

Patient Experience Report Quarter 1 2025/26

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.

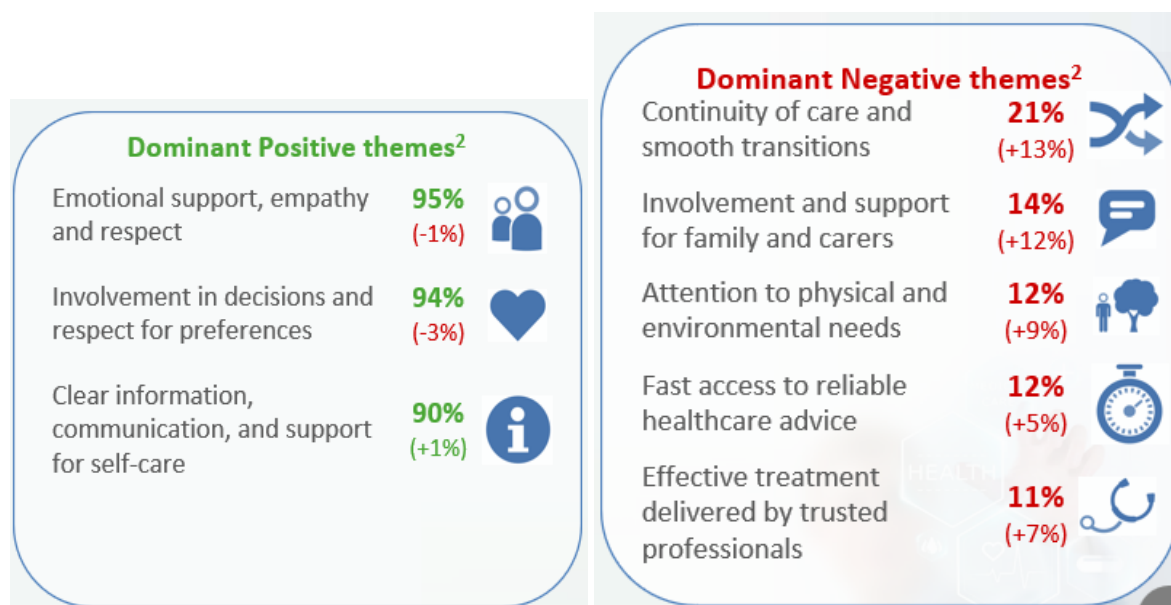
From April 2024, the response rate has been calculated using the number of unique/distinct clients rather than the total number of contacts. Patients will continue to be offered the opportunity to give feedback at each appointment.

Table 1

| Patient Experience – overall Trust Summary | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Year end |
|--|--------|---------|-------|-------|-------|----------|
| Distinct patient numbers (inc patient discharges) | Number | 162,555 | | | | |
| Number of iWGC responses received | Number | 13,604 | | | | |
| Response rate (calculated on number contacts for out-patient and discharges for the ward-based services) | % | 8.4% | | | | |
| iWGC 5-star score | Number | 4.80 | | | | |
| iWGC Experience score – FFT | % | 94.67% | | | | |
| Compliments received directly by services | Number | 1682 | | | | |
| Formal Complaints Rec | Number | 51 | | | | |
| Number of the total formal complaints above that were secondary (not resolved with first response) | Number | 13 | | | | |
| Formal Complaints Closed | Number | 57 | | | | |
| Formal complaints responded to within agreed timescale | % | 100% | | | | |
| Formal Complaints Upheld/Partially Upheld | % | 54% | | | | |
| Local resolution concerns/ informal complaints Rec | Number | 46 | | | | |
| MP Enquiries Rec | Number | 12 | | | | |
| Total Complaints open to PHSO (inc awaiting decision to proceed) | Number | 6 | | | | |

There has been an increase in the number of formal complaints received and closed this quarter, but the amount of informal complaints/local resolutions has slightly decreased. There has also been an increase in number of MP enquiries received for the second quarter in a row; with enquires now returning back to pre – election levels.

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



The brackets () in the picture above shows the comparison to the report for Quarter 4. (+) means that there has been an increase in satisfaction since the last report, (-) means a decrease. The picture shows that there has been a decrease in the experience of patients across all dominant negative themes. There has been an increase in the number of responses overall, and Divisions need to monitor these themes to identify any themes or opportunities for impact.

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

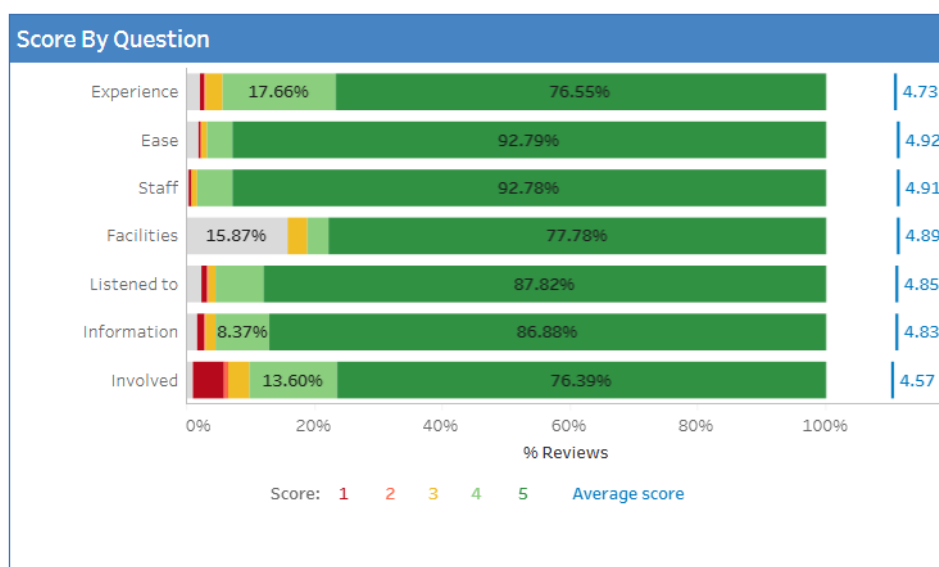
What the data is telling us

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 | 4956 | | | |
| Response rate (calculated on number contacts for out-patient and discharges for the ward-based services) | % | 12.7% | | | |
| iWGC 5-star score | Number | 4.78 | | | |
| iWGC Experience score – FFT | % | 94.2% | | | |
| Compliments received directly by services | Number | 163 | | | |
| Formal Complaints Rec | Number | 16 | | | |
| Formal Complaints Closed | Number | 13 | | | |
| Formal Complaints Upheld/Partially Upheld | % | 53.8% | | | |
| Local resolution concerns/ informal complaints Rec | Number | 7 | | | |
| MP Enquiries Rec | Number | 3 | | | |



For children’s services further work has been undertaken with the services, 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 Vaccination team has continued to collect feedback through paper forms, and the response rate is continuing to increase.

