

Patient Experience Report Quarter Two 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 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.

The response rate is 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

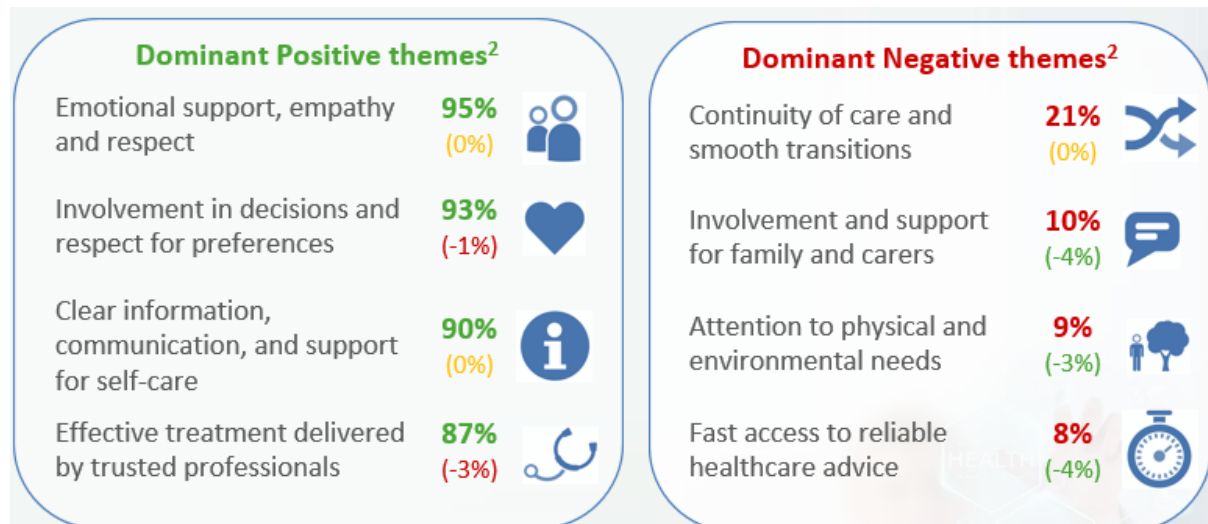
Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Year end
Distinct patient numbers (inc patient discharges)	Number	162,555	146,499			
Number of iWGC responses received	Number	13,604	11,107			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.4%	7.6%			
iWGC 5-star score	Number	4.80	4.82			
iWGC Experience score – FFT	%	94.67%	92.56%			
Compliments received directly by services	Number	1682	1285			
Formal Complaints Rec	Number	51	58			
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	13	13			
Formal Complaints Closed	Number	57	61 *			
Formal complaints responded to within agreed timescale	%	100%	100%			
Formal Complaints Upheld/Partially Upheld	%	54%	62%			
Local resolution concerns/ informal complaints Rec	Number	46	71			
MP Enquiries Rec	Number	12	14			
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	6	4			

*11 of these closed complaints didn't progress due to lack of pt consent/ withdrawal of complaint

There has been a reduction in the number of responses through the iWGC survey. We have identified that no SMS were sent after 2 September 2025, over 25% of our total feedback responses are usually received through SMS. The error causing this has been rectified with monitoring put in place to alert of any issues in the future. A retrospective request of unsent SMS has been sent to patients, and any retrospective data will be updated in the Quarter 3 report.

There has been an increase in the number of formal complaints received this quarter and the number of complaints closed although year to date we continue to see a reduction in formal complaints received compared to last year (132 in first 6 months 2024/25 and 108 this year). The amount of informal complaints/local resolutions has increased with more cases able to be resolved without escalating to a formal complaint. There has also been an increase in number of MP enquiries received for the second quarter in a row; with enquires now returning 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 1. (+) means that there has been an increase in satisfaction since the last report, (-) means a decrease. The picture shows that there has been a positive decrease in the experience of patients across all but one of the dominant negative themes.

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

What the data is telling us

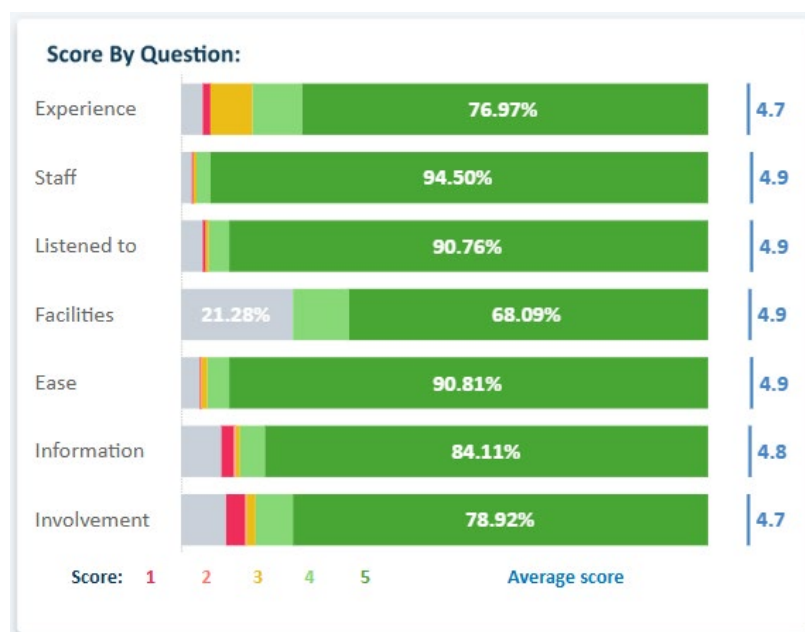
Below is a summary and triangulation of the patient feedback we have received for the divisions.

