

Patient Experience Report Quarter Three 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.

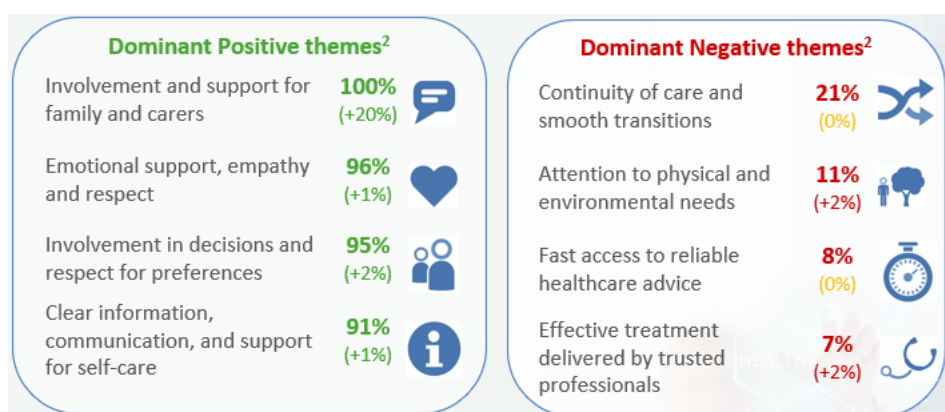
The response rate is calculated using the number of unique/distinct clients rather than the total number of contacts. Patients will continue to be offered the opportunity to give feedback at each appointment.

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	229,798		
Number of iWGC responses received	Number	13,604	11,107	20,708		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.4%	7.6%	9.1%		
iWGC 5-star score	Number	4.80	4.82	4.74		
iWGC Experience score – FFT	%	94.67%	92.56%	88.35% (95.60% excluding imms) *		
Compliments received directly by services	Number	1682	1285	1430		
Formal Complaints Rec	Number	51	58	60		
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	13	13	19		
Formal Complaints Closed	Number	57	61 *	60		
Formal complaints responded to within agreed timescale	%	100%	100%	100%		
Formal Complaints Upheld/Partially Upheld	%	54%	62%	37%		
Local resolution concerns/ informal complaints Rec	Number	46	71	43		
MP Enquiries Rec	Number	12	14	16		
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	6	4	5		

*FFT shown with and without child immunisation feedback, with rationale for this is detailed within the report under the Children, families and all age section of the report.

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 2. This is based on qualitative feedback. (+) 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 or no change across the dominant negative themes.

Appendices 1 and 2 contain our PALS and Complaints information for Quarter 3.

What the data is telling us

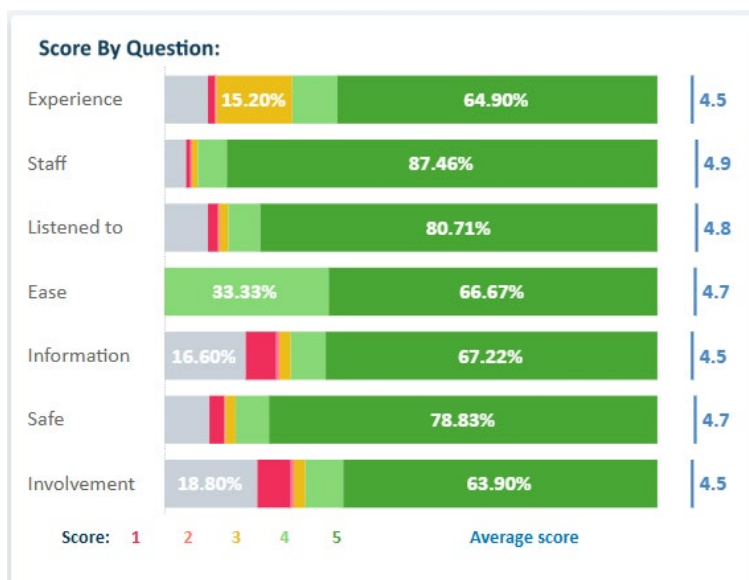
Below are a summary and triangulation of the patient feedback we have received for the divisions.

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	12,229	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	12.7%	7.7%	10.9%	
iWGC 5-star score	Number	4.78	4.82	4.69	
iWGC Experience score – FFT	%	94.2%	86.4%	83.2%*	
Compliments received directly by services	Number	163	118	123	
Formal Complaints Rec	Number	16	6	12	
Formal Complaints Closed	Number	13	16	10	
Formal Complaints Upheld/Partially Upheld	%	53.8%	62.5%	50%	
Local resolution concerns/ informal complaints Rec	Number	7	11	8	
MP Enquiries Rec	Number	3	7	4	

*97.6% excluding feedback from the young people's immunisation team which account for over 10,000 of the responses and received an 81.2% positive response. Much of the less positive qualitative feedback in the survey responses for the immunisation team was in relation to needing have an immunisation, not having biscuits, asks if it could be a slower process for more time out of the classroom and other similar related requests. Reasons given for the lower scores were not within the remit of the immunisation team.



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 12,229 responses, 12,034 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 7 reviews for Phoenix House. 119 of the responses related to learning disability services and 26 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 ease of access.

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 were three formal complaints for children's physical health services received this quarter. This related to Children's Occupational Therapy, Children's Speech and Language Therapy and the Eating Disorder Service.

11705 of the 12229 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation and Health Visiting Bracknell; the Immunisation Team received 10884. Health visiting services also receive very positive feedback with positivity score of 99.0%- and 5-star rating of 4.93.

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 10884 responses was 81.2% and a 5-star rating of 4.66. Feedback included that the injection was quick, and nurses were kind. "Everyone was very nice and helpful. It enabled me to feel safe from the flu." with the themes to improvements being wanting biscuits, not liking immunisations and to provide tissues.

