

## **Patient Experience Report Quarter 4**

### **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.

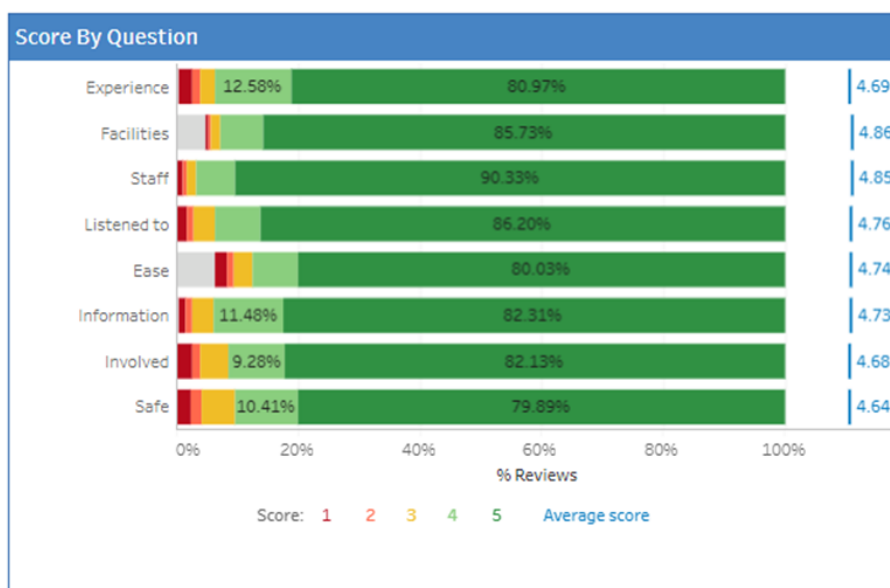
This report is written in the context of there being 125,927 reported patient contacts (from data supplied by our Informatics team) and discharges from our inpatient wards, with around 6,694 pieces of feedback collated through compliments, complaints, the patient experience survey, and MPs equating to around 5.31% service user feedback from contacts this quarter (an increase from 3.8% in Q3). The total amount of feedback received is expected to rise as more services utilise the patient feedback survey.

The 'I want Great Care' patient experience tool is now used as our primary patient survey programme and was introduced in December 2021, this is available to patients through online, SMS, paper, and electronic tablet; it is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge. As services start to embed the use of this tool, we are seeing an increase in the numbers of responses received which will support areas for improvement alongside hearing the patient voice both where the experience is good and where improvements could be made.

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.

Thematic analysis demonstrates that the most positive themes were in relation to emotional support, empathy and respect (93% respondents reporting that staff are kind, friendly and understanding and that they are treated with respect, compassion and empathy); involvement in decision and respect for preference (with most staff involving patients in key decision regarding their care and considering patient wishes); Clear information, communication and support for self-care (with most patients feeling listened to and given opportunity to ask questions and given clear helpful advice and information and effective treatment delivered by trusted professionals (84% respondents describing their treatment as excellent or good and delivered by caring and professional staff).

Below is the trust overall scoring which is based on the 5658 responses received during the quarter; a 93.6% positivity rating was achieved with an average 4.74-star rating. It is worth noting that not all questions are scored by everyone, for example facilities related questions only apply where patients are seen in a building/are on a ward/outpatient appointment and are therefore not asked in all surveys. Our surveys are also available in easy read and differing languages.



For this quarter, 2 of the divisions that are proactively using the tool achieved an overall positivity scoring of over 95% (this is the threshold that we are aspiring to achieve at trust, divisional and service level scoring), these were Community Health East and Community Health West divisions, this is the same as Quarter 1, Quarter 2 and Quarter 3.

Other highlights from the quarter are that the total number of responses received via the patient experience tool has continued to increase with a further 19% increase in responses compared to Q3 and that 65% of enabled services received feedback, an increase of 4% from the previous quarter; whilst the percentage increase may seem small, this shows that services are consistently collecting feedback.