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	3530		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	12.7%	7.7%		
iWGC 5-star score	Number	4.78	4.82		
iWGC Experience score – FFT	%	94.2%	86.4%*		
Compliments received directly by services	Number	163	118		
Formal Complaints Rec	Number	16	6		
Formal Complaints Closed	Number	13	16		
Formal Complaints Upheld/Partially Upheld	%	53.8%	62.5%		
Local resolution concerns/ informal complaints Rec	Number	7	11		
MP Enquiries Rec	Number	3	7		

*95.7% excluding feedback from the young people's immunisation team which account for over 2000 of the responses and received an 80.7% positive response.



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.

Of the 3530 responses, 3259 responses related to the children's services within the division; these received, with positive comments about staff being friendly and kind and a few suggestions for further improvement, this included ten reviews for Phoenix House. 169 of the responses related to learning disability services and 38 to eating disorder services.

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

The CFAA division produce a detailed quarterly report on learning from feedback which is shared with staff for learning and sharing of good practice.

Children's Physical Health Services

There was one formal complaint for children's physical health services received this quarter. This related to a breach of confidentiality within the Health Visiting Service.

2883 of the 3530 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 – New Birth Visit; the Immunisation Team received 2171 (14.5% response rate) of these responses which scored positively receiving a rating of 4.75 and feedback included they were kind; injection was quick, and nurses were kind. *"It and was not that bad because the NHS people were really nice and it was quick."* health visiting services also receive very positive feedback with positivity score of 97.7%- and 5-star rating of 4.96.

Immunisation Service

The immunisation team has developed feedback stations for gathering feedback during school immunisation sessions with posters to promote, paper copies and pens, this is having a positive impact on responses received back to the team. The overall positivity score from the 2171 responses was 80.7%, with the themes to improvements being to please supply biscuits and that the young people did not like having vaccinations.

Child and Adolescent Mental Health Services (CAMHS)

For Child and Adolescent Mental Health Services there were four complaints received, of these 1 related to waiting times, 2 were about care and treatment and 1 was about medication.

There have been 380 responses for CAMHS services received through our patient survey for this Quarter. These include 246 received from those attending our neurodiversity services (positive score 94.72% and star rating of 4.90 with lots of positive comments about staff and the experience).

Adult ADHD Service

There has been one complaint about neurodevelopmental services, and this related to communication.

Learning disability

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

Overall, there were 169 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 95.3% positive score; feedback included that staff provided support, *"The team is supportive, easy to reach and engage, they are sharing information and working in collaboration and partnership with us to support meet and meet service user's needs."* there were comments for improvements including wait time was too long, wanting easy read letters, more activities and wanting to be more involved in their care. The 1 response that received with a score below 5 left no comments.

Regular engagement takes place with patients on the unit including 1;1s and huddles with groups of patients to ensure that their views on the facilities and environment are heard.

Eating disorders

There were no complaints received for the Eating Disorder Services.

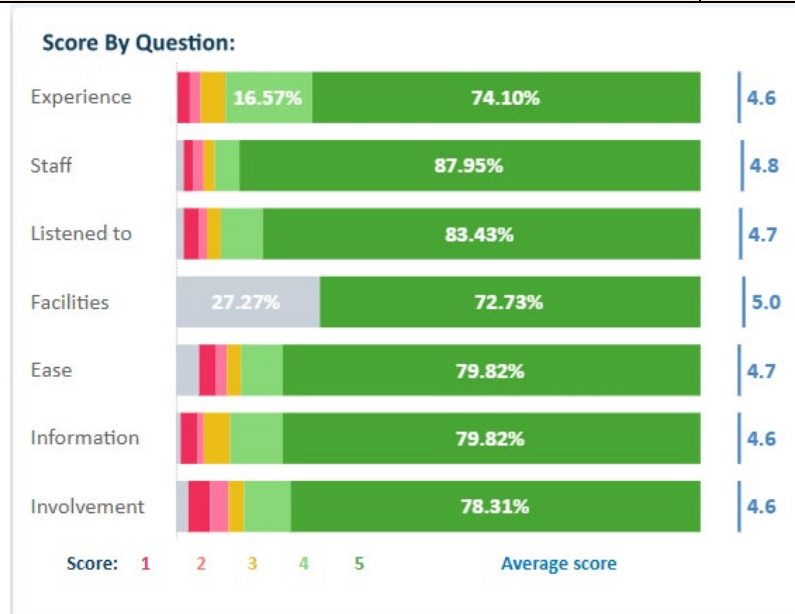
Of the 38 feedback responses received, 37 scored a 5 with comments such as “[name removed] has totally changed how I think about myself. We have worked through all my preconceptions about weight so that I have a much healthier view about myself. She is kind and patient and insightful. I’m very glad I did this.” “I have had nothing but care and on going support from all members of the BEDS team but I would like to mention my keyworker Lauren and Tinashe who have gone above and beyond with the care I am still receiving. I can’t thank them enough and hope they are aware just how special they are to me as well as all the other ladies attending the day programme.” “All of the experiences I have had with BEDS has been really good. My 1;1 sessions with [Name Removed] have been particularly great as she understood me and helped me to better understand myself. An extremely worthwhile service which I am so grateful to have been able to access.” Areas for improvement included wanting better out of hours support and shorter wait times.

