Berkshire Healthcare
NHS Foundation Trust

# Berkshire Healthcare NHS Foundation Trust Annual Complaints Report

## April 2025 to March 2026

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May 2026

# Contents

## 1. Introduction and executive Summary

This report contains the annual complaint information for Berkshire Healthcare NHS Foundation Trust (referred to in this document as The Trust), as mandated in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Trust formally reports patient experience through our Quality Executive and Trust Board on a quarterly basis, alongside other measures including compliments, the Friends and Family Test, PALS, and our internal patient survey programme, which is operated through the iWGC feedback solution.

This report looks at the application of the Complaints Process within the Trust from 1 April 2025 to 31 March 2026 and uses data captured from the Datix incident reporting system.

Factors (and best practice) which affect the numbers of Formal Complaints that Trusts receive include:

- Ensuring processes are in place to resolve potential and verbal complaints before they escalate to Formal Complaints. These include developing systems and training to support staff with local resolution.

- An awareness of other services such as the Patient Advice and Liaison Service (PALS – internal to the Trust) and external services including Healthwatch and advocacy organisations which ensure that the NHS listens to patients and those who care for them, offering both signposting and support.

- Highlighting the complaints process as well as alternative feedback mechanisms in a variety of ways including leaflets, poster adverts and through direct discussions with patients, such as PALS clinics in clinical sites.

When people contact the service, the complaints office will discuss the options for complaint management. This gives the opportunity to make an informed decision as to whether they are looking to make a Formal Complaint or would prefer to work with the service to resolve the complaint informally.

The number of Formal Complaints received has increased to 268, with the table below reporting the activity over time. It is important to consider this in terms of the number of patient contacts and the % of these contacts that result in a Formal Complaint being made:

| Year | Number of Formal Complaints received | % of Patient Contacts |
|---|---|---|
| 2025/26 | 268 | 0.038% |
| 2024/25 | 230 | 0.032% |
| 2023/24 | 281 | 0.030% |
| 2022/23 | 240 | 0.043% |
| 2021/22 | 231 | 0.049% |
| 2020/21 | 213 | 0.038% |

The Trust actively promotes feedback as part of ‘Learning from Experience', which within the Complaints Office includes activity such as enquiries, services resolving concerns informally, working with other Trusts on joint complaints, responding to the office of Members of Parliament who raise concerns on behalf of their constituents, complaints raised via the CQC and through advocacy services. The Trust has continued to achieve a 100% response rate in responding to complainants within an agreed timescale and we always aim to respond as soon as possible with a thorough and considered response.

Our complaint handling and response writing training available to staff continues to be delivered online over MS Teams and takes place on a regular basis (with a waiting list) across the different Divisions, in addition to bespoke, tailored training for specific teams which has taken place for staff groups and teams.

Our complaints process works alongside our Serious Incidents processes and Mortality Review Group (linking in as part of the Patient Safety Incident Response Framework; PSIRF) having a direct link to ensure that any complaint involving a patient death is reviewed. Weekly and monthly meetings with the Patient Safety Team take place to ensure that we are working effectively and identifying any themes or emerging patterns.

There has been increase in the number of enquiries/concerns raised by MPs on 2024/25, with a return to levels seen in prior years. Community mental health services and the ADHD pathway received the highest level of activity from MPs over the year, for access and waiting times respectively. The highest number of contacts were from MPs based in Reading, Wokingham and WAM (Windsor, Ascot and Maidenhead):

| Year | Number of MP enquiries/concerns |
|---|---|
| 2025/26 | 63 |
| 2024/25 | 21 |
| 2023/24 | 73 |
| 2022/23 | 88 |

## 2. Complaints received – activity.

### 2.1 Overview

During 2025/26, 268 formal complaints were received into the organisation**.** Table 1 shows the number of formal complaints by service and compares them to the previous financial year.

