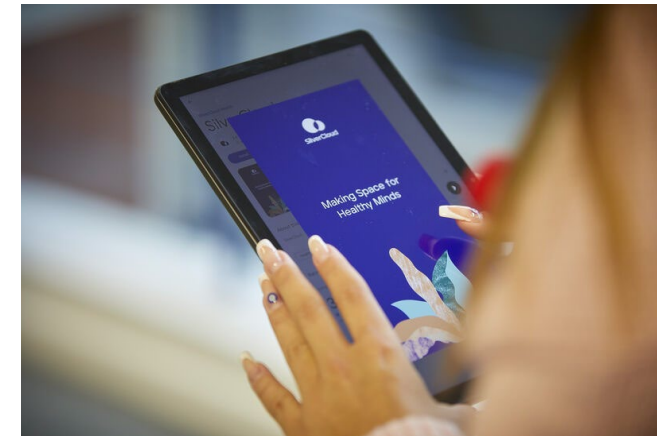
Bernadine Blease/Sarah Sollesse



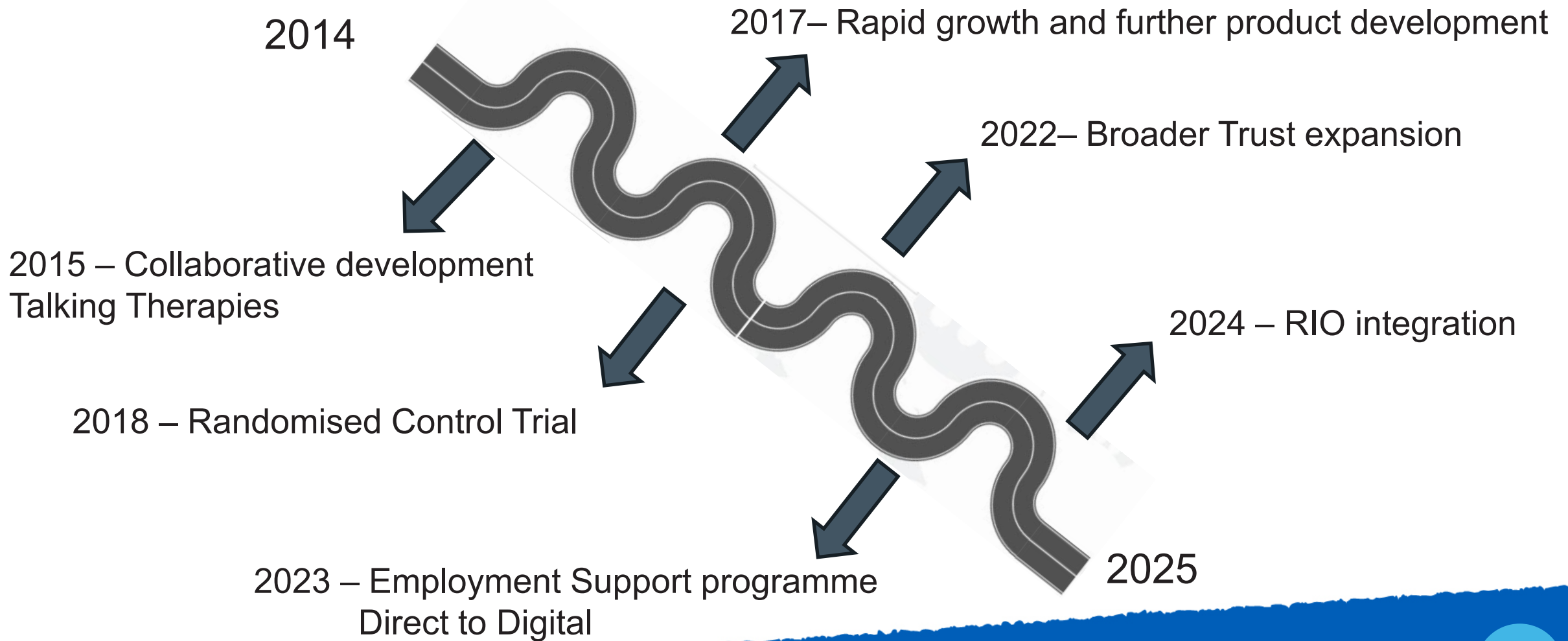
What is SilverCloud?

- Digital mental health programmes for use online to support our patients
- Programmes provide patients with flexible access to a variety of tools and information to support their mental health and wellbeing
- Wide range of programmes available including depression, anxiety, sleep, stress, panic, money worries and employment
- Programmes can be used in a variety of ways:
 - Offered whilst patients wait for, or at the end of, treatment
 - Offered as part of treatment with support to work through the programme
 - Offered alongside treatment as an additional resource

(the level/type of support offered will depend on how the programme is offered)



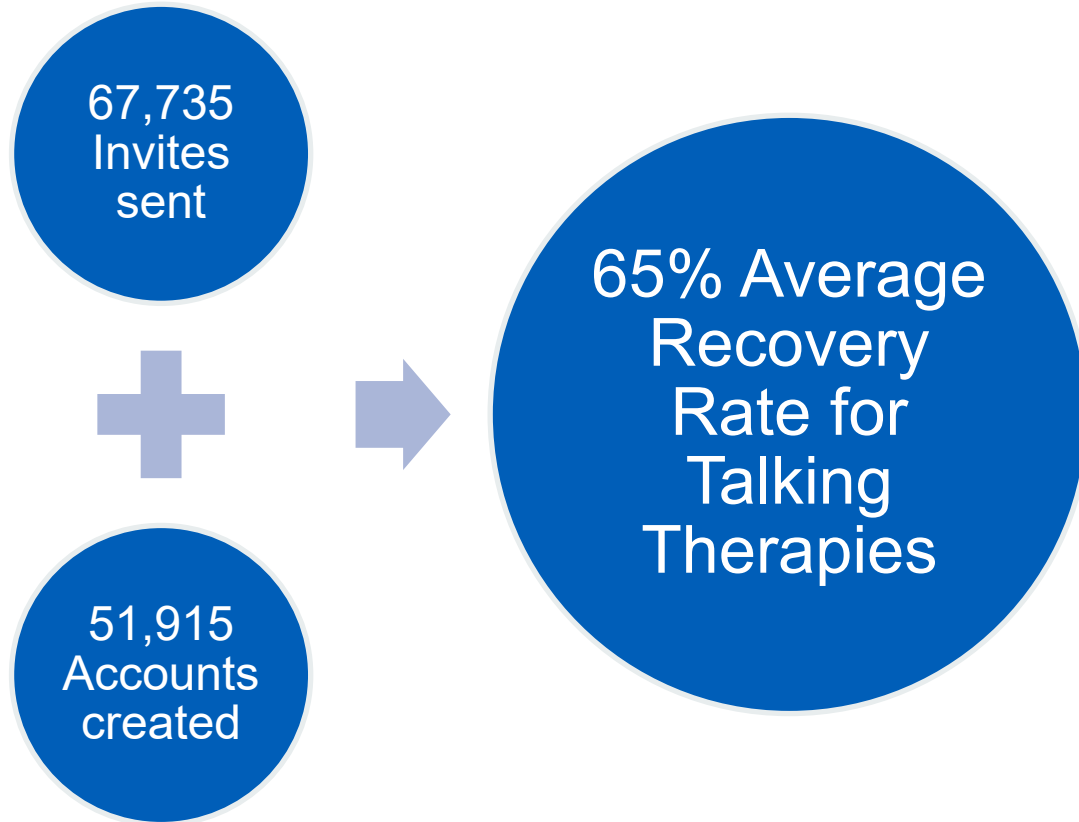
Our SilverCloud journey



Evaluation



Overview



Details of User Logins

Average number of logins per user: **18**

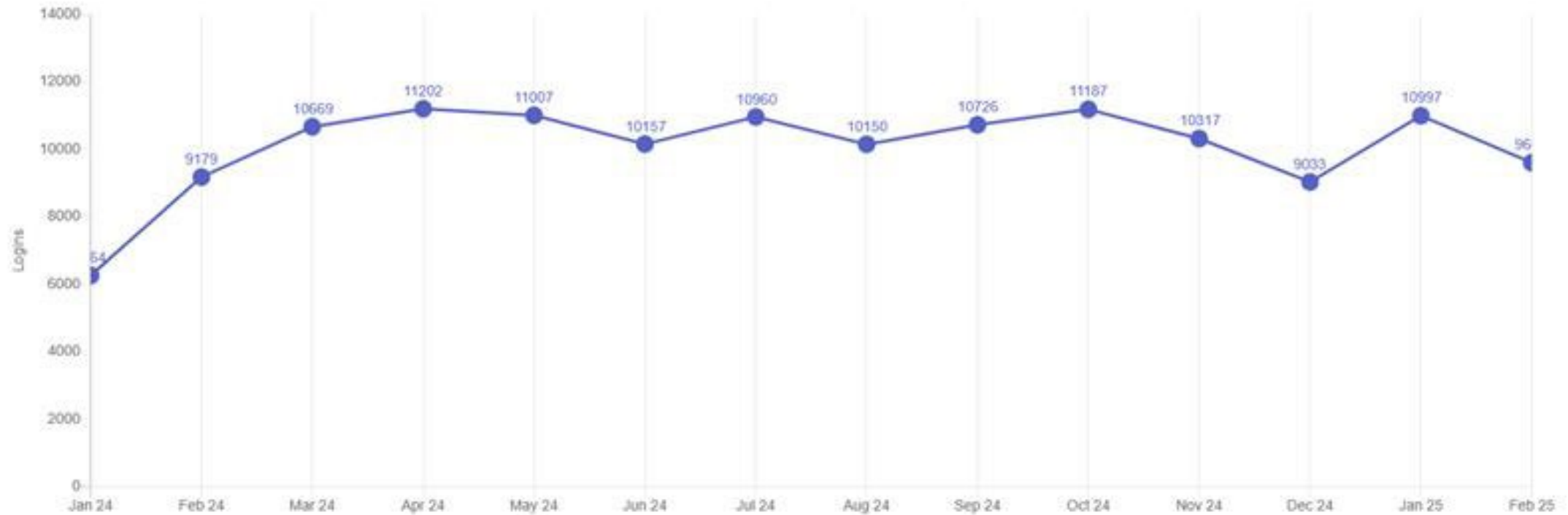
Average duration of logins: **10 min**

Total login time per user: **3 hr 7 min**

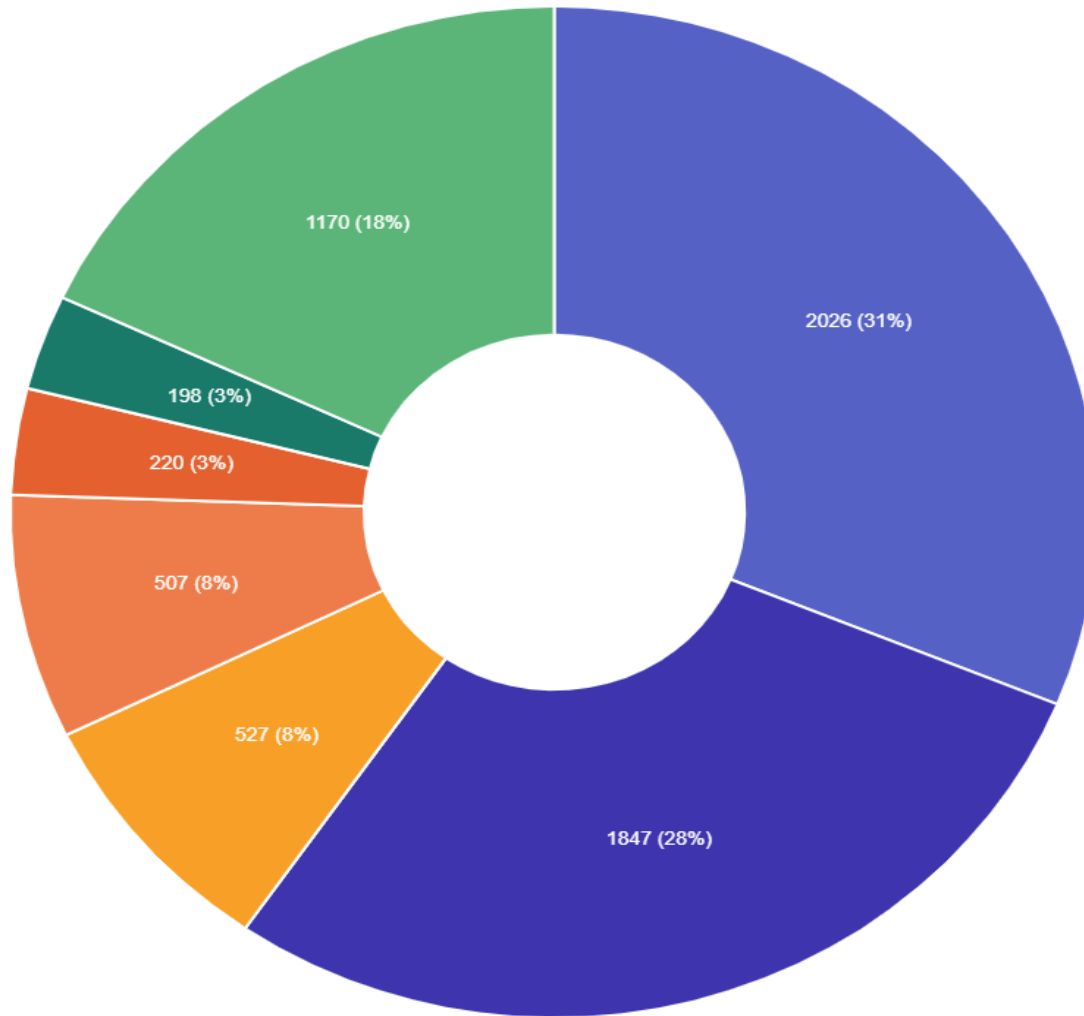
Average reviews per user: **3**

Patient activity each month

Monthly Logins



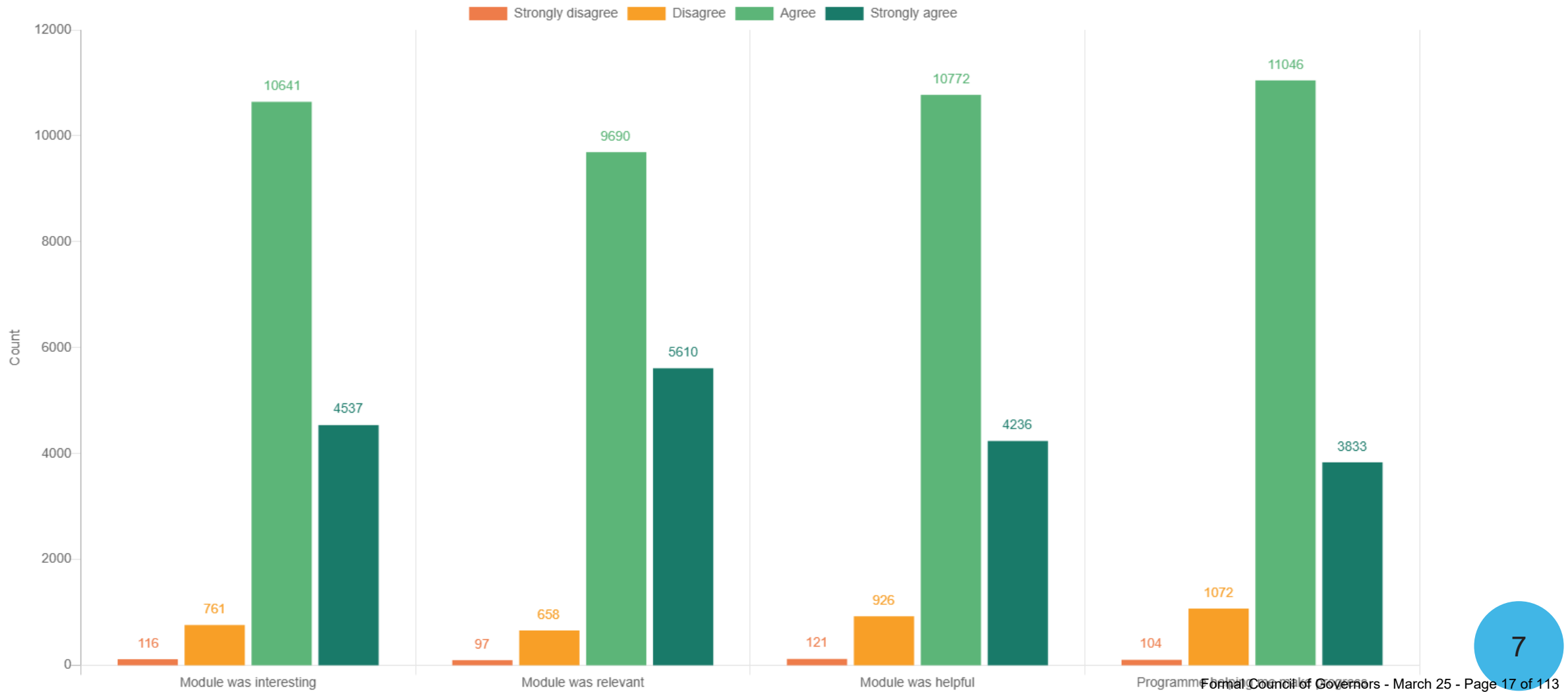
Programme utilisation



- Space from Depression (Adult) (2026)
- Space from GAD (Adult) (1847)
- Space from Anxiety (Adult) (527)
- Space from Stress (Adult) (507)
- Space for Resilience (Adult) (220)
- Self-Management Toolkit (Adult) (198)
- Other (1170)

Patient feedback

Positive feedback scores



Patient feedback

I have attempted mediation before, but never really found it comes naturally to me. I found the video/audio easy to follow and was extremely relaxed.