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	315	332		
Response rate (calculated on number contacts)	%	3.25%	3.37%		
iWGC 5-star score	Number	4.64	4.65		
iWGC Experience score – FFT	%	91.4%	90.7%		
Compliments received directly by services	Number	159	50		
Formal Complaints Rec	Number	5	14		
Formal Complaints Closed	Number	12	7		
Formal Complaints Upheld/Partially Upheld	%	58%	57%		
Local resolution concerns/ informal complaints Rec	Number	2	8		
MP Enquiries Rec	Number	2	1		



14 Formal Complaints were received into the division; in addition, there were 8 informal/locally resolved complaints. 7 complaints were closed during the Quarter. 4 of these were either fully or partially upheld and they were across CMHTs and Talking Therapies.

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 77 responses, CMHT Slough with 43 responses and Memory Clinic Bracknell with 40 responses.

Across the CRHTT East survey, the average 5-star score was 4.29 with 75.3% positive feedback, a slight decrease in the 5-star score and a slight decrease in the percentage positive feedback from last Quarter. 70 of the overall number of responses received (77) scored a 4 or 5-star rating with many comments about staff being supportive, listened, kind and helpful; *“The service was very good. They were very supportive. Signposted me to the appropriate services – but also said I could ring them if I needed their support again.” “They were there when I needed them. They did what is expected when a person is in crisis – and I was in crisis – and they really helped.”*

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 not being supportive, felt like staff didn’t care and didn’t feel listened to.

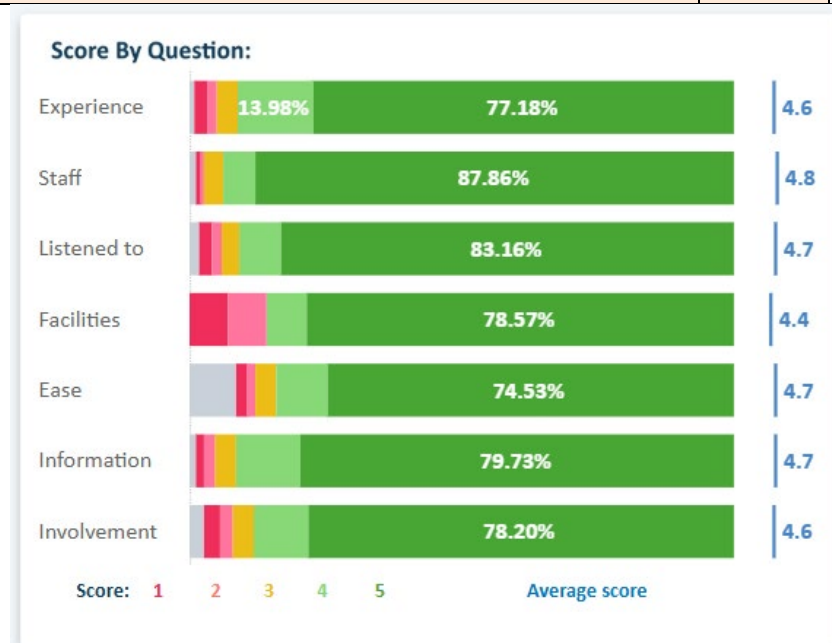
The Memory Clinic – Bracknell. received 97.5% positive score (4.95-star rating) and received positive feedback about staff being friendly, helpful, and listened. *“We were treated very well and made to feel at ease by the lady in question - well done! Following the appointment at the Memory Clinic we were met by [Name removed], who made us feel welcome and made us relax. She was very good with her questions and overall she was a very good and caring person. My wife said what a nice lady”*

CMHT received 76 responses (Bracknell 24, Slough 43, and WAM 9) with 92.1% positive score and 4.67 star with 5 of the total responses scoring less than a rating of 4; comments included *“Reception staff itching out of responsibility for their job. Only meant to meet and greet out-patients on entry to building and alert by informing professionally educated and experienced psychiatrists of out-patient arriving for appointment!,” “Receptionist was dismissive and short in her tone, not necessary at all. People need to be in jobs that they enjoy and support others, not leave me feeling worse mental health.” And “[Name Removed] ignores me, she never communicates with me what she’s going to do. She’s failed to help me at all since becoming my SW and she can’t spell my name..”* There were several positive comments that staff were caring, professional, helpful and listened examples of comments are *“[name removed] has been on amazing support for me while navigating as very difficult time, he’s always kind and considerate of my needs, which can change week to week”, “I hoped there would be an amazing for how I felt overall. I finally feel I’ve got, not just the right help for me but the best version of it in [name removed]. I genuinely feel good about life moving forward and until now I’ve honestly only been able to imagine how that might feel. The most positive 2 hours of my year so far not including my children. Obviously, I know there’s a road ahead. But I feel that I’m finally on the right road”* And *“The doctor I saw was brilliant he listened to me. He explained everything so well with regards to my diagnosis and medication. He’s even agreed to see me again in 4 weeks to review me and my new medication. Thank you again for listening to me and coming to a very good outcome.”* Some of the suggestions for improvement included receptionists were unhelpful and communication needs improvement. Further work is being conducted 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	1087		
Response rate (calculated on number contacts)	%	4.78%	4.41%		
iWGC 5-star score	Number	4.66	4.69		
iWGC Experience score – FFT	%	90.25%	91.17%		
Compliments received directly by services	Number	154	55		
Formal Complaints Rec	Number	12	14		
Formal Complaints Closed	Number	11	17		
Formal Complaints Upheld/Partially Upheld	%	38.4%	53%		
Local resolution concerns/ informal complaints Rec	Number	5	10		
MP Enquiries Rec	Number	3	1		



14 Formal Complaints were received into the division; in addition, there were 10 informal/locally resolved complaints. 17 complaints were closed during the Quarter. 9 of these were either fully or partially upheld and they were from services across the geographical localities and services but three were for West Berkshire CMHT.