Of the 4956 responses, 4860 responses related to the children’s services within the division; these received 94.2% positivity score, with positive comments about staff being friendly and kind and a few suggestions for further improvement, this included 9 reviews for Phoenix House. Seventy-two of the responses related to learning disability services and 24 to eating disorder services.

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

Children’s Physical Health Services

There were four formal complaints for children’s physical health services received this quarter. Two related to Children’s Occupational Therapy (about waiting times to access the service) and two related to Children’s Speech and Language Therapy (which were about physical care).

4408 of the 4956 patient survey responses were in relation to children’s physical health services. The 2 services with most responses were the Immunisation and Health Visiting Wokingham – 6-8 Week contact; the Immunisation Team received 3576 (36.1% response rate) of these responses which scored positively receiving a rating of 4.74 and feedback included they were kind; injection was quick, and nurses were friendly. *“She was extremely kind and comforting. I could trust her. She was gentle and told me everything she would do before so I would know.”* health visiting services also receive very positive feedback with positivity score of 100%- and 5-star rating of 4.99.

Child and Adolescent Mental Health Services (CAMHS)

For Child and Adolescent Mental Health Services there were 8 complaints received, of these one related to waiting times, two were for care and treatment, two were medication and three were about communication

There have been 452 responses for CAMHS services received through our patient survey for this Quarter. These include 303 received from those attending our neurodiversity services

(positive score 96.70% and star rating of 4.91 with lots of positive comments about staff and the experience).

Adult ADHD Service

There was one formal complaint about the delay in being able to access medication.

Learning disability

There was one complaint received for the Community Team for People with a Learning Disability. This related to support needs not being met.

Overall, there were 72 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 a 94.4% positive score; feedback included that staff provided support, *"I'm very happy and truly enjoy working with [name removed]. We always receive support and guidance whenever needed. [name removed] is patient, attentive, and works collaboratively to help find effective solutions."* there were comments for improvements including explain tests, more time, and more visits, staff attitude and parking. The 6 responses that received with a score below 5 left comments in the free text boxes, for Campion Unit comments included some staff are unapproachable and stern and to speak directly to patient.

Eating disorders

There were 2 complaints received for the Eating Disorder Services. This related to being unhappy with the care and treatment.

Of the 24 feedback responses received, 22 scored a 5 with comments such as *"[name removed] is always exceptionally patient, understanding and most of all believes what I say. [name removed] gives me time and goes over and above to support me between sessions should I reach out for additional help. I can't thank her enough for all the support she has given me along my very long road requiring support and guidance which she is able to provide in abundance with professionalism and vast knowledge. Thank you."* *"All of the staff members were lovely. I was quite anxious to go to the appointment, but they made me feel much more at ease. The separate room that I was taken into was spacious enough that it didn't seem intimidating, so I think that made it a lot better."* *"I have made so much progress since being with this service. I have worked with several other services and none of them were as supportive, understanding, helpful or motivating as this service is. I'm listened to, I'm validated, I'm challenged (in a good way). This service is open to supporting a huge variety of eating disorder presentations"* Areas for improvement included better communication around appointment times and shorter wait times.

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 | 315 | | | |
| Response rate (calculated on number contacts) | % | 3.25% | | | |
| iWGC 5-star score | Number | 4.64 | | | |
| iWGC Experience score – FFT | % | 91.4% | | | |
| Compliments received directly by services | Number | 159 | | | |
| Formal Complaints Rec | Number | 5 | | | |
| Formal Complaints Closed | Number | 12 | | | |
| Formal Complaints Upheld/Partially Upheld | % | 58% | | | |

| | | | | | |
|--|--------|---|--|--|--|
| Local resolution concerns/ informal complaints Rec | Number | 2 | | | |
| MP Enquiries Rec | Number | 2 | | | |

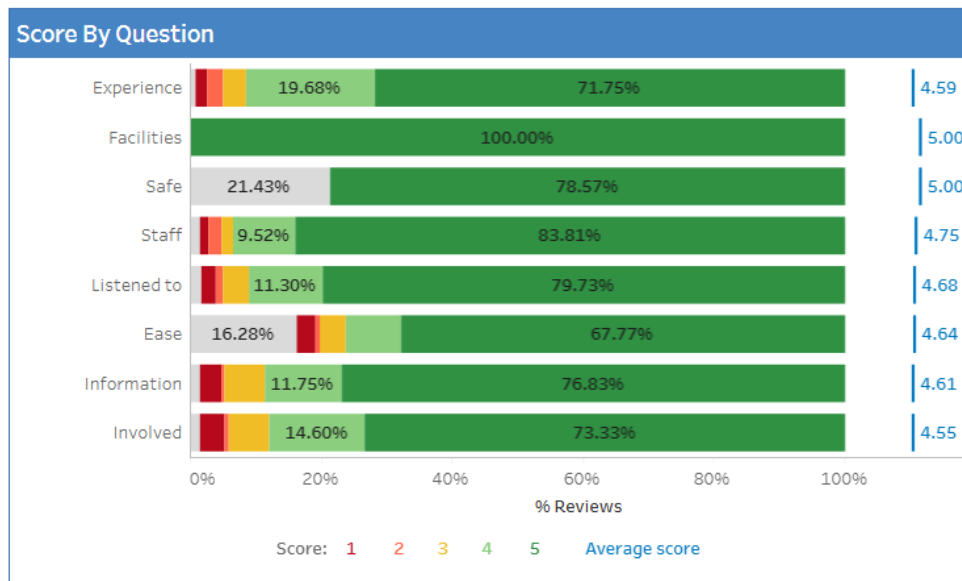


Table 3: Summary of patient experience data.

5 Formal Complaints were received into the division; in addition, there were 2 informal/locally resolved complaints. 12 complaints were closed during the Quarter. 7 of these were either fully or partially upheld and they were across CMHTs, CRHTT and MHICS.

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

The services receiving the majority of iWGC responses were Crisis Response Home treatment Team (CRHTT) East with 110 responses, IPS Employment Service with 26 responses and CMHT/Care pathways.

Across the CRHTT East survey, the average 5-star score was 4.46 with 87.3% positive feedback, a slight increase in the 5-star score and a slight decrease in the percentage positive feedback from last Quarter. 96 of the overall number of responses received (110) scored a 4 or 5-star rating with many comments about staff being helpful, listened, kind and supportive; *"The service was excellent. Everyone that I spoke to on the phone was so kind, was so nice, everyone. Really supportive."* *"It was a very good service. I was listened to. They treated me kindly. They gave the chance to talk, and I felt that they understood me."*

This Quarter, questions relating to information and feeling involved were least likely to be positive with areas for improvement and dissatisfaction with the service about poor communication, appointment missed or rescheduled and didn't feel listened to.