The thematic analysis and high-level findings are provided in an 'I Want Great Care' quarterly report, these are shared with the Clinical Directors for further sharing, learning and service improvements; this is alongside the live dashboard that all services have access to enabling them to see individual and collated scores and feedback.

**Table 1: The services with the largest numbers of feedback through the patient survey**

Service	Star Rating	Number of Responses	% Positive Score
Talking Therapies	4.46	603	83.6
District Nursing & Community Matrons Wokingham	4.94	214	99.1
District & Community Matrons West Berkshire	4.94	203	98.5
CRHTT East	4.24	198	85.4
St Marks Assessment & Rehab Centre	4.92	163	96.9
MSK Physiotherapy - WBCH	4.90	140	97.1
District Nursing & Community Matrons Reading	4.679	137	97.1
Upton Assessment & Rehab Centre	4.96	125	100
Community Respiratory Services - Community	4.87	120	97.5
Musculoskeletal (MSK) Physiotherapy East – Church Hill House	4.84	108	96.3

During the quarter, there were a total of 125,927 contacts (including discharges from wards), the Trust received a total of **58 formal complaints** (8 of these were secondary complaints, 50 were new complaints) there were a further **30 concerns that were locally resolved / responded to** as informal complaints. We also received **924 compliments** in addition to the

patient survey feedback and **24 MP enquiries**. The number of formal complaints received is slightly lower than Quarter three where 61 were received.

**72 formal complaints were closed** during the quarter with a 100% response within agreed timescale achieved.

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

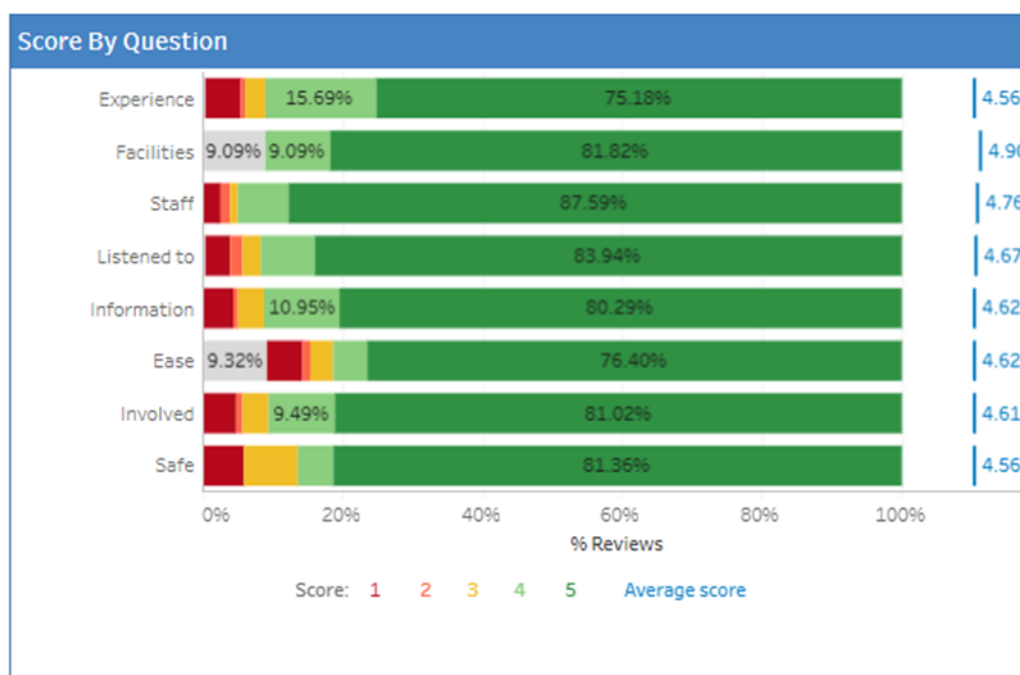
## What the data is telling us

Below is a summary and triangulation of the patient feedback we have received for each of our 6 divisions.