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 193 responses, CRHTT West with 135 responses and Talking Therapies Step 3 with 119 responses.

Questions relating to involvement and information have the least number of positive responses. Examples of feedback include patients were not involved in their decisions regarding their care when accessing Talking Therapies, CMHT and CRHTT.

For CRHTT West there was an 85.9% positivity score and 4.49-star rating. There were lots of positive comments about staff listening, being helpful, and supportive, *"I had an amazing support from you, helpful. [name removed] was fantastic, really helped make me better. It reassured me and helped me understand myself better. really kind to me. Richmond was also fantastic. [name removed] was very helpful. They know what to say at the right time. They all did so much to help and I do not want your help to go unnoticed."* Some of the areas

for improvement included read clients notes so they do not need to repeat themselves, would like more help rather than medication, wanting more appointments.

The Older Adult Mental Health Service and Memory Clinic combined have received a 98.4% positivity rating (4.89-star rating) some of the feedback included *"I was seen promptly after arrival which was slightly earlier than appointment. The Dr gave a review of what he knew and asked if anything had changed. I undertook a series of cognitive tests which were very well explained. Dr then went through the results of brain scan again explaining the findings. He asked if I had questions and answered those that I had. Overall I felt at ease with the Dr."*

There were 33 responses received for West CMHT teams with 81.8% positivity score and 4.52-star rating, 27 of these were positive with comments received that staff listened and were supportive, there was 1 negative response for West Berkshire and Wokingham with reviews stating that patients felt like staff were not honest and did not give them information regarding their diagnosis.

Most comments were very positive about the staff, including that they listened, were kind and supportive. Several of the comments/areas for improvement were they wanted therapy or counselling and wait to be seen was long. For example, *"Always felt safe and able to discuss my feelings. I always feel listened to. I was always asked about my medication and how it was working etc."*

For Talking Therapies, the overall scores were 89.35% positivity and 4.65 star rating with the Talking Therapies step 2 pathway getting the highest scores. Many of the comments were positive about staff having listened, and that they were helpful and understanding.

Examples of positive feedback about Talking Therapies included, *"I feel much better after consulting talking therapies and applying CBT to my day to day chores. I also loved the Silver cloud platform which was extremely helpful and useful during hard days."* *"My assessment with [Name removed] was a very positive experience she made me feel totally at ease in the questions posed to me completely and thoroughly explained what she felt would be the best way for me is and overall a very pleasant and knowledgeable person."* and *"I had a friendly, professional, kind young lady, called [name removed] talking with me. She done the first and second assessment, assuring that I am safe and she gave me the emergency contact number and information. She put me in the waiting list for Talking Therapy and she advised me to access the emergency number any time. I felt listened and reassured. Thank you so much!"* Patients reported that they felt *"I felt listened to and I was informed of the next steps and sent the information I was told I would be sent."*

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.

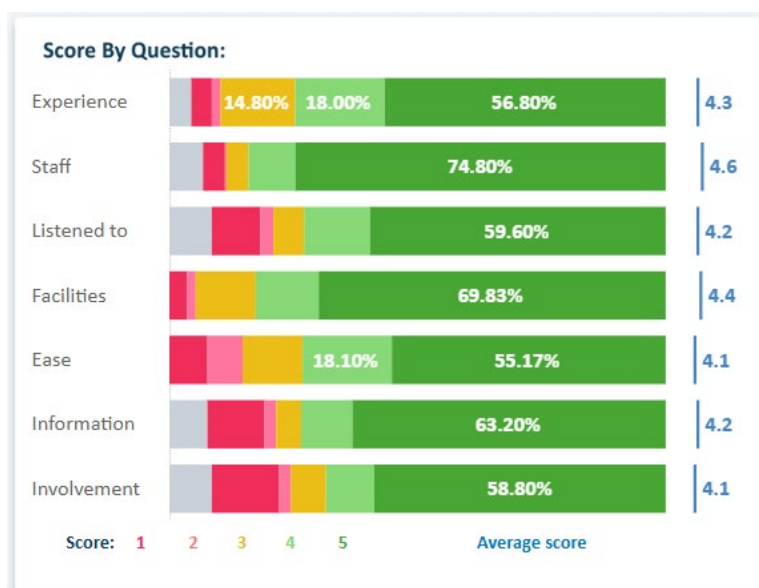
Op COURAGE received 44 responses during the Quarter, their patient survey responses gave a positivity score of 100% (4.91-star rating), none of the reviews scored less than 4.

Mental Health Inpatient Division

Table 5: Summary of patient experience data.