The IPS Employment Service received 100% positive score (4.87-star rating) and received positive feedback about staff being supportive, helpful and friendly. *"[name removed] was very professional and supportive. She helped me build a professional CV. Very positive and encouraging staff. She motivated me and gave me courage and confidence in job applications and interview techniques. [name removed] was easily approachable and non-judgmental. So grateful for her invaluable advice and support."*

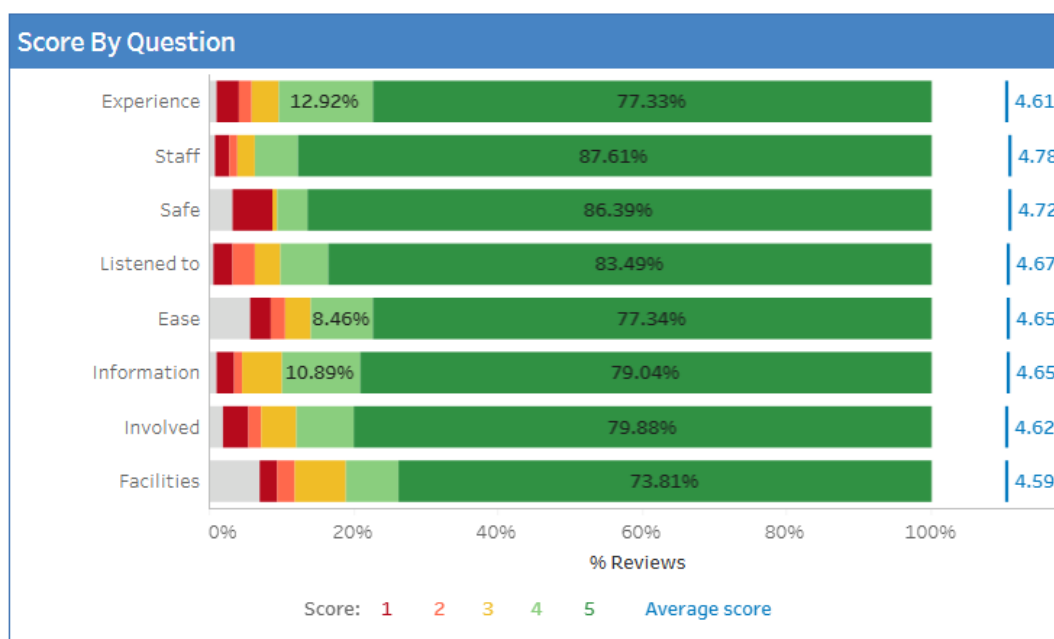
CMHT received 51 responses (Bracknell 11, WAM 16 and Slough 24) with 90.2% positive score and 4.67 star with 5 of the total responses scoring less than a rating of 4; comments

included “We were doing a needs assessment, but the CMHT person gave little hope of getting what I know I need. It left me panicky.” There were several positive comments that staff were friendly, professional, understanding and listened examples of comments are “The dr was lovely and came across as very caring. She seemed knowledgeable and was humorous. It’s quite difficult to get on my good side quickly, but she managed to do so within minutes. She exuded warmth and compassion.”, “As always [name removed] [name removed] is very supportive and works with me to find a good balance in life. I have been stable for the last few years with [name removed] [name removed]’s invaluable help.” And “I felt Dr [name removed] did an excellent job in dealing with me as a patient. She listened to how I have been affected by my mental health issues and my work situation and some of my life history. We also talked about medication and she was willing to listen to my thoughts on trying another medication that I felt might work better. She wasn’t sure if it would be the right one for me so she was cautious. But we agreed if we tried it the medication will either work or it won’t. So I was happy with that and I am coming off another medication that I have felt has not worked for me. The Dr was very polite and understanding and made me feel valued. Also [name removed] was involved in my meeting which I was happy for her to be in there. Also she did suggest the managing emotions programme if I was interested in it or not and I did say I would have a think about it.” Some of the suggestions for improvement included listen to patient complaint and read patients record. 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 | 1138 | | | |
| Response rate (calculated on number contacts) | % | 4.78% | | | |
| iWGC 5-star score | Number | 4.66 | | | |
| iWGC Experience score – FFT | % | 90.25% | | | |
| Compliments received directly by services | Number | 154 | | | |
| Formal Complaints Rec | Number | 12 | | | |
| Formal Complaints Closed | Number | 11 | | | |
| Formal Complaints Upheld/Partially Upheld | % | 38.4% | | | |
| Local resolution concerns/ informal complaints Rec | Number | 5 | | | |
| MP Enquiries Rec | Number | 3 | | | |



12 Formal Complaints were received into the division; in addition, there were 5 informal/locally resolved complaints. 11 complaints were closed during the Quarter. 5 of these were either fully or partially upheld and they were from services across the geographical localities and services.

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 (CJLD), as well as secondary mental health services. The 3 services with the most feedback through the patient survey were Talking Therapies Step 2 with 205 responses, CRHTT West with 167 responses and Talking Therapies – Step 3 with 106 responses.

Questions relating to involvement and facilities have the least number of positive responses. Examples of feedback include patients were not involved in their discharge when accessing Talking Therapies and CRHTT.

For CRHTT West there was an 82.6% positivity score and 4.37-star rating. There were lots of positive comments about staff being supportive, helpful, and kind, *“team were always on time and helpful. seeing them really uplifted my mood. reassured me at discharge and helped make sure the perinatal team was ready and aware I would be coming to them. Also, after discharge there was an issue with the GP and my medication, and when I contacted crisis, they were so quick to help me and sort my meds. Excellent, excellent service.”* Some of the areas for improvement included more information around discharge process, would like more information on medication and better communication from the service.

The Older Adult Mental Health Service and Memory Clinic combined have received a 99.2% positivity rating (4.95-star rating) some of the feedback included *“Dr [name removed] listened to why I was there, and she clearly understood my problem. She asked lots of questions and was so kind and understanding. She explained what the situation was in a way that I could completely understand it. She also gave me some excellent advice and told me how to proceed if it happened again. It is not nice having a mental health problem and Dr [name removed] completely put me at ease. I feel very fortunate to have been looked after by this very kind and highly professional lady.”*

There were 41 responses received for West CMHT teams with 92.7% positivity score and 4.58-star rating, 38 of these were positive with comments received that staff listened and were kind, there were 3 negative responses for Reading and Wokingham with reviews stating that patients felt like staff were rude and didn't listen.

Most comments were very positive about the staff, including that they listened, were helpful and supportive. Several of the comments/areas for improvement were that the rooms felt bare and need some decoration and wait to be seen was long. For example, “[name removed] was very helpful and kind. Her direction was always clear and concise. She explained things very well. She helped me become more functional and built my confidence in approaching tasks. My anxiety has reduced over the time I have been under her care, and I am able to do more on my own. I’m very grateful to her.”