Child and Adolescent Mental Health Services (CAMHS)

For Child and Adolescent Mental Health Services there were six complaints received, of these 2 related to communication, 3 were about care and treatment and 2 were about discharge planning.

There have been 306 responses for CAMHS services received through our patient survey for this Quarter. These include 169 received from those attending our neurodiversity services (positive score 95.78% and star rating of 4.90 with lots of positive comments about staff and the experience).

Adult ADHD Service

There have been two complaints about neurodevelopmental services this quarter. One related to medication and the other to waiting times.

Learning disability

There were no complaints received for the Community Team for People with a Learning Disability but there was one for the Learning Disability Intensive Support Team. This related to bullying and harassment; however, this was able to be escalated and resolved locally and the concern was not upheld.

Overall, there were 119 responses for all Learning Disability services; responses were for the Community Teams for People with a Learning Disability and Learning Disability Intensive Support Team. These received a 96.6% positive score; feedback included that staff provided support, "*[name removed], the LD has been very supportive. He always responded to our enquiries promptly and provided useful information in a timely manner. He has done his best in trying to get the best outcome for our client.*" there were comments for improvements including wanting regular check ins, give patients eye contact, patients didn't feel listened to and wanting more guidance. The 4 response that received with a score below 4 left comments including "I enjoyed telling the Doctor that I was pleased at having an appointment with her. Nothing has really changed for me and the Doctor said that I should have gone to the Neurology appointment as she could not change the medication because of this. I will go to the appointment in March 26. I did not attend because I had a family member visiting."

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 was one complaint for the Eating Disorder Services which related to clinical care received as the patient was unhappy with their therapist.

Of the 26 feedback responses received, 18 scored a 5 with comments such as "*[Name removed] has put up with me for a very long time now and continues to listen, support and believe me, for which I'll be eternally grateful. My sessions are not easy, but [name removed] supports me through them in her kind, calm way, giving me endless ideas of what to do. Thank you.*" "*I admit I'm not an easy person to work with and must have frustrated my therapist at times. However, I have always felt safe in all of my sessions even when I would completely shut down. My therapist has been a real inspiration to me and hope I can work towards new goals in the future.*" "*My therapist has been extremely helpful with a variety of breathing, meditation and other techniques. I felt in a safe environment to talk about things I have never spoken of before. After many other medical diagnoses, my therapist was there to help me through in sessions. Also going above and beyond.*" Areas for improvement included staff to be more sympathetic and shorter wait times.

In addition, the Family Safeguarding Service have been continuing to improve the patient and family/carer experience by:

- Service-user led activities in the 'Together' Group, which is a co-delivery participation space where service-users suggest psycho-social activities (e.g. some 'summer of fun activities' for families open to children's social care, World Mental Health Day activities, 'couch to 5k'). This group originated from service-user feedback and is entirely co-produced. These are families who have children's social care involvement, and have limited access to such groups and feel stigmatised and

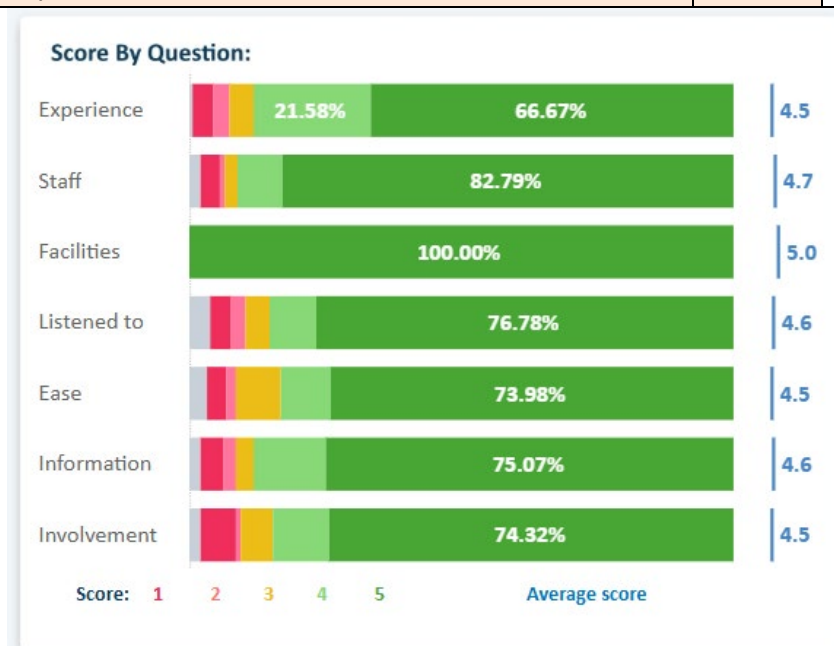
marginalised within ‘universal access’ (a recent quote from one service user: “these are the only groups I feel I can come too without feeling embarrassed about having a social worker. We all have *stuff* going on and we don’t judge each other”).

- The service are commencing a participation project (registered as a Trust service-evaluation on around understanding the barriers to our services for different community members. We are inviting those who have declined our service to share their experiences of being offered the service and rational for declining. This will help us to monitor who our service does not reach and potential access barriers.

