

## Patient Experience Report Quarter 2 2023/24

### Introduction

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

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

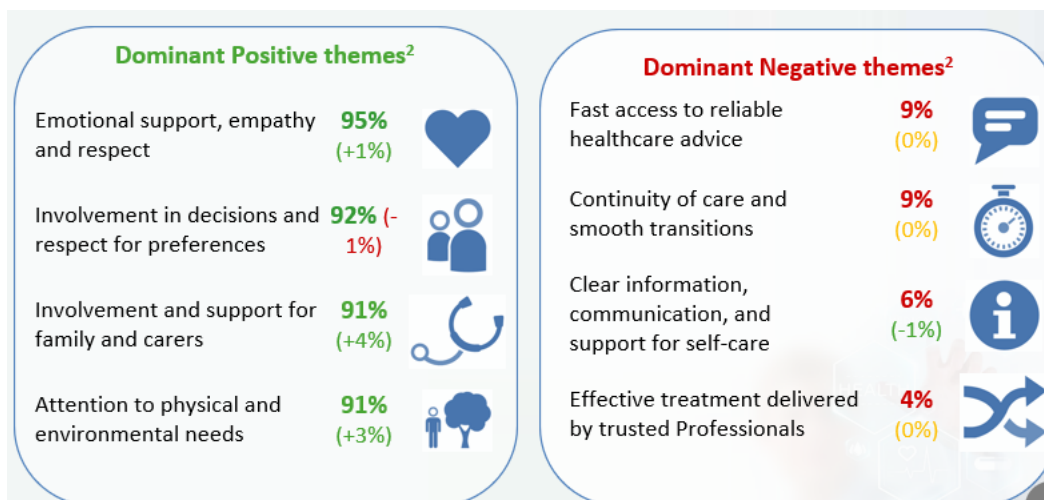
The iWGC tool is used as our primary patient survey programme and is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge via a variety of platforms. The tool uses a 5-star rating which is comparable across all services within the organisation and is based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

**Table 1: Overall Trust Summary**

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

There are no significant changes identified in analysis of data that differs from previous reports, the highest number of complaints related to specific care and treatment concerns. The number of MP enquiries received has dropped from 24 to 11. CAMHS and children's services continued to receive the highest number of MP enquiries.

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



The number in the brackets in the picture above shows the comparison to the report for quarter one. This demonstrates that there has been no change in 3 of the 4 dominant negative themes, with a slight improvement in 1 and an improvement in 3 of the 4 dominant positive themes, with a slight reduction in 1.

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

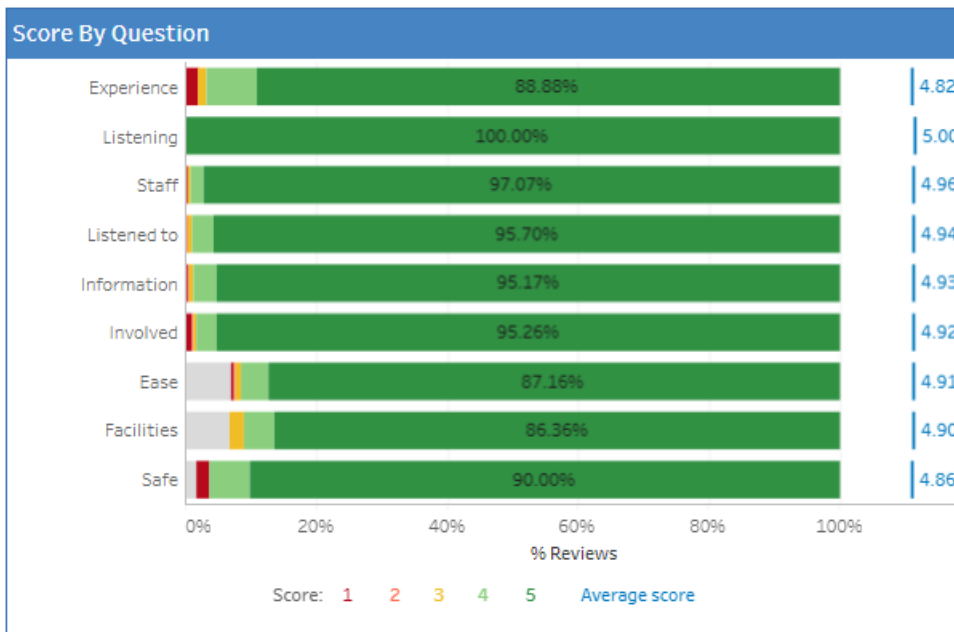
### What the data is telling us

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

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

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

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



For children’s services the iWGC feedback has seen the responses double from last quarter, this has been seen across physical health services and further work needs to continue to ensure that we receive responses from those accessing our children and young people’s MH services; young people and parents/carers have been assisting in the ways to promote the new patient experience tool to other service users, including the design and layout of the new posters that will now be used across CYPF services.

Of the 1159 responses, 1128 responses related to the children’s services within the division; these received 96.6% positivity score, with positive comments about staff being helpful and friendly and a few suggestions for further improvement, this included 3 reviews for Phoenix House where comments about staff being supportive and understanding was very positive and there were some suggestions for further improvement regarding clarity over the extent of the care that will be provided and improvement in communication. 32 of the responses related to learning disability services as detailed below and 20 to eating disorder services.

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

**Children’s Physical Health Services**

There were 3 formal complaints for children’s physical health services received this quarter. There were 2 formal complaints about the Speech and Language service. The third complaint was relating to children’s OT service.

1080 of the 1128 patient survey responses were in relation to children’s physical health services. The 2 services with most responses were the Health visiting team, Bracknell and Health Visiting, Wokingham; the Health Visiting team in Bracknell received 265 of these responses which scored positively receiving a five-star rating of 4.71 and feedback included *“Information provided was very helpful made me feel comfortable about my breast feeding journey also it helped to make me feel that what I am doing is suitable for me and baby and I no longer feel tempted to give up my journey.”* *“Really friendly staff, helpful, reassuring, explained information well & attentive & patient.”* and *“Very kind and helpful staff, she answered us to all our concerns and she gave us a lot of nice advice. Thank you for this wonderful meeting.”*

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

For child and adolescent mental health services there were 12 complaints received, these were primarily in relation to care, and treatment received and waiting times. Themes around this included clinical care received and long wait for treatment. In addition to this, the service received 7 enquiries via MPs, and most of these again related to waiting times.

There have only been 27 responses for CAMHS services received through our patient survey for this quarter. Currently the survey is accessed through paper surveys, online or configured tablets in the departments.

The admin team for CAMHS Getting Help collated feedback from young people who received a service. Experience of Being Referred to a Getting Help Service in the East of Berkshire. They have received 46 responses for this quarter with 38 of the responses describing being satisfied or very satisfied with the referral process (4 of the 46 were dissatisfied / very dissatisfied). As a result of the survey a focus group is planned to gain more detailed understanding of people's experience.

In addition to the current feedback tools, the anxiety and depression pathway have set up a question on the whiteboard in waiting rooms, asking for feedback and suggestions for young people and their families, there will be a differing question each month.

Compliments for Children and Young Peoples division included *'Thank you for today, it is the first time we have felt truly listened to. X was so relaxed in the appointment and enabled him to be so open and share his views. Thank you for all you have done and going the extra mile.'*

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

## **Learning disability**

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

Overall there were 32 responses for all Learning Disability services from the patient survey received, responses were for the Community Teams for People with a Learning Disability and the Learning Disability Intensive Support Team. These received a 93.8% positive score, this was skewed by 4 responses not having a score; other feedback included that staff listened, *"It was fantastic and I was happy with everything."*, *"Treated with respect and kindness."* and *"Felt listened to. Things were explained well and didn't feel judged."*, there were comments for improvements including would have preferred to be seen face to face and to have visits more often.

## **Eating disorders**

There were no complaints for eating disorders.

Of the 20 feedback responses received, 14 scored a 5 with comments such as *"Amazing, dedicated staff members and clinicians who have a genuine and deep care for their patients. A pro-recovery environment within the patient group itself (most of the time). Support offered even during times I was not at the programme or the block had ended. Individualised plans that encompassed professional and also patient opinion. A good balance of kindness and directness / professionalism."*, *"The BEDs team have saved [name removed]'s life. And rescued us. They reacted very quickly to a self-referral and were weeks ahead of the GP. We were given help and advice over the phone and an urgent appt to look forward to at a time when everything felt frightening and hopeless. The triage team were gentle kind and sensible, I felt immediately in safe hands. They continue to support and empower us,*

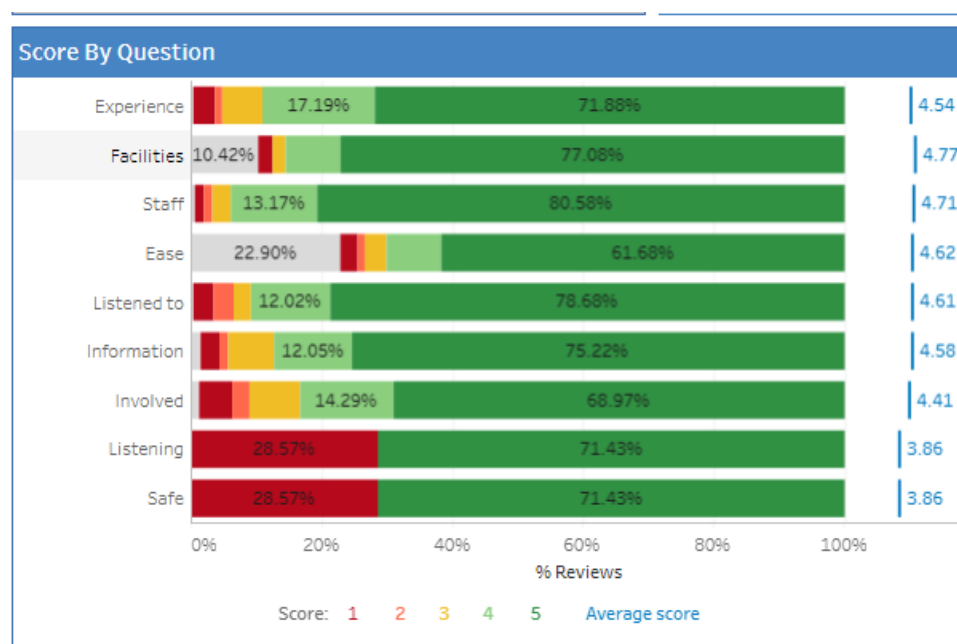
respond quickly to emails or calls. We are so grateful to have this service at our disposal and so very lucky that it is local and easy to get to. Thank you for everything.”, “[name removed], [name removed] and [name removed] are the most amazing team! Their gentle but firm approach led my daughter to trust them and gradually learn to work with them on her recovery, something she had never achieved in her teenage encounters with CAMHS. What was even more important is that they listened to her needs and in the later months, as she started to improve, they adapted their approach to suit her and best support her. We could not have been more grateful for their understanding, kindness and professionalism. They are a truly skilled, dedicated and committed team. In our view this team should be seen as a best practice template for all other ED services to replicate. I'm just so grateful that my daughter had the good fortune to be sent to Maidenhead ED services. THANK YOU. X.”.

## Mental health Division

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

Table 3: Summary of patient experience data

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	449	448		
Response rate (calculated on number contacts)	%	2.7%	2.2%		
iWGC 5-star score	Number	4.64	4.58		
iWGC Experience score - FFT	%	92.7%	89.1%		
Compliments received directly by services	Number	37	26		
Formal Complaints Rec	Number	16	12		
Formal Complaints Closed	Number	16	13		
Formal Complaints Upheld/Partially Upheld	%	37%	23%		
Local resolution concerns/ informal complaints Rec	Number	4	2		
MP Enquiries Rec	Number	1	2		



There has been an increase in less positive scoring in relation to feeling listened to. Whilst there continued to be many positive comments about being heard and listened to some of

the comments included *“Be confidential and actually listen and help”, “The staff did not listen to me.”, “I was not listened to”* and *“A staff with listening ears would have been great”*. The comments about not feeling heard were spread across a number of services rather than relating to one particular service.

13 complaints were closed during the quarter, 3 of these were either fully or partially upheld and 8 were not upheld, with 2 being resolved locally. Four of the complaints related to communication or care and treatment, and three related to an alleged breach in confidentiality (two of these were from the same patient).