For Talking Therapies, the overall scores were 90.05% positivity and 4.71 star rating with the employment pathway 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, “I was seen quickly, and received at all stages of the process an extremely high standard of care. I felt listened to, taken seriously and cared for in a way that I haven’t in previous mental health support settings and have noticed genuine improvement as a result of the treatment. I will genuinely miss my sessions with [name removed], and although grateful to be feeling better am sad for them to end!” “I found the therapy exactly what I needed at this time. The therapist was extremely kind, I felt very comfortable discussing all my problems. I looked forward every week to speak to her. The therapy has meant that I have a better understanding of my past also my current grief. I feel much calmer. The therapy has helped me move on. I am very grateful to have had the chance to have the therapy and lucky to have such a lovely kind therapist.” and “Just a wonderful experience from start to finish. Every person I spoke to made me feel like I was the most important thing going on at that moment. The therapists I dealt with were incredible, [name removed] was especially amazing. Have never felt so seen or heard in my life.” Patients reported that they felt “I felt listen to and the advice given was very helpful and the care and attention was appreciated. I also felt at ease, and I trusted the whole process and the lady I spoke to.”

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.

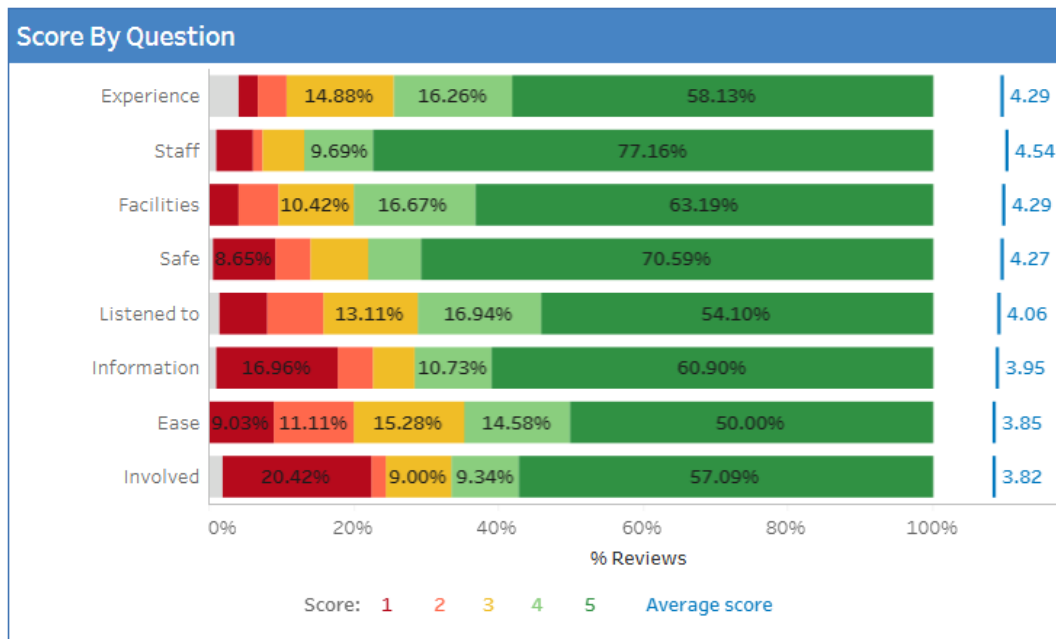
Op COURAGE received 60 responses during the Quarter, their patient survey responses gave a positivity score of 88.3% (4.68-star rating), 4 of the reviews scored less than 4 with comments regarding staff being too direct, hard to understand what the doctor was saying and they were told to self-refer when they wanted treatment.

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 | 289 | | | |
| Response rate | % | 133.8% | | | |
| iWGC 5-star score | Number | 4.15 | | | |
| iWGC Experience score – FFT | % | 74.4% | | | |
| Compliments | Number | 18 | | | |
| Formal Complaints Rec | Number | 9 | | | |
| Formal Complaints Closed | Number | 10 | | | |
| Formal Complaints Upheld/Partially upheld | % | 20% | | | |
| Local resolution concerns/ informal complaints Rec | Number | 1 | | | |
| MP Enquiries Rec | Number | 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.



The satisfaction rate was 74.4% with 62 of the 278 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to involved received the least positive scores with overall 5-star rating for this question being 3.82 and 91 of the 283 giving a score of 3 or less to this question. The Ease question asks whether they felt involved in their care, comments relating to ease of access and information also received lower scores with some comments relating to patients wanting more information, food could be improved 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 (this is detailed alongside actions being undertaken further down in this section); there is also ongoing work in relation to improving communication and the involvement of patients making decisions about their care, particularly around managing risk. Feeling listened to and involved in care are also lower scores for the inpatient wards, People with lived experience are supporting ongoing work to support improvements.

There were 9 Formal Complaints received for mental health inpatient wards during the quarter across all wards. This is a slight increase from the previous quarter.

There were 10 Formal Complaints closed during the quarter and of these 2 were partially upheld or upheld.

There were many positive comments received in the feedback including comments such as staff were helpful, kind, listened and supportive. There were some comments for improvement about listen to patients, more staff and wards being noisy. Examples of the feedback left are *"I felt safe and welcome here. The staffs are amazing, funny and caring. At times I felt they are going way beyond their way to provide the best possible care I could get. I'm grateful that I was referred to this facility."* *"Meeting all the nice staff and other patients on the ward. The food is always nice especially the puddings. There are always staff around to help if needed."* *"Speaking with [name removed], the staff members are lead very well, with professionalism and fairness. I understand that the quality of care and the structured days are done very well to ensure the very best treatment for each and every one that is being submitted into the hospital. To have the activities that break up the day and also the time spent discussing any sort of problem or something that could be on your mind, the staff all seem open to listen and have brilliant advice."*

As detailed above and last quarter, the wards are currently participating in the national Culture of Care programme and an element of this is the collation of patient feedback and

hearing of the patient voice from a care and experience perspective; we are gathering this via several differing ways including:

- **Ward Culture of Care Project Teams** – Cross-disciplinary teams, including lived experience input, identify areas for improvement.
- **Community Meetings & Coffee Mornings/Evenings** – Offering spaces for patients and carers to share experiences and influence change.
- **National and Local Surveys** – The Culture of Care Patient Care Survey and Patient Experience Survey.
- **Semi-Structured Interviews on Physical Assaults/QI Project** – Capturing both patient and staff perspectives on safety, emotional impact, and reporting barriers.
- **External Engagement** – CommUNITY Forum and Every Little Thing Festival provide broader lived experience input.
- **Senior Leadership Team (SLT) Monthly Night Drop-Ins** – Provides and informal opportunity for patients to talk to SLT members at night.

The main areas for improvement identified last quarter are:

- **Ward Environment & Activities** – Patients would value more structured activities, better backup plans for cancellations, and improved outdoor and sensory spaces.
- **Patient Involvement & Choice** – some patients report feeling excluded from decision-making, lacking choices in care, and experiencing boredom.
- **Physical Assaults, Safety and Boundaries** – some patients (*and staff*) have shared concerns about physical assaults, inconsistent boundary-setting/differing expectations.
- **Community Meetings & Representation** – Patients want meetings to be more meaningful, with more senior staff involvement and clearer pathways for influencing change.
- **Personalised and Inclusive Care** – Suggestions include torch filters for night-time observations, sensory-soothing environments, and reducing biases in care.