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	366	
Response rate (calculated on number contacts)	%	3.25%	3.37%	3.71%	
iWGC 5-star score	Number	4.64	4.65	4.55	
iWGC Experience score – FFT	%	91.4%	90.7%	88.49%	
Compliments received directly by services	Number	159	50	249	
Formal Complaints Rec	Number	5	14	16	
Formal Complaints Closed	Number	12	7	15	
Formal Complaints Upheld/Partially Upheld	%	58%	57%	26%	
Local resolution concerns/ informal complaints Rec	Number	2	8	4	
MP Enquiries Rec	Number	2	1	2	



16 Formal Complaints were received into the division; in addition, there were 4 informal/locally resolved complaints. 15 complaints were closed during the Quarter. 4 of these were partially upheld and none were fully upheld. 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 87 responses, OPMH WAM with 43 responses and CMHT Bracknell with 37 responses.

Across the CRHTT East survey, the average 5-star score was 4.34 with 80.5% positive feedback, a slight decrease in the 5-star score and a slight increase in the percentage positive feedback from last Quarter. 70 of the overall number of responses received (87) scored a 4 or 5-star rating with many comments about staff being supportive, listened, kind and helpful; *“They listened to me. They were very supportive. They made sure I took my medication. They really helped me.”* *“They were very good - especially the first two guys that came out to see me - It was [name removed] and I think the other guy was called [name removed] - they were both so lovely and so kind, and so patient.”*

This Quarter, questions relating to feeling safe and feeling involved were least likely to be positive with areas for improvement and dissatisfaction with the service about wanting more information, longer appointments, and staff to show empathy.

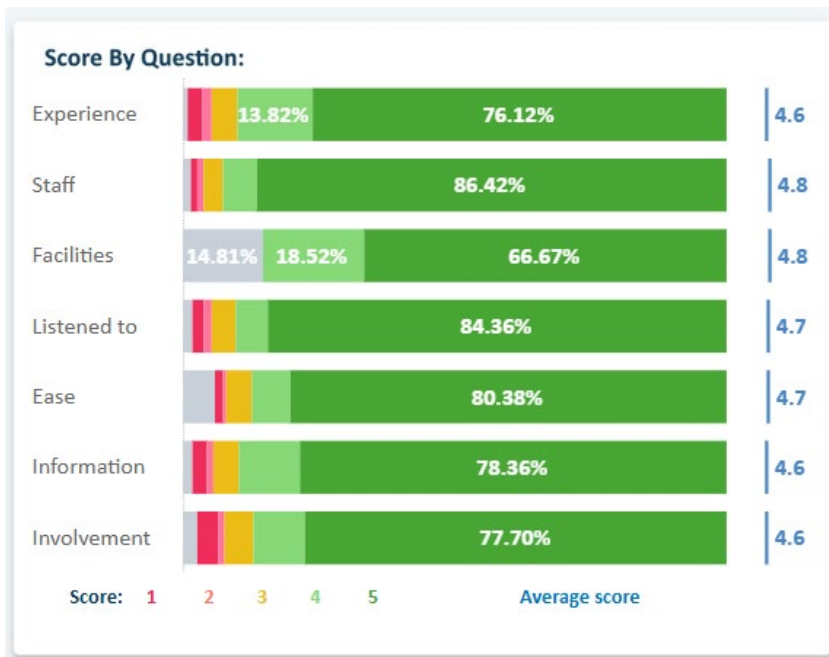
The Memory Clinic – Bracknell received 100% positive score (4.97-star rating) and received positive feedback about staff being professional, helpful, and listened. *“The whole experience was conducted professionally [name removed] [name removed] was exceptional in manner, clarity & was easy to relate to. Nurse [name removed] was also very professional & helpful.”*

CMHT received 96 responses (Bracknell 37, Slough 36, and WAM 23) with 89.6% positive score and 4.51 star with 10 of the total responses scoring less than a rating of 4; comments included *“Appears to be an eagerness to discharge patients back to GPs.”* And *“I’m not being listened to nor given help by any NHS professional I have seen over the last 10 years”*. There were several positive comments that staff listened, were professional, helpful, and understanding examples of comments are *“I came with my father [name removed] for his mental health review. We were treated with care and respect and understanding my dad’s needs,”* *“Dr [Name Removed] listened was understanding offered up an answer, explained to me in understandable terms. Lucky to have him in my corner.”* And *“[name removed] was always available and around to help. She helped me learn the skills from therapy and deal with issues inside and outside of therapy.”* Some of the suggestions for improvement included providing patient with more information and listen to the patient. 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	825	
Response rate (calculated on number contacts)	%	4.78%	4.41%	3.42%	
iWGC 5-star score	Number	4.66	4.69	4.68	
iWGC Experience score – FFT	%	90.25%	91.17%	90.38%	
Compliments received directly by services	Number	154	55	62	
Formal Complaints Rec	Number	12	14	14	
Formal Complaints Closed	Number	11	17	14	
Formal Complaints Upheld/Partially Upheld	%	38.4%	53%	57%	
Local resolution concerns/ informal complaints Rec	Number	5	10	1	
MP Enquiries Rec	Number	3	1	5	



14 Formal Complaints were received into the division; in addition, there was 1 informal/locally resolved complaints. 14 complaints were closed during the Quarter. 8 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 CRHTT West with 120 responses, Memory Clinic Newbury with 84 responses and OpCourage Veterans Mental Health Services with 65 responses.

Mental Health West saw a decrease in responses due to an error in the SMS being sent for Talking therapies. Therefore, there was a significant drop in the number of responses for Talking therapies services. This has been rectified.

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 Psychological Medicine West, CMHPT and CRHTT.