The services receiving the majority of iWGC responses were CRHTT East 156 responses, Psychological Medicine Service East, 56 responses, Memory Clinic Bracknell 47 responses and CMHT Bracknell 29 responses.

Across the CRHTT East survey responses the average 5-star score was 4.34 with 85.3% positive feedback, a decrease from last quarter. 133 of the (overall number of responses received) scored a 4 or 5-star rating with many comments about staff understanding, being helpful, listening and kind; *“They took time to listen & understand my problems & say they will follow up things for me. Gave me a good feeling of being supported.”* This quarter, questions relating to feeling involved and ease were least likely to be positive with areas for improvement and dissatisfaction with the service about feeling it was unhelpful, discharged without being informed, were not through and did not help.

Feedback from compliments for the service included, *“Our hearts were aligned in group today, we really had each other’s backs. Aligned and connected together. I certainly feel less alone and I’m glad I came.”*

The Psychological Medicine Service - East received 83.9% positive score (4.42-star rating) and received positive feedback about staff being helpful, listening, supportive and friendly. *“[name removed] and [name removed] who assessed me in A&E were so kind caring and understanding. They took the time to listen and had my best interests at heart. I’m so glad there are people like this working within mental health as they made me feel at ease considering I was going through a difficult time.”*

Memory Clinic Bracknell received 97.9% positive feedback (4.85-star rating), many of the comments were positive about staff being helpful, supportive and Friendly. *“We were both listened to and any questions we wanted to ask was fully explained. No issue was brushed aside. At the end of our consultation we were asked again. Did we have any other problems. The doctor and apprentice were kind considerate & reassured us where and whom to contact if we needed any further help. Excellent consultation throughout the appointment. Thank you.”* One patient gave a score of 1 and said, *“Pharmacist tried her best to arrange weekly prescriptions for my aunt’s medication but was refused because of ‘practice policy’. My Aunt was a nurse for 43 years and now she needs some help with her medication which the Practice won’t provide, very disappointing and sad that the care has been taken out of the service she gave her life to. No alternative way to arrange her medication so she’ll struggle on and deteriorate quicker.”*

Other areas being worked on for improvement include a chance to discuss concerns with the doctor without the patient to avoid worrying them, change the wording of questions to make patient feel more comfortable, reduce time between appointments and offer help between appointments in case their conditions worsen.

CMHT received 60 responses (Bracknell 29, WAM 15 and Slough 16) with 88.3% positive score and 4.60 star with 7 of the total responses scoring less than a rating of 4; comments included *“The MH nurse, who I’ve been seeing, whenever I look up doesn’t look interested in what I am saying and I have to keep repeating myself. She seems to be looking in to space and couldn’t look less interested if she tried. Doesn’t make me want to engage.”, “I don’t feel*

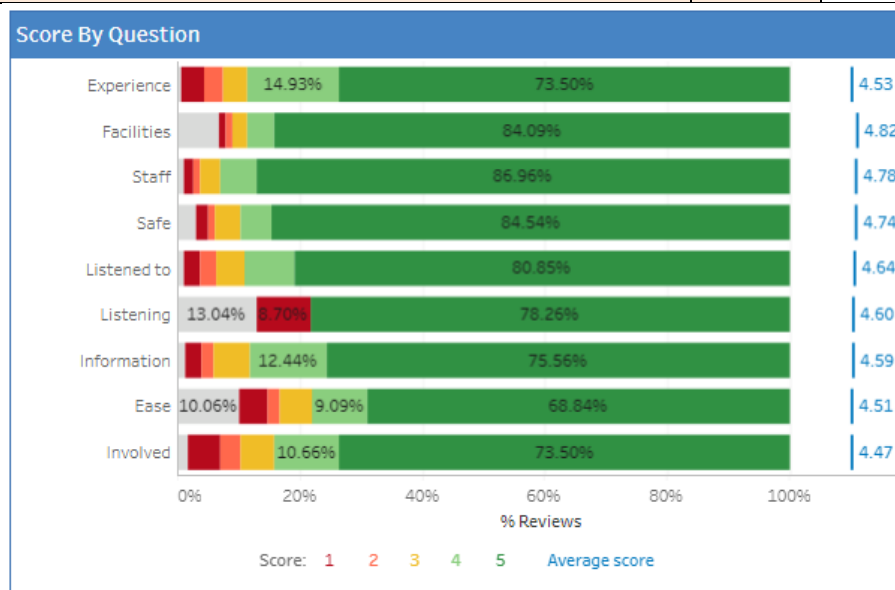
*I'm listened to at all. Had an assessment from another service and they were so much more empathetic, caring and listened." There were a number of positive comments about being listened to, staff being understanding, helpful and kind including "x has been amazing and helped me alot and has been there when I needed someone she also taught me a lot" and " All the facilitators were extremely helpful and professional during the 18 week course. I loved that I was part of a group too, so we could share all our experiences together as one".*

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

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

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

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	1246	1219		
Response rate (calculated on number contacts)	%	2.5%	2.3%		
iWGC 5-star score	Number	4.61	4.58		
iWGC Experience score - FFT	%	89.3%	88.4%		
Compliments received directly by services	Number	557	403		
Formal Complaints Rec	Number	12	15		
Formal Complaints Closed	Number	7	13		
Formal Complaints Upheld/Partially Upheld	%	43%	54%		
Local resolution concerns/ informal complaints Rec	Number	7	5		
MP Enquiries Rec	Number	4	0		



The Mental Health West division has a wide variety of services reporting into it, including Talking Therapy services and Court Liaison as well as secondary mental health services. The 3 services with the most feedback through the patient survey were Talking therapies 740 responses, PMS West 83 responses and CRHTT West 81 responses.

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

This division received 15 formal complaints during the quarter with CRHTT receiving 5 and CPE receiving 3. There were 13 formal complaints closed with 7 being found to be upheld or partially upheld and 4 not upheld. Two were resolved locally.

Mental Health West also received 7 informal complaint/locally resolved complaints and 4 MP enquiries.

For CRHTT there were 81 feedback questionnaires completed with an 84% positivity score and 4.30-star rating; with lots of positive comments about staff being helpful, kind and listening, *“Being referred to the crisis team was a scary thing for me, but every member of staff involved in my care has been so incredibly empathetic and caring and has made a difficult time in my life a whole lot easier. I really do want to thank everyone for their help and their kind and caring approach as it really has made a huge difference to me and how I’m feeling.”*; a number of the less positive reviews talked about lack of communication, not informed about planned discharge and wanting the staff members who they are being seen by to be consistent.

There were 231 responses received for West CMHT teams with 82.3% positivity score and 4.34-star rating, 190 of these were positive with comments received that staff were kind and listened, there were 40 negative responses with reviews included that patients felt the service with unhelpful and felt staff didn’t understand or always listen.

Older adult and memory clinic combined have received 94 patient survey responses during the quarter with a 96.8% positivity rating (4.91-star rating) some of the feedback included *“The staff at the Wokingham Memory Clinic are very friendly and welcoming. The treatment suggested, and the longer-term future for someone with mental health issues, can be frightening but everything was well explained and the ongoing support has been excellent. We were given ample opportunity to discuss the options available and all concerns were addressed.”*

The West Psychological medicine service received 83 responses with an 89.2% positive score and 4.57-star rating (9 responses scored less than 4) many of the comments were positive about staff listening, helpful and reassuring.

For Talking Therapies, their patient survey responses gave a positivity score of 87.2% (4.56-star rating), 95 of the reviews scored less than 4. The vast majority of comments were still very positive about the staff, including that they listened, were understanding and kind. A number of the comments/areas for improvement were requesting the support to be listened to, phone calls to not be rushed and questions to not be repetitive. For example, *“I felt that the questions you are asked are repetitive. I was asked from a questionnaire was I at risk of harming myself or others. I replied no to both but was still asked the same questions later.”*

Examples of positive feedback about Talking Therapies included, *“The therapist were really good. She gave me tools and techniques that helped me throughout the process and which I can apply after care. She was very knowledgeable, very patient with me even when I have trouble finding my words, she didn’t rush me but worked with me and helped me through it.”*, *“My therapist seems to know what I am talking about, totally understands my concerns and is able to support me appropriately and in a way I can manage. She is thoughtful and extremely helpful. I can't thank her enough for all the methods she introduces to me in order for me to function. She has a bank of knowledge and is willing to talk me through things I feel. I cannot manage by myself.”* and *“This was my first-time doing counselling. [name removed] was welcoming and made me feel understood. Each week I gave myself little challenges to complete based off our conversation. [name removed] helped me feel proud of the steps I did and confident for the future.”* Patients reported that they felt *“I felt listened to and responses were given based on what I said rather than from a script.”*, *“Was listened too and felt at ease when answering the questions.”* and *“Felt listened to and that therapist was prepared to work with me to achieve something beneficial to me.”*

## **Op Courage**

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

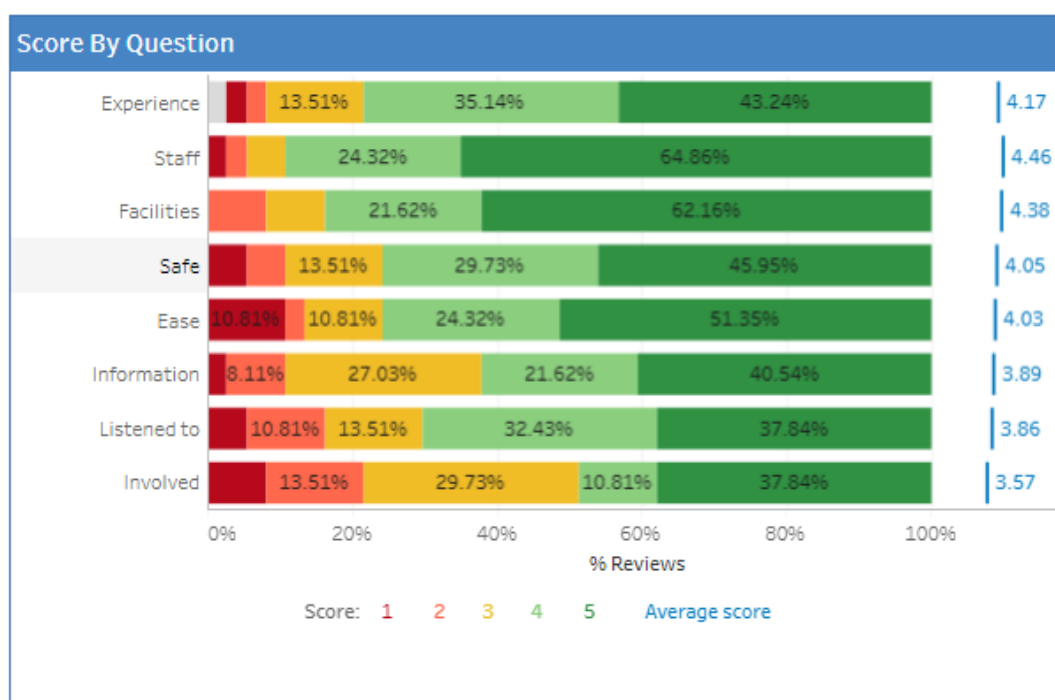


Further work is being carried out with Mental Health West services to improve uptake as part of the wider patient experience improvement plan.

## Mental Health Inpatient Division

Table 7: Summary of patient experience data

Patient Experience - Division MH Inpatients		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	43	37		
Response rate	%	28.3%	28.5%		
iWGC 5-star score	Number	4.30	4.05		
iWGC Experience score – FFT	%	88.4%	78.4%		
Compliments	Number	12	11		
Formal Complaints Rec	Number	10	4		
Formal Complaints Closed	Number	5	5		
Formal Complaints Upheld/Partially upheld	%	80%	60%		
Local resolution concerns/ informal complaints Rec	Number	0	0		
MP Enquiries Rec	Number	0	0		



The satisfaction rate at 88.4% is skewed by 8 of the 37 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to feeling involved received the least positive scores with overall 5-star rating being 3.57; with 19 of the 37 giving a score of 3 or less to this question.

There were 4 formal complaints received for mental health inpatient wards during the quarter, Two for Place of Safety, one for Daisy Ward and one for Rose Ward, and were mainly regarding care and treatment. There were no complaints for Sorrel Ward this quarter. There were 5 complaints closed for this division during the quarter and of these three were partially or fully upheld and two were not upheld. There has been a reduction of over 50% in the number of formal complaints received compared to last quarter, and the % of those found to be upheld and partially upheld have also reduced.