**Table 1: Formal complaints received.**

| | 2024/25 | | | | | | 2025/26 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Service** | **Q1** | **Q2** | **Q3** | **Q4** | **Total for year** | **% of Total** | **Q1** | **Q2** | **Q3** | **Q4** | **Compared to previous quarter** | **Q4 no. of contacts** | **% contacts Q4** | **Total for year** | **% of Total** |
| Acute Inpatient Admissions – Prospect Park Hospital | 8 | 3 | 11 | 5 | 27 | **11.74** | 8 | 6 | 8 | 10 | ↑ | 162 | 6.17 | 32 | 11.94 |
| CAMHS - Child and Adolescent Mental Health Services | 10 | 13 | 3 | 5 | 31 | **13.48** | 8 | 4 | 8 | 7 | ↓ | 3306 | 0.21 | 27 | 10.07 |
| CMHT/Care Pathways | 12 | 13 | 7 | 9 | 41 | **17.83** | 10 | 10 | 10 | 18 | ↑ | 4948 | 0.36 | 48 | 17.91 |
| Common Point of Entry | 2 | 3 | 0 | 1 | 6 | **2.61** | 0 | 1 | 4 | 2 | ↓ | 1636 | 0.12 | 7 | 2.61 |
| Community Hospital Inpatient | 4 | 4 | 4 | 1 | 13 | **5.65** | 1 | 5 | 1 | 2 | ↑ | 468 | 0.43 | 9 | 3.36 |
| Community Nursing | 6 | 3 | 1 | 1 | 11 | **4.78** | 1 | 3 | 1 | 4 | ↑ | 14766 | 0.03 | 9 | 3.36 |
| Crisis Resolution & Home Treatment Team (CRHTT) | 5 | 3 | 2 | 8 | 18 | **7.83** | 3 | 9 | 8 | 8 | No change | 4615 | 0.17 | 28 | 10.45 |
| Older Adults Community Mental Health Team | 1 | 0 | 0 | 1 | 2 | **0.87** | 0 | 1 | 0 | 1 | ↑ | 4948 | 0.02 | 2 | 0.75 |
| Out of Hours GP Services | 2 | 2 | 3 | 5 | 12 | **5.22** | 2 | 0 | 2 | 4 | ↑ | 5401 | 0.07 | 8 | 2.99 |
| PICU - Psychiatric Intensive Care Unit | 0 | 2 | 2 | 0 | 4 | **1.74** | 0 | 1 | 0 | 0 | No change | 8 | 0.00 | 1 | 0.37 |
| Urgent Treatment Centre | 1 | 0 | 0 | 0 | 1 | **0.43** | 0 | 0 | 0 | 0 | No change | 3585 | 0.00 | 0 | 0.00 |
| Other services during quarter | 17 | 18 | 17 | 12 | 64 | **27.83** | 18 | 18 | 18 | 43 | ↑ | 126599 | 0.03 | 97 | 36.19 |
| **Grand Total** | 68 | 64 | 50 | 48 | 230 | 100 | 51 | 58 | 60 | 99 | | | | 268 | |

In addition to the 268 formal complaints received during the year, 60 complaints were re-opened, and 26 of these were from 7 people. For comparison, last year 50 re-opened complaints were received and 27 of these were from 11 people.
These are cases where we were not able to resolve the complaint with our initial response and further responses were required. Re-opened complaints increased progressively across the year, rising from 12 in Q1 to 22 in Q4. They were predominantly concentrated within Mental Health services, particularly community-based pathways. CMHT/Care Pathways accounted for the highest number of re-opened complaints (10), followed by Crisis Resolution and Home Treatment Teams (5).

24 of the formal complaints received were escalated following PALS local resolution and in addition there were also 1,774 PALS queries, 59 Informal Complaints and 160 concerns resolved locally by services directly.

Table 2 below details the main themes of complaints and the percentage breakdown of these.

**Table 2: Themes of Complaints received.**

| **Main subject of complaint** | **Number of complaints** | **% of complaints** |
|---|---|---|
| Abuse, Bullying, Physical, Sexual, Verbal | 7 | 2.61% |
| Access to Services | 5 | 1.87% |
| Admission | 2 | 0.75% |
| Attitude of Staff | 28 | 10.45% |

| | | |
|---|---|---|
| Care and Treatment | 115 | 42.91% |
| Communication | 48 | 17.91% |
| Confidentiality | 7 | 2.61% |
| Discharge Arrangements | 18 | 6.72% |
| Discrimination, Cultural Issues | 1 | 0.37% |
| Environment, Hotel Services, Cleanliness | 2 | 0.75% |
| Medical Records | 9 | 3.36% |
| Medication | 9 | 3.36% |
| Support Needs (Including Equipment, Benefits, Social Care) | 4 | 1.49% |
| Waiting Times for Treatment | 13 | 4.85% |
| Grand Total | 268 | 100.00% |