For CRHTT West there was an 78.3% positivity score and 4.38-star rating. There were lots of positive comments about staff listening, being helpful, and kind, *“I was supported and listened to, I felt that the staff cared and wanted to help me get better. I hit a real low point and thank you so much for your help.”* Some of the areas for improvement included some staff didn’t seem to care, would like more help rather than medication and wanting long term therapy. There were comments for improvement such as wanting more help than just medication, some staff didn’t seem to care, some staff didn’t listen and some patients felt rushed to be discharged. For example, *“It seemed to me like just because I didn’t want medication I was dismissed and didn’t get any help. not sure if that’s a normal thing but it really shouldn’t be some people don’t want to have to rely on medication.”*

The Older Adult Mental Health Service and Memory Clinic combined have received a 96.6% positivity rating (4.84-star rating) some of the feedback included *“I have needed to call here on a few occasions regarding my mother and have always had an amazing, patient, thoughtful, understanding person on the other end of the phone to calm my nerves and give me advice and help. Today we have had an appointment with [name removed] who was lovely and calm and reassuring for my mother, so I thank you all for that.”*

There were 24 responses received for West CMHT teams with 95.8% positivity score and 4.82-star rating, 23 of these were positive with comments received that staff listened and

were supportive, there was 1 negative response for Wokingham there were no comments left for the review.

Most comments were very positive about the staff, including that they listened, were kind and professional. Several of the comments/areas for improvement where they wanted longer sessions and rooms were cold. For example, “[name removed] was really good, she listened, I felt understood, valued, and respected. We had a good conversation. Thanks.”

For Talking Therapies, the overall scores were 90.70% positivity and 4.72-star rating with the Talking Therapies pathway getting the highest scores. Many of the comments were positive about staff having listened, and that they were helpful and kind.

Examples of positive feedback about Talking Therapies included, “Each time I spoke to a therapist I was listened to and encouraged with my ongoing treatment, therapist was very understanding & explained things regarding my condition that I was unaware of.” “I feel like the treatment was high quality, I was listened to when I wanted to share and was never forced to share if I didn’t want to. The providers were really friendly and caring.” and “[name removed] was incredibly attentive throughout the whole of my therapy sessions. It was clear she had my best intentions at heart and suggested tasks that were helpful and supported me through them when they were challenging. [name removed] has undoubtedly changed my life and opened up so many opportunities for me, she is an amazing therapist.” Patients reported that they felt “Everyone was so helpful and treated me so well. I’m very grateful for all of the support, I felt listened and cared for. All the meetings and explanations were very clear, and everyone was able to communicate well. Thank you again for all of the support.”

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.

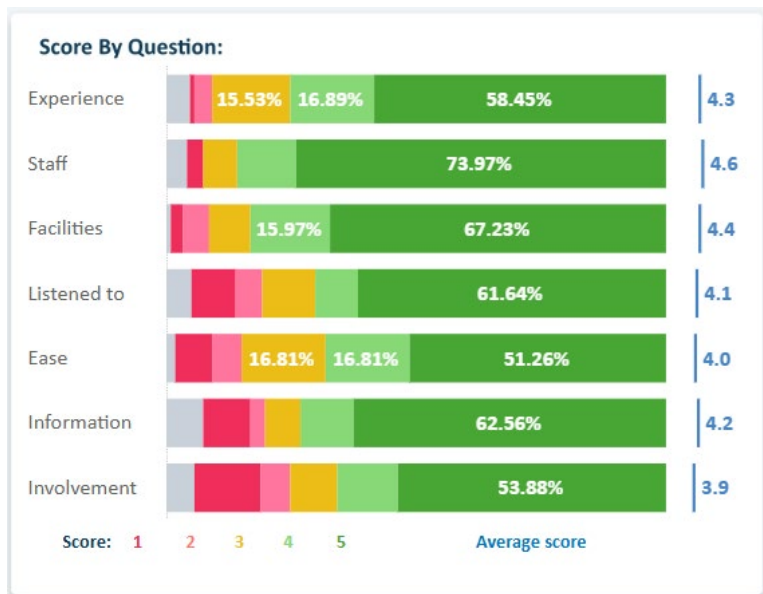
Op COURAGE received 65 responses during the Quarter, their patient survey responses gave a positivity score of 95.4% (4.78-star rating), 3 of the reviews scored less than 4 with comments such as therapist had no military experience and communication with GP was limited.

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	*219	
Response rate	%	133.8%	136.6%	135.2%	
iWGC 5-star score	Number	4.15	4.27	4.24	
iWGC Experience score – FFT	%	74.4%	74.8%	76.74%	
Compliments	Number	18	19	10	
Formal Complaints Rec	Number	9	8	12	
Formal Complaints Closed	Number	10	7	10	
Formal Complaints Upheld/Partially upheld	%	20%	28.5%	20%	
Local resolution concerns/ informal complaints Rec	Number	1	0	0	
MP Enquiries Rec	Number	0	2	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. Place of safety received a positivity percentage of 83.3% and a five star score of 4.54.



The satisfaction rate was 76.7% with 44 of the 219 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 3.9 and 85 of the 250 giving a score of 3 or less to this question.

The lowest score was in relation to feeling of involvement, 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.

The information question asks whether they felt the information they were given was easy to understand, comments relating to ease of also received lower scores with some comments relating to wards are too noisy, food could be improved and medication could be more organised.

There were 12 formal complaints received for mental health inpatient wards during the quarter across all wards.