There were many positive comments received in the feedback including comments such as staff were respectful, lovely, listened and helpful. 13 of the 37 responses to the survey were from Sorrel Ward. There were some comments for improvement about having other types of therapy and seeing a psychiatrist, staff didn't listen to them and more options for food. Examples of the feedback left are "Being in a mental health ward and Hospital is very new to me and I can honestly say the staff on Daisy ward have all been great and have treated me with respect." "Very happy with the care I have in the Daisy Ward. All the staff are helpful and friendly. The whole ward is clean. All in all super star!", "Staff are lovely, Drs let you be involved in your care and listen to you when needed." There were no responses for a Place of Safety.

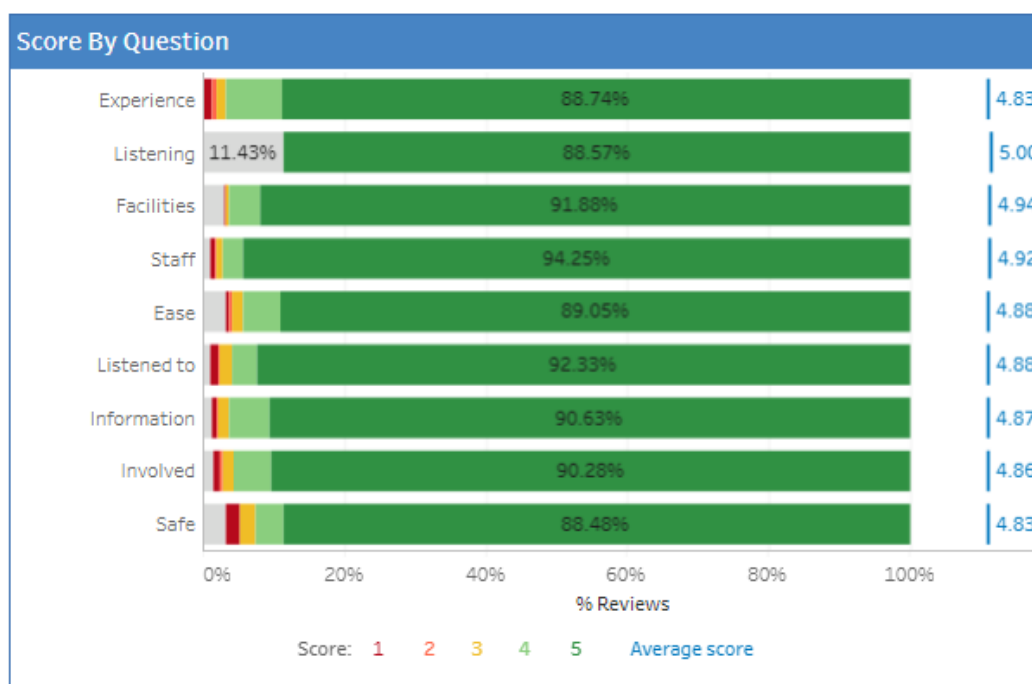
There is ongoing work at Prospect Park to increase feedback including work within the Therapy department.

## Community Health Services Division

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

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

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



Of the six complaints received this quarter, two were for Henry Tudor Ward (these were about care and treatment and lost property) and two for Sexual Health. One for Hearing and Balance and one for MSK Physio. Care and Treatment, and Communication were the main themes.

There were five complaints closed, two partially upheld and three not upheld.

Hearing and balance received 147 responses to the patient experience survey with a 96.6% positive score and 4.90-star rating.

East Community Nursing/Community Matrons received 275 patient survey responses during the quarter with a 98.6% positive scoring, many comments were about staff being friendly and kind, for example *"I received great care and attention from the District Nurse, explaining all of my nursing needs, and the plan going forward, always friendly and professional."*, *"I see the District Nurses every day they are always very kind and compassionate and listen to any concerns that I have an act on them."*, *"I see the District Nurses every day they are always very kind and compassionate and listen to any concerns, and reassure me."* and *"I have been shown great kindness, I feel listened to and I have been given time to express my concerns. The Matron has provided support and linked me to other services that have helped me to remain at home."* There were also some comments around not being notified of a scheduled visit for example *"Would like to know when nurse is visiting."*

The wards received 118 feedback responses (56 responses for Jubilee ward 91.1% positive score and 62 Henry Tudor ward 93.6% positive score). Most of the comments for improvement were staff communication including communication between staff members and understanding of discharge planning. There were a number of comments about how good the food was.

As with MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 96.5 % (4.91-stars), comments were very complimentary about staff being professional and helpful, *"I was assessed by [name removed], who was extremely helpful and explained the problem, very easily. [name removed] was professional but also friendly. We worked out a plan together which will be easy to follow. I understood I have 6 weeks to visit again or I can ring if needed."* The reoccurring improvement suggestion for this quarter was for a sooner appointment.

Outpatient services within the locality received a positivity score of 97.8% with 4.92 stars from the 635 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"I am over the moon with the way I have been treated by this lovely team. Everyone that visited me was fantastic. THANK YOU."*

The diabetes service received 56 feedback responses with 96.4% positivity and some lovely comments including *"The Consultant was thorough, she checked through each of my results and explained what they meant for me, what progress I had made and what needed further improvement - none of which felt degrading or made me feel bad, but rather from a place of care and optimism that I could get better. She allowed me time to digest the info and ask questions/take notes. Great experience."* Alongside some helpful suggestions for the service to consider such as *"As one person suggested, maybe partners could attend the meetings, as this could help with the support needed, especially where diet is concerned."*

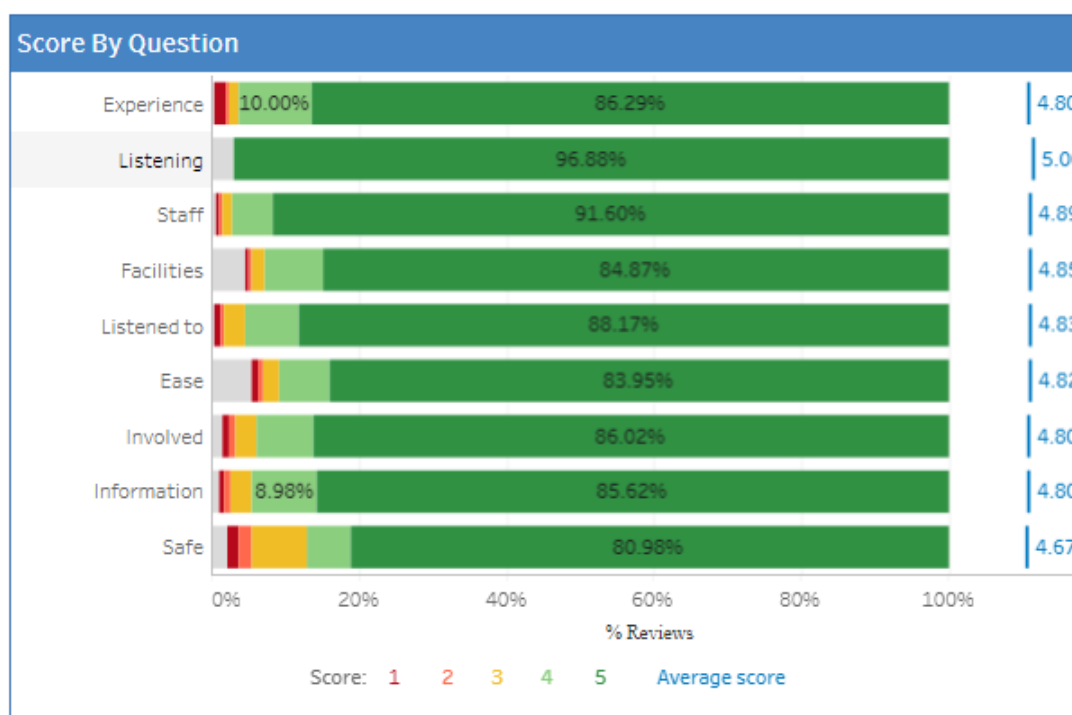
The Assessment and Rehabilitation Centre (ARC) also received positive feedback including *"The care team could not have been better. I was treated with care and attention during the whole of the procedure. The detail examination of my balance problem extremely the rough. Many thanks- well done team."*

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

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

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

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



Community Health West saw an increase in responses this quarter. There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 96.3% positive satisfaction and 4.82-star rating and the question on staff receiving a 97.1% positive scoring from the 2239 responses received.

There were 10 formal complaints received during the quarter, these were split across several different services. Of these District Nursing received six complaints and Out of Hours GP service received 2

There were 14 complaints closed for the division during the quarter with 2 being upheld, 10 partially upheld, and 2 not upheld.

During this quarter the community hospital wards have received 134 responses through the patient survey receiving an 85.8% positive score and 4.47-star rating, (19 responses scored 3 and below) questions around information and feeling listened to receive the most results of

3 and below; comments include staff were friendly and kind, *"The staff were all very friendly and caring, and everyone was very helpful. It was also very nice to be able to go into the new garden, which is lovely, to enjoy fresh air."*, *"Every member of staff has been very kind and helpful could not have wished for better always cheerful I have enjoyed my stay and would recommend it to anyone. Thank you so much."*, *"Because the staff were all very friendly and caring. The food was good and it was lovely to be able to go outside occasionally."* And *"Overall everyone was really friendly, helpful and kind and made my stay as pleasant as possible."*, there were some individual comments where patients were less satisfied, with comments including better communication, better food, more staff at night and to answer the call bell quicker.

WestCall received 18 responses through the iWGC questionnaire this quarter (93.3% positive score, 4.64-star rating, 3 score received below 4. Positive comments included (*"Dr [name removed] was very kind and listened my problem carefully, spent time giving advice and information. I feel valued and able to share problem I had and what should I do to get it improved. Dr [name removed] is an excellent doctor."*) *"Lovely reception with kind staff. Given instructions, slowly and clearly. Only waited half an hour and the Dr. I saw was wonderful. (Female) afraid I didn't get her name. But she was so kind, understanding, listened to me and was very thorough, gave me a diagnosis and clear instructions, going forward. Just was to say thank you for being so fantastic!"* WestCall received around 17278 contacts during the quarter.

Podiatry services received 223 patient survey responses. Most responses were very positive receiving 5 stars (overall 96% positivity 4.86-star rating) with examples including *"The podiatrist and nurse were really calm, kind, and friendly. They completely put me at ease and explained everything in an easy-to-understand way."* and *"The podiatrist was very experienced. She also explained everything and very reassuring. She was very patient and sympathetic concerning with my disability."*

There were six complaints for Community Nursing, all relating to care and treatment. They have received some of the highest numbers of feedback (606 across the 3 localities in the quarter, with a 99.2% overall satisfaction score and 4.87-star rating).

To provide some context across our East and West District Nursing teams combined there were 56,263 contacts this quarter. Lots of comments included nurses were kind, helpful and friendly, *"District nurse [name removed] very kind and helpful, every concern we had was listened to and addressed, couldn't have asked for a better service."*, *"Staff are kind caring and approachable, I feel comfortable sharing thought or questions about things I am unsure with and am always greeted with a friendly and supportive response."* and *"[name removed], my nurse, was absolutely great!!!! She was so kind patient and caring. My weekly visit has now ceased as I am no longer housebound., and I will now receive my treatment at my GPS. Future patients will be extremely lucky to have [name removed] as their Nurse!! THANKYOU [name removed] - I shall miss you."* There were several positive comments about nurses being caring and there were very few suggestions for improvement, more frequent visits, and call patients' family to be present for visits.

MSK Physio has received one complaint in the quarter relating to the clinical care the patient received. The service has received 306 patient survey responses with a 97.7% positive score (4.92 star rating), very few areas for improvement were included in the feedback there were a few suggestions including sign posting to location, confirm next appointment at current appointment and instructions of what to do when they arrive for appointment and the overall feedback was extremely positive with lots of comments about staff were friendly, professional, listened and helpful.