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

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

Patient Experience - Division CYPF and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	111	92	169	274
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	0.5%	0.4%	0.8%	1.15%
iWGC 5-star score	Number	4.81	4.80	4.86	4.64
iWGC Experience score – FFT	%	91%	95.6%	94.7%	90.9%
Compliments received directly by services	Number	47	80	82	72
Formal Complaints Rec	Number	11	11	15	14
Formal Complaints Closed	Number	15	12	13	16
Formal Complaints Upheld/Partially Upheld	%	60	67	54	56
Local resolution concerns/ informal complaints Rec	Number	11	6	9	5
MP Enquiries Rec	Number	21	10	13	16



For children's services the iWGC feedback form is not currently being well used and therefore it is less easy to draw conclusions; young people and parents/carers have been assisting in the ways to promote the new patient experience tool to other service users, including the design and layout of the new posters that will now be used across CYPF services.

Of the 274 responses, 224 responses related to the children's services within the division; these received 91.5% positivity score, with positive comments about staff and services and a few suggestions for further improvement, this included 3 reviews for Phoenix House our T4 adolescent day unit where comments about support and safety was very positive and there were some suggestions for further improvement regarding being listened to and crisis prevention. 41 of the responses related to learning disability services as detailed below and 9 to eating disorder services.

From the feedback that was received, ease and information were most frequent reasons for individual questions being scored below 4. Although 20% of respondents gave a score of 3 (satisfactory) to facilities and it therefore appears to be lowest star rating, it was only scored by 20 people with the responses from Phoenix House and Woodland respite centre where young people spend the longest periods of time all scoring 5 for that question.

### **Children's Physical Health Services**

There were 3 formal complaints for children's physical health services received this quarter. There were 2 formal complaints about the immunisation service, which both related to the concerns from parents about consent being obtained. The Head of Service is looking into how consent is obtained and documented. There was also a formal complaint about a delay in a family receiving an assessment report from an Occupational Therapist.

There was one locally resolved complaint received for the Immunisations team.

172 of the 224 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation services –East and Immunisation West; the Immunisation East received 86 of these responses all of which scored positively receiving a five-star rating of 4.59 and feedback included *"[name removed] was amazingly calm, patient, encouraging & understanding with my son. She made his experience exceptional given his needle phobia."* *"The lady was very kind to me and helpful"* and *"The nurse was nice and she explained why we were getting the vaccines and what it meant for the future.."*

Children's services have continued to undertake their feedback surveys this quarter for school nursing 3 young people completed the survey with all stating the service was good or better, responses included that they were listened to, understanding and feels like talking to a friend. Health Visiting are waiting for some changes to be made on their age range by iWGC but are keen to start using their surveys as soon as possible. There are also some responses that are associated with Health Visiting incorrectly which affects the overall rating for CYPF negatively. We are, along with iWGC looking into this to ensure it is rectified.

Children's services have continued to gain feedback via other methods during this quarter including an online focus group to learn from the experiences of parents/carers and nursery staff who have attended early years Speech and Language Therapy [SLT] drop-in surgeries in the past. This provided valuable learning detailed in the you said , we did section of this report. The CYPIT East team also attended the "Special Voices" parent group in Slough in February to hold a focus group. Areas of discussion generated included parental involvement, the voice of the child, and a lack of knowledge/understanding about how the CYPIT team operates.

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

For child and adolescent mental health services there were 11 complaints received (these were in relation to care and treatment received, waiting times and communication; themes around these included concerns about a lack of communication following referrals being accepted, and inaccuracies being recorded in letters from the service). In addition to this, the service received 16 enquiries via MPs, and most of these again related to waiting times.

There have only been 9 responses for CAMHS services received through our patient survey for this quarter. Currently the survey is accessed through online or configured tablets in the departments.

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

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

Compliments for our CAMHS services included that *Parents of a YP were extremely complimentary about the care and treatment received by CAMHS Phoenix for their daughter. They reported feeling very well supported and said many thank yous to the team. They reported that they feel the service has helped their daughter transition from an inpatient unit to the community with a smooth transition. And "I can't express my gratitude & support for the CAMHS team in the most critical day of my life and personally to \*\*\*\*. He was the person who was helping my family to get through from the first day in the hospital where my son was taken with suicidal attempt to the moment we were assigned to the specialist to take further care of him now. \*\*\*\* was very supportive, respectable and open to the needs. He was very sensitive talking to my son at his worst times showing all his professionalism and care, very attentive to the details"*.