There were 10 formal complaints closed during the quarter and of these two were partially upheld or upheld; these were for Orchid and Bluebell Ward. The other 8 closed complaints were not 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 think staff listen to me they are attentive helpful help to carry out the tasks. They are all lovely without exemption."* *"[name removed] has always been so kind since I came to the ward, always looks out for me and always asks if I'm ok, she has also given me lots of good advice."* *"Always very welcoming, with a big smile always helps with anything I need and also listens to me all the time."*

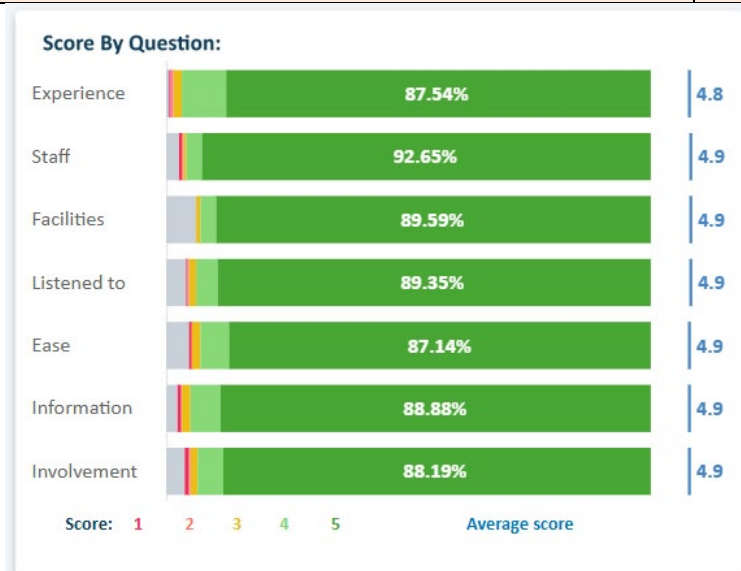
In addition to the feedback about the wards, there were 24 responses for a Place of Safety, and the average score was 4.55, with 4 reviews giving a score of less than 4/5. Some comments received were *"Very friendly and professional, caring and providing. Helpful and very understand of others."* *"Whenever I asked staff for assistance they helped asap. Staff especially [name removed] and [name removed] engaged in conversation which made my time here easier. [name removed] also stayed after his shift to offer words of advice,"*

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	2600	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.6%	8.1%	9.7%	
iWGC 5-star score	Number	4.91	4.90	4.88	
iWGC Experience score – FFT	%	97.8%	98.04%	97.1%	
Compliments received directly into the service	Number	69	210	335	
Formal Complaints Rec	Number	4	6	1	
Formal Complaints Closed	Number	1	5	4	
Formal Complaints Upheld/Partially Upheld	%	58.3%	40%	50%	
Local resolution concerns/ informal complaints Rec	Number	1	10	14	
MP Enquiries Rec	Number	0	2	3	



There was one Formal Complaints received this quarter; this related to care and treatment by the District Nursing Service in Slough. Additionally, there were 14 matters resolved locally or informally, and five cases brought to us by MPs.

The Hearing and Balance Service received 149 responses to the patient experience survey with a 97.3% positive score and 4.92-star rating.

East Community Nursing/Community Matrons received 415 patient survey responses with a 98.3% positive scoring, many comments were about staff being kind and professional, for example *“The nurses that visited were so good. They treated me with kindness and respect. I asked a lot of questions, and they took their time to answer them. I understood everything that they said”* *“The nurses are so kind and considerate. They give me 100% of their time and attention. I do not feel that they rush they are all very patient with me and my family. thank you”* *“The Nurses were very professional and knowledgeable. They explained the procedure and process, they were present throughout the treatment, and I had no trouble following their guidance.”* There were also some comments around wanting to know a time the nurses will visit for example *“It’s a shame we aren’t given a rough time that you will be visiting but other than that it’s all great.”*

The wards received 118 feedback responses (61 responses for Jubilee ward 95.1% positive score and 57 responses for Henry Tudor ward with a 98.3% positive score). Positive comments were received in relation to staff being caring, helpful and friendly. Four of the responses scored less than 4, comments for improvement related to needing more staff, quicker response to their calls and wards need cleaning.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 96.8% (4.89-stars), comments were very complimentary about staff being professional and helpful, *"[name removed] was very informative, patient and helpful, she explained in great detail, using a skeleton, the reason for my back pain. She showed me one to one, how to do Pilates exercises to strengthen the muscles around my back. She also printed instructions for me to do regularly at home."* The reoccurring improvement suggestion for this Quarter was for shorter waiting time.

Outpatient services within the locality received a positivity score of 96.95% with 4.89 stars from the 853 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"All of the team were fantastic. They were extremely kind and caring. All of our questions were answered, and no stone was left unturned. We appreciate all of their help so much and would be glad to have them care for my husband again in the future."*

The Diabetes Service received 265 feedback responses with 96.6% positivity and some lovely comments including *"Listened to, respected, treated as an individual. Always a bit nerve wracking meeting a new consultant after seeing the same person for so many years but Dr [name removed] put me at ease and I left feeling cared for. Thank you."* Alongside some helpful suggestions for the service to consider around and the rooms being cold and needing heating *"Needed the room to be heated – quite chilly."*

The Assessment and Rehabilitation Centre (ARC) also received positive feedback including *"The staff made everything better, from what could have been a nervous, worrying experience. I came away thankful that at last I was going to find the answer to my health problems - which has been very worrying."*

Community Health services currently have a project group to support increasing feedback. Examples of activities undertaken across the Physical Health Service Division include:

Hearing and Balance Patient focus group to explore departmental patient information, potential changes to follow up appointments.

Dietetics Patient focus groups were arranged to collect feedback with dietetic led Weight management led by an independent focus group moderator and Dietetic Learner programme. Development of new dietetic resources which are reviewed by patient reader (through RBH Patient Experience Team)

Sexual Health Patient focus groups developed for young people and for PrEP. Both going well and good feedback to influence improvements.

Wheelchair DNA reduction project linked to moving from post for appts letters to more digital solutions. Patient Focus Group opinions collected and taken into consideration.