The services across the division received many compliments including *"I felt listened to and understood. Also I was given lots of information which helped my understanding of Long Covid. A huge Thankyou to the Doctor and Physio who were there at my appointment."*

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

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

**Table 8: Ethnicity**

<b>Ethnicity</b>	<b>% Complaints received</b>	<b>% Patient Survey Responses</b>	<b>% Breakdown of Q4 attendances</b>
Asian/Asian British	3.64	8.7	9.67%
Black/Black British	0	3.2	2.67%
Mixed	3.64	2.1	3.49%
Not stated	7.27	12.9	15.89%
Other Ethnic Group	1.82	6.8	1.62%
White	83.65	66.3	66.66%

It will be important to ensure as we continue to gain an increase in our patient survey responses that everyone is able to access and use the survey; the survey is provided in easy read and a number of differing languages, but it will be important to ensure that the prompts to complete this are not inhibiting feedback representative of the community and our patient attendance.

**Table 9: Gender**

<b>Gender</b>	<b>% Complaints received</b>	<b>% Patient survey responses</b>	<b>% Breakdown of Q4 attendance</b>
Female	39.1	39.5	53%
Male	61.9	27.5	46.98%
Non-binary/ other	0	4.2	0%
Not stated	0	28.7	0%

This would indicate that whilst the breakdown by attendance is fairly equally split as are complaints it would appear that we are still more likely to hear the voice of the patient through the patient survey if they are female. There has been a marked increase in the number of patients who have not completed their age on the survey (this is not a mandatory field).

**Table 10: Age**

<b>Age Group</b>	<b>% Complaints received</b>	<b>% Patient Survey Responses</b>	<b>% Breakdown of Q4 attendance</b>
0 to 4	0%	3.7	18.41
5 to 9	0%		4.14
10 to 14	9.09%		4.34
15 to 19	5.45%		4.52
20 to 24	5.45%	4.3	2.87
25 to 29	7.27%		3.14
30 to 34	1.82%	6.1	3.56
35 to 39	3.64%		
40 to 44	3.64%	7.3	3.58

45 to 49	10.91%		3.52
50 to 54	9.09%	11.113.18	3.73
55 to 59	3.64%		4.32
60 to 64	9.09%	12.9	4.46
65 to 69	3.64%		4.63
70 to 74	1.82%	15.0	4.53
75 to 79	1.82%		5.56
80 to 84	5.45%	13.6	6.16
85 +	3.64%		6.55
Not known	7.27%	26.0	11.98

## 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. The Complaints Office encourages all those who may be asked to investigate a complaint, to attend the training to ensure a clear they have a clear understanding of the process.

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

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

Some examples of services changes and improvements are detailed below.

Service	You said	We did
Health Visiting	Service users would like the 'drop in' well baby clinics re-instated.	This has been done across all localities in West Berkshire from June. Service users also wanted the drop ins for the well-baby clinics to be opened up by making a wider number of parents/carers aware and able to access the drop in. The service is currently working on this.
CYPIT East - The SALT	To extend the number of sessions available for support. Less time waiting for assessment. Parents being involved and knowing how the service works.	SALT have new triage process, aiming to reduce time waiting for assessment and/or intervention where appropriate. SALT have introduced universal online workshops, where anyone can sign up to learn strategies and how our SALT service works.
Berkshire Eating Disorder Service (BED) - Adult	Encouraging and promoting cultural sensitivity to make the space safe for all.  Communication – more transparency around the treatment pathway and	Identified the need to understand what the problem is. Looking into feasibility of conducting an audit of demographics in the general population vs the client group.  See where the discrepancies are e.g., at referral, at point of treatment or later?

	expected waiting time at each stage.	The team have put together a 'first steps' group to ensure the service quality and content is consistent to all.
	Use different gripper needles as the ones they used hurt more than normal.	We have changed the type of vascular access needles (Grippers) used so that the experience is more comfortable.
Heart Function Team	Patients have complained signage for WAM Clinic is too small.	Discussion with Estates for bigger signage – not completed as yet but working on, and map has been reviewed and re-drawn with better instructions.
	Not enough seating for relatives in the clinic.	More chairs have been ordered – awaiting delivery.
	Patients with poor mobility identified the need for a wheelchair in WAM clinic.	This has been ordered and awaiting delivery.
Nutrition and Dietetics	Patient feedback from Cow Milk Protein Allergy Group – Parents of infants diagnosed with cow's milk protein allergy stated it would have been useful to receive video/information prior to workshops.	We are now sending pre-recorded webinars prior to workshops.
MSK physio	Long waits for appointments and the length of appointments	Use of locums, ongoing recruitment to increase capacity. Review of length of appointments to increase capacity. Saturday clinics. New processes to allow direct referrals into physio from IPASS/CSS and vice versa. Reducing need for person to revisit their GP.
	Length of Journey into physio.	New self – referral process is now live.
	Comments regarding privacy due to curtained cubicles.	Access to clinic rooms for increased privacy for patients.
	Not receiving exercises.	Change in exercise prescription service more user friendly for staff and increased selection of exercises.
	Tired looking facilities.	Review of departments and work needing to be done – in progress. Review of department equipment – in progress.
	Difficult to get through on phone to book and cancel appointments.	New telephone rota for admin staff covering hours of working day. Review of admin staffing and extra recruitment.
Mental Health Inpatients	Feedback from patients who are neurodiverse that there are too many posters on the walls	Posters have been reviewed and removed / relocated unless essential and up to date information for patients



	<p>Could there be more activities on the wards</p>	<p>Together for mental wellbeing charity who run the west crisis café (breathing space) have secured some winter funding money for some in-reach work.</p> <p>Increased sessions with one late afternoon each week in the therapy centre focusing on topics such as mindfulness and art therapy (this is in addition to activity coordinator work on the wards)</p>
	<p>More support preparing for discharge</p>	<p>drop-in sessions are being planned two evenings a week on the acute wards looking at reintegrating people back into the community linking them up with local resources etc</p>

## 15 Steps

Appendix 3 contains the 15 Steps visits that took place during Quarter 2.

There were 2 visits this quarter; both of these were at Prospect Park Hospital in Reading and took place on Rose Ward and Orchid Ward.

An end-to-end review of the 15 Steps programme has been started, which will feed improvements into how these are planned, reported, and how any improvements implemented. This is feeding to NHSE/I and their national review of the 15 Steps programme. Insight from our services, Governors and Non-Executive Directors is integral to this piece of work.

## Summary

All feedback we received is seen as helpful for improvement and understanding of how people using our services experience them and therefore it is very positive to see further small increases in the volume of patient feedback we are receiving through our feedback tool, all managers and divisional leaders have access to the live tableau dashboard to view this. It is also positive to see an increasing number of services proactively using the feedback to make changes and displaying this for patients and their loved ones to see. The Patient Experience Team have developed an action plan to proactively identify and support services with low or no responses to the iWGC feedback programme.

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

## Appendix 1: complaint, compliment and PALS activity

### All formal complaints received

Service	2022/23						2023/24						
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Compared to previous quarter	Q2	Q2 no. of contacts	% contacts Q2	Total for year	% of Total
CMHT/ Care Pathways	11	10	18	14	53	22.00 %	16	↓	6	8393	0.71	22	16.00 %
CAMHS - Child and Adolescent Mental Health Services	4	6	13	10	33	14.00 %	8	↑	11	5001	0.21	19	14.50 %
Crisis Resolution & Home Treatment Team (CRHTT)	3	9	6	4	22	9.00 %	5	↑	10	13979	0.07	15	11.50 %
Acute Inpatient Admissions – Prospect Park Hospital	13	7	9	6	35	15.00 %	10	↓	2	212	0.94	12	9.00 %
Community Nursing	3	0	4	5	12	5.00 %	3	↑	6	56821	0.01	9	7.00 %
Community Hospital Inpatient	4	3	2	1	10	4.00 %	1	↑	2	479	0.41	3	2.50 %
Common Point of Entry	0	1	3	1	5	2.00 %	1	↑	3	1507	0.19	4	3.00 %
Out of Hours GP Services	1	0	1	2	4	1.50 %	1	↑	2	17278	0.01	3	2.50 %
PICU - Psychiatric Intensive Care Unit	1	2	0	4	7	3.00 %	0	-	0	3	0	0	0.00 %

Urgent Treatment Centre	1	0	0	0	1	0.50 %	1	-	1	4197	0.02	2	1.50 %
Older Adults Community Mental Health Team	1	1	0	0	2	1.00 %	1	↑	2	4421	0.04	3	2.50 %
Other services during quarter	19	11	15	11	56	23.00 %	21	↓	19	112992	0.01	40	30.00 %
<b>Grand Total</b>	61	50	71	58	240	100.00 %	68		64	216579	0.02	132	100.00 %

### Locally resolved concerns received

Division	July	Aug	Sept	Qtr 2
CYPF	6	7	1	14
Community Mental Health East	1			1
Physical Health	10	11	5	26
<b>Total</b>	<b>17</b>	<b>18</b>	<b>6</b>	<b>41</b>

### Informal complaints received

Division	July	Aug	Sept	Qtr 2
Community Mental Health East	2			2
Community Mental Health West	1	1	3	5
Corporate	1			1
Physical Health			1	1
<b>Total</b>	<b>4</b>	<b>1</b>	<b>4</b>	<b>9</b>

### KO41a Return

NHS Digital are no longer collecting and publishing information for the KO41a return on a quarterly basis, but are now doing so on a yearly basis. We submitted our information when requested in July 2023, but NHS Digital are not planning on publishing the results until 26 October 2023, so we will report on this in Q3.

### Formal complaints closed

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

## Outcome of formal complaints closed

Outcome	2022/23				2023/24				
	Q1	Q2	Q3	Q4	Q1	Higher or lower than previous quarter	Q2	Total for year	% of 22/23
Locally resolved					0	↑	4		
Not Upheld	23	22	23	38	20	↑	25	20	38.00%
Partially Upheld	21	30	26	25	22	↑	26	22	42.00%
Upheld	12	9	7	8	11	↓	9	11	20.00%
<b>Grand Total</b>	<b>57</b>	<b>61</b>	<b>57</b>	<b>72</b>	<b>53</b>		<b>64</b>	<b>53</b>	<b>100.00%</b>

55% of complaints closed last quarter were either partly or fully upheld in the quarter, compared to 62% in Quarter 1, these were spread across several differing services.

## Complaints upheld and partially upheld

Service	Main theme for complaint						Grand Total
	Access to services	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	Waiting Times for Treatment	
Adult Acute Admissions - Bluebell Ward		1					1
Adult Acute Admissions - Daisy Ward					1		1
Adult Acute Admissions - Snowdrop Ward			1				1
CAMHS - Anxiety and Depression Pathway			1				1
CAMHS Rapid Response			1				1
CAMHS - Specialist Community Teams			1				1
Children's Speech and Language Therapy - CYPIT			2				2
CMHT/Care Pathways			1	2		1	4
Common Point of Entry		1					1
Community Geriatrician Service		1					1
Community Paediatrics						1	1
Crisis Resolution and Home Treatment Team (CRHTT)		2	1				3
District Nursing			4				4
Intermediate Care			1				1
Neurodevelopmental Services		2					2
Out of Hours GP Services	1		1				2
Phlebotomy		1					1
Physiotherapy Musculoskeletal			1				1

Psychological Medicine Service		1					1
Sexual Health				2			2
Talking Therapies - PWP Team			1				1
Urgent Treatment Centre			2				2
<b>Grand Total</b>	<b>1</b>	<b>9</b>	<b>18</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>35</b>

### Care and Treatment complaint outcomes

Care and Treatment complaint outcomes	Partially Upheld	Upheld	Grand Total
Adult Acute Admissions - Snowdrop Ward	1		1
CAMHS - Anxiety and Depression Pathway	1		1
CAMHS - Rapid Response	1		1
CAMHS - Specialist Community Teams	1		1
Children's Speech and Language Therapy - CYPIT	1	1	2
CMHT/Care Pathways	1		1
Crisis Resolution and Home Treatment Team (CRHTT)		1	1
District Nursing	3	1	4
Intermediate Care	1		1
Out of Hours GP Services	1		1
Physiotherapy Musculoskeletal	1		1
Talking Therapies - PWP Team		1	1
Urgent Treatment Centre	2		2
<b>Grand Total</b>	<b>14</b>	<b>4</b>	<b>18</b>

31 complaints related to care and treatment. Of these 11 were not upheld, 14 were partially upheld and 4 were fully upheld.