The steps we are currently undertaking to address these are:

- **Enhancing Community Meetings** – Strengthening patient involvement, increasing senior staff presence, and creating clearer pathways for patient-led change.
- **Ward Culture of Care change ideas include** Rose Ward is enhancing its garden to create a therapeutic, neurodivergent-inclusive environment.
- **Addressing Physical Assaults and Boundaries** – Expanding physical assault interviews to older adult wards, launching a Quality Improvement project to address concerns, and embedding professional boundaries training into staff development e.g. newly qualified, B4, risk training. Feedback used within Culture of Care /Patient and Carer Race Equality Framework /Unity Against Racism project work to develop scripts and training videos based on real patient experiences.
- **Strengthening Lived Experience Partnerships** – Expanding engagement through lived experience and external forums to further integrate patient voices.
- **Personalised Risk and Carer Involvement** – Continuing support for individualised risk assessments and introducing a clearer mechanism for hearing carers' concerns (Martha's Rule). Introduction of coffee evening for carers at PPH in April

In addition to the feedback about the wards, there were 32 responses for a Place of Safety and the average score was 4.71. Some comments received were “[name removed] and [name removed] were very helpful. They made feel at peace and secure. They are very good

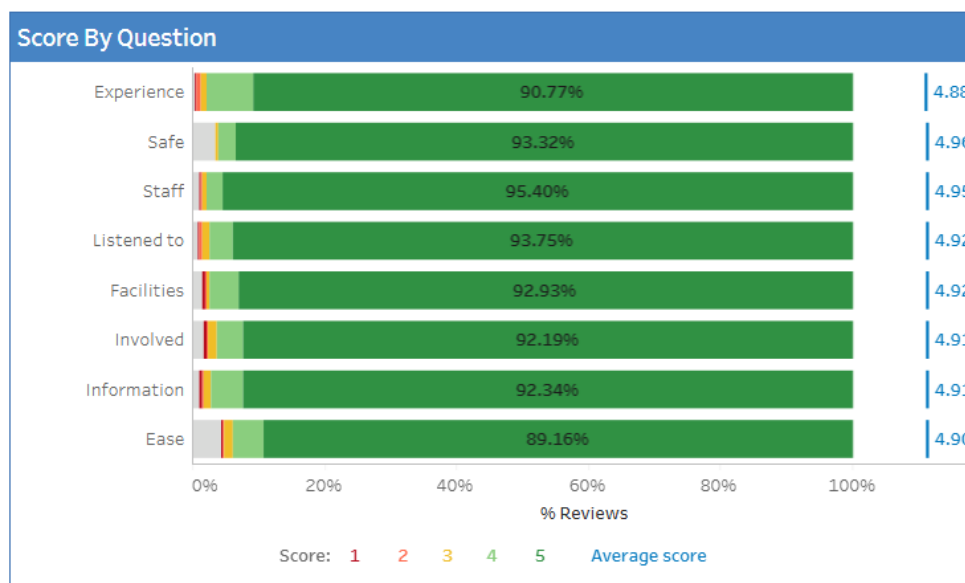
support workers. It was a joy to be looked after by such good company.” “I felt all staff appeared kind, caring and well aligned. There is a genuine vibe here.” And “I felt I was treated with respect and kept safe as much as possible.”

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 | 2676 | | | |
| Response rate (calculated on number contacts for out-patient and discharges for the ward-based services) | % | 8.6% | | | |
| iWGC 5-star score | Number | 4.91 | | | |
| iWGC Experience score – FFT | % | 97.8% | | | |
| Compliments received directly into the service | Number | 69 | | | |
| Formal Complaints Rec | Number | 4 | | | |
| Formal Complaints Closed | Number | 1 | | | |
| Formal Complaints Upheld/Partially Upheld | % | 58.3% | | | |
| Local resolution concerns/ informal complaints Rec | Number | 1 | | | |
| MP Enquiries Rec | Number | 0 | | | |



The 4 Formal Complaints received this quarter related to different services.. The one Formal Complaint that was closed, was for the Wheelchair Service and this was not upheld.

The Hearing and Balance Service received 127 responses to the patient experience survey with a 95.3% positive score and 4.83-star rating.

East Community Nursing/Community Matrons received 608 patient survey responses with a 99.3% positive scoring, many comments were about staff being kind and professional, for example *“I was treated with kindness and respect and each visit, I was listened to and nurses tried everything that they could to help me, I am pleased visits have been increased to help manage my condition” “The matron was professional, went and beyond to go through my medication and sort it out with my chemist. The chemist has now agreed to deliver my*

medication all thanks to the matron.” “I was impressed how quick the nurses came, even though they were covering a large area, my problem has been solved with no issues. I was treated with kindness respect” There were also some comments around wanting more time with the nurse for example *“Stay longer for a chat and cup of tea.”*

The wards received 113 feedback responses (41 responses for Jubilee ward 100% positive score and 72 responses for Henry Tudor ward with a 94.4% positive score). Positive comments were received in relation to staff being friendly, helpful and kind. 6 of the responses scored less than 4, comments for improvement related to room temperature, more staff, answering the bell, food and responding to toilet requests more quickly.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 95.8% (4.89-stars), comments were very complimentary about staff being professional and helpful, *“The physiotherapist [name removed] was very professional and friendly. He treated me with dignity and kindness and explained treatment well and clearly. I feel very much reassured with the progress of treatment with my Right foot and back. I do recommend the MSK physiotherapy in church hill house in Bracknell.”* The reoccurring improvement suggestion for this Quarter was for more parking.

Outpatient services within the locality received a positivity score of 98.7% with 4.91 stars from the 784 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *“Friendly nurses, helpful when questioning certain issues and informative. It’s reassuring to know they are available for the future should we need; they provide a 1st class service.”*

The Diabetes Service received 229 feedback responses with 98.3% positivity and some lovely comments including *“[name removed] made me feel comfortable with her pleasant approach to educating me on diabetes treatment. With a great technique to convey what was taught, I found the whole experience most educational and helpful in moving forward in my journey.”* Alongside some helpful suggestions for the service to consider around the rooms being cold and *“Do more classes like these to get more knowledge.”*

The Assessment and Rehabilitation Centre (ARC) also received positive feedback including *“As always [name removed] was welcoming and enthusiastic. He showed delight at [name removed] progress and praised the fact that he had taken the advice from the previous session and acted on it. He asked [name removed] to demonstrate and enthused about the improvement. He discussed the results of [name removed] assessment at Brants Bridge and asked if any questions. He checked how much better [name removed] felt about his abilities compared to his first session and was delighted that he could now be discharged. He finished by walking with [name removed] back to the car and wishing him well.”*