Best part about it is writing your own experiences and feeling so my supporter can see it without having to start the conversation face to face. The context is already there and that's helpful to me.

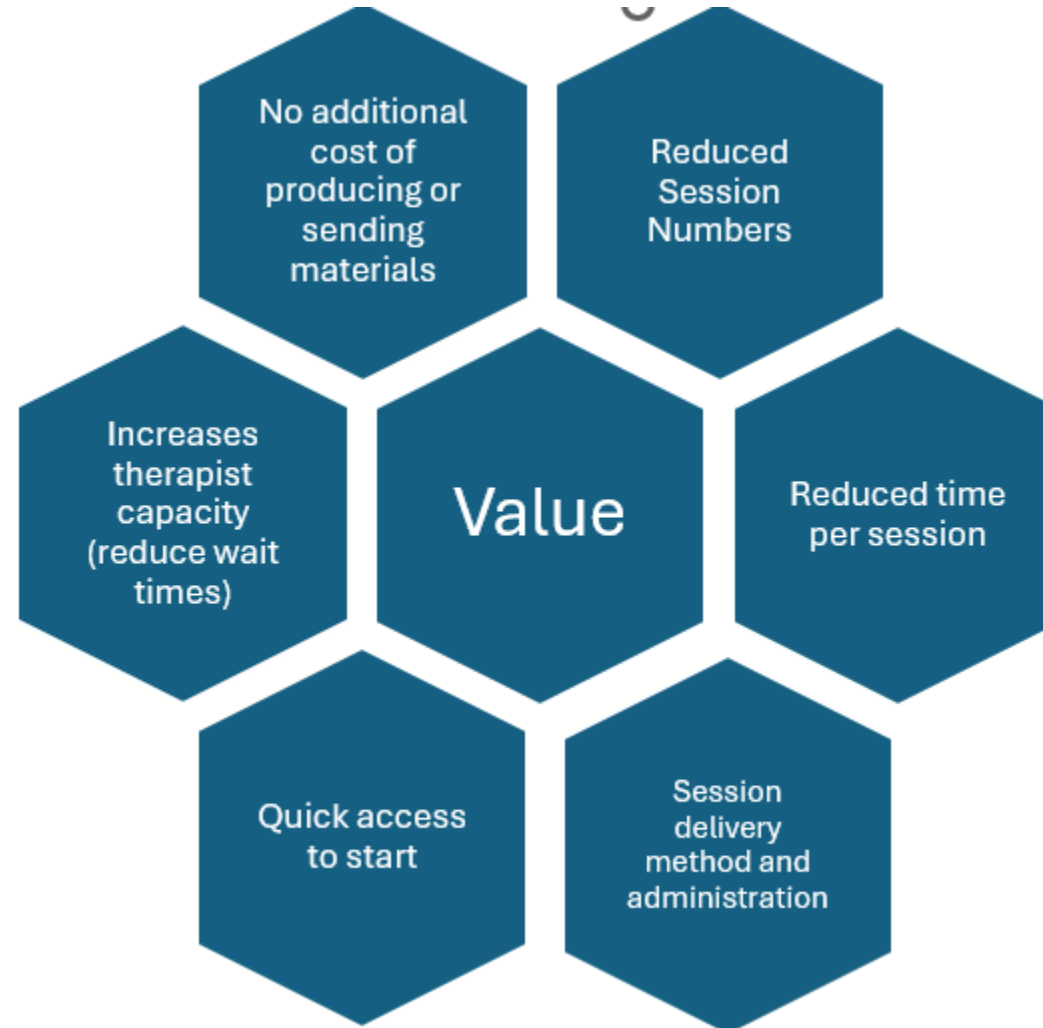
I need to acknowledge that generally I alone can make small changes with the help of this programme. Trusting that counsellor has my back. Also trusting myself.

As I progress through the modules, I find that I am already coping and dealing with the issues my daughter is facing in the modules

Patient learnings



Cost effectiveness



Benefits of SilverCloud

- Flexibility for patients and staff
- Excellent recovery rates in Talking Therapies (higher than national average), Positive initial finding from broader application
- Evidence based treatment (depression and anxiety National Institute of Clinical Excellence)
- Employment support focus in programmes and as a specific programme
- Low cost with opportunity to reduce cost further with growth
- Integration with BHFT main patient record systems RIO and IAPTUS
- Expansion to other mental health and physical health services across the trust
- Reduces inequality through accessibility to wide populations within Berkshire
- Positive patient feedback

Future aims

- Provide access for more Berkshire Healthcare Foundation Trust services including Op Courage, physical health etc
- Further integration with RIO for supported programmes to increase efficiency
- Broader use of the population approach and working with partners including GPs to provide quick access to support
- Increased programme content including a new carers programmes
- Working with SilverCloud to develop more content for new areas including Menopause and Emotional regulation



Thank you

Questions...?



BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 5 DECEMBER 2024

CONTEST: Staff: Clinical

RESULT		1 to elect
BROWNE, Marcella	85	ELECTED
MUNALULA, Patronela	63	
BELL, Zita	44	
WEAVER-LOVELL, John	34	
CORDINGLEY, Sophie	11	

Number of eligible voters		3,904
Votes cast online:	237	
Total number of votes cast:		237
Turnout:		6.1%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		237

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- was sent the details of the election and
- if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson

Returning Officer

On behalf of Berkshire Healthcare NHS Foundation Trust

GOVERNORS' MEMBERSHIP & PUBLIC ENGAGEMENT SUBCOMMITTEE

28th February 2025

The M&PE Subcommittee of Governors met online on 28th January. There were ten attendees, six of whom were Governors. We welcomed newly seconded Cat Teixeira, Senior Communications Officer to the meeting for Marcomms and Marcella Browne, our new Staff Governor.

Governors' Document Repository:

This rather old system was not being accessed by current Governors and was indeed rather awkward to access and use. Coupled with this there are no resources available to maintain it and we formally closed this off as an action.

Julie Hill kindly volunteered herself and her team to respond to Governors requests for past documents and presentations. Subsequent to the meeting, Julie sent a list of presentations and ad hoc reports going back to 2021 to all Governors. This and the support from the team are a very valuable resource for Governors, gratefully received.

Membership Strategy:

The current Trust Membership Strategy is due for review later this year and Cathy Saunders, Director of Marketing and Communications undertook to inform and involve Governors at a timely point when the process becomes due. This will commence at the next M&PE Subcommittee meeting, which has been moved to 29th April.

As is usually the case, membership numbers across all the measured categories remain stable, with little change and no apparent trends.

The meeting spent some time discussing the ongoing proposal to seek additional membership applications from under-represented categories in the membership data. A Governors' "outreach email" was prepared by Brian Wilson and sent to Cathy Saunders and Governors before the meeting and discussed at the meeting. Cathy Saunders suggested the current Membership Leaflet, in pdf form, would be a suitable attachment to the outreach email and this was agreed.

The key membership categories continue to be younger people up to age 21, Asian and mixed ethnicities and some local geographic areas.

Brian Wilson had also shared with Governors, prior to the meeting the results of some "internet research" around his Governor constituency of Bracknell Borough, illustrating the possible range and type of organisations that could be contacted. The research did not take up much time to compile.

Membership Newsletter:

The December Newsletter was, once again another high quality issue. It was reiterated that when Governors conduct Service Visits, they should seek opportunities to take a photograph of the occasion, with permission and not involving patients. These

photographs and a brief synopsis would be valuable material for the Membership Newsletter, particularly as we head for the next round of Governor Elections this year.

Brian Wilson, Lead Governor

Governors Working Group- Quality Assurance Group

22nd February 2025

Sarah Croxford

Co-Chair Update

I am delighted to share we now have a new Co-Chair to joining me for the Quality Assurance Group (QAG), Cllr Hilary Doyle, the Public Governor for Bracknell has agreed to join which not only enhances the perspectives drawn from the Governors but provides consistency and a regional perspective to compliment the QAG.

ADHD Pathway Updates

For the February meeting, we were joined by Helen Alderman, Service Director for Universal and Specialist Children's, Family and Neurodiversity Services, following previous meetings requesting an update on the referral pathways for ADHD. Helen outlined the autism and ADHD services, highlighting that they are not currently an all-age service but are delivered separately. The ADHD service includes diagnostic assessments, medication initiation, titration, and treatment for children and young people aged 6 to 18 years. For adults, diagnostic assessments start from 17 years and 6 months, with a focus on transitioning from children's services.

Waiting Lists

There are significant waiting lists for both autism and ADHD assessments, with average wait times of around 106 weeks for autism and 100 weeks for ADHD. Efforts are being made to reduce these waiting lists, including improving efficiency using a Quality Improvement (QI) approach and supporting families and schools through various initiatives and collaborations.

Challenges

The service faces several challenges, including high demand, complex presentations, recruitment of qualified staff, and medication shortages. The ADHD service is described as a "Balloon service" where once referred, children tend to stay with the service until they turn eighteen.

Improvements and Initiatives

Helen has outlined that the efforts to improve the ADHD pathway include:

- **Reducing Waiting Lists:** Using dashboards to identify and manage risk and completing harm reviews around ADHD medication reviews.
- **System Approach:** Working with the Integrated Care Board (ICB) to review the ADHD service model to ensure an equitable approach across Berkshire.

- **New Referral Process:** Emphasising joint referrals by people who know the child best and the need for evidence of support being provided over the last six months.
- **Support for Families:** Providing a wide range of support for families both before and after diagnosis.

There are many questions arising from co-production, equitable service models and regional disparities on the services. It will be important for the local voices to feed into these models and referral plans going forward to ensure that no one is falling outside of the process and the supportive services remain accessible before and during assessments, including the provision of private and charitable organisations to support where appropriate.

Waiting List Report

Jodie Holtham presented the waiting lists report. This report details the waiting times for various services, highlighting areas with significant delays such as MSK Physio, Adult SLT, Community Dentistry, Paediatric OT, ADHD & Autism Team, and Neuropsychology.

The QAG have requested an update from the Crisis Support service following feedback from service users directly to a Governor, we will provide further update on this in the next report.

The QAG will continue to review the progress to support its Berkshire citizens.

Patient Experience & Complaints Report

The patient experience and complaints review from Elizabeth Chapman highlighted that the patient experience **activity** increased in distinct patient numbers due to childhood immunisation programs and aligning efforts to secure feedback from children and young people. It's appreciated to see the positive feedback received on involvement and support for families and carers, emotional support and the empathy shown by staff. Key areas of improvement are focused on Continuity of care, transitions, clear information, and support for self-care.

Report to COG – LLTF Meeting 22nd January 2025

Sheetal Tanna, Development Manager Mental Health Integration in Bracknell Forest presented.

This is a joint Mental Health (CMHT) and Social Services (BFBC) post. The service manages a community network which looks at integrating the support regarding mental health issues

Her presentation explained the service, driven by individual needs, which is still evolving.

There is full access to group activities with follow ups after 3 and 6 months.

5 FT facilitators give 1:1 support to individuals and carers to attend appointments and social groups to facilitate integration back into the community. Confidence building is key.

The Happiness hub meets monthly at 5 venues across the Borough. All are open drop-in sessions. The hub grew from silo working of different providers and various perception issues. It aims to offer improved collaboration and a more seamless approach.

Governor questions reflected the impact on the need for collaboration between homelessness and drug and alcohol use and the growth of how joint working may be strengthened.

Work was ongoing with the ICB and Local Authority with a thought that local MPs might be engaged.

Next Meeting: 23rd April 10am to 11.15 online.

This will be our Carers Update (I hope you have been able to look at the training pack) and will probably include some activity!



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: Liz Chapman, Head of Service Engagement and Experience

Highlight Patient Experience Report - Quarter Three 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	Q3
Patient numbers (inc discharges from wards)	Number		151,330	169,235	221,601
Number of iWGC responses received	Number	61,000 year	9,149	9,041	9,921
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%	4.48%
iWGC 5-star score	Number	4.75	4.78	4.80	4.8
iWGC Experience score – FFT (good or very good experience)	%	95%	94.1%	94.5%	94.7%
Compliments received directly by services	Number	Total 23/24 4522	1237	1012	1289
Formal Complaints received	Number/ %	Total 23/24 281 0.030%	68	64	50
Formal Complaints Closed	Number	Total 23/24 257	41	59	57
Formal complaints responded to within agreed timescale	%	100%	100%	100%	100%
Formal Complaints Upheld/Partially Upheld	%	Target 50%	51.7%	55%	50%
Local resolution concerns/ informal complaints Rec	Number	Total 2023/24 149	28	42	53
MP Enquiries Rec	Number	2023/24 total 73	5	6	6
Complaints upheld/ partially by PHSO	Number	Total 2023/24 0	1	0	1

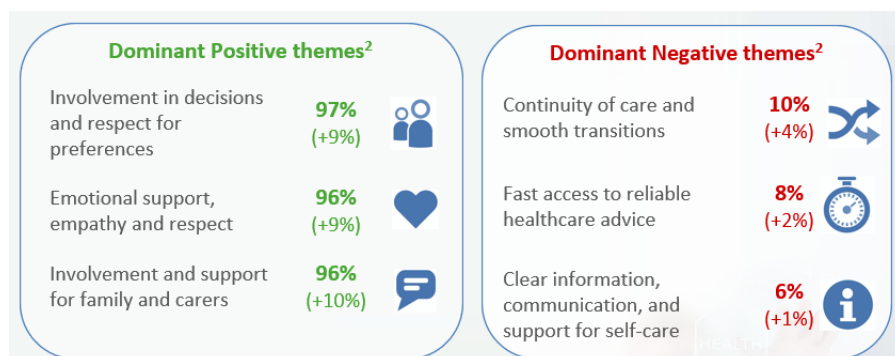
The data continues to show only small variations each quarter although we have continued to see a lower number of MP enquires compared to previous years. We have also continued to see fewer formal complaints and a continued increase in the number of concerns able to be resolved locally.

During this quarter we have seen an increase in the number of feedback forms received; however high numbers of primary school children having seasonal flu vaccine (over 72,456) during the quarter which has resulted in an increased number of unique patients receiving care and treatment means that despite this we are showing a lower percentage response rate for the quarter (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).

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 are within the mental health inpatient services where feeling involved and listened to remain lower in terms of star rating than other services; at the beginning of the year some improvement had been seen for these scores, however for this quarter whilst remaining above Q4 of last year the star rating are lower than in the first 2 quarters of this year. 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.

Overall feedback remains overwhelmingly positive with questions around our staff and involvement continuing to be dominant positive themes.



*Number in brackets shows change from previous quarter

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 Q3 attendances
Asian/Asian British	6.25%	8.00%	10.16%
Black/Black British	1.56%	2.50%	3.54%
Mixed	6.25%	2.10%	3.29%
Not stated	9.38%	14.40%	7.44%
Other Ethnic Group	3.13%	4.20%	2.07%
White	73.44%	68.80%	73.59%

The data indicates that Asian/Asian British and Black/Black British people continue to be less likely to complain and give feedback through the patient survey; this data is consistent with data from previous quarters. 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, this is also unchanged from previous quarters.

During Quarter 2, we introduced further filters into the patient survey dashboard, which means that services can now drill down into the feedback given by people by characteristics. 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).

Below are some of the themes that emerge when reviewing our survey data since commencement of the tool in December (69,228 surveys completed).

People feeling treated with kindness and respect was positively responded to regardless of view by demographics with 1.14% of respondents reporting a negative experience to this question.

Age:

- Those in the 19–50-year old age bracket are least satisfied with ease of access to our services.
- 11-18 year olds and 72-80 year olds are most likely to answer less positively to the question around identifying health needs.
- 94% of our responses are received from adults, 3% from young people and 2.6% from carers. Therefore we are not hearing the voice of the young person as readily as that of an adult through this survey.

Disability:

- 32% of our respondents identify as having a disability
- Those identifying as having a disability are slightly more likely to answer less positively to feeling involved in their care than those who declare not to have a disability (89.9% and 92%), and feel less listened to (95.5% v 92.6%)
- Of those who report a disability learning difficulty and Neurodiversity are least likely to feel listened to or involved (for feelings of involvement those reporting mental health disability also have lower scores)
- People declaring a disability are more likely to answer less positively to the question around identifying health needs compared to those without.
- Those with mental health illness are most likely to respond negatively around ease of access (77%) whilst physical impairments (including visual and hearing score at 91%)
- The overall positivity score for those who are disabled is 93.66% compared to those who answer no to this question having a positivity score of 95.44% . However further review of this demonstrates that for those with a learning disability/ difficulty this is 89%, for those with a mental health disability this is 91% and for those with a neurodivergence this is 87.8%; whilst those with physical disability including hearing and visual impairment and

mobility concerns score slightly higher than the overall positivity score across all responses.

Gender:

- We receive more complete surveys from those identifying as women 42.7% versus men 31.3% (recognising that 22.9% do not complete demographic questions)
- Overall % positivity score for men is 95.25% for women 94.56% and for non-binary only 88.41%.
- Men are more likely than women to respond positively to the questions about identifying health need (77.5% v 67.7%)

Ethnicity:

- There is no discernible difference in reported overall experience by ethnicity
- Pakistani are most likely to report negatively around ease of access and Chinese are most positive about this question (84.7% v 90.1%)
- 69% of total responses are from white British, this is a slightly lower percentage than our attendance breakdown which demonstrates white British attendance to be around 73%-75% of total attendances.
- Black Caribbean , African and white Irish are most likely to respond negatively to questions about being involved in their care with Chinese the most positive

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.