### PHSO

The table below shows the PHSO activity since April 2023:

Month opened	Service	Month closed	Current stage
April 2023	CMHT/Care Pathways	September 2023	LGO not progressing, but now with PHSO to consider
July 2023	CMHT/Care Pathways	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
July 2023	CAMHS – Specialist Community Team	September 2023	PHSO have reviewed file and are not progressing
September 2023	CRHTT	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
September 2023	CAMHS	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate

## **CQC**

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

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

## **PALS activity**

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

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.

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

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 315 queries recorded during Quarter two. A decrease of 68 since Quarter 1. 311 queries were acknowledged within the 5 working day target, but the recording of queries has fallen behind due to the volume of queries coming into the service.

The Patient Experience Team has undertaken work to standardize and streamline the PALS process, in order to make it more user friendly for the wider team and enable the service to be covered consistently during the absence of the PALS Manager. We are also refining the number of queries which need to be recorded on Datix, replacing this with a method which enables us to record more quickly and efficiently.

PALS has engaged a volunteer on a part time basis, and this has improved direct access to the service. The volunteer is also recording queries which has improved the rate of data collection. Our volunteer has also represented us at Reading Pride and has taken part in a PLACE visit.

In addition, there were 332 non-BHFT queries recorded. Another member of the Patient Experience Team is consistently helping with the recording process to improve the rate of data collection.

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

Service	Number of contacts.
CMHT/ Care Pathways.	29
CAMHS ADHD	18
CAMHS AAT	16
Phlebotomy	16
Other	15
CMHTOA/COAMHS	13
Physiotherapy MSK	9

## Appendix 4

### 15 Steps; Quarter Two 2023/24

During quarter two, there were two visits:

#### Orchid Ward – Prospect Park Hospital

- Positives observed during the visit:
- Nurse in charge was very enthusiastic about her job. Other staff were welcoming and positive about their work.
- Staff board visible with photographs and staff on duty that day.
- Evidence of QMIS work and improvements which benefitted both patients and staff i.e., around Falls and dehydration.
- Communal dining area was laid up for lunch which looked welcoming.
- Hydration station available for patients with choices of drinks not just water in line with QMIS feedback and evidence.
- Physiotherapist was very engaging around the importance of rehabilitation and success stories from recent patients.

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

- Some of the QMIS data was not dated so it was not clear if aims were current. The nurse in charge acknowledged this but said it had been condensed from a longer document.
- It took a while to gain entry to the ward – recognising that it was a busy ward.

#### Rose Ward – Prospect Park Hospital

- Positives observed during the visit:
- Ward manager was very welcoming. Other staff were pleasant and greeting as appropriate. All wore ID and were dressed appropriately for the working environment.
- Lots of positive interactions observed between staff and patients.
- Excellent ward notice board which clearly depicted staff and who was looking after each patient on the shift. There was clear rationale to what care patients should expect.
- Outside areas had plenty of seating and were tidy.

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

- There were some décor issues but these had been reported and were due to be addressed by estate services.
  - Signage to ward in the corridors was difficult to follow if you are unfamiliar with the building. Seems to disappear once you have gone past the main entrance. The Manager stated that this has been reported by patients and visitors previously and is under review.
-



Data analysed by

iWantGreatCare



**Berkshire Healthcare**  
NHS Foundation Trust

# Patient experience report









Actionable insights from your patient experience data

Based on the Picker Principles of Patient-Centred Care

July to September 2023 (Q2-2023)



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

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

The following performance measures are used in this report:

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

Changes are colour-coded:

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

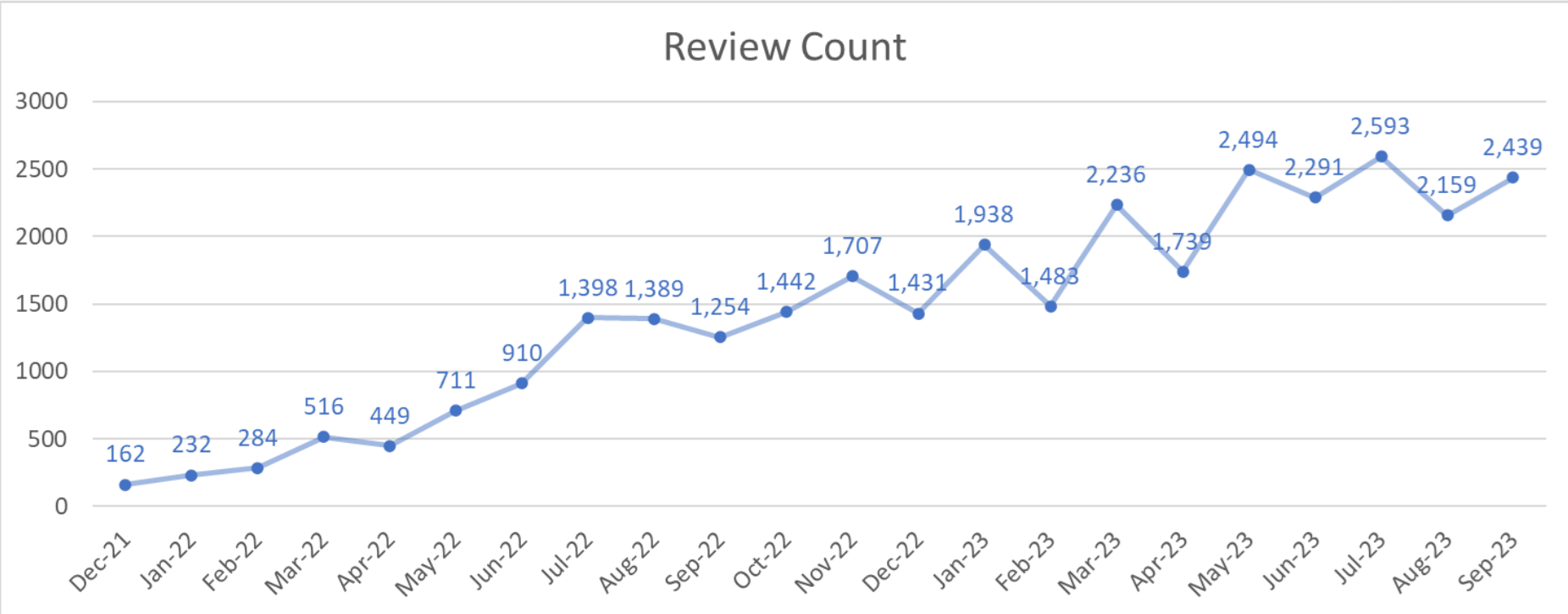
“n=” denotes the number of reviews for the organisation, location, care type, service or theme except for the Services Without Feedback slide where it denotes the number of services.

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



1. Review volumes continue to increase in Q2-2023. **70% of enabled services providing feedback (7% increase from Q1-2023) and 34% of enabled services achieving 10 or more reviews (1% increase from Q1-2023) (p5 & p15).**
2. **The Trust performs particularly well in the following areas (p10):**
  - a. Emotional support and empathy shown by staff
  - b. Involving patients in their care
  - c. Involving patients' family members and carers
  - d. Respecting individuals' needs
3. **There are opportunities for improvement in the areas of (p10):**
  - a. Joined-up care
  - b. Timeliness and availability of staff and services
  - c. Communication
  - d. Tailoring care to meet patient's needs
4. **Positive experience score and sentiment are slightly higher than last quarter's, with the highest positive sentiment yet seen (p13).**
5. **The proportion of positive sentiment** feedback of 84% is at the low end of the typical range for this period (82% to 92%), with the 5% **negative feedback** towards the high end of the range for other Trusts (typically 3% to 6%) **(p9).**
6. **When asked specifically about improvements:**
  - a. **77% of respondents said that no improvements could be made** which is high compared to other Trusts for the same period (38% to 72%) **(p14).**
7. **Coley Clinic** is the **location** that received the most positive sentiment from patient comments and **Children and Young People in Care** as a **care type** received the most positive sentiment **(p12).**
8. In total, 6,657 reviews contained suggestions for improvement - the general themes are summarised in this report but the full detail of every suggestion and review, by service, is available to you in your iWantGreatCare dashboard.

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



Overall 5\* score rating:



Previous report: 4.71

**94.5%**

“Very good” or “Good” Experience

Previous report: **93.9%**

**3.0%**

“Very poor” or “Poor” experience

Previous report: **3.4%**

Data period:

Jul to Sep-2023

Reviews for this data period: 7,191

Previous report: 6,524

## Highest ranked services<sup>1</sup>



100%

Health Visiting Wokingham - Antenatal Adult | MSK Community Specialist Service – Lower Limb - Finchampstead | Nutrition & Dietetics - Outpatient Adult - Home Visit | OpCourage Veterans Mental Health and Wellbeing Service | Community Dental - Tilehurst Clinic | Heart Care Support Team - Coley Clinic | Hearing & Balance (Audiology) - St Mark's Hospital | Integrated Pain and Spinal Service - Pain - Erleigh House

## Lowest ranked services<sup>1</sup>



38%

CMHT/Care Pathways Wokingham - The Old Forge, Wokingham  
Psychological Medicine (PMS) West **25%**  
Psychological Medicine (PMS) East | CRHTT West **21%**

## Dominant Positive themes<sup>2</sup>

Emotional support, empathy and respect **95%** (+1%)



Involvement in decisions and respect for preferences **92%** (-1%)



Involvement and support for family and carers **91%** (+4%)



Attention to physical and environmental needs **91%** (+3%)



## Dominant Negative themes<sup>2</sup>

Fast access to reliable healthcare advice **9%** (0%)



Continuity of care and smooth transitions **9%** (0%)



Clear information, communication, and support for self-care **6%** (-1%)



Effective treatment delivered by trusted Professionals **4%** (0%)



<sup>1</sup> Based on sentiment for services with 10 or more reviews

<sup>2</sup> % sentiment based on reviews with free text responses

# Experience by Location & Care Type



Highest performing location(s)<sup>1</sup>

Royal Berkshire Hospital

Positive Experience (change)<sup>2</sup>

100% (+11%)

Negative Experience (change)<sup>2</sup>

0% (-5%)



Highest performing care type(s)<sup>1</sup>

Community 5

Positive Experience (change)<sup>2</sup>

100% (+10%)

Negative Experience (change)<sup>2</sup>

0% (-10%)



Lowest performing location(s)<sup>1</sup>

The Old Forge

75% (-20%)

17% (+12%)



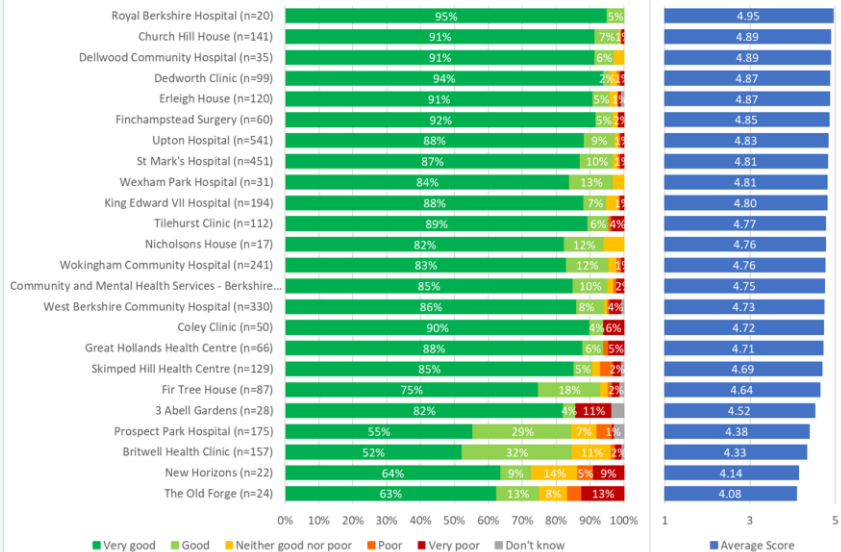
Lowest performing care type(s)<sup>1</sup>