Patient Experience - Division MH Inpatients (wards)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received*	Number	289	*250		
Response rate	%	133.8%	136.6%		
iWGC 5-star score	Number	4.15	4.27		
iWGC Experience score – FFT	%	74.4%	74.8%		
Compliments	Number	18	19		
Formal Complaints Rec	Number	9	8		
Formal Complaints Closed	Number	10	7		
Formal Complaints Upheld/Partially upheld	%	20%	28.5%		
Local resolution concerns/ informal complaints Rec	Number	1	0		
MP Enquiries Rec	Number	0	2		

*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 74.8% with 52 of the 252 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 4.1 and 58 of the 250 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.

All of the wards are currently participating in various programmes as part of the national culture of care programme which focuses on safety and involvement of patients, the aim of the programme is to promote an environment where caring, empathy, and support are central to both service users and staff; there is also ongoing work in relation to improving communication and the involvement of patients making decisions about their care, particularly around managing risk.

There were 8 Formal Complaints received for mental health inpatient wards during the quarter across all wards.

There were 7 Formal Complaints closed during the quarter and of these two were partially upheld or upheld.

There were many positive comments received in the feedback including comments such as staff were friendly, helpful, kind and caring. There were some comments for improvement about listen to patients, more staff and wards being noisy. Examples of the feedback left are *“I found that all the nurses and other staff were very caring, understanding and friendly and they always had time to listen to you and help you however they could” “I was impressed with the professionalism & friendliness of the staff. They all follow protocol & procedure which made this stay a safe experience. Thank you.” “Staff were lovely, kind, patient and attentive; the full schedule of varied activities and holistic approach to treatment with OT, outdoor and group activities as well as medical attention by Doctors and Nurses was superb all- round; NHS, you are all amazing!!!”*

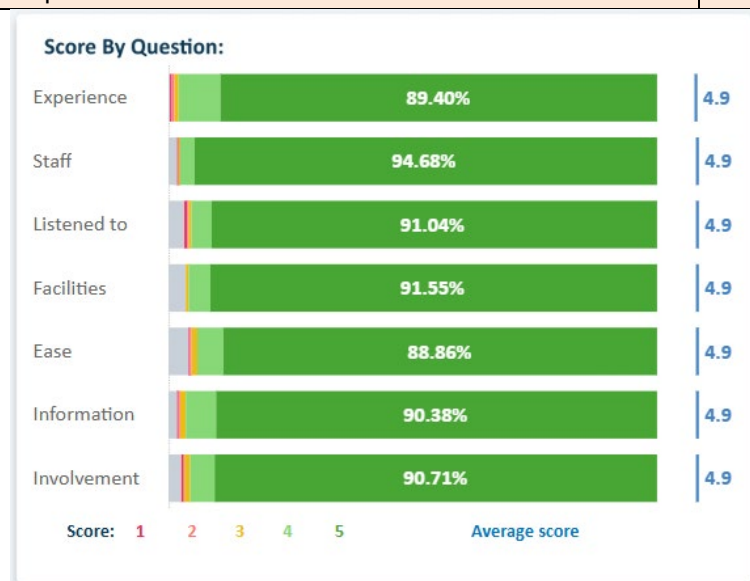
In addition to the feedback about the wards, there were 14 responses for a Place of Safety and the average score was 4.21, with only 1 feedback giving a score of less than 4/5. Some comments received were *Honestly, the support I have received from here has been outstanding! Every single need has been taken care of and I have been very looked after!” “Put me at ease as was very scared. Very friendly staff. Great support.”*

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	2443		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.6%	8.1%		
iWGC 5-star score	Number	4.91	4.90		
iWGC Experience score – FFT	%	97.8%	98.04%		
Compliments received directly into the service	Number	69	210		
Formal Complaints Rec	Number	4	6		
Formal Complaints Closed	Number	1	5		
Formal Complaints Upheld/Partially Upheld	%	58.3%	40%		
Local resolution concerns/ informal complaints Rec	Number	1	10		
MP Enquiries Rec	Number	0	2		



The 6 Formal Complaints received this quarter; there was no more than one per service. Five complaints were closed with two being either upheld or partially upheld. The overarching theme for complaints that were found to be upheld this quarter was communication.

The Hearing and Balance Service received 92 responses to the patient experience survey with a 96.7% positive score and 4.88-star rating.

East Community Nursing/Community Matrons received 456 patient survey responses with a 98.3% positive scoring, many comments were about staff being kind and professional, for example *"The nurse was efficient, kind, and gentle. It can be difficult when my catheter is changed but she made me feel better."* *"You are always early or on time - as you know I like that. You are all very professional and kind. You lift my spirits and make me happy all day"* *"[Name removed] was outstanding so kind and caring she helped me so much today , I felt so down and in so much pain , that she did everything for me today from reading a letter to me to contacting my GP , she was brilliant and I'm so grateful"* There were also some comments around wanting more visits from the nurses for example *"Come more regularly. Even when I have not got any wounds."*

The wards received 115 feedback responses (42 responses for Jubilee ward 95.2% positive score and 73 responses for Henry Tudor ward with a 100% positive score). Positive comments were received in relation to staff being caring, helpful and friendly. Two of the responses scored less than 4, comments for improvement related to needing more staff, answering the bell, too noisy and lack of parking for visitors.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 98.4% (4.90-stars), comments were very complimentary about staff being professional and helpful, *"Professional informative approach. Explanations of treatment. Additional suggestions for self-help to incorporate into daily routine. A very pleasant, cheerful, and smart practitioner."* The reoccurring improvement suggestion for this Quarter was for shorter waiting time.