Patient Experience Report Quarter 3 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

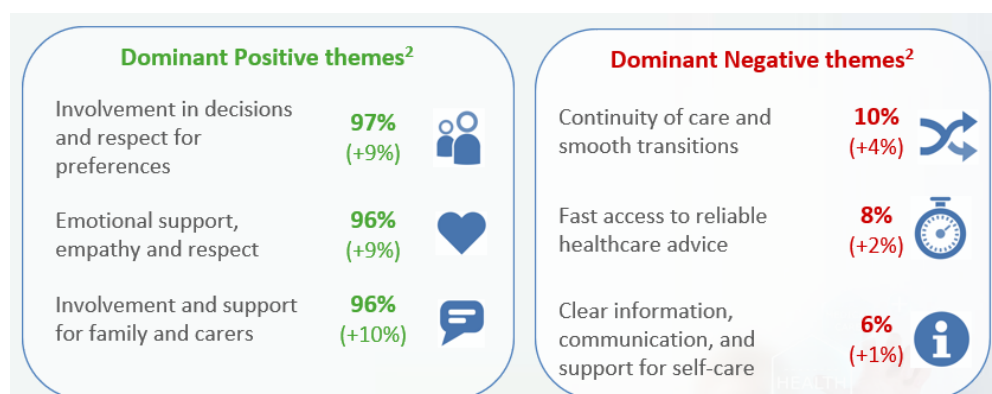
Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Distinct patient numbers (inc patient discharges)	Number	151,330	169,235	221,601	
Number of iWGC responses received	Number	9,149	9,041	9,921	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	6.04%	5.34%	4.48%	
iWGC 5-star score	Number	4.78	4.80	4.80	
iWGC Experience score – FFT	%	94.1%	94.5%	94.7%	
Compliments received directly by services	Number	1237	1012	1289	
Formal Complaints Rec	Number	68	64	50	
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	3	13	12	
Formal Complaints Closed	Number	41	59	57	
Formal complaints responded to within agreed timescale	%	100%	100%	100%	
Formal Complaints Upheld/Partially Upheld	%	51%	55%	50%	
Local resolution concerns/ informal complaints Rec	Number	28	42	53	
MP Enquiries Rec	Number	5	6	6	
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	7	4	6	

There was a decrease during this quarter of the number of formal complaints received although an increase in the number of complaints that were able to be dealt with locally or were informally resolved.

The PHSO concluded two investigations during this quarter, one complaint was not upheld and in the other they asked us to give a written apology, which was actioned.

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

Although the below positive themes look to have increased significantly this quarter, historically they have been our top themes receiving similar positivity percentages most quarters, the exception to this was the last quarter where a dip in positive scores were received, it was not possible to see from the feedback any specific reason for this and it is positive to see that these themes have increased back to previous quarters.



The brackets () in the picture above shows the comparison to the report for quarter 4. (+) means that there has been an increase since the last report, (-) means a decrease since the last report.

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

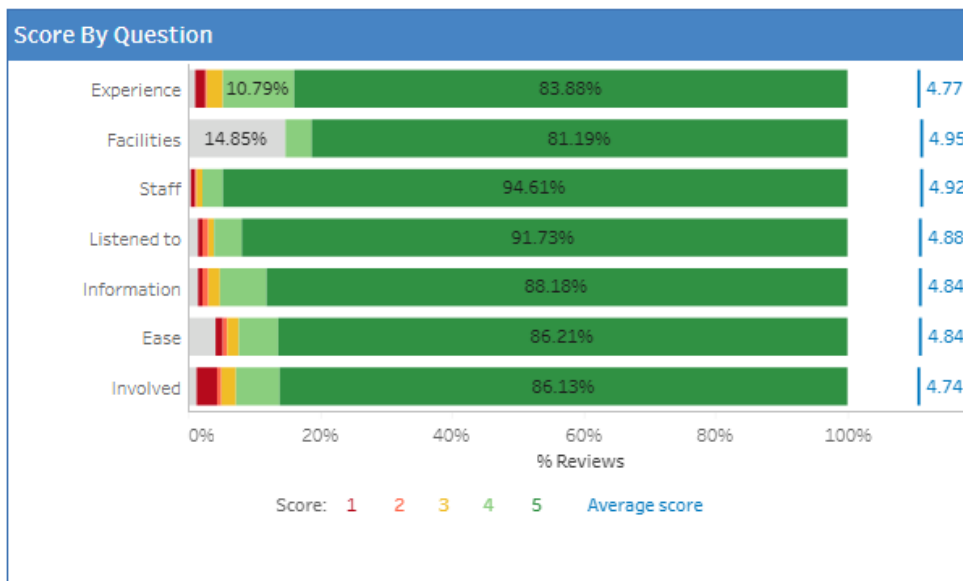
What the data is telling us

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	1,557	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3.9%	2.7%	1.5%	
iWGC 5-star score	Number	4.9	4.88	4.83	
iWGC Experience score – FFT	%	95.3%	94.1%	94.7%	
Compliments received directly by services	Number	98	70	90	
Formal Complaints Rec	Number	17	17	8	
Formal Complaints Closed	Number	6	14	15	
Formal Complaints Upheld/Partially Upheld	%	33.33%	35.2%	46.6%	
Local resolution concerns/ informal complaints Rec	Number	6	1	18	
MP Enquiries Rec	Number	3	3	4	



For children’s services further work is being undertaken with the services and young people and parents/carers to promote increasing the number of responses, this has included the design and layout of the new posters that will now be used across CFAA services. The total contacts this quarter includes a high number of younger children receiving a seasonal flu vaccination in schools, these children are much less likely to complete a feedback questionnaire and as a result the percentage response rate which is based on number of contacts has decreased.

Of the 1557 responses, 1443 responses related to the children’s services within the division; these received 95.1% positivity score, with positive comments about staff being friendly and kind and a few suggestions for further improvement, this included 5 reviews for Phoenix House. 40 of the responses related to learning disability services and 48 to eating disorder services.

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

Children’s Physical Health Services

There was 1 formal complaint for children’s physical health services received this quarter which relates to Immunisation services (the immunisation team had over 72,000 contacts during the quarter).

970 of the 1443 patient survey responses were in relation to children’s physical health services. The 2 services with most responses were the Immunisation and Health Visiting Bracknell; the Immunisation Team received 394 of these responses which scored positively receiving a rating of 4.80 and feedback included they were kind; injection was quick, and nurses were friendly. *“Because it was very quick, and they were very kind..”* health visiting services also receive very positive feedback with positivity score of 98.94%- and 5-star rating of 4.94.

Child and Adolescent Mental Health Services (CAMHS)

For Child and Adolescent Mental Health Services there were 7 complaints received (including one each for the Key working team and Phoenix House), these were primarily in relation attitude of staff.

Campion Ward and the CAMHS rapid response service is the area with the most concerns this quarter. The two CAMHS RRT complaints related to the way staff communicated with the patients and showing a lack of compassion or understanding. There has been no patient experience survey forms completed by young people receiving the CAMHS rapid response service this quarter.

There have been 441 responses for CAMHS services received through our patient survey for this Quarter. These include 334 received from those attending our neurodiversity services (positive score 94.31% and star rating of 4.88 with lots of positive comments about staff and the experience).

Learning disability

There were no complaints received for the Community Team for People with a Learning Disability.

Overall, there were 40 responses for all Learning Disability services; responses were for the Community Teams for People with a Learning Disability, Learning Disability Inpatient Unit and Learning Disability Intensive Support Team. These received an 87.5% positive score; feedback included that staff listened, *“[name removed] was very kind, thoughtful, made sure we understood what was happening and all the implications of this. She took the time to listen to us and explain everything very clearly. She then went on to work very hard to resolve problems and get the best outcome possible for myself and my son. I will always be so grateful to her.”* there were comments for improvements including better access for wheelchair users, parking could be better, and some staff need to be more understanding of patient’s needs. The 8 responses that received with a score below 5 left comments in the free text boxes, comments included missing property and improved support with medication.

Eating disorders

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

Of the 48 feedback responses received, 37 scored a 5 with comments such as Everyone's been very kind and involved me in decision making. They've been quite proactive in the support given to me and made sure I always know what the next plan for my treatment is and have made sure I'm comfortable and supported along the way.”, *“Seen really quickly with the same psychologist before who assessed me with a great deal of empathy and expertise. She gave me options on my treatment plan and made me feel very involved in my care.”* *“I feel so grateful for the support i was given during a really difficult time in my life. [name removed] my first steps therapist was so caring and really went above and beyond for me in helping me to feel supported throughout the whole process. I can’t thank you and all your hard work enough.”* 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)

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	365	382	365	
Response rate (calculated on number contacts)	%	4.5%	4.1%	4.3%	
iWGC 5-star score	Number	4.70	4.65	4.60	
iWGC Experience score – FFT	%	93.7%	92.9%	91.7%	

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Compliments received directly by services	Number	34	25	28	
Formal Complaints Rec	Number	12	11	8	
Formal Complaints Closed	Number	10	10	8	
Formal Complaints Upheld/Partially Upheld	%	70%	60%	62.5%	
Local resolution concerns/ informal complaints Rec	Number	1	2	2	
MP Enquiries Rec	Number	0	1	0	

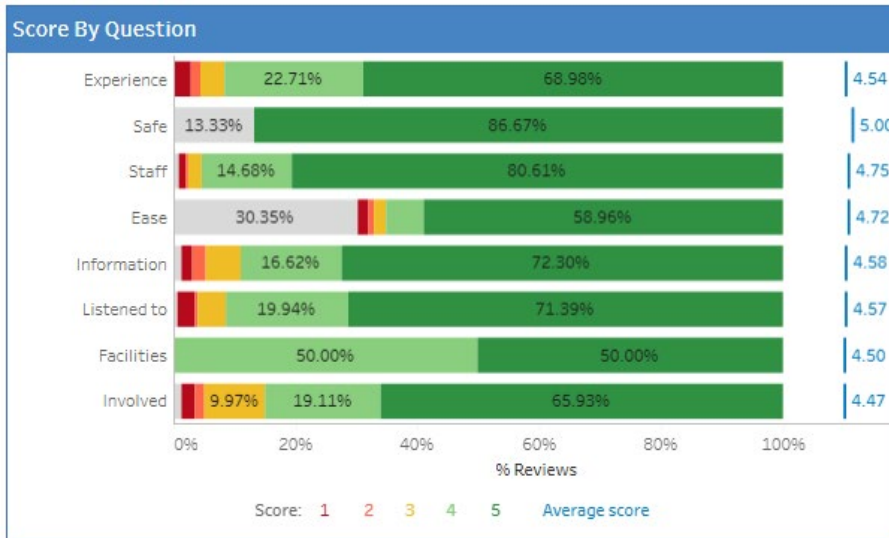


Table 3: Summary of patient experience data

8 Formal Complaints were received into the division; in addition, there were 2 informal/locally resolved complaints. 8 complaints were closed during the Quarter. 5 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 139 responses, Memory Clinic Bracknell with 35 responses and Memory Clinic - Slough with 22 responses.

Across the CRHTT East survey, the average 5-star score was 4.39 with 90.7% positive feedback, a decrease in the 5-star score and an increase in the percentage positive feedback from last Quarter. 126 of the overall number of responses received (139) scored a 4 or 5-star rating with many comments about staff being helpful, listened, professional and supportive; *“I was in a very low state of live so i reached out. I was given the utmost care immediately and they listened and understood without judging and made sure I was feeling okay again and again”* This Quarter, questions relating to feeling involved and information 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 problems with technology.

The Memory Clinic Bracknell received 100% positive score (4.97-star rating) and received positive feedback about staff being understanding, helpful, caring, and friendly. *“It was very lovely and rewarding to see the same Consultant that I saw previously. Of which I think is so lovely for continuity of care. He is very detailed, patient, thorough and caring. He outlined what the plans are and what I should expect in the future. Of which I think is very good and helpful, hence I can start thinking ahead of time. From my perspective everything was*

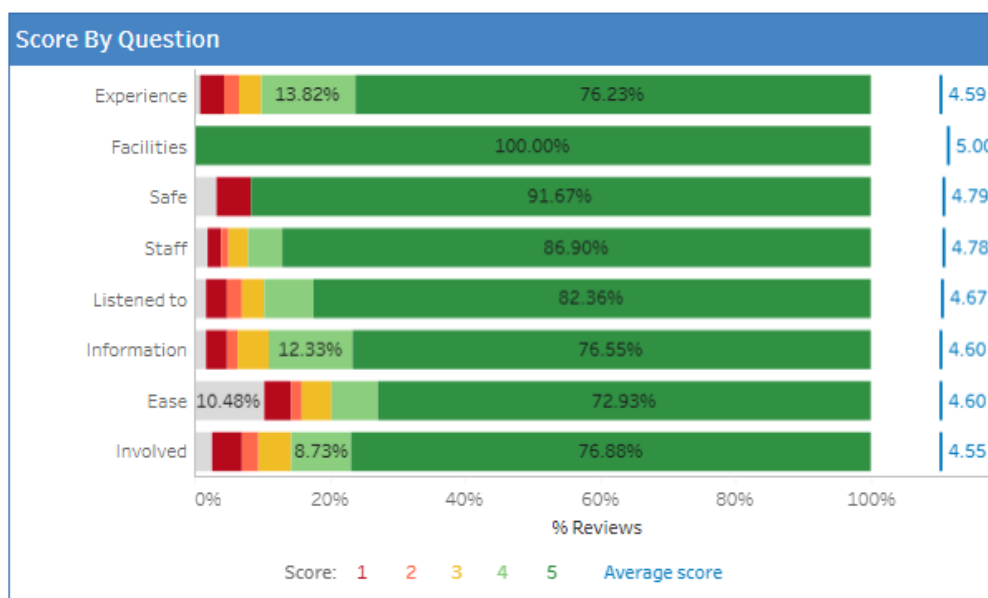
wonderful. Thanks” Memory Clinic Slough received 100% positive score with feedback comments including “It’s nice having someone who listens and knows what you’re going through. They take their time and never seem to be in a hurry, it’s nice to get feedback from them.”

CMHT received 45 responses (Bracknell 16, WAM 17 and Slough 12) with 80.0% positive score and 4.55 star with 9 of the total responses scoring less than a rating of 4; comments included “My appointment lasted 5 minutes. A new consultant. He didn’t know my support worker. He didn’t read my notes. Definitely no continuity of care. Appointments with my previous consultant were 30-60 minutes.”. There were several positive comments that staff were caring, kind, understanding and professional. Some of the suggestions for improvement included listen more. 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	1237	
Response rate (calculated on number contacts)	%	6.06%	6.01%	5.66%	
iWGC 5-star score	Number	4.51	4.62	4.63	
iWGC Experience score – FFT	%	84.8%	89.5%	90.1%	
Compliments received directly by services	Number	435	375	339	
Formal Complaints Rec	Number	12	12	5	
Formal Complaints Closed	Number	6	3	4	
Formal Complaints Upheld/Partially Upheld	%	33.32%	27.2%	75%	
Local resolution concerns/ informal complaints Rec	Number	1	1	4	
MP Enquiries Rec	Number	0	1	2	



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. Of these complaints the CMHT received 3, CRHTT received 2 and MHICS had 1. The 3 services with the most feedback through the patient

survey were Talking Therapies Step 2 with 273 responses, Talking Therapies – Step 3 with 147 responses and CRHTT West with 129 responses.

Questions relating to ease, involvement and facilities have the least number of positive responses. Examples of feedback include waiting times were long for people accessing Talking Therapies, CPE and CMHT.

For CRHTT West there was an 72.9% positivity score and 4.12-star rating (this is lower than in previous quarters of this year where the positivity score has been around 80%). There were lots of positive comments about staff listening, being helpful and kind, *“Everyone who’s come to see me has been kind, listened and been helpful. I wasn’t familiar with the process or what the outcome would be and still not clear, but I trust that the process will be helpful.”* Some of the areas for improvement included staff need to be consistent as different staff give differing advice, didn’t call when they said they would and staff to listen and understand.

The Older Adult Mental Health Service and Memory Clinic combined have received a 98.1% positivity rating (4.90-star rating) some of the feedback included *“As soon as I arrived, the receptionist was warm and welcoming and explained where I had to go. Dr [name removed] could not have been kinder and more thorough in his efforts to solve my problem. He asked a lot of questions and was sensitive to the fact that some of the questions might make me feel uncomfortable. It was very easy to speak to him and trust him and I feel confident that he will sort out the problem.”*

There were 72 responses received for West CMHT teams with 88.9% positivity score and 4.57-star rating, 64 of these were positive with comments received that staff listened and were friendly, there were 6 negative responses with reviews stating that patients felt like staff didn’t listen, patients need to be told what to expect and communication needs improvement.

Most comments were still very positive about the staff, including that they listened, were supportive and caring. Several of the comments/areas for improvement were that they would like to be seen in person, appointments were cancelled or missed by therapist. For example, *“Waited months for an assessment, assessment booked from 9am to 10am on 24/10/2024. I arrived 10-15min early for appointment waited in the virtual waiting room until. 9:13 when I called talking therapies on a land line to see what’s going on. 9:15 kicked out of waiting room. Told by lady on phone she will find out what’s happening and call me back. 9:20 get an email say I didn’t attend! And because of this my referral is closed!”*

For Talking Therapies, the overall scores were 92.48% positivity and 4.92 star rating with the more intensive pathways getting the highest scores. Many of the comments were positive about staff having listened, and that they were kind and understanding.

Examples of positive feedback about Talking Therapies included, *“The therapist I worked with took time to listen to my problems and worries and offered judgment free advice and guidance. My therapist was kind, open-minded and down to earth - they made me feel comfortable opening up during my sessions. I appreciated my therapist encouraging me to take part in a research-based task to help curb my overthinking/concerns about a certain issue I was facing. I have recommended TT to others since being discharged.”* *“I have given 5 stars for the service I received as I was able to get a face-to-face appointment with a therapist which provided me with a safe and private space that I was able to really open up to my therapist.”* and *“[name removed] was my therapist, who has been absolutely amazing, she has given me the techniques to be able to handle everyday situations and I implement as and when I need to. She was very caring and supportive, listened to everything very carefully. And I’m very pleased with the progress I’ve made.”* Patients reported that they felt *“My counsellor was very in tune with my needs and very caring. Felt very comfortable opening up. I feel she has helped me a great deal for that I am very grateful. She is a happy very positive person and more importantly, wants to help.”*

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.