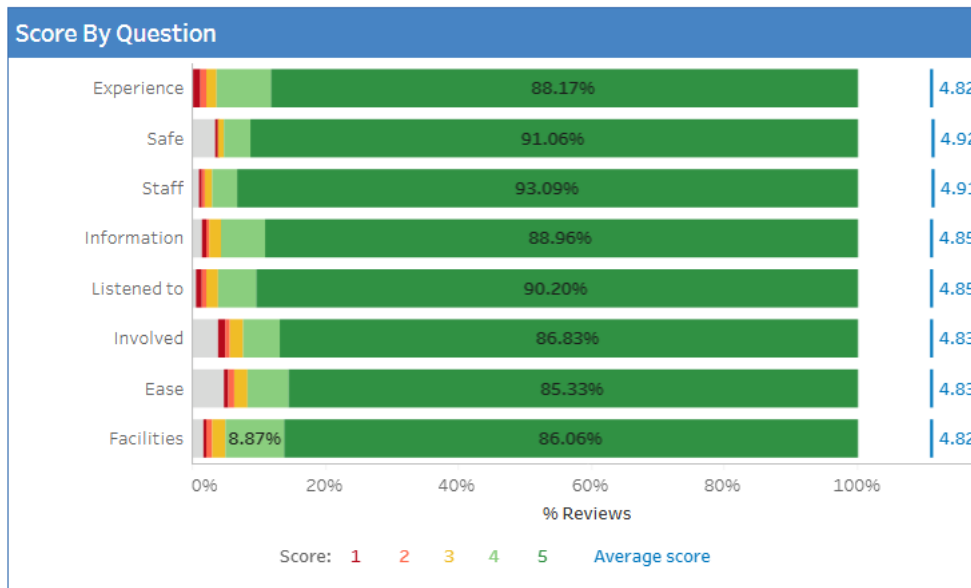
Community Health services currently have a project group to support increasing feedback.

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 | 4168 | | | |
| Response rate (calculated on number contacts for out-patient and discharges for the ward-based services) | % | 7.1% | | | |
| iWGC 5-star score | Number | 4.85 | | | |
| iWGC Experience score - FFT | % | 96.2% | | | |
| Compliments (received directly into service) | Number | 132 | | | |
| Formal Complaints Rec | Number | 5 | | | |
| Formal Complaints Closed | Number | 10 | | | |
| Formal Complaints Upheld/Partially Upheld | % | 36.3% | | | |

| | | | | | |
|--|--------|---|--|--|--|
| Local resolution concerns/ informal complaints Rec | Number | 3 | | | |
| MP Enquiries Rec | Number | 1 | | | |



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 96.2% positive satisfaction and 4.85-star rating and the question on staff receiving a 97.0% positive scoring from the 4168 responses received.

There were 5 Formal Complaints received in Q1, these were split across several different services.

The community hospital wards have received 205 responses through the patient survey receiving an 93.2% positive score and 4.61-star rating, (14 responses scored 3 and below) questions around information and feeling listened to receive the most results of 3 and below. The scores below 4 for feeling listened to and information were for Ascot Ward and Oakwood Ward, patients want to feel more involved in their care and listened too by nurses. Comments include *"From the moment I came here I was treated carefully and kindly with full explanations of my treatment not just nursing but all staff and I have been very impressed. All the info has been made available to my three daughters has helped enormously as I was recently widowed," "Absolutely wonderful care staff. They were so understanding to my issues of not wanting to be a burden to them and made it very clear that they wanted to help get me better so to buzz as many times I needed them. Thank you all."* *"Great team all work hard to get you on your feet with confidence to be independent again also show great care and kindness ...feel listened to ...Thank you so much for rehab again"* And *"My stay here has been brilliant. All the nurses were very kind caring and sociable. My two physios [name removed] and [name removed] were absolutely brilliant in my physio, both physically and mentally."* there were some individual comments where patients were less satisfied with noise on the wards, more physiotherapy, food needed improvement and more staff. Comments for reviews with responses that scored below 4 included didn't feel listened to, wanted more food options, wanted to go home, more understanding for patients who are blind and/or deaf, slow prescription, not commode, staff didn't listen, felt ignored, wanted more interaction, not informed of families time of arrival, onsite doctor needed, some staff need more training and wanted more physiotherapy. There were 3 reviews which received a score of 1, 1 of these however, said the service was excellent.

Of the 2 Formal Complaints for the Out of Hours GP service, 1 related to staff attitude and one was about waiting times.

WestCall received 354 responses through the iWGC questionnaire this Quarter (89.6% positive score, 4.67-star rating, 37 scores received below 4. Positive comments included *"I would have put excellent if that option had been available. All the staff from the receptionist when I went in the nurse who did the obs and the doctor I saw finally treated me with respect and courtesy. I was listened to, replied to and informed in a pleasant and acceptable way. In fact, the whole thing was pleasant except the journey home! Thank you for asking."* *"I was treated kindly by all members of staff, particularly the paramedic who listened carefully, asked relevant questions and responded with a range of prescription medications to treat my symptoms. All areas of the hospital were exceptionally clean, bright and welcoming. The free weekend parking was an unexpected bonus."* *"I honestly believe that without the help of the West Call out of hours I would have ended up in hospital the next day as has happened on some occasions when I have had tonsillitis. I was seen in good time with no wait and the gentleman was able to give me the antibiotics that very rapidly improved my situation. All the people were friendly and helpful. Great service"* Areas for improvement included long wait times, did not feel listened to and poor staff attitude.

The Podiatry Service received 242 patient survey responses. Most responses were very positive receiving 5 stars (overall 95.9% positivity 4.88-star rating) with examples including *"I self-referred to Tilehurst Podiatry Clinic and was grateful to be given an appointment soon after I applied. I saw [name removed] who was friendly, polite, competent and gave me useful advice about preventative measures. The appointment brought immediate relief to my swollen, painful toe. I was pleased to know that there was a procedure that could be done if the problem kept recurring. Good result and very informative."* *"Both podiatrists I met were very knowledgeable and keen to share the information received from my previous appointment and X-ray. A thorough assessment was made and recommendation for the next step in my treatment pathway. Also, lovely, friendly people, thank you!"* and *"Reception were friendly & helpful, re parking & location. [name removed], who I saw, is lovely, very kind, caring & patient. I had a very in-depth examination & came away with modified inserts to my new trainers. Plus, with hope to improve my pain level in my feet. I can't praise this department enough."*

There was one Formal Complaint for the Community Nursing Service. This related to attitude of staff.

To provide some context across our East and West District Nursing teams combined there were 15,890 unique patients this Quarter.