Outpatient services within the locality received a positivity score of 97.9% with 4.91 stars from the 723 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"Each member of the team had time for me as a person, I was not treated as just another case to be dealt with as quickly as possible. Exams and treatments were clearly explained and followed up."*

The Diabetes Service received 231 feedback responses with 97.4% positivity and some lovely comments including *Both presenters took time to listen to questions & comments and answer them sympathetically, mindful of the person who was commenting, asking the question & understanding they might be frightened or frustrated, created a safe space for everyone to ask questions/share experiences."* Alongside some helpful suggestions for the service to consider around people being late to the groups and *"There was supposed to be a nurse but there was not. Maybe more group work for interaction. Hard to stay concentrated when listening for a long time."*

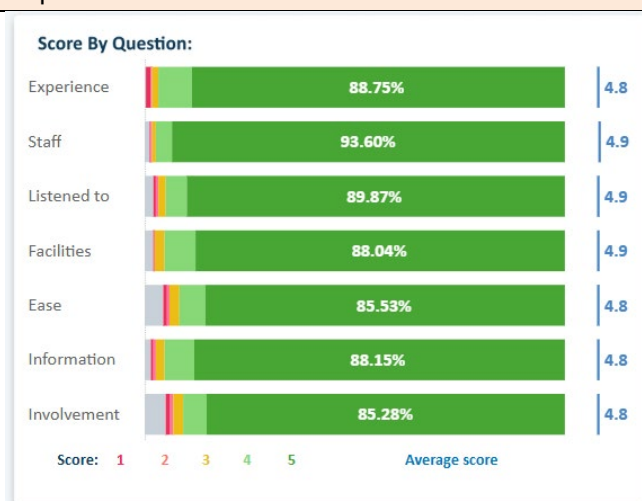
The Assessment and Rehabilitation Centre (ARC) also received positive feedback including *"I had sessions with three different practitioners. They were very easy to rate from excellent, good, and satisfactory. This is based on the time of the session, to the involvement and attitude of those staff concerned. I will name [name removed] as my excellent teacher. I spoke to a senior member of staff about the satisfactory element; this judgement is on overall session by her."*

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	3485		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	7.1%	6.3%		
iWGC 5-star score	Number	4.85	4.86		
iWGC Experience score - FFT	%	96.2%	96.8%		
Compliments (received directly into service)	Number	132	399		
Formal Complaints Rec	Number	5	9		
Formal Complaints Closed	Number	10	10		
Formal Complaints Upheld/Partially Upheld	%	36.3%	40%		
Local resolution concerns/ informal complaints Rec	Number	3	24		
MP Enquiries Rec	Number	1	0		



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 96.8% positive satisfaction and 4.86-star rating and the question on staff receiving a 97.6% positive scoring from the 3485 responses received.

There were 9 Formal Complaints received in Q2, these were split across several different services. The only service with more than one complaint was Ascott Ward. The complaints both involved communication, and one was about the appropriateness of the discharge location. The overarching theme for complaints that were found to be upheld this quarter was communication.

The community hospital wards have received 256 responses through the patient survey receiving an 94.9% positive score and 4.64-star rating, (12 responses scored three and below) questions around information and involvement receive the most results of three and below. Comments include *“Oakwood Unit was exactly the care I needed in my rehabilitation process recovering from a non-weight bearing broken leg. The range of support services from medical, physios, OTs, social care was appropriate and ‘joined up’ working seamlessly as a multidisciplinary team. The nursing staff were caring, knowledgeable and kind, without exception. The food was excellent and facilities well designed. I was well prepared to go back to my home environment. I cannot thank Oakwood enough!,”* *“From arrival on the ward my husband was treated with kindness & respect. All the staff were professional but also friendly and welcoming in difficult circumstances. Overall it was a good experience. He enjoyed all the activities, help and guidance in preparation for coming home.”* *“Everyone went above and beyond. The care and help was exceptional. The encouragement very*

helpful. Lovely people doing 110% to enable me to do my best. The garden was most appreciated. Very lucky to have Wokingham hospital. Thanks to all.” And *“Call bell, tea and food were always within reach, excellent. Brilliant food, brilliant bed making. Treated my Wife very well. Gabby the pharmacist was amazing.”* there were some individual comments where patients were less satisfied with answer bell quicker, listen more, food needed improvement and more staff. Comments for reviews with responses that scored below 4 included More staff, poor communication, did not feel listened to, discharged rushed, wanted to be more involved in their care, beds were uncomfortable and want more. There were four reviews which received a score of 1, 1 review did not give reason for their score.

There were no Formal Complaints for the Out of Hours GP service.

WestCall received 265 responses through the iWGC questionnaire this Quarter (93.96% positive score, 4.82-star rating, 16 scores received below 4. Positive comments included *“The 111 operator was very helpful and was able to book me in for a face-to-face appointment that same evening. The urgent care were so kind and helpful when I arrived and treated me effectively so I could start my treatment asap.”* *“I was treated by [Name removed]. I had been to see a doctor the day before but symptoms worsened. [name removed] reassured me that the diagnosis and treatment was correct but it needed more time to kick in. He was very kind and polite and gave me plenty of his time. I have visited the NHS before and been made to feel guilty for having taken their time or going in when I should not have. [Name removed] was the opposite, made me feel welcome and I cannot speak highly enough of him or his professionalism and I am very grateful to him.”* *“111 doctor arranged an appointment within 2 hours. Staff were excellent from reception to nurse to doctor. I had a sense they really cared. I was quickly diagnosed with a kidney infection and left reassured and with medication. Outstanding.”* Areas for improvement included better signage around hospital, wait times long and need more doctors.