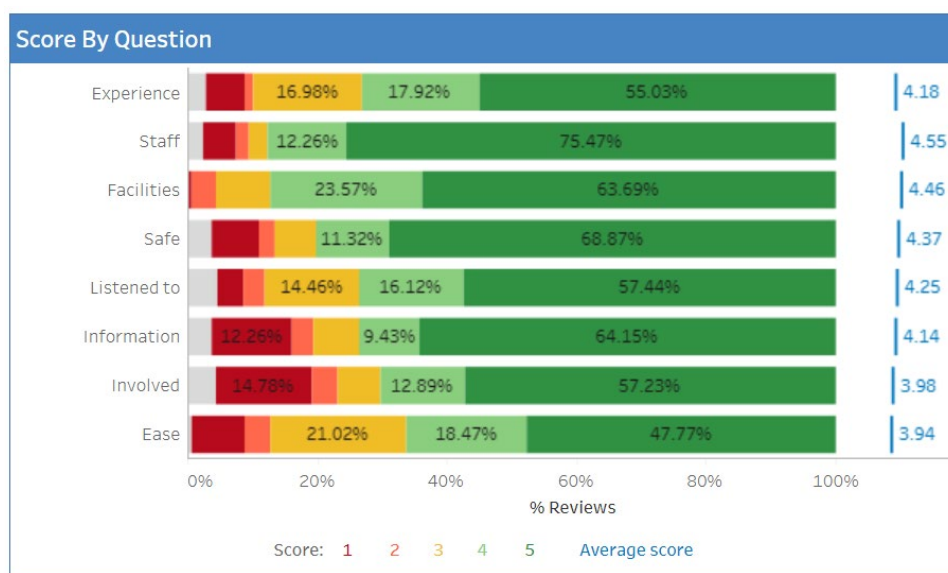
Op COURAGE received 64 responses during the Quarter, their patient survey responses gave a positivity score of 85.9% (4.59-star rating), 5 of the reviews scored less than 4.

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	318	
Response rate	%	111.3%	180.7%	163.1%	
iWGC 5-star score	Number	4.07	4.17	4.24	
iWGC Experience score – FFT	%	71.7%	73%	73%	
Compliments	Number	12	20	19	
Formal Complaints Rec	Number	11	11	9	
Formal Complaints Closed	Number	8	11	12	
Formal Complaints Upheld/Partially upheld	%	37.5%	63.6%	33.3%	
Local resolution concerns/ informal complaints Rec	Number	1	0	2	
MP Enquiries Rec	Number	1	0	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 an increase in the number of IWGC responses received. The Activity Coordinators 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 163.1% due to patients in mental health wards completing more than one survey during their stay.

The satisfaction rate was 73% with 77 of the 318 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 3.94 and

52 of the 157 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 information and feeling involved in terms of needs also received lower scores with some comments relating to staff needing to listen to their needs, wish to be discharged sooner and would like more activities. Some of the wards are currently participating in a national 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 9 Formal Complaints received for mental health inpatient wards during the quarter across all wards. They were regarding Individual care and treatment and discharge planning/arrangements.

There were 12 Formal Complaints closed during the quarter and of these 4 were partially upheld and 8 found to be not upheld.

There were many positive comments received in the feedback including comments such as staff were friendly, caring, understanding and helpful. There were some comments for improvement about more information, better communication, and better food. Examples of the feedback left are *“Seen so many improvements staff happy greeting and saying good morningmeetings are so, so good everybody’s input staff and patients feedback to improve the rose ward and make a difference now recognising staff and their names I’m in a much better place and that is down to you all as professionals”* *“Hygiene standard extremely good- cleaners constantly working round all the areas. Food was excellent too. Everything hot and well-cooked. Pamper and relaxation classes were excellent- people falling asleep is a good indicator of how well the class went! Other activities were also good.”* *“The consultant is good. She cares about her patients and listens. The staff are friendly and do all their checks properly.”*

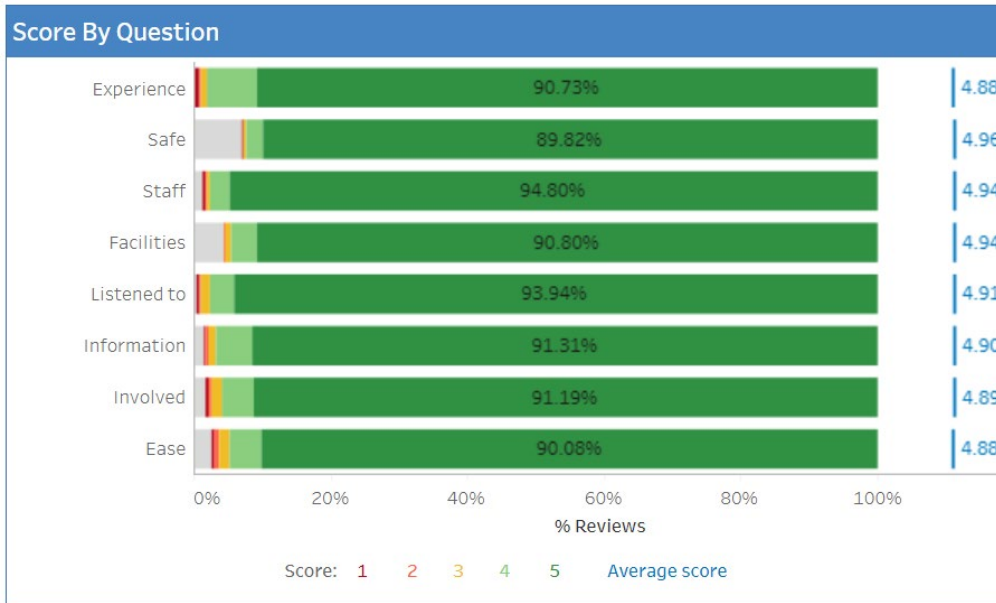
In addition to the feedback about the wards, there were 26 responses for a Place of Safety and the average score was 4.76. Some comments received were *“Because I was kept safe at all times. Also was listened to very much. Staff always met my needs and integrated to getting clean. Cleanliness it was 100% clean!”*, *“Because you have a worker called [name removed] and he made me feel I am someone and wealth, and that goodness brings goodness.”* And *“The team working here is wonderful. I appreciate it. They are welcoming kind and very caring. Lovely!”*

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	2405	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.4%	7.1%	7.2%	
iWGC 5-star score	Number	4.89	4.89	4.91	
iWGC Experience score – FFT	%	97.6%	97.8%	97.9%	
Compliments received directly into the service	Number	382	136	245	
Formal Complaints Rec	Number	4	2	4	
Formal Complaints Closed	Number	5	1	3	
Formal Complaints Upheld/Partially Upheld	%	100%	0%	100%	
Local resolution concerns/ informal complaints Rec	Number	3	9	7	
MP Enquiries Rec	Number	0	0	0	



The 4 Formal Complaints received this quarter all related to different services. It should be noted that the division receives very few formal complaints but those received are generally upheld/ partially upheld.

The Hearing and Balance Service received 145 responses to the patient experience survey with a 96.6% positive score and 4.87-star rating.

East Community Nursing/Community Matrons received 509 patient survey responses with a 99.8% positive scoring, many comments were about staff being kind and professional, for example *“Nurses were very kind and professional with good communication skills, explained what they were doing, listened to me and answered my questions.”*, *“Always attentive to my mother’s needs, completely professional and always informative with regards to the care needed for my mother’s wounds. Treating her with the utmost respect. Added bonus of speaking her language so she is aware of what’s going on.”*, *“The district nursing team have looked after me on and off for years. They are very good and kind. They used to look after my catheter. They are looking after me for a wound now. I always feel reassured and confident under their care.”* There were also some comments around wanting a time slot for the appointment for example *“Perhaps some indication of the time of arrival would be appreciated.”*

The wards received 94 feedback responses (43 responses for Jubilee ward 100% positive score and 50 responses for Henry Tudor ward with a 96% positive score). Positive comments were received in relation to food, kindness of staff and everyone having time to listen and being treated with dignity. Only 2 of the responses scored less than 4, comments for improvement related to staffing, equipment, and improved menu for those on a restricted diet.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 97.8% (4.91-stars), comments were very complimentary about staff being professional and helpful, *“All staff were extremely helpful and friendly. I was seen promptly at my appointment time. My physiotherapist, [name removed], was exceptionally helpful in explaining how to proceed with strengthening exercises which has resulted in my conditions improvement. Thankyou to the whole department for their professional help..”* The reoccurring improvement suggestion for this Quarter was for more parking.

Outpatient services within the locality received a positivity score of 98.4% with 4.91 stars from the 633 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *“All the nurses that visited me in my home were fantastic they put*

me at ease they explained everything they had to do, they collect medication for me that they had requested after taking a sample, they also had a red flag situation with me that they handle carefully and gave me full instructions of what would happen. I cannot recommend this service highly enough”

The Diabetes Service received 78 feedback responses with 100% positivity and some lovely comments including “[name removed] and the wider team have been fantastic with me since day 1. You really feel like you are being spoken to as a person and they really do care for you. Although I was ineligible for an insulin pump, the team really understood the mental toll multiple daily injections was having on me - they were advocates and fought for the approval and I am so grateful. My quality of life, and my head space has dramatically improved over the last few months and that is all down to the Diabetes Team at King Edward.” Alongside some helpful suggestions for the service to consider around the rooms being cold “Make sure some heating is available. Too cold in room..”

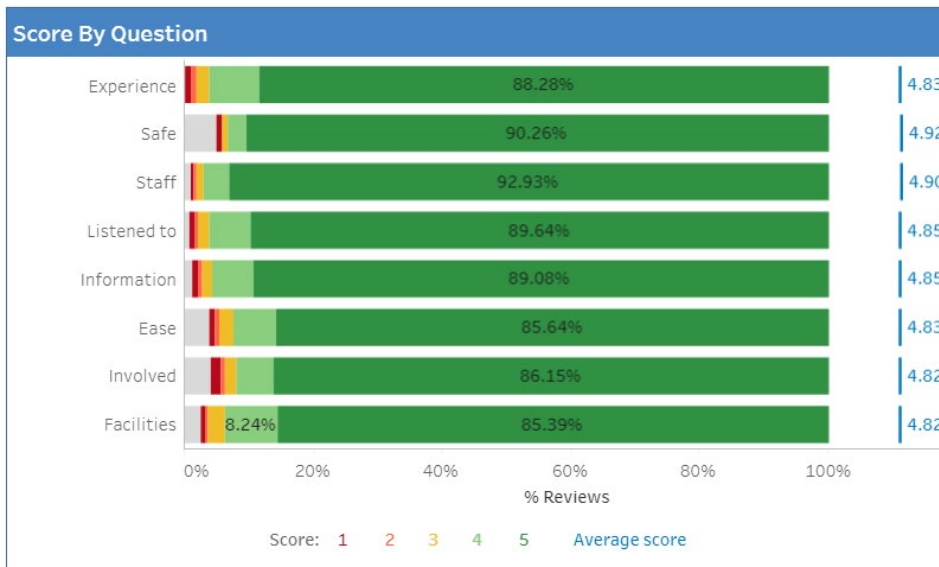
The Assessment and Rehabilitation Centre (ARC) also received positive feedback including “It was an extremely and thoroughly professional experience. Excellent, friendly, and helpful people, i.e. Physio Therapist, Nurse, and Doctor. I am so glad I was referred to them and as a result will hopefully improve my problems.”

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	4029	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	5.9%	5.9%	7.1%	
iWGC 5-star score	Number	4.83	4.84	4.85	
iWGC Experience score - FFT	%	96.4%	96.3%	96.1%	
Compliments (received directly into service)	Number	260	95	149	
Formal Complaints Rec	Number	12	10	11	
Formal Complaints Closed	Number	6	10	3	
Formal Complaints Upheld/Partially Upheld	%	83.3%	70%	75%	
Local resolution concerns/ informal complaints Rec	Number	16	23	22	
MP Enquiries Rec	Number	1	0	0	



Community Health West saw a significant increase in responses this Quarter. The Patient Experience team held a Rapid Improvement Event (RIE) in May which included staff from Community Health 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 96.1% positive satisfaction and 4.85-star rating and the question on staff receiving a 96.9% positive scoring from the 4029 responses received.

There were 11 Formal Complaints received compared to 10 in Q2, these were split across several different services.

The community hospital wards have received 172 responses through the patient survey receiving an 94.2% positive score and 4.64-star rating, (9 responses scored 3 and below) questions around listened to and feeling involved receive the most results of 3 and below. Comments include *“To The Manager Oakwood Ward I would just like to express my gratitude and appreciation for the care, encouragement and professional treatment that I have received from all the team without exception. Especially [name removed] (Advanced Nurse Practitioner) whose calm reassurance and experience, knowledge looked after me during my treatment. [name removed] (staff nurse) day to day care, dressing my leg and being available for help and support, [name removed] (HCA) again all of the above with lovely attitude and totally willing and approachable. The welcoming atmosphere at Oakwood puts the patients at ease and most certainly help recovery also not forgetting [name removed] (physio) for his perseverance. I would totally recommend. Yours with thanks,”* *“I have been looked after extremely well. Staff have taken time with me and patience. They are remarkable human beings. They should be looked after as well as I have been looked after. Food has been lovely.,”* *“All of your staff were absolutely lovely and made me feel welcome. Having had an accident, could not have hoped to come to a better place. Thank you all so much, you are a credit to your profession. Also, given that this is a hospital and not a hotel, found the food perfectly acceptable.”* And *“Kind, friendly staff. I have been looked after with a lot of kindness, which is lovely. I would like to thank [name removed] who has helped me to get back on my feet and he talks to me and makes me laugh, good lad he is.”* there were some individual comments where patients were less satisfied with noise on the wards, long wait for help after ringing the bell, wanted to go for walks and more staff. Comments for reviews with responses that scored below 4 included food needed improvement, wanted more exercise, felt their needs were not understood or listened to, do not wish to be asked what they want as they feel their notes should say what they need, felt medication errors were covered up, response to bell is slow and lack of privacy. There was 1 review which received a score of 1.

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 354 responses through the iWGC questionnaire this Quarter (88.7% positive score, 4.70-star rating, 39 scores received below 4. Positive comments included *"I was very grateful to be seen on Boxing Day. Although the unit was very busy, all the staff were so pleasant and helpful that the wait to be seen was well worth it. The doctor was very knowledgeable and helpful, listened very patiently and I will act on her advice as soon as possible. So grateful to have a face to face examination and even leave with the medication needed."* *"[name removed] was really kind and knowledgeable. She gave me enough time to explain my problems and was kind enough to help me understand what was going on. Her prescription helped me a lot and I am feeling much better now."* *"I spoke to a lovely lady at 111 who arranged for me to go to West Berks hospital pm on Saturday. The receptionists were just as lovely and treated me with a smile and were very helpful. When I went in to see the nurses they were just as friendly and helpful and very thorough. I came out of there with some antibiotics feeling very lucky that we have such a great NHS! I couldn't fault anyone or anything that happened on Saturday, they were all great!"*

The Podiatry Service received 195 patient survey responses. Most responses were very positive receiving 5 stars (overall 97.4% positivity 4.85-star rating) with examples including *"I use this service often and the team know my needs and are very attentive to ensure that I am safe and well looked after. They take me on time and deal with me efficiently. And consider any changes that might need a change in Care. I get Rolls-Royce treatment. I am very happy with the service. The team are all personable and caring what more can one ask for. Merry Christmas."* *"Really accessible clinic for me, super fast referral as well! Seen on time for appointment. Clinic clean and tidy. Nurse was really friendly and welcoming, listened fully, offered really good advice. Treated my problem and gave follow-up advice. She was knowledgeable and professional but showed her wonderful personality and gave a personalised and down to earth manner. Really impressed."* and *"During my recent visit to the podiatrist, I was treated with exceptional professionalism by an experienced specialist. The podiatrist conducted a thorough assessment, explained the diagnosis clearly, and provided tailored treatment. Their friendly demeanour and expertise immediately put me at ease. The treatment was effective and pain-free, leaving my feet healthier and more comfortable. I also received valuable aftercare advice to maintain long-term foot health. This experience exceeded my expectations, and I highly recommend their services for anyone seeking expert podiatry care.."*

There were no Formal Complaints for the Community Nursing Service.

To provide some context across our East and West District Nursing teams combined there were 16,846 unique patients this Quarter. Lots of comments included nurses were kind, helpful, and friendly, *"the nurses who visit us are so kind and always friendly, [name removed] came today and was a breath of fresh air helping [name removed] with her catheter and wound It was so good that she called me before she came so I could get [name removed] ready for her visit"*, *"I have leg ulcers. The nurses have helped one to heal and the other one is close to healing. The nurses have been very helpful and tell me a lot about how I can help myself to keep the leg ulcers away. I am so happy with the care I am receiving."* and *"Excellent, full of praises for all the staff who looks after me, there is great continuity of care. Every staff is friendly, respectful to me, caring and patient, all team work together to handover my care."* 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 nurses to stay longer.

MSK Physio has received 1 Formal Complaint in the Quarter. The service has received 762 patient survey responses with a 96.1% positive score (4.88 -star rating), very few areas for improvement were included in the feedback there were a few suggestions including parking, the cubicles were too noisy, 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.