The distribution of complaint themes demonstrates that care and treatment is by far the most significant driver of complaints, accounting for 42.9% (115 cases), followed by communication at 17.9% (48 cases) and attitude of staff at 10.5% (28 cases). Complaints about the attitude of staff included things such as people feeling that staff were dismissive, asking questions repeatedly, and not feeling listened to. Together, these three themes represent over 70% of all complaints, indicating that the core patient experience—how care is delivered, explained, and perceived—is the primary area of concern. Care and treatment as a theme individually accounted for 42.91% of the formal complaints received (these were about individual experiences and concerns specific to their pathway and care rather than general these for learning), compared to 52.17% last year. Further themes include discharge arrangements (6.7%) and waiting times (4.9%). Other categories such as medication, medical records, confidentiality, and support needs each contribute relatively small proportions, while areas such as discrimination, environment, and admission are minimal. The complaints received indicate that the concerns are not as a result isolated operational issues, and are from aspects of clinical care quality, communication, and interpersonal interactions, reinforcing the need for continued focus on consistency, clarity, and patient-centred care delivery.

Complaints received in relation to care and treatment are wide ranging and focus very much on individual circumstances and therefore it has not been possible to pick up themes or areas for specific action by services in relation to these.

The following tables show a breakdown for 2025/26 of the formal complaints that have been received and where the service is based.

In addition to the clinical divisions, there 3 formal complaints about corporate services, including Information Governance, medical records and the Complaints process.

## 2.2 Mental Health service complaints

**Table 3: Mental Health Service complaints**

| Service | Number of complaints |
|---|---|
| A Place of Safety | 3 |

| | |
|---|---|
| Adult Acute Admissions - Bluebell Ward | 9 |
| Adult Acute Admissions - Daisy Ward | 3 |
| Adult Acute Admissions - Rose Ward | 13 |
| Adult Acute Admissions - Snowdrop Ward | 7 |
| CMHT/Care Pathways | 47 |
| CMHTOA/COAMHS - Older Adults Community Mental Health Team | 2 |
| Common Point of Entry | 7 |
| Crisis Resolution and Home Treatment Team (CRHTT) | 28 |
| IMPACTT | 1 |
| IPS - Individual Placement support | 1 |
| Mental Health Integrated Community Service | 6 |
| Neuropsychology | 1 |
| Older Adults Inpatient Service - Orchid ward | 5 |
| Other | 1 |
| PICU - Psychiatric Intensive Care - Sorrel Ward | 1 |
| Psychological Medicine Service | 7 |
| Psychology Service | 2 |
| Talking Therapies - Admin/Ops Team | 3 |
| Talking Therapies - PWP Team | 5 |
| Traumatic Stress Service | 2 |
| Veterans TILS Service | 1 |
| **Grand Total** | **155** |

### 2.2.1 Mental Health Complaints by service

The Adult Mental Health services receiving higher numbers of formal complaints in 2025/26 are detailed further below.

**Community Mental Health teams (CMHT)**

**Table 4: CMHT complaints**

| | Geographical Locality | | | | | | |
|---|---|---|---|---|---|---|---|
| **Main subject of complaint** | **Bracknell** | **Reading** | **Slough** | **West Berks** | **Windsor, Ascot and Maidenhead** | **Wokingham** | **Grand Total** |
| Attitude of Staff | 2 | | | | 1 | | 3 |
| Care and Treatment | 2 | 4 | 4 | 2 | 8 | 5 | 25 |
| Communication | | 1 | 3 | 3 | 3 | | 10 |
| Confidentiality | 1 | | | 1 | | | 2 |
| Discharge Arrangements | | 1 | | | | 1 | 2 |
| Medical Records | | | | 1 | 1 | | 2 |
| Medication | | 2 | | | | | 2 |
| Waiting Times for Treatment | | | | | 1 | | 1 |
| **Grand Total** | **5** | **8** | **7** | **7** | **14** | **6** | **47** |