784 responses were received for Community nursing (97.6% positive score and 4.94/5 stars) Lots of comments included nurses were kind, helpful, and friendly, *"[name removed] explained all about what she was going to do, to change my dressing and finish the PICC. She booked my future my future appointments for me. The staff in the department are very friendly and put me completely at ease."*, *"[name removed] did fantastic job with catheter change. I have a lot of pain issues due catheter change and [name removed], give me a top maximum care to treat me gently, she is fantastic nurse, I cannot highly speak enough about [name removed] in Wokingham community nurse. I'm so glad to have [name removed] today I can't thank her enough."* and *"Dn's are very helpful and kind. The always make the pt and family feel comfortable as they do not rush. If pt's family has inquiries, DN's always explain and answer them and do not make you feel as you are holding them up."* 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 one Formal Complaint in the Quarter. The service has received 599 patient survey responses with a 97.2% positive score (4.90 -star rating), very few areas for improvement were included in the feedback there were a few suggestions including parking, long wait times, rooms were too hot and lack 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 113 survey responses with 93.8% positivity and 4.85 star rating, with comments about staff listening and being kind.

Demographic profile of people providing feedback.

Table 8: Ethnicity

| Ethnicity | % Complaints received | % Patient Survey Responses | % Breakdown of Q1 attendances |
|---------------------|------------------------------|-----------------------------------|--------------------------------------|
| Asian/Asian British | 10.94% | 8.60% | 9.70% |
| Black/Black British | 4.69% | 2.90% | 3.37% |
| Mixed | 0.00% | 2.70% | 3.41% |
| Not stated | 7.81% | 22.80% | 8.91% |
| Other Ethnic Group | 3.12% | 4.80% | 2.00% |
| White | 71.87% | 58.30% | 72.61% |

The table above shows that during this quarter there was a slightly higher % of complaints received by Black/ Black British people in relation to %, this is the same as in the previous quarter. 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 (15%). 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 are 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 Q1 attendances |
|-------------------|------------------------------|-----------------------------------|--------------------------------------|
| Female | 51.56% | 39.30% | 55.35% |
| Male | 48.44% | 29.80% | 44.61% |
| Non-binary/ other | 0% | 2.00% | 0% |
| Not stated | 0% | 29.20% | 0.03% |

The data for this quarter shows that we are more likely to hear the voice of female attendees either through complaints or the patient survey. When reviewing the main themes of the patient survey there is no discernible difference in overall ratings between male and female respondents.

As we start to investigate 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 closed in the Quarter, by gender. For Quarter Two we will be looking closer at the outcome of complaints by ethnicity. The data shows us that:

Table 9A: Gender by outcome code

| Gender - as stated | Not Upheld | Partially Upheld | Upheld | Grand Total |
|--------------------|----------------------------------|----------------------------------|----------------------------------|-------------|
| Female | 46.43% (increase from 33.33%) | 35.71% (decrease from 61.11%) | 17.86% (increase from 5.56%) | 100.00% |
| Male | 46.67% (decrease from 68.75%) | 33.33% (increase from 18.75%) | 20.00% (increase from 12.50%) | 100.00% |
| Not stated | 38.46% (decrease from 50%) | 46.15% (increase from 41.67%) | 15.38% (increase from 8.33%) | 100.00% |
| Grand Total | 44.64% (decrease from 50%) | 37.50% (decrease from 41.30%) | 17.86% (increase from 8.70%) | 100.00% |

The above demonstrates no significant difference between gender when looking at whether complaints are upheld or not.

Table 10: Age

| Age Group | % Complaints received | % Patient Survey Responses | % Breakdown of Q1 attendances |
|-----------|-----------------------|----------------------------|-------------------------------|
| 0 to 4 | 3.13% | 20.60% | 6.54% |
| 5 to 9 | 3.13% | | 2.45% |
| 10 to 14 | 7.81% | | 3.97% |
| 15 to 19 | 7.81% | | 5.56% |
| 20 to 24 | 12.50% | 3.50% | 3.19% |
| 25 to 29 | 12.50% | | 3.22% |
| 30 to 34 | 9.38% | 4.00% | 3.58% |
| 35 to 39 | 9.38% | | 4.10% |
| 40 to 44 | 6.25% | 5.20% | 3.65% |
| 45 to 49 | 3.13% | | 3.81% |
| 50 to 54 | 7.81% | 8.10% | 4.11% |
| 55 to 59 | 6.25% | | 4.63% |
| 60 to 64 | 4.69% | 9.80% | 5.28% |
| 65 to 69 | 0.00% | | 4.94% |
| 70 to 74 | 3.13% | 11.40% | 5.91% |
| 75 to 79 | 0% | | 8.25% |
| 80 to 84 | 1.56% | 11.00% | 9.78% |
| 85 + | 1.56% | | 17.03% |
| Not known | 0.00% | 26.40% | 0% |

Comparatively, people over 60 years old are more likely to give feedback via the patient survey and are less likely to make a formal complaint, this is a trend following previous reporting periods. 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 the previous Quarter, we introduced further filters into the dashboard, which means that services have been able to 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 using 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. The Head of Service Engagement and Experience is attending the Senior Leadership Team meetings for both Prospect Park Hospital and Community Mental Health Services to support their collection and reporting of patient experience activities.

| Service | You said | We did |
|------------------------|---|---|
| Immunisation | 'I don't want the vaccines to hurt' | The service promotes different options for reducing pain and fear surrounding vaccinations prior to vaccination: |
| CAMHS Children in Care | Concerns regarding young people's transition into adulthood and their access to information about adult mental health services. | <p>The team is currently developing a concise information pack to effectively provide care leavers with the necessary guidance.</p> <p>Following feedback, the team is also in the process of creating an</p> |

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| | | information leaflet about the team for young people. |
| Family Safeguarding | Clients wanted to learn from previous group members about their experiences of the group, | We invited service-users who have 'graduated' from previous groups to return to support new group members with this meet and greet process. We are planning for how to integrate this into next term's groups. |
| | Clients wanted the CBT Parental Wellbeing group materials to be more accessible for those who were unable to attend the group consistently due to work / other safeguarding children's meetings. | <p>We reviewed the content and looked at creating more visual aids to support understanding of the materials - ongoing.</p> <p>Other changes</p> <p>In the Protective and Adverse Childhood Experiences group, we have offered in person 'drop in' sessions to supplement the online sessions for those who would prefer a hybrid offer.</p> <p>For other professionals</p> <p>The service has been asked to provide a wellbeing offer (derived from our CBT Parental Wellbeing group) to foster carers. This will be delivered across 3 x 2 hour sessions in August and September.</p> <p>Request for more training in managing personal and professional boundaries in emotive safeguarding children work.</p> <p>More motivational Interviewing refresher training.</p> |
| Community Paediatrics | More detailed information for autism assessments is needed - Pre, during and post | <ul style="list-style-type: none"> •Specialist Nurse Practitioner recruited provides care, support and advice for children waiting for an assessment and post assessment including diagnosis •Leaflets and website updated with more detailed information |