The Podiatry Service received 187 patient survey responses. Most responses were very positive receiving five stars (overall 97.3% positivity 4.90-star rating) with examples including *“The podiatry team were professional, polite, helpful and had good communication skills. The podiatry clinic appeared to be organised and had good hygiene standards.”* *“Doctor I saw was very understanding and listened to my needs. She asked me questions to get an understanding of the issue. I felt listened to and taken seriously and I understand clearly what the next steps are for treatment!”* and *“I would like to say thank you to the Nurse for being so kind and dealing with empathy. Podiatrist Mr Abdul was such a nice and professional. He was so supportive and helped to relieve my pain due to ingrown toenail by cutting the side of it causing infection. Much appreciated the services and support.”*

There were 2 formal complaints for the Community Nursing Service. These related to attitude of staff.

To provide some context across our East and West District Nursing teams combined there were 15,303 unique patients this Quarter.

765 responses were received for Community nursing (98.4% positive score and 4.94/5 stars) Lots of comments included nurses were kind, caring, and friendly, *“Our nurse was knowledgeable and very kind and patient. She dealt with some unexpected (concerning) symptoms efficiently and fast and gave me all the information I needed to take matters forward with my GP. Very reassuring, 100% satisfied.”*, *“Always treated very well, everything about my treatment plan has gone well. [name removed] has made this so much easier, I can't thank her enough.”* and *“I am extremely grateful to you and all your team for your continued support and helping trying to make Mum's situation a little bit more bearable it means a lot to have such great support when I know how stretched you are in all directions*

so I just wanted to take this opportunity to thank you all so much.” There were several positive comments about nurses being caring and there were very few suggestions for improvement; some nurses rush visit and would like to be given more notice if an appointment is changed.

MSK Physio has received one Formal Complaint in the Quarter. The service has received 502 patient survey responses with a 98.0% positive score (4.89 -star rating), very few areas for improvement were included in the feedback there were a few suggestions including long wait times, waiting area was too small and lack privacy in the rooms and the overall feedback was extremely positive with lots of comments about staff were helpful, professional, friendly and kind.

Bladder and Bowel (continence) services received 95 survey responses with 96.8% positivity and 4.89 star rating, with comments about staff listening and being helpful.

Demographic profile of people providing feedback.

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q2 attendances
Asian/Asian British	9.20%	12.63%	10.08%
Black/Black British	5.75%	1.05%	3.14%
Mixed	2.30%	2.10%	3.34%
Not stated	6.90%	5.26%	8.98%
Other Ethnic Group	2.30%	2.11%	1.98%
White	73.57%	76.85%	72.48%

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 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. 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 Q2 attendances
Female	45.98%	55.79%	55.87%
Male	52.87%	21.05%	44.08%
Non-binary/ other	0%	1.05%	0%
Not stated	1,15%	22.11%	0.05%

The data for this quarter shows that we continue to be more likely to hear the voice of female attendees through the patient survey and more complaints from men. 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.

Table 9A: Gender by outcome code

Gender - as stated	Not Upheld	Partially Upheld	Upheld	Grand Total
Female	38.46% (decrease from 46.43%)	42.31% (increase from 35.71%)	19.23% (increase from 17.86%)	100.00%
Male	38.46% (decrease from 46.67%)	46.15% (increase from 33.33%)	15.38% (decrease from 20%)	100.00%
Not stated	35.29% (decrease from 38.46%)	47.06% (increase from 46.15%)	17.65% (increase from 15.38%)	100.00%
Grand Total	36.84% (decrease from 44.64%)	43.86% (increase from 37.50%)	19.30% (increase from 17.86%)	100.00%

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

New for quarter two, below is the information for complaints closed in the Quarter, by ethnicity. It is difficult to draw definite conclusions given that the ethnicity is not known for a number of complaints and there are very few complaints where ethnicity is known to be non-white British. This data needs to be explored further an increased efforts made to gain ethnicity data for all complainants to enable accurate analysis and conclusions.

Table 9A: Ethnicity by outcome code

Ethnicity - as stated	Not Upheld	Partially Upheld	Upheld	Grand Total
Asian or Asian British - Any other Asian Background	50% (1)	50% (1)	0.00%	100.00%
Black or Black British - African	0.00%	50% (1)	50% (1)	100.00%
Black or Black British - Other Black Background	0.00%	100% (1)	0.00%	100.00%
Not Known - Waiting for first appointment/not recorded	20% (1)	60% (3)	20% (1)	100.00%
White - any other white background	0.00%	100% (2)	0.00%	100.00%
White - English/Welsh/Scottish/Northern Irish/British	46.67% (7)	33.33% (5)	20% (3)	100.00%
Not stated	41.38% (12)	41.38% (12)	17.24% (5)	100.00%
Other ethnic category	0.00%	0.00%	100% (1)	100.00%
Grand Total	36.84%	43.86%	19.30%	100.00%