## Adult mental health inpatients

### Table 5: Adult mental health inpatient ward complaints

| | Ward | | | | | | |
|---|---|---|---|---|---|---|---|
| **Main subject of complaint** | **Bluebell Ward** | **Daisy Ward** | **Rose Ward** | **Snowdrop Ward** | **Orchid ward** | **Sorrel Ward** | **Grand Total** |
| Abuse, Bullying, Physical, Sexual, Verbal | 2 | 1 | 1 | 1 | | | 5 |
| Attitude of Staff | | | 1 | | | 1 | 2 |
| Care and Treatment | 5 | 1 | 7 | 6 | 3 | | 22 |
| Communication | 1 | | 1 | | | | 2 |
| Discharge Arrangements | | | 2 | | | | 2 |
| Environment, Hotel Services, Cleanliness | 1 | | | | 1 | | 2 |
| Medical Records | | 1 | | | | | 1 |
| Medication | | | 1 | | 1 | | 2 |
| **Grand Total** | **9** | **3** | **13** | **7** | **5** | **1** | **38** |

Sorrel ward received 1 formal complaint, compared with 4 the year before. The Culture of Care programme on this ward has added a positive impact to a number of aspects of ward, including communication and feeling safe.

There were 2 complaints about A Place of Safety (APOS).

Rose Ward received the highest number of formal complaints, however there were no specific themes for these.

### CRHTT

Table 6 below demonstrates that there has been an increase in the number of formal complaints received about CRHTT to 28 from 18 in 2024/25. Care and treatment and attitude of staff are the main themes, with both areas seeing an increase compared to last year (care and treatment up from 10 and attitude of staff up from 2).

### Table: 6 CRHTT complaints

| | Geographical Locality | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Main subject of complaint** | **Bracknell** | **Reading** | **Slough** | **Unknown /other** | **West Berks** | **Windsor, Ascot and Maidenhead** | **Wokingham** | **Grand Total** |
| Abuse, Bullying, Physical, Sexual, Verbal | | | | | | 1 | | 1 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Admission | | | 1 | | | | | 1 |
| Attitude of Staff | 2 | 1 | 1 | 1 | 1 | | 1 | 7 |
| Care and Treatment | 4 | 2 | 2 | 1 | 3 | | | 12 |
| Communication | | 1 | 1 | | | 1 | | 3 |
| Confidentiality | | | | | | | 1 | 1 |
| Discharge Arrangements | | | | | | 1 | | 1 |
| Medical Records | 1 | 1 | | | | | | 2 |
| **Grand Total** | **7** | **5** | **5** | **2** | **4** | **3** | **2** | **28** |

## 2.3 Community Health Service Complaints

Community Health Service complaints accounted for 17%, compared to 24% the previous year.

There were no themes with complaints raised around specifics of care delivery and patient's individual circumstances.

**Table 7: Community Health Service Complaints**

| | Geographical Locality | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Service** | **Bracknell** | **Reading** | **Slough** | **Unknown** | **West Berks** | **Windsor, Ascot and Maidenhead** | **Wokingham** | **Grand Total** |
| Community Based Neuro Rehab - CBNRT | | 1 | | | | | | 1 |
| Community Dietetics | | 1 | | | | | | 1 |
| Community Hospital Inpatient Service - Ascot Ward | | | | | | | 2 | 2 |
| Community Hospital Inpatient Service - Donnington Ward | | | | | 1 | | | 1 |
| Community Hospital Inpatient Service - Henry Tudor Ward | | | | | | 3 | | 3 |
| Community Hospital Inpatient Service - Highclere Ward | | | | | 1 | | | 1 |
| Community Hospital Inpatient Service - Oakwood Ward | | 1 | | | | | | 1 |
| Community Hospital Inpatient Service - Windsor Ward | | | | | | | 1 | 1 |
| Community Physiotherapy | | 1 | | | | | | 1 |
| Continence | | 1 | | | | 1 | | 2 |
| Diabetes | | | | | | 2 | | 2 |
| District Nursing | 2 | 4 | 2 | | | | | 8 |
| East Berkshire Wheelchair Service | 1 | | | | | 1 | | 2 |
| Integrated Pain and Spinal Service - IPASS | | 2 | | | | | 3 | 5 |
| Musculoskeletal Community Specialist Service | | 1 | | | 1 | 1 | | 3 |
| Out of Hours GP Services | | 6 | | | 1 | | 1 | 8 |
| Physiotherapy Musculoskeletal | | | | | 1 | | | 1 |
| Sexual Health | | | 2 | | | | | 2 |
| Urgent Community Response - UCR | | | | 1 | | | | 1 |
| **Grand Total** | **3** | **18** | **4** | **1** | **5** | **8** | **7** | **46** |

### 2.3.1 Community Health Complaints by service

The top 3 community services receiving Formal Complaints in 2025/26 are detailed further below.