Bladder and Bowel (continence) services received 109 survey responses with 98.2% positivity and 4.89 star rating, with comments about sensitive and kind approach.

Demographic profile of people providing feedback

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q3 attendances
Asian/Asian British	6.25%	8.00%	10.16%
Black/Black British	1.56%	2.50%	3.54%
Mixed	6.25%	2.10%	3.29%
Not stated	9.38%	14.40%	7.44%
Other Ethnic Group	3.13%	4.20%	2.07%
White	73.44%	68.80%	73.59%

The table above indicates that Asian/Asian British and Black/Black British are less likely to complain and give feedback through the patient survey. Those identifying as white and of mixed race are also less likely to provide feedback via our survey; although it is recognised that we have a high rate of patients who do not complete the ethnicity section of the feedback survey (14%). 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 patients.

The Patient Experience Team will be working with the EDI Team to ask for the experiences of people in the CommUNITY forum in terms of what encourages or discourages giving their feedback.

Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q3 attendances
Female	45.16%	44.90%	55.13%
Male	50.00%	32.20%	44.86%
Non-binary/ other	0%	2.40%	0%
Not stated	5%	20.50%	0.00%

This shows that whilst we saw less men, there were comparatively more formal complaints received from them; we are still more likely to hear the voice of the patient through the patient survey if they are female.

As we start to look into the data further, we are starting to see if there are any themes or areas of note by looking at the outcome of complaints by characteristic. To start, we have looked at this information for complaints by gender. The data shows us that:

Table 9A: Gender by outcome code

Gender – as stated	Outcome			Grand Total
	Not Upheld	Partially Upheld	Upheld	
Female	54.55%	45.45%	0.00%	100.00%
Male	75.00%	12.50%	12.50%	100.00%
Grand Total	66.67%	25.93%	7.41%	100.00%

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q3 attendances
0 to 4	0.00%	10.30%	6.91%
5 to 9	1.61%		1.86%
10 to 14	6.45%		3.47%
15 to 19	6.45%		4.56%
20 to 24	3.23%	4.90%	3.28%
25 to 29	9.68%	5.90%	3.50%
30 to 34	11.29%		3.33%
35 to 39	3.23%		4.08%
40 to 44	3.23%	7.30%	3.64%
45 to 49	1.61%	11.50%	3.77%
50 to 54	9.68%		4.08%
55 to 59	4.84%		4.91%
60 to 64	11.29%		5.29%
65 to 69	3.23%	13.70%	4.95%
70 to 74	3.23%	15.20%	6.21%
75 to 79	5%		8.39%
80 to 84	4.84%		9.79%
85 +	4.84%	12.80%	17.99%
Not known	6.45%	18.50%	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. The Patient Experience Team have been supporting the Immunisation service to collect paper feedback at the clinics they hold in schools, which is showing as an increase in school age patient survey feedback.

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

Ongoing improvement

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

All services have access to a tableau dashboard detailing response to our patient survey including free text comments and this is refreshed daily to enable live data to be used by services alongside improvement work being undertaken. 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
Berkshire Eating Disorders (BEDS) Adult Service	Patients reported that they wanted Information being included in groups on newer weight loss products.	We cannot currently give general advice on weight loss products like injections – but we can give advice on a case-by-case basis.
CAMHS Specialist Community Teams [East]	Young people have said that clinic space is not very friendly or comfortable when coming for appointments.	We have recorded a video of our site so that people know in advance about the physical layout of the service and are working with young people to get their feedback on the physical environment.
	Young people would like to know more about the clinician they are seeing.	We have developed a biography for all our clinicians with their picture.
	There are no tissues in clinic rooms or sanitary products in the toilet.	These are now available.
Family Safeguarding	Requests for more mindfulness practice and mindfulness resources.	<p>We are offering a 'coffee and cake' morning to support face to face connection in between online therapy groups,</p> <p>We also responded to stakeholder requests for increased Motivational Interviewing training including training for foster care services.</p>

Service	You said	We did
Talking Therapies	There are long wait times for assessment and Step 2 treatments.	Our waiting times for an assessment are currently longer than we would like; however, we are looking at ways to reduce this. This includes a new cohort of staff starting in February, who will soon be supporting with these. We have done a lot of work around monitoring the flow and waits for our Step 2 treatments and waits are currently much improved. We have also been doing a lot of work around reducing our wait times for patients who require an interpreter for treatment and now have a whole new system in place to ensure these patients are not waiting any longer than others for their treatment.
	Requests for Face-to-Face 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. We are always reviewing our offerings and ensuring we keep a certain amount of clinical space available to offer face-to-face sessions where this is required.
	Concerns About Eligibility and Accessibility.	Clients felt concerned that they would open up to a therapist, only to find out they are not eligible for treatment in Talking Therapies. While an assessment to determine suitability is a necessary and helpful tool, we have also clarified our inclusion/exclusion criteria to help signpost clients at the front door, rather than getting into therapy only to later find out that another service is more suitable.
	Communication and Transparency Issues.	Clients reported that they were not given information about the type of therapy they would be receiving or how many sessions they would have. We have now provided in-house training on how to ensure clear communication during the step 3 assessment regarding which therapy will be offered and for how long. Additionally, we will be creating a verbal patient agreement, accompanied by an information leaflet for patients to read. We are also exploring digital methods of sending information about therapy types to clients while they are on the waitlist, ensuring that clients are awaiting the therapy they expect to receive.
Musculoskeletal Community Specialist Service (MSK CSS)	Improve the signage and patient information about how to get to Wokingham Clinic.	This is being done.

Service	You said	We did
Sexual Health Service	Patients have reported the website is confusing to navigate.	We are currently reviewing the website to see what improvements can be made.
Speech and Language Therapy Service	Patient have asked the service to speed up how quickly our reports are sent to GPs.	Reports for dysphagia now sent the same or next day, and communication reports within 2 weeks.
Respiratory Service	Patients have asked for a better venue than one of the sites used which can feel cold.	We are looking for an alternative Reading venue. The temperature is checked each session and heaters used accordingly.
Musculoskeletal Service	Patients have reported they are not happy with the information given, and it can sometimes feel rushed.	The service has reviewed shared decision-making strategies with the team and supervision with opportunities for case discussion.
	Unhappy about the waiting times for appointments.	The team are introducing Saturday and additional clinics to help address longer waits.
Westcall	More space and privacy and an option to go somewhere darker if needed while waiting	We have introduced the use of a pager system to enable patients to move away from the department waiting room
Minor Injury Unit	It is an excellent service but would be better having x-ray available at weekends and evenings	We have worked with the Royal Berkshire Hospital who run the x-ray department to extend the hours and now have x-ray 9am-5pm at weekends
Community Based Neuro Rehab team	The test message reminders for appointments were confusing	We are looking at the functionality of text reminders to see how we can make them more suitable
Intermediate Care	Timing of calls are not always when the patient would like to be seen	Staff will contact patients and plan to ensure timings work for individual patients
Phlebotomy	The monitor is too far away for patients being alerted to their turn	We have increased the print on the screen and are looking to get a larger screen/ placing in a better position.

15 Steps

There have been ten '15 Steps' visits during Quarter three. 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 Three 2024/25

ID	Geo Locality	Service	Description	Outcome code	Outcome	Subjects
9674	Wokingham	CMHT/Care Pathways	Care and treatment provided to the pt following several discharges from inpt stays at PPH and Cardinal Clinic. Complainant wishes to know how many calls had been made from the pt from Jan to March, believes this should have been an indication as to how unwell they were.	Not Upheld	<p>There was evidence of regular follow up's communication and support did take place. The records also show that a lot of professional discussions took place around the patient to try and find suitable treatment options.</p> <p>The patient was seen more frequently via video consultation that in person as this was their preference.</p>	Care and Treatment
9582	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Patient raising concerns that the lack of care from the CMHT has impacted his quality of life. He raises that letters are not sent to him following appointments, questions why his treatment fell apart and has questions in relation to his diagnosis and onward referrals		<p>It was found that the consultant had not corresponded with the counselling services as this is not part of usual process. A second opinion was offered due to the patients unhappiness with his clinician and current diagnosis.</p> <p>It was also agreed that a referral would be made for EMDR treatment.</p> <p>Feedback was taken on board about the outside placement provider and this will be feedback to them although they are not being used by the Trust anymore.</p>	Care and Treatment

9695	Reading	Adult Acute Admissions - Rose Ward	CQC concerns. Autistic pt unhappy there was no spiritual support. Report was shared with a social worker. Blankets withheld and sedation given. All medication stopped from private psychiatrist without weaning them off dating back to Feb 24.	Not Upheld	<p>The patient was only ever given medication by injection to calm them down during a period of prolonged distress.</p> <p>Records show they were provided with food and water whilst in seclusion.</p> <p>There is no evidence the patient asked for spiritual support.</p> <p>The medication prescribed privately were the cause of her manic episodes hence it was clinically appropriate to stop the antidepressants and start alternative medication immediately.</p>	Care and Treatment
9752	Reading	Admin teams and office based staff	Due to inaccuracies in letters and records family wish to know the patient's status. What is happening with GDPR breach where correspondence was sent to an incorrect email address with patient identifiable information within. General inaccuracies made by admin staff	Partially Upheld	<p>There was an error on the original section paperwork however, this was amended and replaced on the notes once identified. The team have been reminded to check letters before sending to ensure accuracy.</p> <p>in the time period between when the Urgent Authorisation had lapsed and the Standard Authorisation was granted the record keeping was poor and this will be reviewed as part of learning from this complaint.</p> <p>An email was sent to an incorrect email address however, it bounced back so there was not breach of confidentiality.</p>	Communication

9620	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Concerns raised in relation to a letter that was shared with the patients GP, which he would like removed from the records. There are also multiple concerns in relation to clinicians involved in the care including an assessment taking place without his knowledge	Not Upheld	It was found that it was communication with the patient clearly and consistently indicate the limits of the therapeutic offer from the service. The patient was also told that his GP would be updated about his care.	Communication
9730	Reading	CAMHS - Rapid Response	Unhappy with the assessment process from RRT in the RBH	Not Upheld	Having reviewed all the documents and the chronology of the events that took place, the IO is of the opinion that CAMHS RRT Clinician assessment and recommendation were appropriate for the nature crisis and difficulties KB were facing at the time.	Care and Treatment

9689	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	<p>Some elements of the response were felt to be confusing and conflicting with fact. Complainant wishes to go to the PHSO and seek financial compensation.</p> <p>ORIGINAL COMPLAINT BELOW</p> <p>Pt in Crisis unable to access help as front line crisis team kept stating they were under CMHT (recently accepted referral so not seen yet). Complainant feels pt should never have been discharged from CMHT due to diagnosis. Complainant wishes all the calls to be listened to so all the mismanagement can be noted. Why did the team that they had been told were there to help deny help?</p>	Partially Upheld	<p>As well as reflecting this learning with the team, an in-house triage skills role-in training is now being designed for all our staff, especially our duty team, to ensure that this practice does not happen again. Additionally, all our triage staff have been reminded to discuss cases with their allocated supervisor on duty before making decisions similar to the one made in this case.</p> <p>This case has been reflected to the team and will form part of our monthly internal learning events within the service. It is hoped that our clinicians will learn from this and ensure that our other service users don't have a similar experience in future.</p> <p>A checking system will be put in place. This will be in the form of a handover process where every shift Lead routinely checks for missed messages throughout their shift (20-30mins intervals) and will ensure that messages have been cleared/attended to before handover to the next shift Lead.</p>	Access to Services
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9736	Reading	Out of Hours GP Services	PT told to go to W/C by nurse despite presentation at triage. Complainant wonders if the fact they are Black has anything to do with why they were sent there.	Partially Upheld	Given the patients oxygen saturation they should have remained in the Emergency Department and not signposted to Westcall. The member of staff will undertake supervised practice following this. Observations were not undertaken when the patient arrived as staff were dealing with an urgent incident however, the patient only waited 28 minutes before being seen. A review of this case will take place with the whole service and the importance of prompt observations taking place will be reiterated.	Attitude of Staff
9513	Reading	Adult Acute Admissions - Daisy Ward	Via CQC - concerns over property search not taking place in front of the pt. Generally not happy with the way the ward is run, blades and drugs allegedly being bought in, staff allegedly smoking despite smoke free hospital.	Not Upheld	Patient withdrew complaint	Care and Treatment
9675	Slough	CAMHS General	Family feel there is a lack of help and support to the pt and the carer. Following 16 A&E visits over the summer holidays, they were offered an assessment and then told 24-27 months wait.	Upheld	There was a delay in support in an assessment taking place and the service have developed learning as a result of this. There is a long wait for ADHD services for all patients due to increased demand and details of what support is available.	Care and Treatment
9801	Reading	CAMHS - Rapid Response	Attitude of staff member who spoke with YP in A&E, total lack of compassion	Not Upheld	Does not want formal response. Service keeping in touch	Attitude of Staff

9753	Reading	Mental Health Integrated Community Service	Pt wishes acknowledgement of harm caused, immediate action to rectify the misrepresentation in Trust communication to the council and for the service to advocate with the council for them to reconsider the pts housing application ORIGINAL COMPLAINT BELOW Pt with PTSD diagnosis unhappy at the lack of follow up appts and the sharing of incorrect info to the LA	Upheld	There was a delay in following up with agreed care plans information included within documents was unclear and included the wrong names	Communication
9757	Reading	Adult Acute Admissions - Snowdrop Ward	poor communication on the ward, families not listened to. Promises made and not fulfilled. Went from Sec2 to 3 without communication, discharged with no care plan and CC as promised and now pt is showing strong signs of relapsing	Not Upheld	No consent given	Discharge Arrangements

9696	Reading	Adult Acute Admissions - Rose Ward	family unhappy with the communication from PPH to them, property is missing. Family felt it was important to write to the Trust giving their concerns regarding the pt's young family before the Tribunal hearing. Now the complainants feel distraught their concerns were not read and they feel following discharge the pt is exhibiting negative behaviour to their child and they feel they will need sectioning again. They do not want the pt to end up in PPH again	Upheld	In this instance, there was information provided by the complainant that was recorded as part of the social circumstances report required for the tribunal hearing. These reports are shared with the patient however, it was acknowledged that consideration should have been given to the complainants request for the information you provided to not be shared with the patient.	Communication
9707	Reading	Adult Acute Admissions - Rose Ward	DECEASED PT - family angry they were not informed the pt had been transferred to the RBH and thus state time was stolen from them through PPH's neglect to stick to basic protocol. Concerns also about Lithium Toxicity.	Partially Upheld	It was accepted that there should have been more communication with the family around the patients transfer and that the deterioration mentioned in the complaint happened after the transfer, not before.	Communication
9756	West Berks	Continence	Continence pads rip, inside and out, don't fit waist having a huge sag in the crotch, leak onto clothes	Not Upheld	Local resolution	Support Needs (Including Equipment, Benefits, Social Care)

9706	Reading	CAMHS - ADHD	waiting times for ADHD pathway, concerns by the GP of medication being taken from Turkey. Family wish YP to be moved up the wait list as also suffering from vomiting bouts	Partially Upheld	<p>CPE requested information from the GP in relation to the patients previous diagnosis in another country. When this was not received the patient was discharged. apologies were made as the CPE team did not contact the complainant earlier to advise that the report from Egypt had not been received.</p> <p>The patient was placed back on the list at the same place he was so there has been no impact on when he will receive care. He is expected to wait 6 months earlier than expected due to the service prioritising them.</p> <p>The patient is receiving an ADHD medication prescribed from a doctor in another country. One of these is an anti-psychotic and both medications he has been prescribed have side effects of sickness, which the patient is experiencing. The response was clear these medications will not be offered if they are assessed to have ADHD in the UK.</p>	Waiting Times for Treatment
9749	Reading	Adult Acute Admissions - Daisy Ward	Complainant raising concerns about the pt's assessment and subsequent sectioning	Not Upheld	CQC advised that this needs to be taken to the PHSO	Care and Treatment
9733	Reading	Older Adults Inpatient Service - Orchid ward	DECEASED PT: Pt with scissors on the PPH ward went to RBH for dialysis and used the scissors to cut their central line. Complainant needs MH support but has been discharged from Crisis and they feel this is wrong	Not Upheld	<p>The Trust are unable to investigate due to the ongoing Police investigation taking place.</p> <p>The investigation found mental health services did try to engage with the complainant however, they cancelled their appointment.</p>	Other

9764	West Berks	Site Services	Driver received a ticket after emergency visit to MIU on 4 October 2024	Not Upheld	The car park is pay on exit to allow patients to pay after they have received treatment. There was found to be adequate signage outlining this and therefore the fine remained in place	Other
9745	Reading	Learning Disability Service Inpatients - Campion Unit - Ward	Enquirer concerned about patient welfare and safety on the ward	Not Upheld	Not pursued	Attitude of Staff
9665	Bracknell	CMHT/Care Pathways	Staff member contacted by telephone and stated they had been told by the panel the support they believed they could offer wasn't suitable. Dismissive attitude and no further support offered. Staff member wrote a summary of the communication which was sent to their GP. No consent had been sought to do this and the report/letter was factually incorrect. Feels this is a DPA issue	Partially Upheld	We accept that we should have asked the patient prior to sending this letter and that our Privacy Notice could be more widely. A reminder has been given to clinicians to ensure they are making their patients aware of this. There was information recorded in relation to the patients abuse on the record but this is relevant clinical information.	Attitude of Staff
9658	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Complainant concerned about patient on the ward, not enough checks for medication as pt was nearly given the wrong meds. Staff constantly on their phones when escorting pts on leave	Not Upheld	No consent given	Care and Treatment