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| | Around the duration of assessments. Appointment time given is around two hours, however this can vary at time of assessment. Sometimes this can be shorter and not meeting parents' expectations. | To amend information on appointment letter and manage parents' expectations of duration of assessments from a minimum to maximum range. To also re-communicate this at the time of assessment. |
| | The waiting area at Fir Tree House at Upton Hospital could do with a quiet calm area. Especially as many neurodivergent children wait in that waiting room with people coming in and out it can be quite distressing. My son was constantly flinching and the sound of the door buzzer, so we really could have done with a separate sensory room to wait in. | To improve signage to side waiting room and for reception staff to let families know of a separate quiet waiting area. |
| Health Visiting | Previous focus group work with parents / carers of new babies identified the request for our new birth information, usually added to the child's red book, to be available in a digital format. | This work is well underway, and we hope to be able to trial its use soon with our Wokingham families before rolling out to all areas. |
| CAMHS Rapid Response team | Concerns were raised about the clinic rooms in the Maples Unit and that conversations could be heard from the waiting room. | An acoustic assessment is being undertaken and further soundproofing to be fitted once completed. |
| Autism Assessment and ADHD teams | More timely support whilst waiting. | 'Welcome letter' with signposting to autism and/or ADHD support services/resources now sent immediately after referral accepted (eliminating hidden wait) with bespoke signposting provided where needed; clear information included on what to expect whilst waiting and when/how to get in touch. |
| | Improvements needed to waiting area. | Neuro-affirmative visual information boards created in clinic waiting areas. |
| Weight Off Your Mind – Dietetics | Lots of content delivered very quickly can be a bit overwhelming. | To introduce breaks in between topics to promote Q+A and reflection time. |

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| | I find the focus on the food such as on GI's today much more beneficial than mindfulness eating. It would be good to get more recipe suggestions | Discussed meal planning and recipes in green week. |
| MSK Physiotherapy | Long wait for appointments. | Saturday clinics, Blitz clinics, Quality improvement work focusing on activity Activity. Recruitment underway currently, Waiting list initiative group |
| Podiatry | Clinics need A/C units. | Aircon Units have been installed in Wokingham and hired for Skimped Hill and St. Marks but very noisy during a consultation. |
| Wokingham Wards | Patient wanted 7-day physio (including weekends) | Staff encourage patients to complete self-conducted exercises from their prescribed exercise sheets. Therapy for patients continues as weekends with support staff following the therapy care plans. |
| | Patients voiced that the ward was hot and that lighting contributed to this. | We dimmed the lights from the early morning and patients felt this made ward more relaxing. |
| | Patients liked to spend more time in the garden. | Activities Coordinator and Therapy Team carrying out more sessions outdoors in the shade- to make use of the area. |
| Henry Tudor Ward and Jubilee Ward | | |
| | Ward is too cold. | Radiators were turned up and timings adjusted. Extra blankets available. |
| | Ward is too hot. | Air conditioners hired. Ice lollies available. |
| Donnington Ward and Highclere Ward | Patient feedback told us they would like more choices about their meals. | We re-introduced self-completion menu cards. |
| Oakwood Ward | 'Communications between staff and patient could be better. Some staff to improve bedside manner. If you don't listen nothing else is worth it. Don't shout at patients/raised voices.' | Staff have reflected on this feedback, which is also shared at the Divisional Quality Meetings. Further training is being implemented focussing on Communication Skills and Compassion, and the ward will be monitoring the experience of this more closely, through speaking with patients and their loved ones and iWGC feedback. |

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| | More information to be given to patients about what the planned treatment is and the goals of the treatment. | To communicate patients' expectations on admissions, therapy goals and treatment. The Therapy Team has devised a therapy information leaflet, which is being finalised. |
| | 'I'm registered blind, certain people do not understand I'm blind and deaf. You should have a blind and deaf sign/poster on the room door' | Communication card created by the RNID is in use and is individualised according to patient's needs. |
| Taking Therapies | Wait times for appointments are too long. | <p>Our wellbeing assessment wait times are improving. Core clients are typically waiting 10 days less in June than in April and May. Treatment waiting times continue to be within the 28 day target. We are addressing the ongoing delayed wait time for wellbeing assessment by restructuring capacity within the team to offer additional wellbeing assessments in place of direct to digital welcome calls, which are now provided by Service Leads. We are also introducing a process with our team leads to review clinical hours weekly and will offer additional wellbeing assessments or take on clients awaiting therapist reallocation to improve overall wait times for assessment and treatment at Step 2.</p> <p>We are implementing new structures to allow clients to be seen at step 3 by the therapist with the shortest wait time.</p> |
| | Requests for Face-to-Face Treatment. | <p>Talking Therapies are currently reviewing how to create more face-to-face appointments.</p> <p>The efficacy of delivering Step 2 treatment via telephone is well researched and the team now offer video appointments as standard for wellbeing assessment and guided self-</p> |

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| | | help. Clients who request telephone at their first treatment session are provided with this. Step 2 does not routinely offer face to face appointments, however 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 when this is required. |
| | Request for more information before therapy. | Letters being sent out are being updated to better reflect what therapy involves. There will also be a section in the Step 3 assessment tool that prompts the therapist to explain therapy and its requirements in more detail to clients. |
| | Sessions too short at Step 2. | We have developed session plans for each intervention at Step 2, detailing routine areas to cover in each session, such as check-in, homework review, and client feedback. In addition, we have provided detailed guidance on session focus based on clients' progress in treatment, along with related homework tasks. These will go live from 01/08/25 and will be reviewed in November 2025. |

15 Steps

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

The Head of Service Engagement and Experience is supporting NHSE by continuing to lead an end-to-end review of the 15 Steps programme, this has been delayed due to NHSE priorities and is being restarted during Quarter 2. Insight from our services, Governors and Non-Executive Directors is integral to this piece of work and a schedule of visits has been shared. There has previously been a good level of participation and as these have dropped off, we are looking at how we can re-engage their involvement.

Lived Experience Workforce Programme

In 2021, the Head of Service Engagement and Experience began scoping the Lived Experience (LX) offer, resource, capacity and capability in the Trust. A small team have been working since then to form three themed groups; Support, Supervision, Appraisal and development, Finance and Recruitment, and Culture. Since its inception, the Lived Experience Workforce Programme has been supporting services (corporate and operational), individuals and the wider NHS and VCSE system to provide a safe infrastructure for titled LX roles to develop and thrive.

Highlights of the programme to date include:

- Multiple nominations of LX staff in the Annual Staff Awards, with LX staff winning the Respect for Everyone Award in 2024 and the Non-Clinical Staff Member of the Year Award in 2025
- Successfully bid and received funded training places from NHSE enabling Peer Support Worker and Supervisor courses; the money from this being reinvested into the Lived Experience Advisory Panels (LEAPS) and to fund the current Peer Educator secondment
- Wider Trust and System support by LX staff e.g. BOB MHA Detention Programme, Recruitment Transformation
- Away day in February 2025 – 26 out of 33 substantive LX titled roles across 7 services took part
- A co-produced LX Plan on a Page – used both within the Patient Experience Team and for LX staff to use in their services
- Regular online Experience Exchanges
- Involvement in the Trust wide Co-Production programme
- An established Peer Support staff group
- An all staff LX Newsletter – due to be launched by August 2025

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.