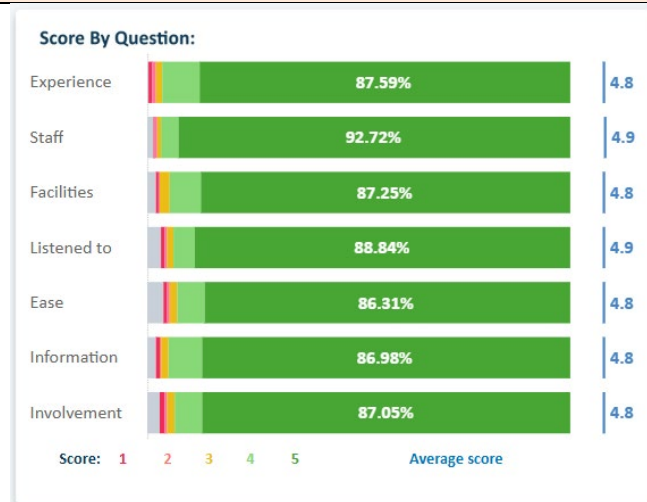
Integrated care the service continues to embed co-production and patient engagement in service development across inpatient and community settings. Feedback from patients and staff identified confusion around returning to driving post-stroke; work is underway to develop a clear professional pathway and patient information to support understanding of clinical and legal responsibilities.

On the inpatient wards, staff are expected to introduce themselves by name and role when entering a patient’s space and to wear visible ID badges, in response to patient feedback. Fortnightly community meetings involving patients and MDT staff continue on both wards, supporting open communication and “You said, we did” learning.

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	4463	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	7.1%	6.3%	7.8%	
iWGC 5-star score	Number	4.85	4.86	4.85	
iWGC Experience score - FFT	%	96.2%	96.8%	96.6%	
Compliments (received directly into service)	Number	132	399	291	
Formal Complaints Rec	Number	5	9	7	
Formal Complaints Closed	Number	10	10	7	
Formal Complaints Upheld/Partially Upheld	%	36.3%	40%	14%	
Local resolution concerns/ informal complaints Rec	Number	3	24	15	
MP Enquiries Rec	Number	1	0	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 96.6% positive satisfaction and 4.85-star rating and the question on staff receiving a 96.7% positive scoring from the 4463 responses received.

There were 7 Formal Complaints received in Q3, these were split across several different services. The only services with more than one complaint were Out of Hours GP Services and the Integrated Pain and Spinal Service - IPASS. There was only one partially upheld complaint and this related to Care and Treatment on Ascott Ward.

The community hospital wards have received 164 responses through the patient survey receiving an 92.1% positive score and 4.70-star rating, (13 responses scored three and below) questions around feeling listened to and information receive the most results of three and below. Comments include *“The place is actually excellent. The staff are wonderful. The food is great and the cleanliness of the place is very, very good and I think I am very well*

looked after. It is a good very good service. Staffs are all very helpful.,” *“One thing that was really, really good was that the food was excellent. Overall, the experience using the gym with the physiotherapists and the MTAs was excellent. In general, all the help and treatment given was deeply appreciated.”* *“My care was fantastic, all so caring and helpful. It was amazing to think I was being cared for in an NHS facility. It was more like a hotel.”* And *“The staff were very professional and caring. I would like to thank the staff for the care I receive.”* 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 patients were bored, they wanted more contact with staff, did not feel listened to, call bell wasn’t working, medication not given on time, wanted to shower more and want more exercise. There was one review which received a score of 1, the patient reported that they did not feel listened to and felt some staff did not have empathy.

There were two Formal Complaints for the Out of Hours GP service. These related to communication and attitude of staff.

WestCall received 363 responses through the iWGC questionnaire this Quarter, an increase from the previous quarter (89.8% positive score a slight decrease from last quarter, 4.71-star rating, 37 scores received below 4. Positive comments included *“My whole experience, from 111 to West Call and the Out of Hours service at West Berks Community Hospital, was superb. Sympathy, understanding, efficiency and effectiveness at every level. Especially loved the doctor, whose medical prescriptions have already cleared up my painful symptoms.”* *“Fast response. Clean. Short waiting time-but it was not busy. Received the treatment I needed and starting to feel better. Doctor was amazing, caring and understanding.”* *“The GP on duty Dr [name removed] was absolutely outstanding. He was thorough, considerate, and comprehensive and ensured I fully understood his assessment and instruction. The whole experience at Westcall was brilliant especially being over the Christmas period.”* Areas for improvement included better call back in 2-hour slot given, wait times long and an onsite pharmacy.

The Podiatry Service received 174 patient survey responses. Most responses were very positive receiving five stars (overall 94.8% positivity 4.83-star rating) with examples including *“The staff member I was seen by was very professional, polite, and answered all questions I had. I was worried I would be in a lot of pain while having my whole nail removed, however, I was very pleasantly surprised by the care and attention that went into my treatment. This resulted in a very smooth, very painless procedure. Could not thank her enough!”* *“Friendly and professional welcome, good listening and very good results as I left with my new insoles which fit perfectly.”* and *“Because the team was amazing made me feel comfortable and relax. Couldn’t have asked for anything more. Best treatment I have received from the NHS.”*

There were no formal complaints for the Community Nursing Service.

To provide some context across our East and West District Nursing teams combined there were 15,053 unique patients this Quarter.