9703	West Berks	Site Services	<p>Unhappy with the response, raising additional points regarding taking the blue badge to reception, and why we even have mother and toddler spaces</p> <p>ORIGINAL COMPLAINT</p> <p>Unhappy with parking arrangements at WBCH. Does not think disabled bays should be used by mother/toddler as well</p>	Not Upheld	<p>The parent and child parking spaces were put in following a complaint that there were none of these spaces on the site. So as not to spend lots of money repainting the lines in the car park some disabled spaces were converted. An audit was carried out on the car park and at no time were all of the disabled spaces in use</p>	Communication
9660	Reading	CAMHS General	<p>Felt that clinicians cannot make decisions as always need to refer to the psychiatrist despite the pt not having seen one yet. Reluctant for medication due to cardiology concerns who have not been contacted yet. wishes to know why the YP is complex, why an autism course for Mum has been suggested. need assistance with funding application</p>	Partially Upheld	<p>Medication is not deemed appropriate for this patient so their has been no need to reach out to their cardiologist to check if medication would be safe to provide.</p> <p>The term 'fix' was used by a member of staff but this was immediately retracted and apologised for.</p> <p>The fund is unable to part fund theraplay as this is outside of the remit of the what they are commissioned to provide and was being explored prior to CAMHS involvement.</p>	Care and Treatment

9482	Wokingham	Integrated Pain and Spinal Service - IPASS	Unhappy with recent IPASS assessment. Felt the assessment focused on neurological reflex and sensory tests and inference that pt's MH would be prioritised over physical wellbeing. Feels pt's neurodiversity means healthcare professionals look to MH before and over physical health. Complainant feels the pt has been misdiagnosed with Bipolar disorder and wants this and all other MH conditions removed from the pt's records	Not Upheld	The patient has been referred to another area to receive an assessment independent from the team complained about. No elements relating to the Physio service were upheld	Care and Treatment
9656	Slough	CMHT/Care Pathways	Unhappy that they are being discharged from services. Feel they do not fit into the new treatment pathways, and as they are only on the early stages of recovery they feel this discharge to be detrimental to their MH. Wish to understand how pts are discharged from services	Partially Upheld	An administrator, in reposing to a question from the patient, told them a discussion was due to take place around referring them back to their GP. It was accepted that this was not best practice but a meeting was arranged to discuss next steps.	Discharge Arrangements
9678	Wokingham	CAMHS - AAT	Family feel child has Autistic traits but the Dr disagrees and appears not to entertain the idea, they also will not discuss it. family wish to see a different consultant	Referred to other organisation	Not for us to answer	Attitude of Staff

9477	Reading	CAMHS General	The complaint relates to the actions and inactions of the keyworking team in relation to daughter. This includes: - Failure to support patient and family - Team enforcing their views outside of the agreed actions - Errors in reports and actions - Failure to advise family of apparent concerns - Failure to provide evidence to support actions - Conflating evidence during meetings	Not Upheld		Communication
9690	West Berks	CMHT/Care Pathways	Therapist crossed ethical boundaries being far too personal with the pt causing great distress	Serious Untoward Incident Investigation	Moved to a different investigation process	Attitude of Staff
9627	Reading	Other	Pt claims to being hurt by male staff 5 years ago (2018), restrained and given medication under force	Not Upheld	The patient did not have a en-suite but did have access to a bathroom. It was found that a lot of care was provided in the community and that the administration of medication under restraint was done so in line with policy.	Care and Treatment
9645	Reading	CMHT/Care Pathways	Pt non compliant with medication leading to personal neglect and not eating. Issues with the place they live	Not Upheld	No consent given	Care and Treatment
9677	West Berks	CAMHS General	Care and treatment from services. Concerns raised by Senco Medical Tuition	Not Upheld	Local resolution direct with parent	Care and Treatment

9609	Reading	CMHT/Care Pathways	Complainant feels the service are not supporting the pt following recent cries for help	Upheld	The investigation found that the patient has been prematurely discharged back to the care of their GP. This was due to a lack of due process being followed by their care coordinator. It was also found that the patient did not have the proper safety plans in place and was not given information about how to get back in touch with the service should their mental health worsen in the community. The cc involved will have to undergo training and have their cases reviewed to ensure patient safety	Access to Services
9661	Reading	Common Point of Entry	unhappy with the way the MHP spoke to them, felt judged by the way they sound as opposed to their actual gender. asked to relive traumatic memories, left to feel distressed. 6 points raised, does not wish to see the same clinician going forward	Partially Upheld	The clinician did not verify the patients identity upon answering the phone and did not fully explore the patients suicidality or heart palpitations. When the call cut out they also did not call the patient back. This has been discussed with the clinician involved for learning and further support will be offered.	Attitude of Staff
9679	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Pt received a call from CRHTT (male clinician), which they described as "extremely forceful" and difficult. They said the conversation was not supportive and they felt very upset by the manner in which they was spoken to during the call, so asked to speak to someone else. They was passed onto a female clinician and said that it was better.	Not Upheld	Local resolution sought	Attitude of Staff

9651	Reading	CAMHS - Learning Disabilities	Attitude of Consultant, very unsupportive when the YP was clearly distressed. Dr did not provide perscription as mother questioned whether she would be happy for the YP to take this. Family would like to see a different consultant	Not Upheld	Closed as local resolution	Attitude of Staff
9657	Wokingham	District Nursing	DECEASED PT - continence assessment did not take place from the community nurses, family wish to know why not as they feel it could have made the pt more comfortable leading to their death	Partially Upheld	There were delays in the assessment being carried out, someone has now been recruited to the role which has significantly reduced the waiting times. The confusing messaging has been addressed and a leaflet will be provided in future. There was also a communication issue which led to confusion.	Care and Treatment
9629	Windsor, Ascot and Maidenhead	CAMHS - Anxiety and Depression Pathway	Lack of Psychiatric cover in ADTT, pt in need but no one able to assess	Partially Upheld	There was a wait for treatments to commence however, this was in the context of finding the correct service to treat the patient, each of which had a waiting time. There are two part time psychiatrists in the ADTT however one has been absent long term due to sickness and the team had been unable to secure a temporary replacement. This has led to an increased wait for patients but every effort was made to recruit.	Care and Treatment

9670	Reading	Psychological Medicine Service	Pt seen by W/C Dr who allegedly said there was nothing wrong with them. They were admitted to hospital for a week the next day	Partially Upheld	It was found that the proper examinations were carried out but that support could have been given to help the patient attend the emergency department. Apologies were made for the staff's attitude but they made it clear it was not their intention to be dismissive.	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

9489	Wokingham	CMHT/Care Pathways	<p>Unhappy with the response and the lack of care being provided</p> <p>ORIGINAL COMPLAINT BELOW</p> <p>poor and slow decision making, with multiple changes in care management has contributed towards significantly increased distress to pt and carer</p> <ol style="list-style-type: none"> 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 <p>complainant wants an apology for the distress caused and answers to several points</p>	Not Upheld	<p>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.</p>	Care and Treatment
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9705	Bracknell	CMHT/Care Pathways	<p>Incidents took place at Thornford Park Hospital where the pt was placed by BCMHT OAP. Pt believes as we were responsible for their care we should provide the response</p>	Not Upheld	<p>Luggage was not sent by CMHT or other BHFT staff. This concern will need to be discussed directly with Thornford Park as we have no record of where the suitcase may have originated from.</p> <p>Staff mentioned are not an employee of BHFT, we are not aware of the incident mentioned and direct the complainant to Thornford Park</p> <p>Prescribing at Thornford Park was the responsibility of the Responsible Clinician on the ward of Thornford Park. The ward doctor did liaise with the community doctor as per good practice but Clopixol was not prescribed by the community team and this was the decision of Thornford Park. Therefore, it would be most appropriate to discuss this concern directly with Thornford Park.</p>	Care and Treatment
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9697	Reading	Adult Acute Admissions - Bluebell Ward	staff mixed up the pt's, solicitor letter not passed on, incorrect medication administered, no escorted leave, inaccurate info added to records, missing property	Partially Upheld	<p>There were delays in the patient receiving their post and the ward are trying to recruit and administrator to support with this.</p> <p>As part of the admission process on the ward patient's belongings should be documented and listed however, this documentation was missing in this case. The ward is also reviewing its processes around documenting patient property on admission to try and avoid any future occurrences of property going missing.</p> <p>The ward are exploring ways of ensuring fobs are returned when patients leave the hospital in order to minimise the number that are lost which then impact on those coming into the ward at a later stage.</p>	Care and Treatment
9638	Reading	Adult Acute Admissions - Daisy Ward	Historic sexual assault on the ward	Upheld	<p>There is evidence that action was taken following the incident however, the patient was not removed from the ward and continued to harass the patient. The investigation found they would now move the patient immediately if anything like this was to happen again. There is no evidence that the call bell was pushed by the patient however, the ward do not check if they are working so there is no way to know if it was broken on the day</p>	Abuse, Bullying, Physical, Sexual, Verbal
9361	Reading	CAMHS - ADHD	Extreme behaviour from all the YP x 3, parent does not know what to do but wants to change the therapist	Not Upheld	Closed due to time and family not engaging with the process	Care and Treatment

9663	Reading	Psychological Medicine Service	Unhappy with the way the clinician dealt with them whilst in A&E causing great distress	Not Upheld	<p>The recollection of the conversation differs between the patient and the two members of staff in attendance.</p> <p>It was found that information about the patient suicidality was shared with her mum. This was because of the risk the patient posed to herself and the staff felt it was important her mother was aware. This was done to mitigate risk and after much forethought. The mother told staff she was already aware of this.</p>	Care and Treatment
9723	Reading	Immunisation	Parent feels the form to withdraw consent for YP vaccines at school is too ambiguous	Partially Upheld	<p>The current generic letter sent to the person(s) with parental responsibility gives two options: To consent via QR code for flu nasal spray or to give consent via QR code for injectable flu. There is no separate QR code to not give consent. The only way to not consent at present is to click into the consent QR code to then advise that you do not consent. It was accepted that this is ambiguous so as to make this easier and clearer in future the immunisation team are amending the current letter to request that parents/legal guardians complete a yes or no consent.</p> <p>A yes or no consent form would only be completed by a member of the immunisation team if the person(s) with parental responsibility has requested and agreed for the team to complete this on their behalf, either verbally or in writing.</p>	Communication

9714	West Berks	Community Dental Services	Pt not afforded a private and confidential space to discuss concerns regarding appts	Upheld	<p>The first appointment was booked on a day the Dentist did not work. This was an error due to the receptionist is new in post. They have now received additional support.</p> <p>The rebooking of the appointment resulted in an incorrect appointment letter where the appointment day and date did not match. There is a problem with the dental software and this has been escalated. All of the staff have been been reminded this is an issue and of the importance of checking the details.</p> <p>There is no designated quiet areas at West Berkshire Community hospital for patients to speak confidentially with staff. This has been escalated to Estates to explore future options.</p>	Communication
9712	Reading	IMPACTT	Pt felt interrogated by therapist and believes they used the session to transfer their own worries onto the pt in the group therapy session. Pt feels they can no longer trust therapists	Partially Upheld	<p>It was found that letters the patient received were of poor quality and this is being reviewed by the service.</p> <p>The group is patient led so had there been any specific topic they wished to raise they had the freedom to do this.</p> <p>The incident complained about is recalled differently by the staff in attendance.</p>	Attitude of Staff

9701	Reading	Out of Hours GP Services	Dr recommended Ibruprofen to an asthma pt causing distress and potential hard to the pt	Not Upheld	<p>The clinician did not prescribe steroids as his medical assessment was that the problem was musculoskeletal and not due to asthma. He was aware of the side effects needlessly prescribing steroids could have and therefore recommended alternative options. The patient was concerned that the clinician had recommended ibuprofen which negatively impact his asthma however, the clinician remembered mentioning that ibuprofen was counter indicated in cases such as this patient and did not at any stage recommend that he takes them. The complainant believes the clinician should have had information on his previous medical conditions however, this is contained within his GP medical record and not available to the out of hours clinician</p>	Medication
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9719	Windsor, Ascot and Maidenhead	Out of Hours GP Services	Family feel the Dr's dismissive attitude and resulting care is to blame for the pt's current medical presentation of their foot	Partially Upheld	<p>The triaging GP considered circulatory issues as a differential for toe discoloration. The assessing GP checked for vascular occlusion. Signs pointing towards this possibility include the absence of peripheral lower limb pulses in key areas (popliteal, posterior tibial and dorsalis pedis) as well as appearance of a cold and pale foot. Limbs showing signs of critical ischaemia feel cool to touch and show lack of palpable pulses.</p> <p>Such signs being absent led the Doctor to conclude an alternative cause for the discoloration. That is of mechanical bruising aggravated by the use of DOACS or anticoagulants increasing susceptibility to bruising. This was unable to be verified due to patients Alzheimer's</p>	Care and Treatment
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9666	Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	<p>1. Signature Care Home Ascot – Email regarding bruising and body marks.</p> <p>2. Communication – If you asked three different people the same question who all were involved with his care you would get three different answers.</p> <p>3. Communication – Being sent to Wexham Park Hospital without informing anyone in the family and then the A&E doctor ringing late at night asking if they knew why he had been sent. Returned to St Marks at 4am in the morning.</p> <p>4. Infectious Control – Urine Infections, Gallbladder infection and C Diff infection all within 6 weeks.</p> <p>5. Care and Respect – Pt was shaven at SMH but not with their own cut protective shaver but with a hospital shaver that cut their face to pieces</p>	Not Upheld	Withdrawn	Communication
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9710	Reading	CAMHS - Rapid Response	family felt the clinician communicated poorly with the pt and family whilst in RBH A&E on 8/10/24 and they did not understand the pt diagnosis of PDA	Partially Upheld	<p>The clinician felt she had lost her professionalism and admitted to shouting at the complainant. She was mindful she had not responded appropriately in the meeting and has reflected on this.</p> <p>Other elements of the conversation are recalled differently by the complainant and the staff member involved but this does not detract from the overarching fact that the meeting should not have been the cause of so much upset and distress.</p>	Attitude of Staff
9737	Reading	Urgent Community Response - UCR	Pt under UCR for a week from 8 October. On evening of 11 Oct 2 wedding rings were forcibly removed from the Pt's left hand in the dark. Incident reported to the police	Not Upheld	Police investigation	Patients Property and Valuables

9732	Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	<p>Complaint feel the response is inadequate and wishes further points addressed</p> <p>ORIGINAL COMPLAINT BELOW</p> <p>patient with Cellulitus discharged from WPH to HT on 4th Oct. Dr's seemed not to be aware of the pts condition. Pt discharged back to WPH on 16th Oct and UKHSA contacted family the next day re IGAS.</p> <p>Family also unhappy with the attitude of staff on the ward. They do not want them readmitted to HT under any circumstances.</p>	Partially Upheld	<p>It was found that body mapping was completed upon admission which did not show any signs of cellulitis.</p> <p>There was learning for the ward around keeping proper records of patients bowel movements as some were missing from this patients records.</p> <p>It was found that the complainant was not informed her mother was deteriorating as this happened over night and she was improving however, she did become unwell again and needed to be taken to an acute hospital. Communication training has also taken place to support ward staff with having empathetic conversations with staff.</p>	Care and Treatment
9650	Reading	Adult Acute Admissions - Rose Ward	<p>Complainant states a private conversation with the Dr regarding the pt has been relayed to the pt putting the family relationship in jeopardy. Complainant concerned for when pt is discharged</p>	Not Upheld	<p>Information can be shared for reports and used for care and risk planning along with legal proceedings for lawful purposes. The does not mean that families cannot request that information is not shared, however if the information is deemed to be affecting the patient's risk, decisions can be made to share for purposes of managing risk and the safety of the patient.</p>	Confidentiality

9617	Wokingham	CAMHS - Specialist Community Teams	Parent unhappy with the lack of support and treatment being offered to the YP	Not Upheld	It is accepted that waiting times are longer than we would like however, the patient has now had an assessment for their autism and is due to have an ADHD assessment early next year. All the previous assessments that were carried out were done so in line with the patients presentation at the time.	Care and Treatment
9716	Slough	Psychological Medicine Service	WPH Lead - Discharged from A&E after 2nd suicide attempt in 6 months. Complainant unhappy the MH assessor did not speak to them at all as NOK	Upheld	<p>The investigation found that the assessment by the Mental Health Nurse was in depth and thorough and they were able to articulate the rationale for their plan following the assessment. The patient asked for the complainant not to be called upon discharge as he was aware she was resting at home with the children and did not want to disturb her.</p> <p>The complaint has been discussed in detail with the mental health nurse and he is understanding of the issues raised.</p>	Discharge Arrangements

Appendix 2: complaint, compliment and PALS activity

All formal complaints received

Service	2023/24						2024/25							
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Q3	Compared to previous quarter	Q3 no. of contacts	% contacts Q3	Total for year	% of Total
Acute Inpatient Admissions – Prospect Park Hospital	10	2	4	7	23	8.19	8	3	11	↑	174	1.57	22	12.09
CAMHS - Child and Adolescent Mental Health Services	8	11	7	9	35	12.46	10	13	3	↓	5868	0.22	26	14.29
CMHT/Care Pathways	16	6	13	14	49	17.44	12	13	7	↓	5517	0.24	32	17.58
Common Point of Entry	1	3	0	0	4	1.42	2	3	0	↓	816	0.37	5	2.75
Community Hospital Inpatient	1	2	5	4	12	4.27	4	4	4	No change	514	2.22	12	6.59
Community Nursing	3	6	5	3	17	6.05	6	3	1	↓	16846	0.02	10	5.49
Crisis Resolution & Home Treatment Team (CRHTT)	5	10	5	6	26	9.25	5	3	2	↓	4270	0.07	10	5.49
Older Adults Community Mental Health Team	1	2	1	0	4	1.42	1	0	0	No change	1521	0.00	1	0.55
Out of Hours GP Services	1	2	7	4	14	4.98	2	2	3	↑	1823	0.11	7	3.85
PICU - Psychiatric Intensive Care Unit	0	0	1	0	1	0.36	0	2	2	No change	0	100.00	4	2.20
Urgent Treatment Centre	1	1	2	1	5	1.78	1	0	0	No change	1306	0.00	1	0.55
Other services during quarter	21	19	25	26	91	32.38	17	18	17	↓	50213	0.04	52	28.57
Grand Total	68	64	75	74	281	100	68	64	50				182	

Informal Complaints received

Division	Month Received			Grand Total
	October	November	December	
Children, Young persons & Families	5	1	2	8
Community Mental Health East		1		1
Mental Health Inpatients			2	2
Mental Health West	3		1	4
Physical Health	1	2		3
Grand Total	9	4	5	18

Locally resolved concerns received

Division	Month Received			Grand Total
	October	November	December	
Children, Young persons & Families	5		4	9
Physical Health	11	5	10	26
Grand Total	16	5	14	35

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

Outcome	2023/24				2024/25				Total for year	% of 24/25
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Higher or lower than previous quarter		
Consent not granted	0	0	0	0	0	1	0	↓	1	0.64
Locally resolved/not pursued	0	4	1	3	0	1	1	No change	2	1.27
Not Upheld	20	25	30	25	19	24	29	↑	72	45.86
Partially Upheld	22	26	24	32	9	29	19	↓	57	36.31
Upheld	11	9	12	9	12	3	7	↑	22	14.01
SUI	0	0	2	2	1	1	1	No change	3	1.91
Grand Total	53	64	69	71	41	58	57		157	

46% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 55% in Q2 and 51% in Q1). These were spread across several differing services with no themes identified.