**Community Nursing**

As detailed in Table 8; 3 of the 8 complaints were regarding care and treatment, a review of these has not identified any themes. There were 10 formal complaints about Community Nursing last year, the decrease is reflective of the ongoing work underway within the Division.

**Table 8: Community Nursing Service complaints**

| | Geographic Locality | | | |
|---|---|---|---|---|
| **Main subject of complaint** | **Bracknell** | **Reading** | **Slough** | **Grand Total** |
| Attitude of Staff | 1 | 1 | 1 | 3 |
| Care and Treatment | 1 | 1 | 1 | 3 |
| Communication | | 2 | | 2 |
| **Grand Total** | **2** | **4** | **2** | **8** |

**WestCall Out of Hours GP Service complaints**

**Table 9: WestCall Out of Hours GP Service complaints**

| | Geographic Locality | | | |
|---|---|---|---|---|
| **Main subject of complaint** | **Reading** | **West Berks** | **Wokingham** | **Grand Total** |
| Attitude of Staff | 1 | 1 | | 2 |
| Care and Treatment | 2 | | | 2 |
| Communication | 1 | | 1 | 2 |
| Waiting Times for Treatment | 2 | | | 2 |
| Grand Total | 6 | 1 | 1 | 8 |

As shown in the table above, WestCall received 8 formal complaints, a sustained reduction from 12 in 2024/25. There were no specific themes of the complaints.

**Table 10: Integrated Pain and Spinal Service - IPASS**

| | Geographical Locality | | |
|---|---|---|---|
| **Main subject of complaint** | **Reading** | **Wokingham** | **Grand Total** |
| Access to Services | 1 | | 1 |
| Care and Treatment | 1 | 3 | 4 |
| Grand Total | 2 | 3 | 5 |

Whilst in the top three services to receive formal complaints, they received 6 last year, so this is a reduction.

## 2.4 Children, Young People and Families

**Table 11: Children, Young People and Family Service Complaints**

| | Geographical Locality | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Service** | **Bracknell** | **Reading** | **Slough** | **Unknown** | **West Berks** | **Windsor, Ascot and Maidenhead** | **Wokingham** | **Grand Total** |
| CAMHS - ADHD | 1 | 1 | 1 | | 2 | | 3 | 8 |
| CAMHS - Anxiety Disorder Treatment Team (ADTT) | 2 | | | | | | | 2 |
| CAMHS - Common Point of Entry (Children) | | | | | 2 | | | 2 |
| CAMHS - Learning Disabilities | | 1 | | | | | | 1 |
| CAMHS - Mental Health Support Team East | | | 1 | | | | | 1 |
| CAMHS - Rapid Response | | 2 | | 1 | | | | 3 |
| CAMHS - Specialist Community Teams | 1 | | | | | 1 | 1 | 3 |
| CAMHS General | | 2 | | 2 | 1 | | | 5 |
| CAMHS Mental Health Support Teams West | | | | | 1 | | | 1 |
| Children's Occupational Therapy - CYPIT | 1 | | 1 | 1 | | 2 | | 5 |
| Children's Speech and Language Therapy - CYPIT | 1 | 2 | 2 | | 1 | | | 6 |
| Community Paediatrics | | | | 1 | | | | 1 |
| Community Team for People with Learning Disabilities (CTPLD) | | | | | 1 | 1 | 1 | 3 |
| CYP - ADHD | 1 | 3 | | 4 | 1 | | | 9 |
| Eating Disorders Service | 2 | 2 | | | | | | 4 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Health Visiting | 1 | | | 1 | 1 | | 1 | 4 |
| LD Intensive Support Team | | 1 | | | | | | 1 |
| Neurodevelopmental Services | 1 | 2 | | 2 | | | | 5 |
| **Grand Total** | **11** | **16** | **5** | **12** | **10** | **4** | **6** | **64** |

There were 51 formal complaints received for this division during the previous year.

The table below shows that there has been a decrease in the number of formal complaints received for CAMHS, from 33 the previous year.