Children's Out of Hours Service

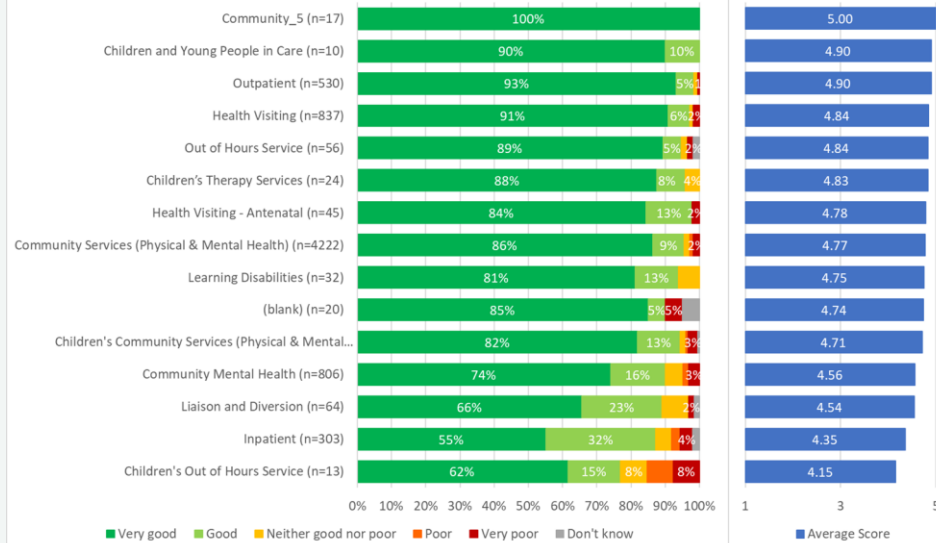
77% (-6%)

9% (+9%)

Experience Score by Location



Experience Score by Care Type

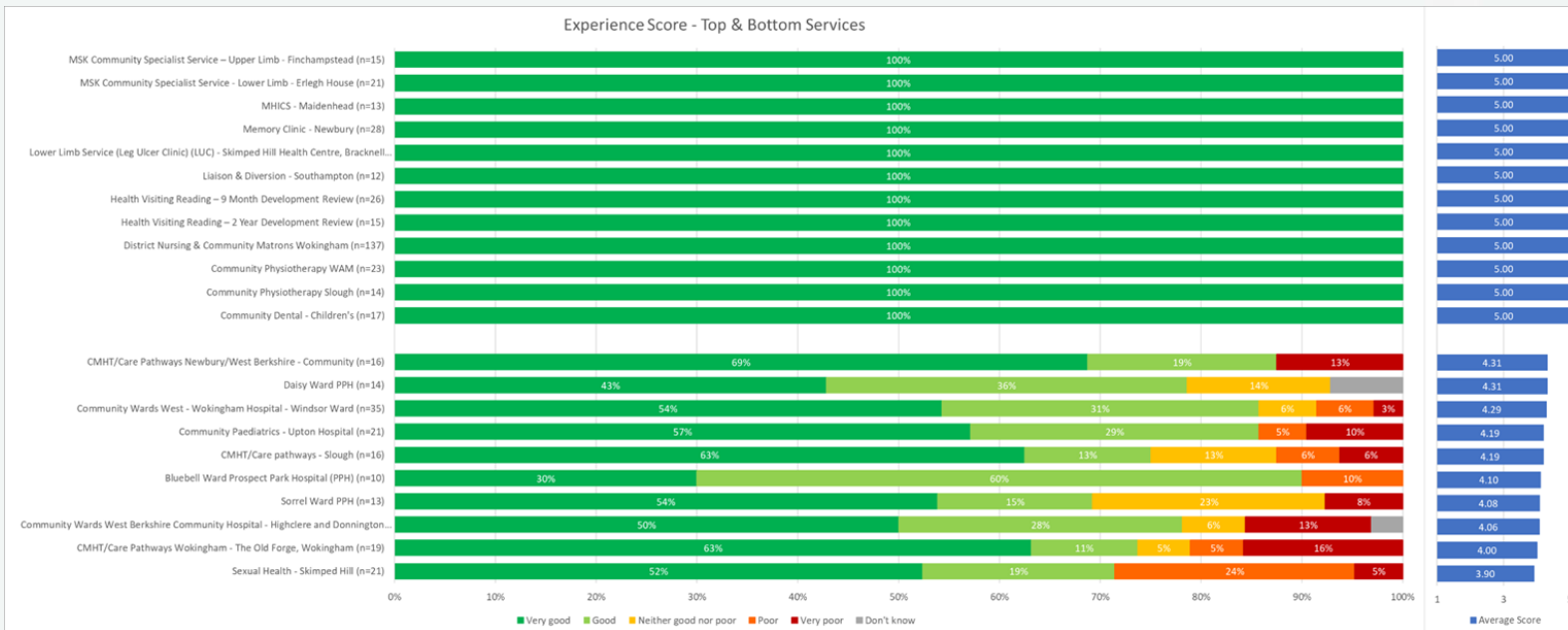
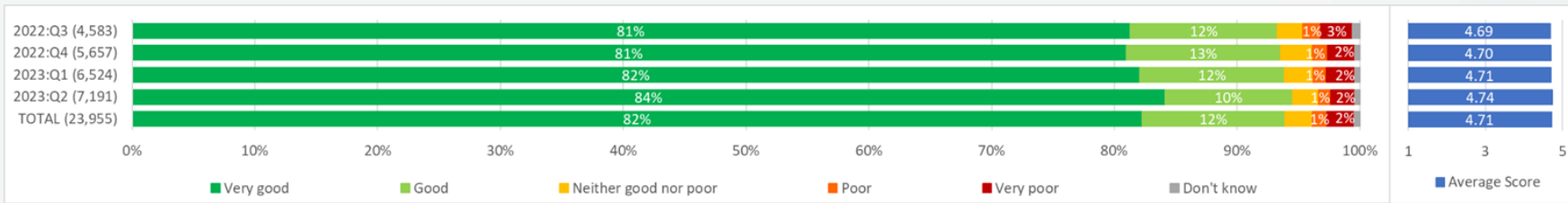


<sup>1</sup> Locations and care types with 10 or more reviews, ranking by average experience score

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

# Experience by Service

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



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

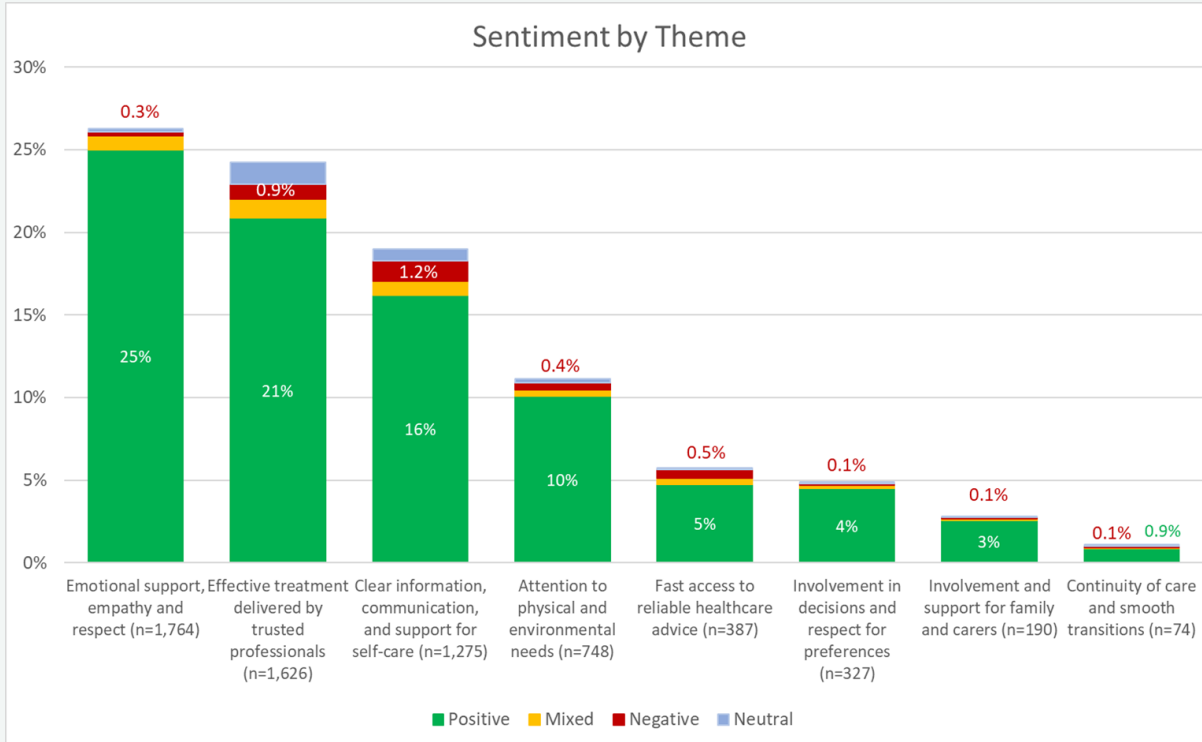
Ranking by average score.





# Key Themes – Sentiment Analysis

97% (0%)<sup>1</sup> of the respondents provided a reason for the rating they gave. These responses can be categorised into the following themes:



% sentiment based on reviews with free text responses

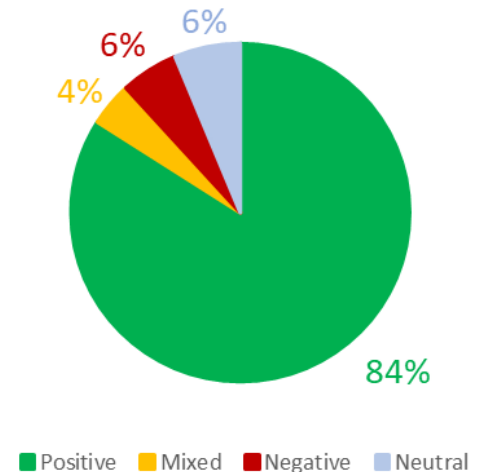
<sup>1</sup> Change from last report

84% (+2%)<sup>1</sup> of free text responses were positive

6% (0%)<sup>1</sup> were negative

4% (-1%)<sup>1</sup> were a mix of positive and negative comments

Overall Sentiment (n=6,712)



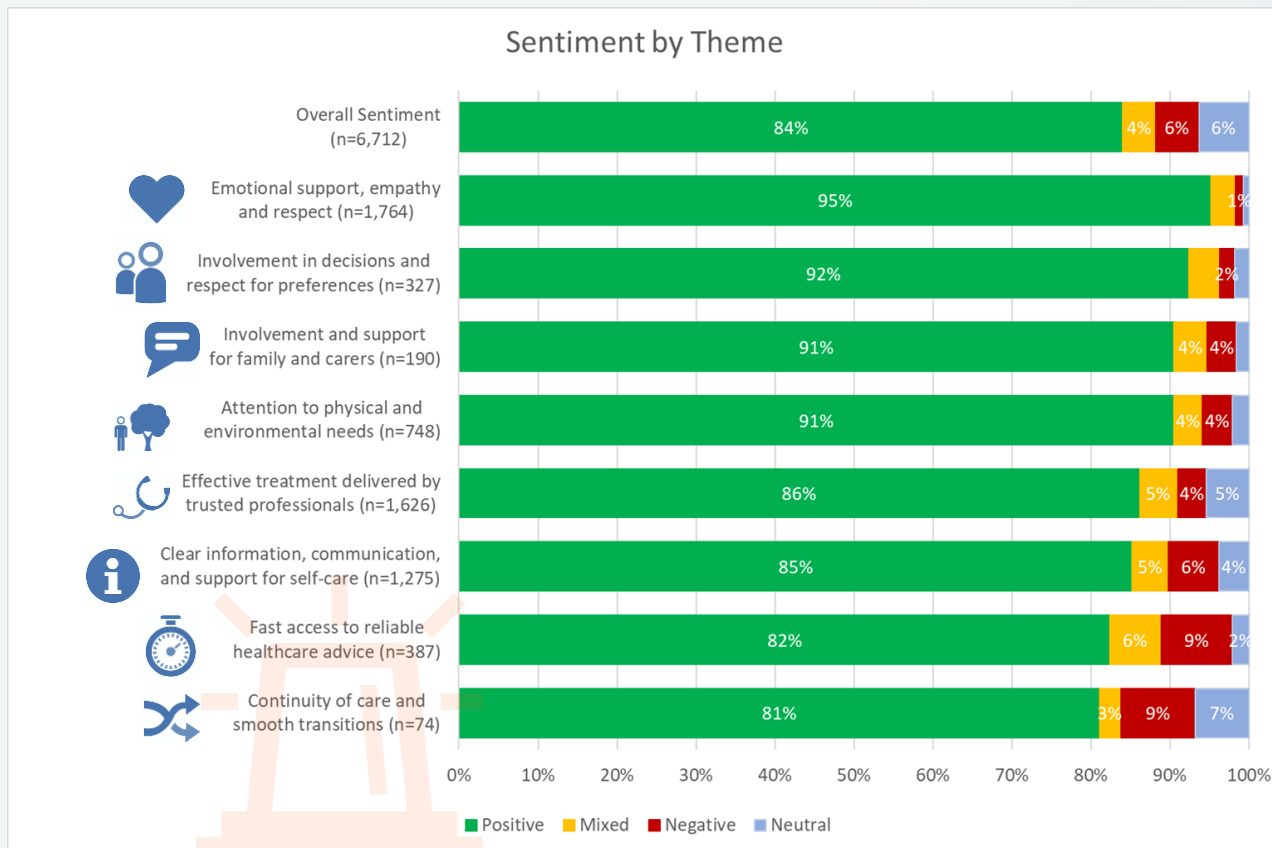
# Thematic Analysis - by Sentiment

The most positive themes are:

- **Emotional support, empathy & respect** is the theme most mentioned in patient's free text and has the highest % of positive sentiment (consistent with the last report).
- **Involvement in decisions and respect for preferences** is also highly positive.
- Only 1 to 2% of the patients who identified these themes in their free text did so with a negative sentiment.