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q2 attendances
0 to 4	5.75%	33.69%	6.49%
5 to 9	0%		2.40%
10 to 14	4.60%		4.07%
15 to 19	5.75%		5.39%
20 to 24	10.34%	3.16%	3.40%
25 to 29	6.90%		3.26%
30 to 34	11.49%	5.26%	3.83%
35 to 39	2.30%		4.03%
40 to 44	9.20%	8.42%	3.78%
45 to 49	6.90%		3.85%
50 to 54	4.60%	12.63%	4.23%
55 to 59	3.45%		4.76%
60 to 64	8.05%	12.63%	5.18%
65 to 69	4.60%		4.98%
70 to 74	4.60%	13.68%	5.80%
75 to 79	4.60%		8.35%
80 to 84	5.75%	5.26%	9.46%
85 +	0%		16.73%
Not known	1.15%	5.26%	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. We have 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
Ascot and Windsor Wards, Wokingham Community Hospital	Hand wipes at mealtimes.	These are provided at all meals and are available in the dining room at the bedside and hand hygiene for patients are encouraged.
	More information about the ward.	Booklet designed, currently being printed but should be on the ward in October.
Oakwood Ward	More information to be given to patients on what planned treatment is and the goals of the treatment.	To communicate to patients' expectations on admission, therapy goals, and treatment. Therapy Team devised a Therapy information leaflet to be disseminated once approved by Marcomms .
	Patient was registered blind and highlighted communication concerns.	Create a personalised digital communication card –RNIB. Communication card can be individualised according to patient's needs.
Henry Tudor Ward and Jubilee Ward	Lack of additional seasoning at Mealtimes	Reiterated to staff to ensure additional seasoning is placed on pts meal trays and tables in the dining room.
	You would like to be informed of Discharge Plans before your NOK	Reminder that patients must be informed of the discharge date

		as soon as we know and before NOK are informed.
Talking Therapies	Sessions feeling “tick boxy” and generic	Following a theme from a small number of clients that their appointments felt rushed and robotic at times, we have planned to review therapist skills around expressing genuine empathy in CSS sessions.
	Technology/Noise Issues During Appointments	IWGC highlighted concerns from some clients regarding signal problems with phones, poor connections, and background noise during appointments. Our clinicians either work from home or in the office, where we provide the internet. We have confirmed with the team the back-up plans for contacting clients should there be any technology issues. We have also reminded the team to keep noise to a minimum in office spaces and to ensure they are using the appropriate noise-cancelling headphones provided by the service.
	Sessions too short or infrequent at Step 2	The service is following national guidelines for session length at Step 2. We will be reviewing the length of our wellbeing assessments in three months to consider whether these should be increased. We are also currently reviewing data regarding the frequency of therapy sessions at Step 2.
	Disclosures of alcohol misuse as barrier to support	Clients expressed that they felt judged and unsupported when they were turned down from the service after disclosing that they were consuming alcohol or taking substances. The senior leadership team is currently reviewing the need for training around substance use to ensure fair access to the service.
Health visiting	It was not clear what the Health Visiting antenatal offer was	The antenatal welcome letter has been redesigned so that important information and signposting is clear

School Nursing	Young people wanted to know about school nursing and how the services can be accessed	A termly newsletter is now being shared with young people through school
Immunisation team	Some of the wording in the flu triage form was not clear	Listening to the queries that these questions generated , we have reworded the form for 2025
	Experience feedback forms are not suitable for pupils with Special Educational Need (SEN)	We now provide easy read forms for use with pupils
	The mental capacity assessment form needs updating to better be able to assess the mental capacity of pupils	Working with specialist school and speech and language therapists we have developed a pictorial aid to help staff assess a young persons capacity.
Family Safeguarding	You were confused around the range of differing services involved with you and your family	Developed an ‘ at a glance’ overview for parents receiving support from multiple services across health and social care to help them understand the differences across services and their remit
CAMHS getting Help Mental Health Support Teams	Young people would like to see what their practitioner looks like ahead of meeting with them	Staff posters have been produced to display in waiting areas used for clinical work. Photos are now also used in the ‘ meet the Practitioner, and ‘Your first appointment’ leaflets that are sent to young people ahead of the appointment
Intermediate care	You were not clear about Length of service or number visits you would receive	We will ensure that we explain this to you when you at the start of your time in the service.
Court Liaison and Diversion	feedback from HMP Winchester detainee survey that mentioned prison leavers commenting on not being clear how Reconnect will be supporting them once released	We have reviewed the service leaflets and ensure the care plan is recorded in this leaflet and shared with the prison leavers
Orchid Ward	We would like more activities	We have recruited an Activity Coordinator to assist with this

15 Steps

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

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.

Further, targeted work is required to improve the recording of patient demographics in relation to complaints, as this will enable us to more accurately analyse data in terms of any differential experience . We have narrative within our survey to encourage people completing our staff survey to complete the demographic data which was agreed in collaboration with our EDI team and staff networks.

Berkshire Healthcare wants to ensure that all of their services are easily available and suitable for everyone. We are aware that certain groups of people struggle to access good healthcare. To help us achieve this, it is important to ask about things like age, gender, sexual orientation and religion (sometimes referred to as 'demographics').

We hope you feel able to provide this information (or tell us why you don't want to) which will help Berkshire Healthcare improve patient experience for everyone.

Any feedback provided is not directly identifiable to you, unless you choose to include this level of information in your response. All feedback is completely anonymous and will not be linked to any of your personal data or clinical records.

Continuing to increase feedback in general will enable services to understand the experience of those using their services and to use this for improvement. This 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.