**Table 12: CAMHS Complaints**

| | Main subject of complaint | | | | | |
|---|---|---|---|---|---|---|
| **Service** | **Care and Treatment** | **Communication** | **Discharge Arrangements** | **Medication** | **Waiting Times for Treatment** | **Grand Total** |
| CAMHS - ADHD | 3 | 1 | | 2 | 2 | 8 |
| CAMHS - Anxiety Disorder Treatment Team (ADTT) | 1 | | 1 | | | 2 |
| CAMHS - Common Point of Entry (Children) | | 1 | 1 | | | 2 |
| CAMHS - Learning Disabilities | 1 | | | | | 1 |
| CAMHS - Mental Health Support Team East | | 1 | | | | 1 |
| CAMHS - Rapid Response | 1 | 2 | | | | 3 |
| CAMHS - Specialist Community Teams | 1 | | 1 | | 1 | 3 |
| CAMHS General | 2 | 2 | 1 | | | 5 |
| CAMHS Mental Health Support Teams West | 1 | | | | | 1 |
| **Grand Total** | **10** | **7** | **4** | **2** | **3** | **26** |

## 3 Complaints closed – activity.

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

### Table 13: Outcome of closed formal complaints

| | 2024/25 | | | | | | 2025/26 | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Outcome** | **Q1** | **Q2** | **Q3** | **Q4** | **Total for year** | **% of 24/25** | **Q1** | **Q2** | **Q3** | **Q4** | **Total for year** | **% of 25/26** | **Higher or lower % than previous year** |
| Consent not granted | 0 | 1 | 0 | 0 | 1 | 0.53 | 2 | 4 | 4 | 1 | 11 | 3.91 | ↑ |
| Locally resolved/not pursued | 0 | 1 | 1 | 0 | 2 | 1.07 | 2 | 3 | 6 | 11 | 22 | 7.83 | ↑ |
| Not Upheld | 19 | 24 | 29 | 14 | 86 | 45.99 | 24 | 19 | 26 | 36 | 105 | 37.37 | ↓ |
| Partially Upheld | 9 | 29 | 19 | 13 | 70 | 37.43 | 19 | 21 | 21 | 52 | 114 | 40.21 | ↑ |
| Upheld | 12 | 3 | 7 | 3 | 25 | 13.37 | 8 | 10 | 1 | 8 | 27 | 9.25 | ↓ |
| SUI | 1 | 1 | 1 | 0 | 3 | 1.6 | 0 | 1 | 0 | 0 | 1 | 0.36 | ↓ |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 0 | 3 | 1.07 | ↑ |
| **Grand Total** | **41** | **58** | **57** | **30** | | **187** | **55** | **61** | **59** | **108** | **281** | | |

Complaints can cover several services and issues which are investigated as individual points which contributes towards higher partially upheld outcomes. We are monitoring the percentage of upheld and partially upheld as a performance measure, aiming to see a reduction.

### Table 14: Outcome of closed formal complaints by main subject

| | Outcome of complaint | | | |
|---|---|---|---|---|
| **Main subject of complaint** | **Not Upheld** | **Partially Upheld** | **Upheld** | **Grand Total** |
| Abuse, Bullying, Physical, Sexual, Verbal | 4 | 1 | | 5 |
| Access to Services | | 5 | | 5 |
| Admission | 1 | | 1 | 2 |
| Attitude of Staff | 12 | 6 | 3 | 21 |
| Care and Treatment | 46 | 57 | 12 | 115 |
| Communication | 19 | 23 | 8 | 50 |
| Confidentiality | 3 | 3 | | 6 |
| Discharge Arrangements | 4 | 6 | | 10 |
| Discrimination, Cultural Issues | 1 | | | 1 |
| Environment, Hotel Services, Cleanliness | | 1 | | 1 |
| Medical Records | 1 | 3 | 2 | 6 |
| Medication | 6 | 4 | | 10 |
| Support Needs (Including Equipment, Benefits, Social Care) | 3 | 2 | | 5 |
| Waiting Times for Treatment | 5 | 3 | 1 | 9 |
| **Grand Total** | **105** | **114** | **27** | **246** |