Complaints upheld and partially upheld

Service	Main Subject of Complaint							Grand Total
	Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	Waiting Times for Treatment	
Admin teams and office based staff					1			1
Adult Acute Admissions - Bluebell Ward				1				1
Adult Acute Admissions - Daisy Ward	1							1
Adult Acute Admissions - Rose Ward					2			2
CAMHS - ADHD							1	1
CAMHS - Anxiety and Depression Pathway				1				1
CAMHS - Rapid Response			1					1
CAMHS General				2	1			3
CMHT/Care Pathways		1	1			1		3
Common Point of Entry			1					1
Community Dental Services					1			1
Community Hospital Inpatient Service - Henry Tudor Ward				1				1
Crisis Resolution and Home Treatment Team (CRHTT)		1						1
District Nursing				1				1
Immunisation					1			1
IMPACTT			1					1
Mental Health Integrated					1			1

Service	Main Subject of Complaint							Grand Total
	Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	Waiting Times for Treatment	
Community Service								
Out of Hours GP Services			1	1				2
Psychological Medicine Service				1		1		2
Grand Total	1	2	5	8	7	2	1	26

Care and Treatment complaint outcomes

Service	Outcome of Complaints about Care and Treatment				Grand Total
	Not Upheld	Not Upheld	Partially Upheld	Upheld	
Adult Acute Admissions - Bluebell Ward			1		1
Adult Acute Admissions - Daisy Ward	2				2
Adult Acute Admissions - Rose Ward	1				1
CAMHS - ADHD	1				1
CAMHS - Anxiety and Depression Pathway			1		1
CAMHS - Rapid Response	1				1
CAMHS - Specialist Community Teams	1				1
CAMHS General	1		1	1	3
CMHT/Care Pathways	3	1			4
Community Hospital Inpatient Service - Henry Tudor Ward			1		1
District Nursing			1		1
Integrated Pain and Spinal Service - IPASS	1				1
Other	1				1
Out of Hours GP Services			1		1
PICU - Psychiatric Intensive Care - Sorrel Ward	1				1
Psychological Medicine Service	1		1		2
Grand Total	14	1	7	1	23

PHSO

There have been 3 new complaints brought by the PHSO in Q3 and four cases to remain open with them.

The table below shows the PHSO activity since April 2024:

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
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	PHSO have requested further information
Feb-24	CAMHS - Specialist Community Team	June-24	Apology given and closed by the PHSO
Sept-24	Community Dental Service	Ongoing	Documents sent to PHSO
Sept-24	CMHT/Care Pathways	Ongoing	Documents sent to PHSO

Month opened	Service	Month closed	Current stage
Oct-24	Older Adults Inpatient Service - Rowan Ward	Ongoing	Documents sent to PHSO
Oct-24	IPS - Individual Placement support	Ongoing	Small financial remedy offered
Dec-24	District Nursing	Ongoing	Documents requested by PHSO

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 Q3 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	2023/24					2024/25				
Quarter	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Received	1091	1229	1408	1399	4036	1237	1012	1289	-	3538

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. 3 postings were responded to during this period:

District Nursing (Reading). Positive. Care from PICC Line nurse.

WBCH MIU. Positive. Excellent care. Very efficient.

Talking Therapies. Negative. Unhappy with wait and interaction with therapist.

There was 1 posting on the Patient Opinion website:

CAMHS AAT. Negative. Parental concerns about lack of support whilst waiting for an assessment.

Arrangements have been made to attend community meetings on wards at Prospect Park Hospital and in the community. A visit to a supported living service has been arranged for February following an invitation to talk about PALS and PPI opportunities. 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 705 queries recorded during Quarter 3. An increase of 46 since Quarter 2. 695 of these queries were acknowledged within the 5 working day target. The recording of queries has improved with the involvement of other team members. Team members have been working with the PALS Manager to familiarise with the response and recording processes. The volume of calls and e mails coming into the service continues to be high.

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

To publicise the PALS service across the Trust, a meeting has been held with the Learning and Development team and the complaints manager. It has been agreed that the Patient Experience Team will be allocated space on the induction process. The Patient Experience Team will be convening to discuss the content to be put forward.

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

PALS has 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 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 338 non-BHFT queries recorded. Another member of the Patient Experience Team is consistently helping with the recording process to improve the rate of data collection.

Meetings have been held with THE IA Transformation Specialist to develop an automated response method when dealing with non BHFT queries. A financial appraisal was held, and it was determined that the PALS Manager will undertake the Citizen Development Programme to implement an MS Form for the website. It is hoped that this will provide a timelier response for patients and the public and free up more time to develop our service.

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	44
CAMHS AAT	28
MSK Physiotherapy	22
Continence	21
CAMHS ADHD	20
District Nursing	18
CDS	15

Appendix 3

15 Steps; Quarter Three 2024/25

The 15 Steps programme was relaunched in April 2024, and during quarter three, there were 10 visits:

Mental Health Services Division		
Prospect Park Hospital		
Ward	Positives	Observations
Oakwood	<p>The area from the lift was colourful, with a visitors sign in book and information for carers.</p> <p>Staff were friendly when they came to the door.</p> <p>The ward was well decorated and appeared to be well maintained.</p> <p>There is a donation box.</p> <p>Coffee machine and table at entrance for visitors/carers.</p> <p>The ward appeared calm and was not cluttered.</p> <p>There was a feedback box.</p>	<p>From a sensory perspective, there was a lot of humming and buzzing in the main reception area.</p> <p>Could the donation box be updated with the BHFT charity information.</p> <p>From a sensory perspective a dimmer light may be more welcoming</p> <p>They did not have any of the feedback forms</p> <p>It would be great to see more 'You said, we did' and ways to give feedback more accessible to patients and their carers.</p> <p>The door to a 'garden route' was open and the corridor appeared to be storage for a lot of chairs.</p> <p>Feedback shared with ward to address observations.</p>
Orchid	<p>The area from the lift route was colourful, with a visitors sign in book and information for carers.</p> <p>Staff were friendly when they came to the door.</p> <p>Information about who was on duty was clearly displayed.</p> <p>Wall colour choices remove the clinical look of the ward.</p> <p>The Community Board had information about what was happening and when.</p> <p>The date and time were accurate.</p> <p>The ward appeared calm and was not cluttered.</p> <p>Visual picture signage for patient areas.</p>	<p>If you come up via the stairs, you cannot see the duty information.</p> <p>Some people may not understand the term 'absconion' on the posters on the door.</p> <p>The font on the Community Board was very small and it would be good to make this bigger and accessible to patients.</p> <p>From a sensory perspective, there were some lights not on in the corridor. A dimmer light may be more welcoming.</p> <p>Unable to see information board due to lighting near entrance.</p> <p>It would be great to see more 'You said, we did' and ways to give</p>

	<p>A great board about de-escalation and positive communication skills – it would be great to see this across other inpatient areas.</p> <p>There was information about falls awareness.</p> <p>Patients appeared settled with positive interactions seen with staff.</p> <p>The Feedback Tree which is being developed looks inviting.</p> <p>Staff interacted positively towards each other; positive communication seems to be a strength for the ward.</p> <p>Staff body language supported positive communication towards patients.</p>	<p>feedback more accessible to patients and their carers.</p> <p>Feedback shared with ward to address observations.</p>
<p>Bluebell</p>	<p>Greeted and shown around areas by the deputy ward manager who was very enthusiastic about the ward and what they were achieving.</p> <p>QMIS and huddle board evident</p> <p>Ward was clean and light/airy.</p> <p>No clutter.</p> <p>Up to date pictures of staff on the ward.</p> <p>Patients seen positively interacting with staff.</p> <p>Clear evidence of activities available for patients.</p> <p>Who is looking after which patient and who is on duty was clearly demonstrated for both visitors and patients.</p> <p>Ward seemed well organised and calm.</p> <p>Clear information for visitors as to times of case reviews which patients attended plus drug rounds, meal times etc.</p> <p>Ward felt well run and no safety issues identified.</p> <p>Activity boards current.</p> <p>Patients invited to daily huddles.</p> <p>Staff spoke of great activity when the European football was on which both patients and staff collaborated on.</p> <p>Demonstrated good interaction with patients and staff.</p> <p>Communal areas clean and tidy. Areas available for de-escalation.</p>	<p>The supervision graph was not up to date to demonstrate the work which had gone on to improve take up. This was a pity as we were told September was 97% but last year was 0. It would be great to evidence the good practice and how the ward had progressed.</p> <p>Ward had recently been painted a neutral colour in main area but there were multi other colours in the corridors.</p> <p>No signage to rooms. We were informed that a patient had removed them when unwell and they were due to be replaced.</p> <p>Feedback shared with ward to address observations.</p>

<p>Campion</p>	<p>Greeted positively by staff nurse and asked to sign in so ward could account for people in an emergency.</p> <p>Photograph board of staff was current.</p> <p>All nursing staff had name badges evident.</p> <p>Ward was quiet and calm.</p> <p>Evidence of QMIS/safety huddles happening regularly.</p> <p>Staff observed with patients in the communal area.</p> <p>Ward was clean and tidy with no smells.</p> <p>Asked to sign in (mentioned earlier). Escorted by nursing staff.</p> <p>Thank you cards and staff messages from patients were displayed and current.</p> <p>Information regarding staff well being evident.</p>	<p>There was no demonstration of how visitors could be assured of area being safely staffed and who was looking after patients on that shift/who was on duty.</p> <p>There were 2 bells to ring at the entrance but there was no instruction as to which to ring or what visitors should do.</p> <p>At the entrance patient full names and photographs were clearly displayed. It was felt that perhaps it should be just first name and photo to reduce ability of visitors to identify specific patients</p> <p>It was unclear whether patients were happy to display individual staff messages in public. Perhaps author name could be covered/removed so that patient could not be identified.</p> <p>No information on what was available regarding activities for patients</p> <p>Feedback shared with ward to address observations.</p>
<p>Sorrel</p>	<p>Bell at entrance clearly labelled with instructions and expectations for visitors.</p> <p>Staff member was welcoming and accommodating. We were directed to the nurse in charge.</p> <p>Pictures and information in the corridor leading up to the entrance.</p> <p>Appeared calm, well organised and no smells</p> <p>Uncluttered</p> <p>There was a clear process to utilise and ensure staff cover to the patients.</p> <p>Patients were involved in daily safety huddles.</p> <p>Rooms and facilities were basic but that ensured patient risk of self-harm was minimal.</p> <p>Clear evidence on reducing patient on staff assaults via QMIS.</p>	<p>No staff member pictures or demonstration of who/how many on duty.</p> <p>Records all in the office.</p> <p>Feedback shared with ward to address observations.</p>
<p>Place Of Safety (POS) 3</p>	<p>POS was clean, tidy and not cluttered</p> <p>It felt calm</p> <p>There was a bed and solid foam seating which appeared to be clean.</p>	<p>There were strong smells from the CRHTT kitchen coming through</p> <p>The lack of natural light, windows and colour made it feel very clinical</p>

	<p>There was a clock which was showing the correct time.</p> <p>This is a small space, to support people to be managed safely</p> <p>The toilet area seems large, could this be used in some way as a sensory area – or is a trolley utilised as needed?</p> <p>There was an iWGC QR link on the door to the main room</p>	<p>Due to the layout of the room, there is a small gap between the corner of the bed and seating to gain access to the toilet.</p> <p>From a sensory perspective, the bright lighting in the main room would have been eased with a dimmer. There was a humming in the room which could cause an issue.</p> <p>The iWGC QR Link was not branded as such it did not say how we value the feedback.</p> <p>Feedback shared with POS staff to address observations.</p> <p>To note: New POS facility is currently under construction</p>
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Physical Health Services Division

Community Physical Health Services

Service	Positives	Observations
<p>Wokingham Physiotherapy Service, WBCH</p>	<p>All staff we saw were welcoming and friendly.</p> <p>There is a staff photo board with names and roles.</p> <p>The reception area was clean, and clear of clutter. There was relevant information on the walls.</p> <p>The admin area staff work in is not cluttered.</p> <p>The clinical cubicles were clean, well laid out and set up ready for the next patient.</p> <p>The clinic space was peaceful, and patients were not left waiting.</p> <p>‘You Said, we Did’ is colourful with patient quotes.</p> <p>Information that is relevant to patients is easily accessible.</p> <p>Staff are knowledgeable about the service, what it provides and how it adapts based on patient need.</p> <p>There are opportunities to give feedback readily available through paper surveys and the QR codes for iWGC are visible.</p>	<p>There is some redecoration needed between the two noticeboards.</p> <p>Some of the exercise information may not be easily read by patients.</p> <p>They have run out of the leaflet about back pain.</p> <p>Feedback shared with the service to address observations made.</p>
<p>The Memory Clinic, WBCH</p>	<p>All staff we saw were welcoming and friendly.</p> <p>The service areas were well decorated and maintained, with calming colours.</p> <p>There is a staff photo board with names and roles.</p>	<p>The service uses two different names which can be confusing.</p> <p>The location of the iPad for feedback may be more accessible if placed in eyesight of people as they leave the service.</p>

	<p>Staff knew their patients by name and were kind.</p> <p>The service area was clean, and clear of clutter</p> <p>There was a positive buzz coming from the group that was underway.</p> <p>There are opportunities to give feedback.</p> <p>There was relevant information for carers on the walls and certificates of the service's achievements.</p> <p>Staff are knowledgeable about the service, what it provides and how it adapts based on patient need.</p>	<p>Feedback shared with the service to address observations made.</p>
<p>ARC, St Mark's</p>	<p>Welcoming from staff on duty.</p> <p>Waiting area open and airy.</p> <p>Pictures of staff visibly displayed.</p> <p>Lots of information available for patients and carers.</p> <p>QMIS board evidence up to date and current.</p> <p>Clinic rooms clean</p> <p>Rehab area clean with good assortment of equipment.</p> <p>Clear who was in charge.</p> <p>Atmosphere calm and relaxed.</p> <p>Everyone clear on what they were doing and their job role.</p> <p>Manager monitored IWGC and had recently had a coffee morning for feedback from patients. This was being worked through currently.</p>	<p>Dates would be useful as unsure how current patient feedback was.</p> <p>TV maybe could be on a bracket to facilitate space for information leaflets board. Some leaflets had been stuck on the wall.</p> <p>Some of the leaflets were out of date or from other trusts. Other area information could be adapted for our trust to use.</p> <p>There was a IWGC QR code on a laminate with no real information of what it was etc. Purpose was good though.</p> <p>Feedback shared with the service to address observations made.</p>
<p>East Berkshire Wheelchair Service</p>	<p>Welcomed positively by all staff.</p> <p>Open and airy waiting area with many facilities at appropriate height for wheelchair users.</p> <p>Pictures of staff current and clear.</p> <p>Calm atmosphere</p> <p>Staff were clear of objectives</p> <p>Mobility equipment and bariatric facilities available</p> <p>Clear who was working and who they were.</p> <p>Good selection of information for patients and carers which were current.</p> <p>IWGC actively encouraged.</p>	<p>Parking limited one space was blocked with bins.</p> <p>Some leaflets were obscured by chairs in the waiting area.</p> <p>Feedback shared with the service to address observations made.</p>

Report to Council of Governors For Quarter 3 2024/25

March 2025



Tehmeena Aimal

Formal Council of Governors - March 25 - Page 93 of 113

Chief Executive Highlights Update

Local

- **Appointment of a new Medical Director** – Dr Tolu Olusoga has been appointed to the role of Medical Director and will take up his post at the end of March 2025. Dr Olusoga will replace Dr Minoo Irani who is retiring from the Trust. Click on the link below for more information about Dr Olusoga <https://www.berkshirehealthcare.nhs.uk/news/news-archive/dr-tolu-olusoga-is-our-new-medical-director/>
- **Appointment of an Interim Chief Operating Officer** – Theresa Wyles, Director Mental Health Service has been appointed as the Interim Chief Operating Officer and will replace Tehmeena Ajmal who is leaving the Trust in March 2025.
- **Martin Earwicker, Chair** has been appointed as the Chair of Hampshire Hospitals, NHS Foundation Trust. Until his successor has been appointed, Martin will continue to chair both trusts.
- **Naomi Coxwell, Non-Executive Director** has been appointed as a Director of BP Pension Trustees Ltd and will be leaving the Trust when her successor has been appointed. The Appointments and Remuneration Committee has started the recruitment process to appoint both a new Chair and a Non-Executive Director to replace Naomi.
- **Bracknell Forest Centre for Health** – the three-storey building will be located next door to the Skimped Hill Health Centre, Bracknell and will house a range of services supporting patients in Bracknell and the wider Bracknell Forest area. It will house GP services provided by Evergreen Practice and Forest Health Group, physical and mental health community services provided by the Trust and maternity services provided by Frimley Health NHS Foundation Trust.