## **Learning disability**

There was one complaint received this quarter for the Campion Ward.

28 responses from the patient survey have been received. These received 85.7% positive score, this was skewed by 2 responses not having a score; 1 person scored the services as a 1 however there are no comments to understand the reason for this; feedback included that staff were nice, "Communication was good as well as presentation.", "I got help I needed to make my life easier." and "We explained well with what is going to happen", there was a comment for improvement which was that meetings at patients home would be preferred.

41 responses from the patient survey have been received (9 in relation to the Wokingham based team), an increase from 24 responses last quarter. These received 90.2% positive score, 1 person scored the services as a 2 and comments were left regarding focus not being on their needs. Feedback included *"Couldn't have asked for better care and understanding for my son's needs."* *"I had the pleasure of working with [name removed]. Very professional, knowledgeable, and kind."* And *"[name removed] was compassionate and caring, she understood our situation and really helped us at our lowest.."* There were a couple comments for improvement which included timing, follow up and wanting to be seen under the service for a longer time.

## Eating disorders

There were no complaints for eating disorders.

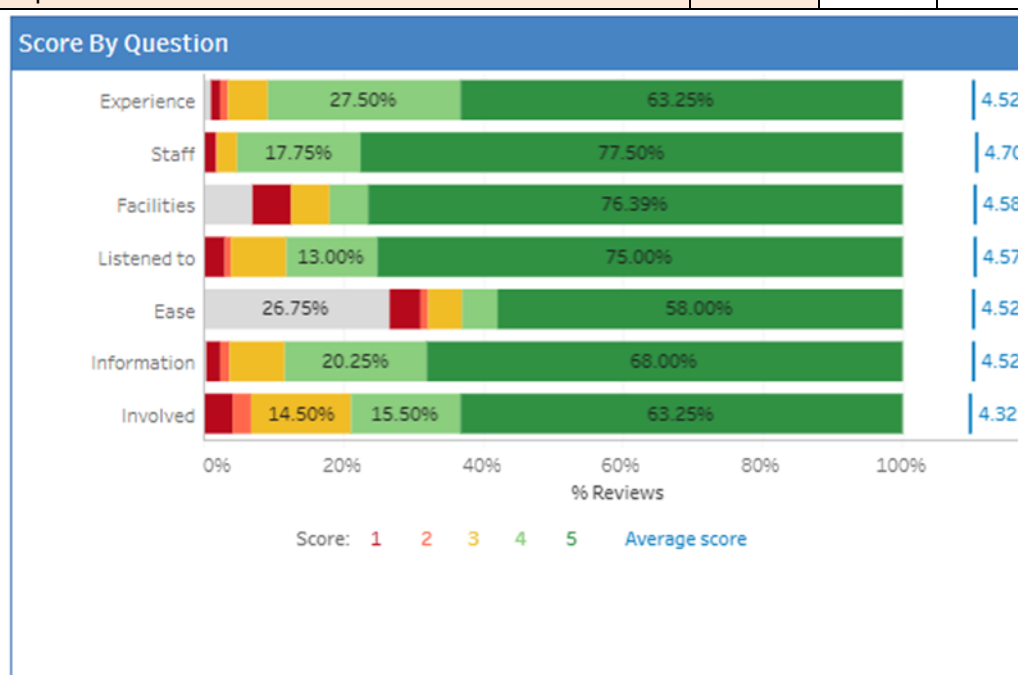
Of the 8 feedback responses received 7 scored a 5 with comments such as 'I feel I've been listened to', 'staff are friendly', 'I couldn't have asked for more help and 'x has made a positive impact on my life and really helped me'.