784 responses were received for Community nursing (98.5% positive score and 4.94/5 stars) Lots of comments included nurses were kind, caring, and friendly, *“I just wanted to thank your team so much for all the amazing support you gave mum especially over the last year when her catheter was such a challenge. As a result, she saw many of you quite frequently but really appreciated seeing a friendly face coming to try and help her yet again and was very fond of her ‘regulars. Thank you again for everything.,”* *“Catheter Clinic Nurses [name removed] and [name removed] were amazing. Professional, efficient, and friendly. The appointment was quick, problem free and great. Both amazing members of the team.”* and *“All the Nurses that have visited have been first class level. A special thanks to [name removed] and [name removed] they have been very friendly and very professional and [name removed] managed to get GP appt for me which is very hard to do! Appreciate the excellent service.”* There were several positive comments about nurses being caring and

there were very few suggestions for improvement; update patient if the visit changes and would like to be given notice for when nurses will visit.

MSK Physio has received one Formal Complaint in the Quarter. The service has received 816 patient survey responses with a 96.6% positive score (4.86 -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, kind and listened.

Bladder and Bowel (continence) services received 134 survey responses with 97.8% positivity and 4.88-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 Q3 attendances
Asian/Asian British	2.56%	10.14%	10.26%
Black/Black British	2.56%	2.28%	3.19%
Mixed	2.56%	4.12%	3.30%
Not stated	7.69%	28.70%	8.37%
Other Ethnic Group	3.85%	3.66%	1.92%
White	80.77%	51.12%	72.96%

The table above shows that during this quarter there was a slightly lower % of complaints received by Black/ Black British, Asian/ Asian British and mixed-race people in relation to the percentage who were seen. For White British there is a slightly higher percentage of complaints compared to attendance . We saw an increase in the % of feedback through the patient survey which aligned to our activity for those people who were Asian/Asian British.

We also saw an increase in feedback through the survey from people who are of Mixed Race, who in previous quarters were less likely to provide feedback this way.

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.

Over 25% people completing the patient survey do not complete the demographic questions and it is therefore less easy to draw conclusions. The survey includes narrative explaining why we value completion of the demographic data.

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.

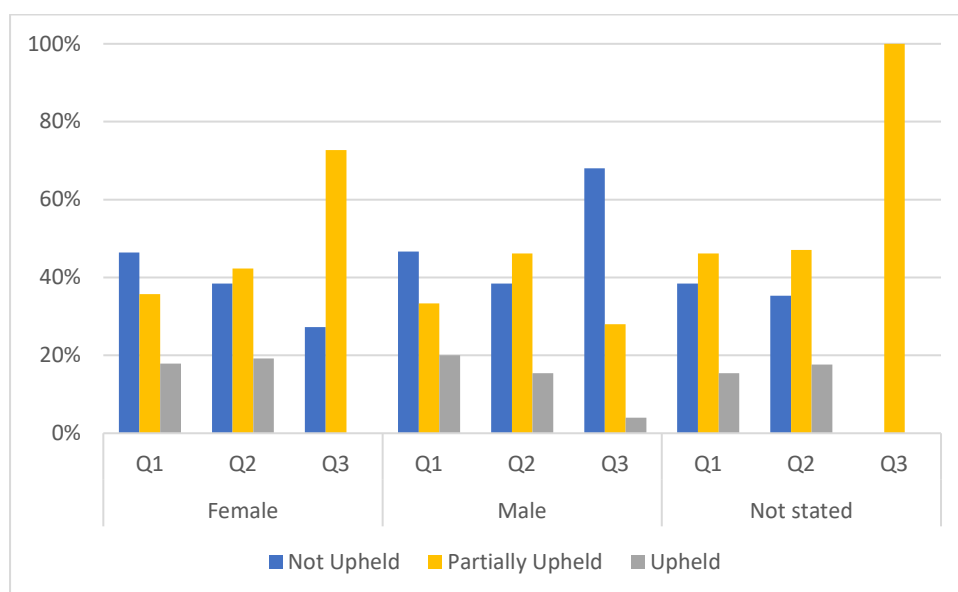
Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q3 attendances
Female	44.87%	37.54%	55.38%
Male	55.13%	31.59%	44.58%
Non-binary/ other	0%	2.11%	0.04%
Not stated	0%	28.77%	0.00%

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	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%
Male	Q1	46.67%	33.33%	20.00%
	Q2	38.46%	46.15%	15.38%
	Q3	68.00%	28.00%	4.00%
Not stated	Q1	38.46%	46.15%	15.38%
	Q2	35.29%	47.06%	17.65%
	Q3	0.00%	100.00%	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%

The above demonstrates that overall for the 3 quarters there were more complaints not upheld from men and more partially upheld for women. It was fairly even across male and female for those found to be fully upheld.

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q3 attendances
0 to 4	0.00%	37.96%	6.53%
5 to 9	5.13%		2.06%
10 to 14	6.41%		3.85%
15 to 19	5.13%		5.28%
20 to 24	11.54%	2.16%	3.64%
25 to 29	8.97%	3.02%	3.37%
30 to 34	6.41%		3.62%
35 to 39	7.69%	3.36%	4.08%
40 to 44	10.26%		3.91%
45 to 49	12.82%		3.91%
50 to 54	1.28%	5.37%	4.13%
55 to 59	6.41%		4.83%
60 to 64	5.13%	7.10%	5.08%
65 to 69	5.13%		5.05%
70 to 74	2.56%	8.35%	5.90%
75 to 79	2.56%		8.67%
80 to 84	1.28%	7.22%	9.26%
85 +	0.00%		16.82%
Not known	1.28%	25.46%	0%

Comparatively, people over 60 years old continue to be 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).

Staff interested in EDI from across the Physical Health Division met in December to share project they were working on – broadly fell into a few areas – equality of access, DNAs, community outreach, and cultural/ disability awareness.

- Plan on a Page next year will look at how service work together to deliver community outreach for populations with poorer health outcomes.
- Dentistry looking at improving the recording of ethnicity.