Chief Executive Highlights Update

Local Continued



Berkshire Healthcare
NHS Foundation Trust

- **Jubilee Ward, Upton Hospital, Slough** - Jubilee ward is an inpatient ward built in the early 1900s – it's one of the last remaining 'Nightingale' wards, an open plan style pioneered by Florence Nightingale. The ward provides essential short-term care and discharge support for patients with varied needs, including people living with frailty, long term conditions, dementia or reduced mobility. The Trust's preferred option would be to re-locate the ward to St Mark's Hospital, Maidenhead to improve the quality of care and experience for patients and staff. Frimley Integrated Care Board is running a consultation exercise with patients and their family members/carers, the wider public and key stakeholders including the local authority, councillors and MPs.
- **Berkshire West Community Diabetes Team** – the team have received several awards for the delivery of the national X-PERT Diabetes Patient Education Programme. X-PERT is part of the suite of education options that are on offer to people with diabetes across Berkshire West. The X-PERT Diabetes programme is a six-week course, designed for people with Type 2 diabetes. The course aims to increase participants knowledge, skills and understanding of the condition and help them to make lifestyle choices to manage their blood glucose levels more effectively. It is commissioned by over 100 Trusts and Organisations nationally and holds an annual awards ceremony to celebrate achievements based on audit data and feedback from participants.
- **Liaison and Diversion service** – Berkshire Healthcare's Liaison and Diversion service supports individuals involved in the Criminal Justice System, particularly those with mental health needs, disabilities or vulnerabilities. Liaison and Diversion is a signposting service that assesses individual needs, makes onward referrals for treatment and connects individuals with appropriate support providers. The Trust provides Liaison and Diversion services for the Thames Valley, Hampshire and the Isle of Wight. As part of the contract award, there are some additional enhancements to the service provision, including changing the pathways to holistically address the needs of children and young people within the Youth Justice System, offering Speech and Language Therapy and working in partnership with healthcare providers in custody.

Chief Executive Highlights Update

Local Continued

The service recently held two events with over 100 partners and stakeholders to re-launch the service, highlight the vital role of Liaison and Diversion in our communities and discuss how we can work together effectively to deliver these changes

- **Talking Therapies Employment Support Team** – in 2023/24 figures show that 1,435 patients across Berkshire accessed the Talking Therapies Employment Support Team. This was an impressive 90% increase compared to the 756 people supported the previous year.

Our employment team offers impartial and compassionate support to help people find solutions to work related problems that are affecting their wellbeing. This support can help you to find a job, stay in work or return to work after a break.

Chief Executive Highlights Update

National

- **Mental health of working-age people appears to be getting worse** - A report by the Health Foundation looked at a range of data sources, including self-reported surveys, screening tools and clinical diagnoses, and found across multiple data sources the percentage of working age people with mental ill health has doubled since 2010.
- **New Hospitals Programme** – the Department of Health and Social Care’s plan for the New Hospital Programme will see almost half of the 40 new hospitals promised by 2030 by the previous Government delayed with work on 18 hospitals now not set to being until 2023/24 and beyond. Plans to rebuild Frimley Park Hospital which was built using autoclaved aerated concrete (RACC) will go ahead. Construction on the new Royal Berkshire Hospital will not start until 2037-39.
- **Elective Recovery Plan** - On the 6 January 2025, the Prime Minister set out how the NHS will return to the standard of treating 92% of elective patients within 18 weeks. Currently it is hovering at around 60%. The national NHS waiting list currently stands at 7.5 million, with more than 3 million having already waited longer than the 18-week target.

Chief Executive Highlights Update

National continued

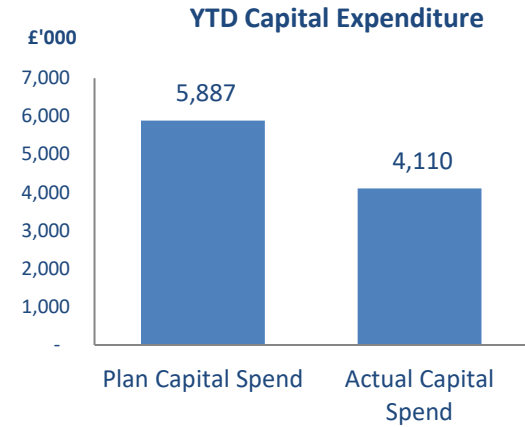
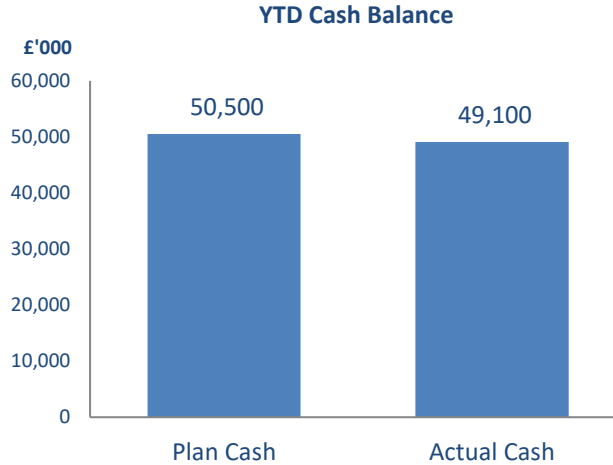
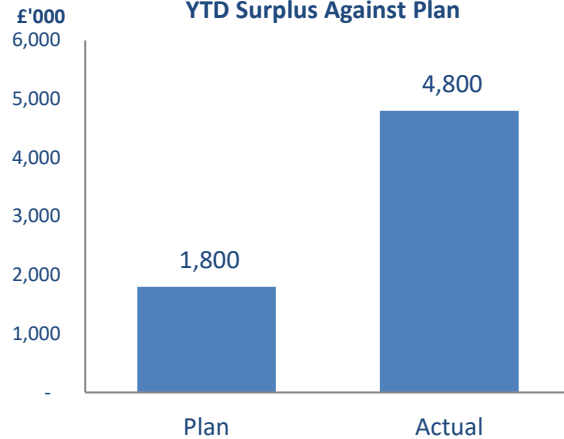
Trusts will be handed individual targets and will be expected to improve their performance by at least five percentage points by next March. Community diagnostic centres will be required to open for longer hours, and the existing performance management regime will be stepped up. Meanwhile, NHS England will begin to redesign the financial architecture that funnels money to different parts of the health service. Prices paid for treatments with the biggest waits will be reviewed and potentially increased, at least in part to make them more attractive to independent sector providers.

- **NHS Operational Planning and Contracting Guidance 2025-26** – in line with the Government Mandate, the 2025/26 priorities and operational guidance sets out a focussed, smaller number of national priorities for 2025-26 with an emphasis on improving access to timely care for patients, increasing productivity and living with allocated budgets and driving reform. To support this, systems will have greater control and flexibility over how they use local funding to best meet the needs of their local population.

Financial Summary – 31st December 2024



Berkshire Healthcare
NHS Foundation Trust



Year to Date

The Trust delivered a £4.8m surplus YTD against a plan of £1.8m surplus. This follows receipt of £3m income from 2023/24 for elective recovery.

We were set a cost improvement target of £13.6m for the current financial year, in Q3 we were on plan.

Cash

Our cash balance at the end of December is slightly below plan.

Capital Spend

The capital plan is on plan within Capital Department Expenditure Limits control total and £272k behind plan including spend outside of control total. This relates to work on anti ligature toilets where expense is expected in later quarters.

True North Driver Metrics and Oversight Performance Metrics Quarter 3 2024/25

True North: Driver Metrics



Metric	Target	External/In..	Harm Free Care											
			Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	
Breakthrough Restrictive Interventions in Mental Health Inpatient Wards	241 from 1st August 2024 previously 309	Internal	199	172	213	274	242	263	233	183	186	244	256	
			Patient Experience											
Positive Patient Experience Score %	95% compliance	External	94.09%	94.59%	93.67%	94.37%	93.97%	94.19%	94.19%	95.09%	94.07%	95.09%	94.71%	
Patient Experience Compliance Rate %	10% compliance	External	3.50%	3.20%	7.09%	7.39%	6.5%	5.70%	6.20%	4.39%	4%	3.69%	5.20%	
			Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Breakthrough Clinically Ready for Discharge by Wards MH (including OAPS)	250 bed days	External	374	268	353	248	351	275	249	248	306	154	186	167
			Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Breakthrough Bed days occupied by patients who are discharge ready Community	500 bed days	External	842	752	663	554	647	812	1,004	836	886	876	849	1,001

True North: Driver Metrics



			Supporting our Staff										
Metric	Threshol..	External/I..	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24
Breakthrough Physical Assaults on Staff	36 per month Sept 2024	Internal	75	58	30	38	55	64	47	70	73	37	54
Staff turnover (excluding fixed term posts)	10% by March 2025	External	12.83%	12.28%	12.4%	12.60%	12.59%	12.49%	12.32%	12.07%	11.54%	11.57%	11.51%
			Efficient Use of Resources										
YTD variance from control total (£'k)	0	Extern..	-2476	0	0	-26	-103	-9	-16	-17	-2	-1	
			Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24
Active Inappropriate OAPS at end of month	< 8 Q1, 5 Q2, 3 Q3, 1 Q4	Exter..			5	3	4	3	4	7	4	0	1

Countermeasure Summary for Driver Metrics Continued



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. However, November 2024 and December 2024 have been above the revised target. Non-Rapid Tranquilisation remains the highest contributor averaging 200 in November and December 2024. Individual service users can have a significant impact on numbers. An action plan from Prescribing Observatory for Mental Health Audit on Rapid Tranquilisation has been generated and is being implemented. Nurse Consultants will do post use of Rapid Tranquilisation audit. Working group to consider sensory rooms/space at Prospect Park Hospital has been set up.

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 December 2024 there was a decrease in the number of patients clinically ready for discharge to 13 (from 16 in September 2024) and bed days lost decreased from 306 September 2024 to 187 in December 2024. The top contributors in December 2024. Bluebell 112 lost bed days for 8 patients. 2 wards (Daisy and Snowdrop) had no Lost Bed Days Reading were the top contributing locality with 84 days followed by Slough with 51 days. Actions have included

- Priory Unit in West Berkshire opened in 2025 - 7 beds initially opened this will increase to 18 beds

There have been significant pressures for Psychiatric Intensive Care Unit beds with 5 female and 8 males being placed out of area so focused work with 4 patients on Sorrel who were close to step down or discharge.

Bluebell ward are undertaking a focused piece of work on understanding the barriers to discharge.

Countermeasure Summary for Driver Metrics Continued



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

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.

Divisions report their progress on a quarterly basis, and some areas are using iWGC as a Yellow Belt QI project, to both increase the number of responses and act upon the feedback in a meaningful way.

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.. There were 1001 bed days lost in December 2024 with the top contributing reason being patients awaiting packages of care which accounted for 36% of bed days lost. Weekly meetings take place amongst stakeholders and Unitary Authorities reported skeleton staffing due to Christmas holidays. Actions in December 2024

- Admission pathway added to Business Intelligence solution to determine why 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
NHS Foundation Trust

Physical Assaults on Staff – New target of 36 was agreed from October 2024. 54 Assaults in December 2024. Trend indicates that there has been a steady decline in assault incidents

- Safety Culture Group have asked to jointly work on Post abuse support standardisation

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. The number of active out of area placements was 1 at the end of December 2024. Poppy ward was opened at Priory Newbury in January 2025.

Key Performance Indicators - Oversight Framework Metrics



Berkshire Healthcare
NHS Foundation Trust

Metric	Threshold / Targ..	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24
C.Diff with learning (Cumulative YTD)	0	0	0	0	0	0	1	2	3	3	4	4	4
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	0	0	0	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	85.70	100	100	100	100	100	83	100	100	100	100	100
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.5	99.40	99.35	98.60	99.37	98.89	98.76	99.31	99.17	99.05	99.31	99.03

Key Performance Indicators - Oversight Framework Metrics



Metric	Threshold / Targ..	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 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	99	99	99	100	100	100	100
People with common mental health conditions referred to Talking Therapies will be treated within 6 weeks from referral	75% treated	88	91	91	95	91	91	88	87	90	92	93	93
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%	68%	68.5%	63.1%
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%	50%	51%	47.9%
Patient Safety Alerts not completed by deadline	0	0	0	1	1	1	1	1	1	1	1	1	1

Key Performance Indicators - Oversight Framework Metrics



Metric	Threshold / Target	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% seen	95.18	99.53	97.03	98.21	71	98.92	96.20	96.39	98.40	98.62	98.48	96.32
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	99.59	100	100	100	100	100
Sickness Rate: %	<3.5%	4.8%	4.1%	3.7%	3.9%	3.8%	3.7%	4.1%	4.1%	4.5%	4.7%	4.8%	4.8%
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	50%	100%	100%	40%	50%	100%	100%	60%	100%	100%	100%	100%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	87.5%	85.7%	60%	100%	90.9%	66.7%	80%	100%	100%	100%	100%	100%

Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance



Clostridium Difficile with Learning – Four cases identified with learning : June 2024 (Ascot), July 2024 (Highclere ward), August 2024 (Henry Tudor ward), and October 2024 (Highclere ward).

Sickness – Stress and anxiety contributing to be the top contributing reason for sickness in December 2024 accounting for 28.89% followed by cough, colds and flu at 20.74%. 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, introduced in November 2024 seeks to promote early intervention and helps identify support to prevent or minimise sickness absence. The policy sets out expectations of managers and staff to keep in contact with each other during any period of sickness and sets out the need to make referrals to occupational health and signposting to appropriate support services such as early intervention musculoskeletal and to mental health services.

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. Two actions will be completed by March 2025. One remaining action, action 7 states all patients must have an annual review and is a national issue for non-compliance. There is a regional group looking at action 7 to determine the risks associated with non-compliance and whether this is greater than the risk created with taking resources away from new patient work and need. There is no current action for Berkshire Healthcare as an individual organisation currently until a decision has been determined about who and when reviews will be completed with guidance expected through the system leads.

Board Assurance Framework Risk 2024/25 Summary



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

Board Assurance Framework Risk 2024/25 Summary Continued



Strategic Ambition	Risk Description
<p>Health Inequalities We will reduce health inequalities for our most vulnerable patients and communities</p>	<p>Risk 4 – System Working</p> <p>There is a risk that due to political, operational, workforce and funding pressures across health and care the Integrated Care Systems fail to deliver on their core aims of improving population health outcomes, reducing health inequalities, increasing system efficiency and contributing to wider social and economic development.</p>
<p>Health Inequalities We will reduce health inequalities for our most vulnerable patients and communities</p>	<p>Risk 5 – Health Inequalities</p> <p>Given the complexity of the determinants of health including non-health related factors, there are risks around delivering an ambitious programme of work aimed at reducing health inequalities given the long lead in time to see any improvements and outcomes impacted by factors outside of health and social care.</p>
<p>Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value</p>	<p>Risk 6 – Finance</p> <p>Failure to achieve system defined target efficiency and cost base benchmarks lead to an impact on funding flows to the Trust, and underlying cost base exceeding funding. Risk is described in the context of system funding allocations being allocated and controlled at ICS level, flowing to providers on a risk share and/or relative efficiency basis.</p>

Board Assurance Framework Risk 2024/25 Summary Continued



Strategic Ambition	Risk Description
<p>Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value</p> <p>Patient Safety We will reduce waiting times and harm risk for our patients</p>	<p>Risk 7– Digital Risk</p> <p>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.</p>
<p>Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value</p>	<p>Risk 8 - Sustainability</p> <p>There is a risk that the Trust's will not be able to deliver its Green Plan due to a lack of resources including access to capital funding and a focus on short rather than long term initiatives.</p>

Annual Plan on a Page 2025 / 26

Our mission is to maximise independence and quality of life

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



Harm-free care

Providing safe services

- We will improve flow through all our services to reduce risk of harm resulting from waiting times
- We will reduce self-harm and suicide across all services
- We will recognise and respond promptly to physical health deterioration on all wards
- We will encourage and support staff and patients to raise safety concerns without fear, and ensure learning from incidents
- We will reduce avoidable admissions and minimise length of stay



Supporting our people

A great place to work

- We will drive a culture of wellbeing, respect, compassion, and inclusivity acting against any form of abuse
- We will deliver our unity against racism action, removing barriers to equity and improving diversity in leadership
- We will support opportunities for career development, professional growth and impact



Good patient experience

Improving outcomes

- We will target and reduce health inequalities in access, experience and outcomes at service level
- We will always include patients, carers and partners as we make changes to services
- We will offer advice to patients on changes that will improve health outcomes
- We will gain feedback from at least 10% of patients in each service and demonstrate service improvements based on feedback



Efficient use of resources

A financially and environmentally sustainable organisation

- We will achieve our financial plan
- We will identify and deliver efficiencies, including agency staff reduction
- We will improve productivity by reducing length of stay on all wards
- We will reduce impact on the environment, minimise waste and reduce carbon emissions
- We will use quality improvement and digital to improve productivity and reduce waits, Did Not Attends (DNAs) and cancellations

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