The most negative these are consistent with the last report. 9% of the patients who identified these themes in their free text did so with a negative sentiment:

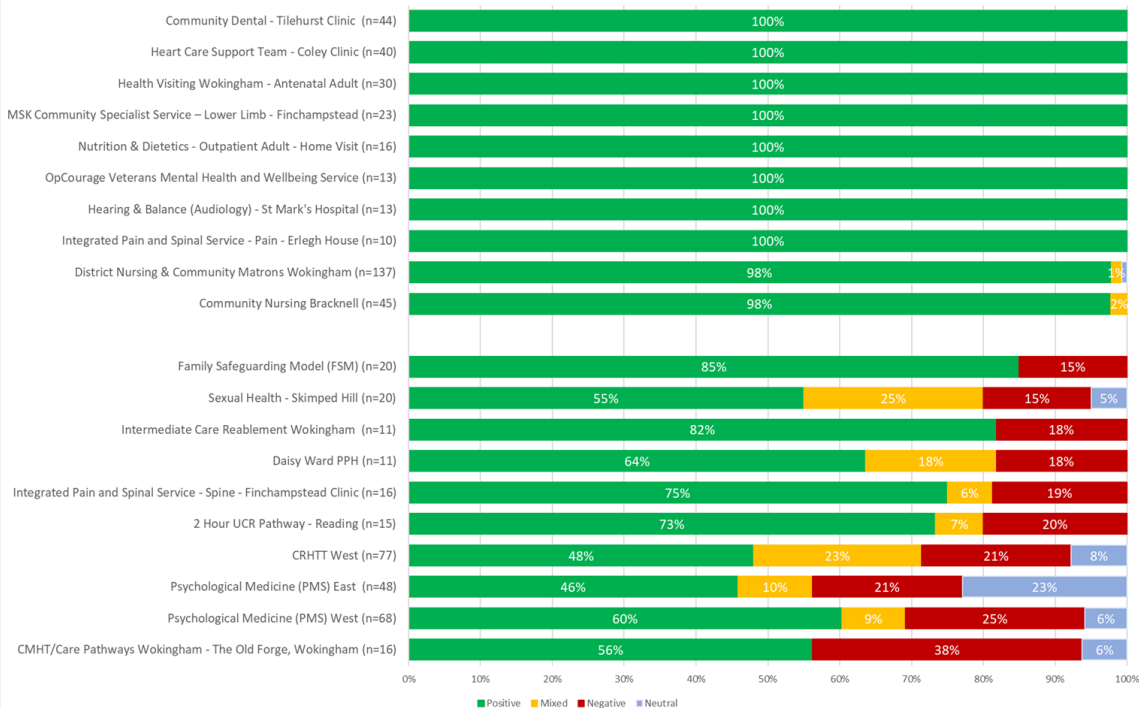
- **Continuity of care and smooth transitions** reflecting the apparent lack of coordinated care between staff members and services and delays in care.
- **Fast access to reliable healthcare advice**, showing patient's frustrations with waiting times for referrals and treatment.



# Sentiment analysis by service

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

Sentiment by Service - Top & Bottom Services



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

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

## Services with highest percentage of positive sentiment (change)<sup>1</sup>



- 1= Health Visiting Wokingham - Antenatal Adult; MSK Community Specialist Service – Lower Limb - Finchampstead; Nutrition & Dietetics - Outpatient Adult - Home Visit; OpCourage Veterans Mental Health and Wellbeing Service; Community Dental - Tilehurst Clinic
- Heart Care Support Team - Coley Clinic
- Hearing & Balance (Audiology) - St Mark's Hospital
- Integrated Pain and Spinal Service - Pain - Erleigh House

100% (n/a)

100% (+8%)

100% (+13%)

100% (+17%)

100% (+29%)

## Services with highest percentage of negative sentiment (change)<sup>1</sup>



- 1 CMHT/Care Pathways Wokingham - The Old Forge, Wokingham
- 2 Psychological Medicine (PMS) West
- 3= Psychological Medicine (PMS) East
- 4 2 Hour UCR Pathway - Reading

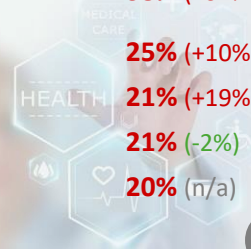
38% (+32%)

25% (+10%)

21% (+19%)

21% (-2%)

20% (n/a)



# Sentiment by Location & Care Type



Most positive sentiment location(s)<sup>1</sup>

Coley Clinic

Positive sentiment (change)<sup>2</sup>    Negative sentiment (change)<sup>2</sup>

100% (+13%)    0% (-7%)



Most negative sentiment location(s)<sup>1</sup>

The Old Forge

52% (-25%)    29% (+22%)



Most positive sentiment care type(s)<sup>1</sup>

Children and Young People in Care

Positive sentiment (change)<sup>2</sup>    Negative sentiment (change)<sup>2</sup>

100% (+18%)    0% (0%)

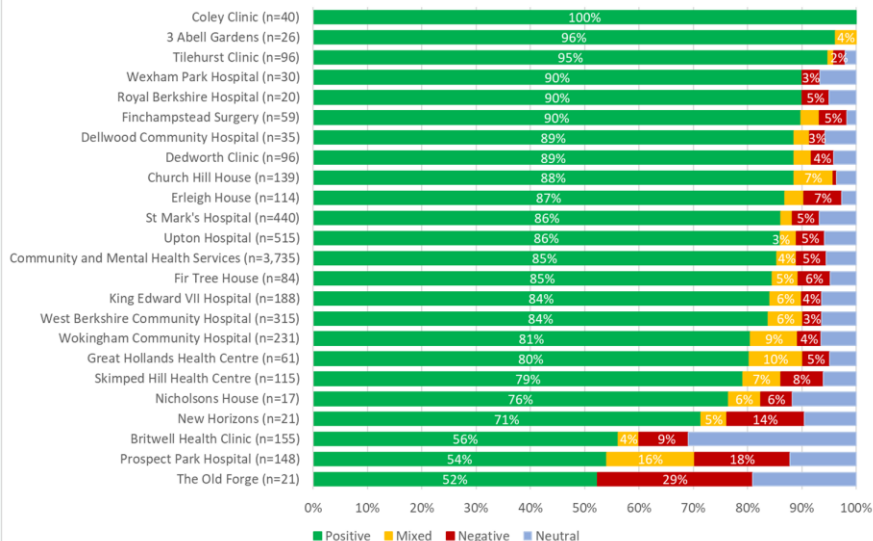


Most negative sentiment care type(s)<sup>1</sup>

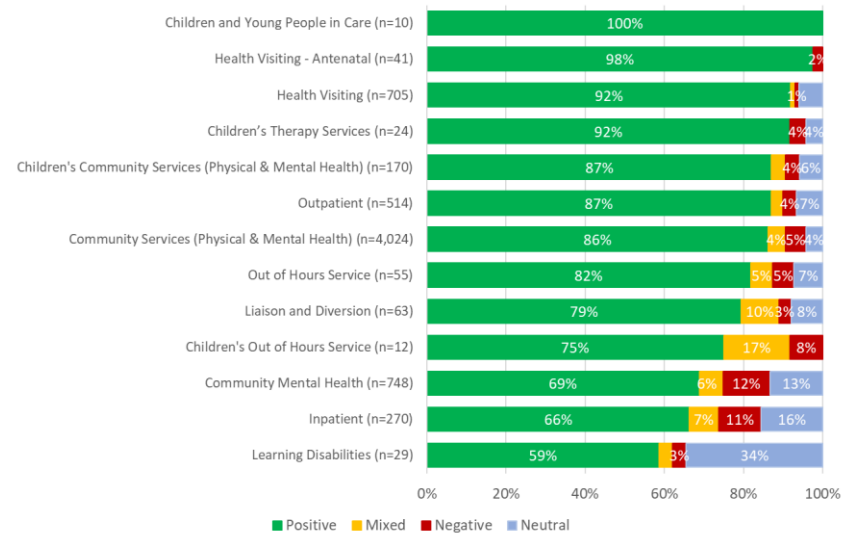
Community Mental Health

69% (-11%)    12% (+6%)

Sentiment by Location



Sentiment by Care Type

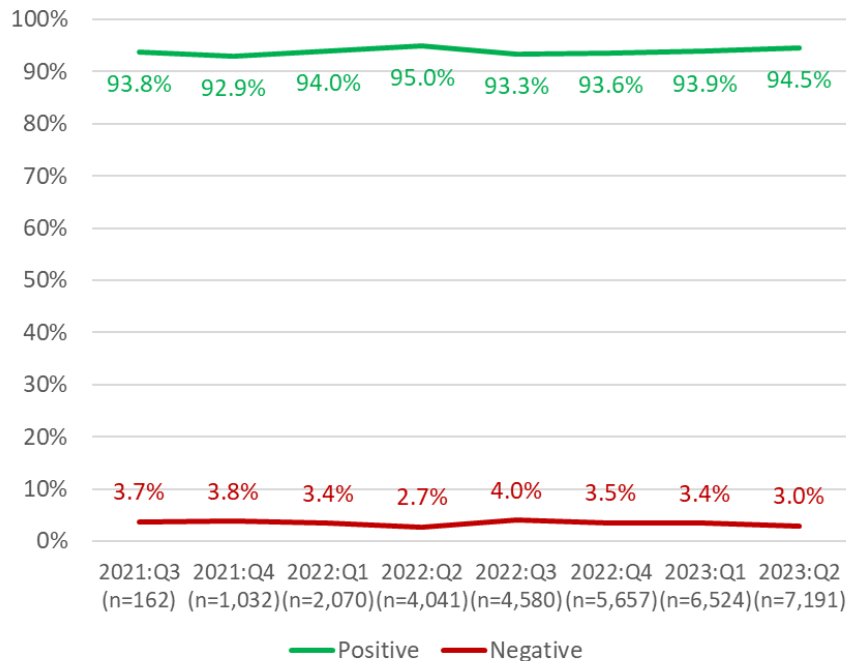


<sup>1</sup> Locations and care types with 10 or more reviews

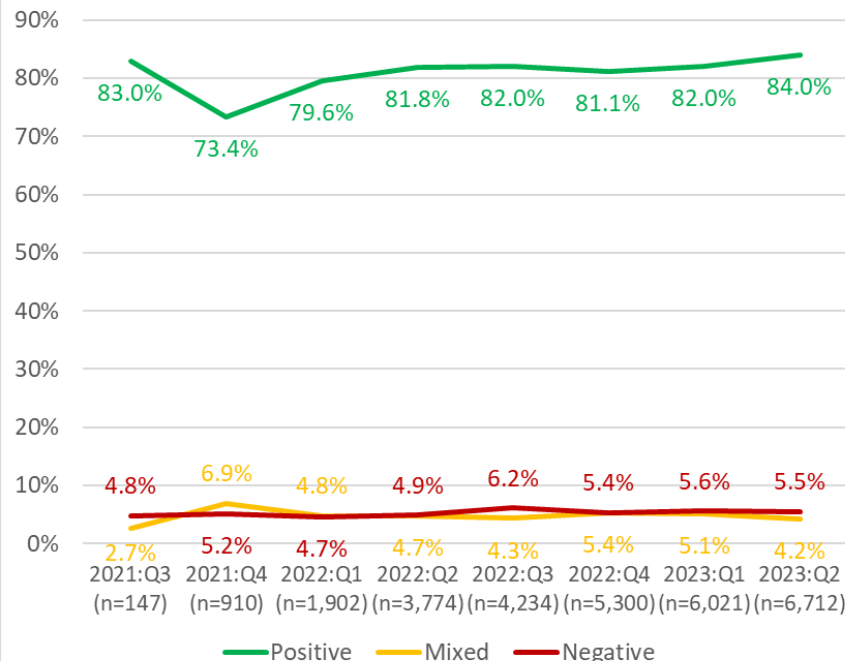
<sup>2</sup> Change from last report, "n/a" denotes no data from last report

Q2-2023 shows the second-highest experience score and the highest positive sentiment since iWGC collection of patient feedback started in Q3-2021.