- Sexual Health have been looking at equitable access to the service - considering deprivation, frailty, and ethnicity. Clinics set up new locations to make access easier.
- Diabetes identified not the most deprived patients but midband that don't attend their educational classes. Often because they feel they are educated through other sources or live with a diabetic.
- Diabetes have noted patients with mental health issues are less likely to attend their appointments, affecting the patient engagement and self-care.
- Diabetes: Attending Divisional Health Inequalities Meetings with aim to work together on common themes. Reviewing data for current access to service as part of QMIS project
- ARC Upton – To hold a patient forum/coffee morning – with more promotion and offer of an extra exercise class for those who are not able to attend more frequently for various reasons.
- Urgent Care: Continue to improve access and timeliness at RPCC, especially at weekends.

Lived Experience Workforce Programme

A copy of the most recent Lived Lens newsletter is attached as an appendix. To highlight the activity this quarter:

- There are currently 32 substantive posts across the Trust.
- The Peer Educator Post became substantive (having been a 12-month secondment) and we have been asked to lead a national Peer Educator Network with a focus on collaboration, development, and co-production.
- Following feedback on our workforce Training Needs Analysis, a new Career Development Subgroup has been created.
- Experience Exchanges continue to be well attended and a great way to bring together learning and collaboration.
- We continue to support our workforce to attend a fully funded, accredited training programme for Lived Experience, as well as locally facilitated training and development at colleague and service level.

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
Family Safeguarding Service	More information about the MECS (More emotions, challenging situations) group prior to the group.	We updated our group leaflet and have shared with those referred to the group at the point of referral.
	The link between trauma and emotion dysregulation to be more explicit in the first session of the MECS group.	We changed our initial session to highlight that flight, fight, and freeze are responses to trauma / adversity.
	The MECS Group to be more explicit around how skills might need to be adapted in response to neurodiverse experiences.	We have adapted the content to be more explicit around the purpose of the use of the skills and how they might be adapted in response to neurodiverse experiences. For example, for people who hyperfocus on activities to the detriment of coping with difficult feelings, how to set limits around activities and move between tasks.
	CBT Parental Wellbeing group slides and content to be available for those clients who require 'catch up' sessions after missing one, e.g. to attend child protection meetings and other statutory appointments.	This content also enables service-users to maintain their learning by accompanying the guided self-help resources after the sessions have concluded.
Bluebell Ward, Prospect Park Hospital	More information about S17 Leave.	Information is shared with patients twice a week.
MSK Physiotherapy	Issues with space/privacy and noise at some of our sites.	We are working with estates to find more space and individual clinical rooms at our sites.
	Waiting times for appointments.	We have implemented community assessment days to help reduce waiting lists.
Bladder and Bowel	Patients want to know when they're on the waiting list.	Service now provides a waiting list letter at the point of triage.
Lower Limb Clinic	Concerns re wait times for new assessments	Waiting list letter sent to both GP Practices and patients.
Hearing and Balance	Could text reminders have information about buildings and not just site name? Could the patient information be given in an audible way, rather than as written text? Why don't we fit rechargeable hearing aids?	Looking into whether SMS appointment reminders could include more address information. Exploring software which reads information aloud, as requested by a patient, though may not be accessible to all due to hearing loss.

		New clinical lead will look into rechargeable hearing aids once in post.
Diabetes	Unsure on which contact number to call.	Changed phone line access from 3 different phone numbers to one phone number.
Dietetics	Weight loss programme feedback that it would be nice if audience participated more. Distributing agenda in advance of the weekly session. Wish this session was slightly longer.	Participants are encouraged to participate. This has increased using Chat function. Course content will be included in the updated handbook. Three sessions were shortened to allow a focus group to take place. Sessions have now returned to usual length.
Community Inpatient wards	Ward temperature fluctuations.	Discussed with estates re temperature control and used local methods to resolve issue.
	Staff handled the cutlery using the part that patients are meant to put in their mouth. I would like staff to announce and introduce themselves and who they are.	Cutlery is now wrapped in tissues to ensure safe handling and reduce the risk of cross infection. All staff announce their presence and introduce themselves by name and role when entering the patients space. All staff to wear visible ID badges at all times.
Urgent Care	Signage at Reading Primary Care Centre (RPCC) based at RBH site was poor.	We worked with RBH Facilities to review and improve signage for clearer navigation.
Westcall	Long waiting times at Reading Primary Care Centre.	We reviewed appointment scheduling and staffing levels to better align with demand and reduce waiting times.
	The toilets were not always clean at Reading Primary Care Centre.	We collaborated with RBH Facilities to enhance cleaning schedules and maintain high hygiene standards.
ARC (Assessment and Reablement Clinic)	Need more challenging exercises within the groups.	Reviewing the group class exercises, including a Standard/ easier and more challenging elements for some of the exercises.
	The Comprehensive Geriatric Assessment we use are quite lengthy for some of our patients	We are trialling a different model, whereby the nurse and Dr see the patient together, and see the Physio on a separate occasion.
	More information about ongoing classes	Reiterated to the staff to ensure they direct the patients to the

		board with information displayed already, and to provide patients with a list of possible community classes they can attend.
CBNRT (Community Based Neuro Rehabilitation Team)	Returning to driving post-stroke is confusing for staff and patients.	Developing professional pathway for returning to driving post stroke and developing resources for patients to know their legal obligations

15 Steps

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

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 continues to improve the recording of patient demographics in relation to complaints so that we can identify and address any issues that are affecting people and as a result of their personal characteristics (such as information being available in alternative language/font). This will enable us to more accurately analyse data in terms of any differential experience.