### Table 14: Outcome of closed formal complaints by main subject and percentage

| | Outcome of complaint | | | |
|---|---|---|---|---|
| Main subject of complaint | Not Upheld | Partially Upheld | Upheld | Grand Total |
| Abuse, Bullying, Physical, Sexual, Verbal | 80% | 20% | 0% | 100% |
| Access to Services | 0% | 100% | 0% | 100% |
| Admission | 50% | 0% | 50% | 100% |
| Attitude of Staff | 57% | 29% | 14% | 100% |
| Care and Treatment | 40% | 50% | 10% | 100% |
| Communication | 38% | 46% | 16% | 100% |
| Confidentiality | 50% | 50% | 0% | 100% |
| Discharge Arrangements | 40% | 60% | 0% | 100% |
| Discrimination, Cultural Issues | 100% | 0% | 0% | 100% |
| Environment, Hotel Services, Cleanliness | 0% | 100% | 0% | 100% |
| Medical Records | 17% | 50% | 33% | 100% |
| Medication | 60% | 40% | 0% | 100% |
| Support Needs (Including Equipment, Benefits, Social Care) | 60% | 40% | 0% | 100% |
| Waiting Times for Treatment | 56% | 33% | 11% | 100% |
| **Grand Total** | **43%** | **46%** | **11%** | **100%** |

Weekly open complaints situation reports (SITREP) sent to Clinical Directors, as well as on-going communication with the Complaints Office throughout the span of open complaints to keep them on track as much as possible.

**Table 15 – Response rate within timescale agreed with the complainant**

| 2023/24 | | | | 2024/25 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

## 4. Understanding the demographics

During this year we have started to monitor the demographics of people who give us feedback, through both the patient feedback survey (iWGC) and formal complaints and we compare this to the demographics of the people who have received a service from the Trust. The demographics we currently review are age, gender and ethnicity.

The graphs below show an example of the demographic for complaints over the year; outcome by gender and the ethnicity of the patient complaints over the year.

**Graph 1 – Gender of patient complaints**

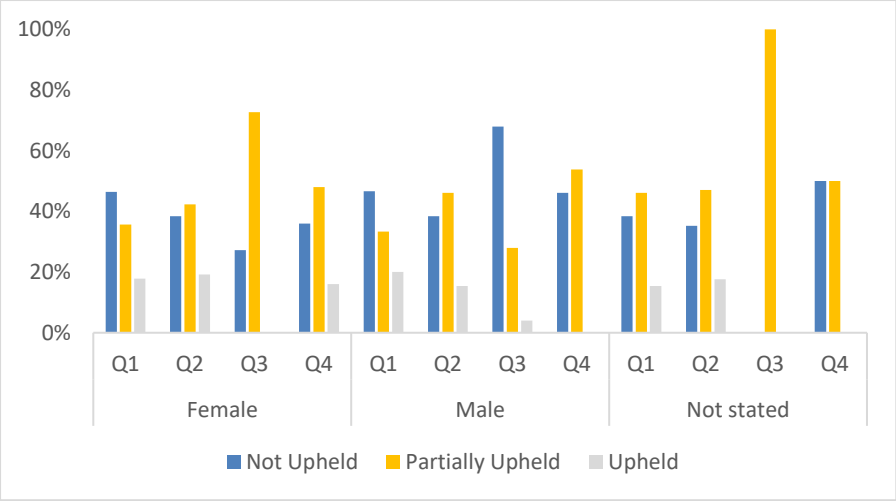


**Table 16 – Outcome of patient complaints by gender**

| Gender | Qtr | Not Upheld | Partially Upheld | Upheld |
|---|---|---|---|---|
| Female | Q1 | 46.43% | 35.71% | 17.86% |
| | Q2 | 38.46% | 42.31% | 19.23% |
| | Q3 | 27.27% | 72.73% | 0.00% |
| | Q4 | 36.00% | 48.00% | 16.00% |
| Male | Q1 | 46.67% | 33.33% | 20.00% |
| | Q2 | 38.46% | 46.15% | 15.38% |
| | Q3 | 68.00% | 28.00% | 4.00% |
| | Q4 | 46.15% | 53.85% | 0.00% |
| Not stated | Q1 | 38.46% | 46.15% | 15.38% |
| | Q2 | 35.29% | 47.06% | 17.65% |
| | Q3 | 0.00% | 100.00% | 0.00% |
| | Q4 | 50.00% | 50.00% | 0.00% |
| Grand Total | Q1 | 44.64% | 37.50% | 17.86% |
| | Q2 | 36.84% | 43.86% | 19.30% |
| | Q3 | 54.05% | 43.24% | 2.70% |
| | Q4 | 40.00% | 50.00% | 10.00% |