### Experience Trend

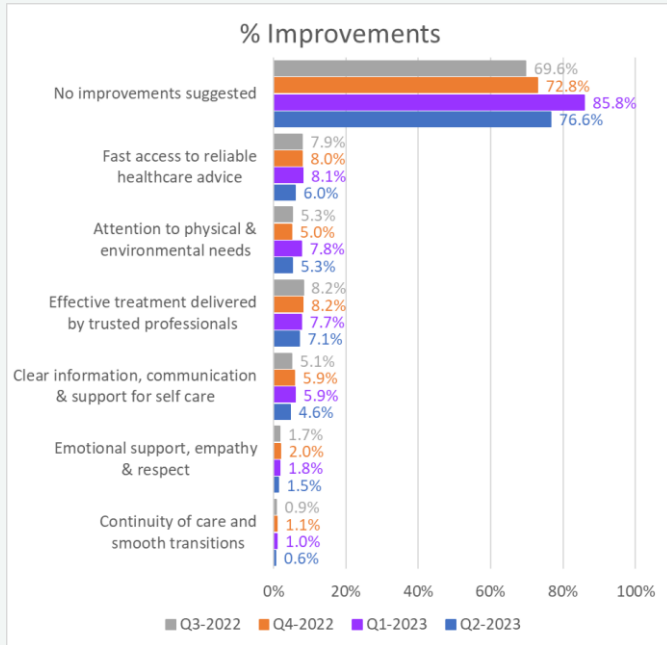


### Overall Sentiment Trend



In Q2-2023, 89% of feedback contained improvement suggestions (-4%)<sup>1</sup>. The themes of these improvements are detailed below. 77% of these specifically stated that no improvements were necessary (-9%)<sup>1</sup>.

The improvement themes for Q2-2023 (in blue) are compared to the last 3 reports in the chart below.



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

A smaller proportion of suggested improvements are for the following themes:

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

compared to the last 3 reports reflects improvements for these themes. These are 3 of the most prevalent improvement themes.

**Attention to physical/environment needs** also shows an improvement since the atypically high result seen in the last report.

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

<sup>1</sup> *Change from last report*



# Services Without Feedback

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

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

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

Of the 404 enabled services, **70% (+7%)<sup>1</sup>** had feedback during this period.

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

- 44% of services for Prospect Park Hospital to
- 85% of services for Upton Hospital

**34% (+1%)<sup>1</sup>** of the services had 10 or more reviews during this period.

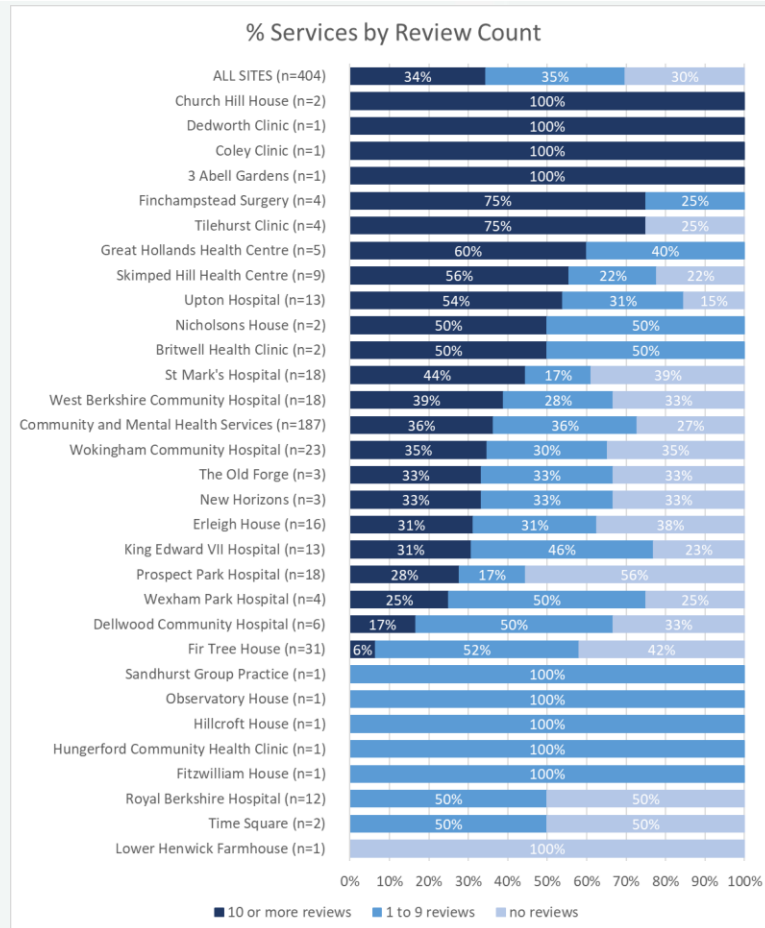
For the **sites with 10 or more services**, this varies from:

- 0% for Royal Berkshire Hospital to
- 54% of services for Upton Hospital

**30% (-7%)<sup>1</sup>** of services have no reviews during this period.

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

- 15% of services for Upton Hospital to
- 56% for Prospect Park Hospital



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

<sup>1</sup> Change from last report

# Recommendations

The **key recommendations** are summarised below.

Theme	% Patients <sup>1</sup>	Recommendations
Overall	<b>68%</b> (+3%)	<p>Over two-thirds of patients in Q2-2023 who submitted feedback stated that no improvements are necessary.</p> <ul style="list-style-type: none"> <li>- The percentage of patients suggesting improvements in the main themes is lower.</li> <li>- Most of the key improvements are consistent with previous reports.</li> </ul>
Effective treatment delivered by trusted professionals	<b>6.3%</b> (-1.0%)	<ul style="list-style-type: none"> <li>- Continue to review the amount of treatment that each patient receives and that patients understand the reasons for the amount of treatment in their plan, including:               <ul style="list-style-type: none"> <li>- The number and frequency of sessions. In particular, some patients felt that gaps between sessions was too long, and others wanted more sessions.</li> <li>- Set treatment session duration to meet patient needs. The dominant feeling is that some sessions are rushed, but some patients feel that sessions feel too long. Consider breaks during longer sessions.</li> <li>- Providing information regarding options for follow-up care.</li> </ul> </li> <li>- Help patients to receive the most appropriate care to meet their needs. This includes:               <ul style="list-style-type: none"> <li>- Tailoring treatment to meet specific needs, including offering one-to-one/group sessions, face-to-face/remote treatment. If the requested choices are not available, explain why and ensure that patient care is not negatively affected, especially for therapy services.</li> <li>- Providing awareness of and access to information of available services that suit patient needs.</li> </ul> </li> <li>- Provide assurance to patients that staff are suitable trained to give the required care. This will give confidence in the care provided to them. Identify any specific training or knowledge concerns and ensure that these are addressed.</li> <li>- Ensure patients have access to the required equipment (whether required in the hospital or at home) and medication.</li> </ul>

<sup>1</sup> Change from last report



Theme	% Patients <sup>1</sup>	Recommendations
Fast access to reliable healthcare advice	<b>5.3%</b> (-0.8%)	<ul style="list-style-type: none"> <li>- Although there are improvements in this theme, patients continue to be frustrated about waiting times.                             <ul style="list-style-type: none"> <li>- Review how waiting times can be kept to a minimum. The main delays are in referrals, but keeping to appointment times and avoiding delays in results, medication and discharge are also mentioned by patients.</li> <li>- Ensure that patients understand potential waiting times and are kept up-to-date with any changes.</li> <li>- Review staff allocation so staff can be available for patients quickly and for longer periods.</li> </ul> </li> <li>- Provide some notice of when home visits are likely, e.g. am or pm visits, or phone patients a short time before the visit. This helps less mobile patients be ready for the visit and also for any family members or carers to be present if required.</li> <li>- Allow scheduling of appointments to accommodate all patients (e.g. outside of standard office hours). If changes to appointments are required, promptly reschedule the appointment at a suitable time to avoid further delays in care.</li> <li>- Ensure that patients can contact services and that patient calls are answered quickly or returned promptly.</li> </ul>
Attention to physical and environmental needs	<b>4.7%</b> (+0.2%)	<ul style="list-style-type: none"> <li>- Help patients understand parking availability (especially disabled parking) and to consider any parking time that may be required. Highlight alternative transport options (including public transport) especially for less mobile patients.</li> <li>- Ensure that refreshments (including water) are available to all patients and visitors. Provide high quality refreshments meeting a range of dietary needs. Identify any dietary needs that may not be accommodated so alternative arrangements can be made.</li> <li>- Review directions and signposting of locations and for services within all locations, considering all disabilities (e.g. braille).</li> <li>- Provide support to patients with disabilities, especially regarding mobility (e.g. door access, lifts).</li> <li>- Keep noise to a minimum and provide suitable privacy to patients so they feel comfortable discussing personal issues.</li> <li>- Maintain high levels of cleanliness in all areas.</li> <li>- Conduct treatment in suitable rooms and spaces, especially therapy sessions. Patients comment on the drab decor in some areas affecting their mood.</li> <li>- Ensure patients are comfortable, especially when waiting for long periods, including controlling temperature and ventilation.</li> <li>- Provide an easy-to-access and simple appointment booking system. Ensure that patients are aware of any specific needs regarding their appointments (e.g. if blood or urine samples are to be taken).</li> </ul>

<sup>1</sup> Change from last report

Theme	% Patients <sup>1</sup>	Recommendations
Clear information, communication, and support for self-care	<p><b>4.1%</b> (-1.0%)</p>	<ul style="list-style-type: none"> <li>- Ensure that all required information is provided to patients in a timely manner, to enable them to make suitable arrangements. Involve patients in their care, make them realise that they are being listened to. Help them understand their treatment plan and any changes required and what options are available to them.</li> <li>- Identify if a translator may be required and where possible provide one. If one cannot be provided, inform the patient so they can make any necessary arrangements.</li> <li>- Provide information in a range of formats to suit accessibility needs for varying levels of technical ability as well as disabilities. Ensure information provided is accurate and up-to-date.</li> </ul>
Emotional support, empathy and respect	<p><b>1.5%</b> (-0.5%)</p>	<ul style="list-style-type: none"> <li>- Continue to remind all staff to treat all patients kindly, with dignity and respect, especially at busy times. Patients want staff to be approachable and want to feel cared for.</li> <li>- Continue to provide the option of gender specific staff and notify patients in advance so they can be accompanied.</li> </ul>
Continuity of care and smooth transitions	<p><b>0.5%</b> (-0.4%)</p>	<ul style="list-style-type: none"> <li>- Although less than 1% of patients suggested improvements for this theme, the dominant theme remains to keep the same staff, members especially where the relationship with the clinician may be critical (e.g. for therapy). If changes in staff are required, ensure that handovers are effective and do not negatively impact patient care.</li> <li>- Review communication mechanisms between staff and services, to ensure quick and accurate information flow.</li> </ul>

<sup>1</sup> Change from last report

Data analysed and report prepared by iWGC data team, October 2023.

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

**Ambika Patel**

iWantGreatCare

Account Manager

[ambika.patel@iwantgreatcare.org](mailto:ambika.patel@iwantgreatcare.org)