**Table 17 – Percentage of formal complaints by ethnicity, against the total number of contacts with the Trust.**

| Ethnicity | Number of complaints | Number of reported contacts | % of total reported contacts |
|---|---|---|---|
| Asian/Asian British | 30 | 123663 | 0.024 |
| Black/Black British | 18 | 40758 | 0.044 |
| Mixed | 7 | 41986 | 0.017 |
| Not stated | 27 | 93528 | 0.029 |
| Other Ethnic Group | 10 | 25237 | 0.040 |
| White | 260 | 894050 | 0.029 |

## 5. Complaints as a mechanism for change – learning

The Divisions monitor the outcomes and learning from complaints within their Patient Safety and Quality Meetings. A Patient Safety, Experience and Learning Group takes place on a weekly basis, and further learning is shared and disseminated in a Trust wide newsletter called Circulation.

## 6. Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman (PHSO) are independent of the NHS and facilitate the second stage of the complaints process. The table below shows Trust activity with the PHSO.

In addition to those received below, there were 5 cases closed by the PHSO. Of these, 2 were found not to be upheld, 2 were closed with no further action (no case to answer), and 1 was not fully investigated however the PHSO asked us to send an apology and then took no further action.

**Table 18: PHSO activity**

| Month opened | Service | Month closed | Current stage |
|---|---|---|---|
| June-25 | Place of Safety | Ongoing | Documents sent to LGO |
| June-25 | Place of Safety | Ongoing | Documents sent to LGO |
| Dec-25 | District Nursing | Ongoing | Documents sent to PHSO |
| Dec-25 | CMHT/Care Pathways | Ongoing | Requested documentation being collated |
| Jan-26 | IPASS | Ongoing | Documents sent to PHSO |
| Jan-26 | CMHT/Care Pathways | Ongoing | Documents sent to PHSO |
| Jan-26 | CMHT/Care Pathways | Ongoing | Documents sent to PHSO |

## 7. Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they contribute to but are not the lead organisation (such as NHS England and Acute Trusts).
There were 24 multi-agency complaints responded to in 2025/26, which is an increase from 14 in 2024/25.

The majority of these were about the Psychological Medicines Service and Children's Speech and Language Therapy.

**Table 19: Formal Complaints led by other organisations**

| Lead organisation | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 |
|---|---|---|---|---|---|
| Berk West CCG/ICB | 1 | 1 | 1 | 3 | |
| CCG - Frimley/ICB | 2 | | 1 | 2 | 1 |
| EBPCC OOH | 1 | | | | |
| Frimley health | 2 | | | 2 | 2 |
| GP | 1 | | | | |
| Local Authority | 1 | 1 | | | |
| NHSE | 4 | 1 | | | 2 |
| Oxford Health | | | | | 1 |
| Oxford University Hospitals | | | | 1 | 1 |
| RBH | 3 | 3 | 1 | 2 | 11 |
| SCAS | 10 | 8 | | 1 | 3 |
| Wexham Park | 2 | | | 3 | 3 |
| Grand Total | 27 | 14 | 3 | 14 | 24 |

In addition, across PALS and the Complaints Department, we received 1297 contacts that were about other organisations. We provide a 'no wrong door' and signposted in each case. We continue to liaise with our neighbouring Trusts to reduce the number of people who incorrectly come to our Trust in the first instance.

## 8. Complaints training

Our complaint handling and response writing training available to staff continues to be delivered online over MS Teams and takes place on a regular basis (with a waiting list) across the different Divisions, in addition to bespoke, tailored training for specific teams which has taken place to staff groups and teams. 173 colleagues took part in the training over the year.

## 9. Mortality Review process

Our complaints process works alongside our Serious Incidents processes linking in as part of the Patient Safety Incident Response Framework (PSIRF) to ensure that any complaint involving a patient death is reviewed. Weekly and monthly meetings with the Patient Safety Team take place to ensure that we are working effectively and identifying any themes or emerging patterns.

The Medical Director is also sent a copy of complaint responses involving a death before they are signed by the Chief Executive.