The services also have other methods of collating feedback to support service improvement including that The Berkshire PEACE team (Pathway for Eating Disorders and Autism Developed from Clinical Experience) have been running the parent participation groups, with parents invited from Berkshire, Buckinghamshire, and Oxfordshire. The February group took place online via MS Teams and 8 parents attended. Within Adult BEDs [Berkshire Eating Disorder service] have a good system in place of feeding back from the individual groups from day programme, individual first steps group, as well as continuing to regularly review day programme every 3 months. The service users have identified areas for improvement; including more information/ transparency of services and treatments at the point of assessment/ first steps group.

## 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	<b>Number</b>	183	309	349	400
Response rate (calculated on number contacts)	<b>%</b>	1.5%	2.2%	3.7%	2.4%
iWGC 5-star score	<b>Number</b>	4.56	4.57	4.58	4.52
iWGC Experience score - FFT	<b>%</b>	93%	92.9%	94.6%	90.8%
Compliments received directly by services	<b>Number</b>	43	201	43	37
Formal Complaints Rec	<b>Number</b>	9	13	12	12
Formal Complaints Closed	<b>Number</b>	7	12	9	12
Formal Complaints Upheld/Partially Upheld	<b>%</b>	71	50	66	33
Local resolution concerns/ informal complaints Rec	<b>Number</b>	5	2	3	2
MP Enquiries Rec	<b>Number</b>	0	1	0	2



12 complaints were received into the division during this quarter; in addition, there were 2 informal/ locally resolved complaints. 12 complaints were closed during the quarter of these 8 were upheld, 4 were partially upheld and 0 were not upheld. Five of the complaints related to care and treatment,

The services receiving the majority of iWGC responses were CRHTT East 198 responses, Memory Clinic – Bracknell 26 responses, CMHT Slough 23 responses and CMHT Bracknell 22 responses. CRHTT East received two formal complaints this quarter, one relating to communication, the other to care and treatment. They received one informal concern relating to attitude of staff. They closed two formal complaints, and both were upheld.

Across the CRHTT East survey responses the average 5-star score was 4.80 with 95.5% positive feedback, an increase from last quarter. 169 of the (overall number of responses received) scored a 4 or 5-star rating with many comments about staff understanding, being helpful, listening and being empathetic; *“They were really empathetic towards me. Great teamwork. Listened to what I had to say. Make me feel comfortable.”* This quarter, questions relating to feeling involved and ease were least likely to be positive with areas for improvement and dissatisfaction with the service about the support being limited and staff not listening.

Feedback from compliments for the service included, *“ I’d like to praise your CRHTT in East Berkshire. They have been absolutely stellar. Prior to moving to XX I’d occasionally been under the home treatment teams at xxx , xxx and xxxx at times over the last decade - your trust has shown what a CRHTT should look like and sets the benchmark for other trusts. I particularly appreciate their candour and support with getting me onto the right therapy pathway, I honestly didn’t think I’d ever get such great care from an NHS mental health trust - they’ve proved me wrong! (And I say this as a former service user governor at XX.) I’m also very grateful for their four week programme for family members/carers - I’ve not come across this at other trusts. My fiancé XX and I feel supported and encouraged by the team, through what has been a very difficult couple of weeks”*.

The Memory Clinic Bracknell received 100% positive score (4.92-star rating) and received positive feedback about thorough assessments, clear explanations and staff being understanding. *“Very friendly and kind approach, very thorough assessing process and we weren’t rushed at all. Conclusion and way forwards explained very clearly.”*

CMHT Slough received 91.3% positive feedback (4.37-star rating), many of the comments were positive about staff being supportive, kind and understanding. *“Because I was listened to for the first time and they were patient and they were thorough and I am glad I am in safe hands.”* One patient gave a score of 1 and said *‘Dr XX didn’t show any care for me at all and left me feeling cold and alone and not wanting to go on, just concerned with pills nothing else. A shameful experience.’*

Other areas for being worked on for improvement include that it takes a long time to get through on the phone, patients wanted to be given more information on the therapy they would receive, that it took a long time to be seen and that they were seen by a different psychiatrist at each appointment and wanted more consistency.

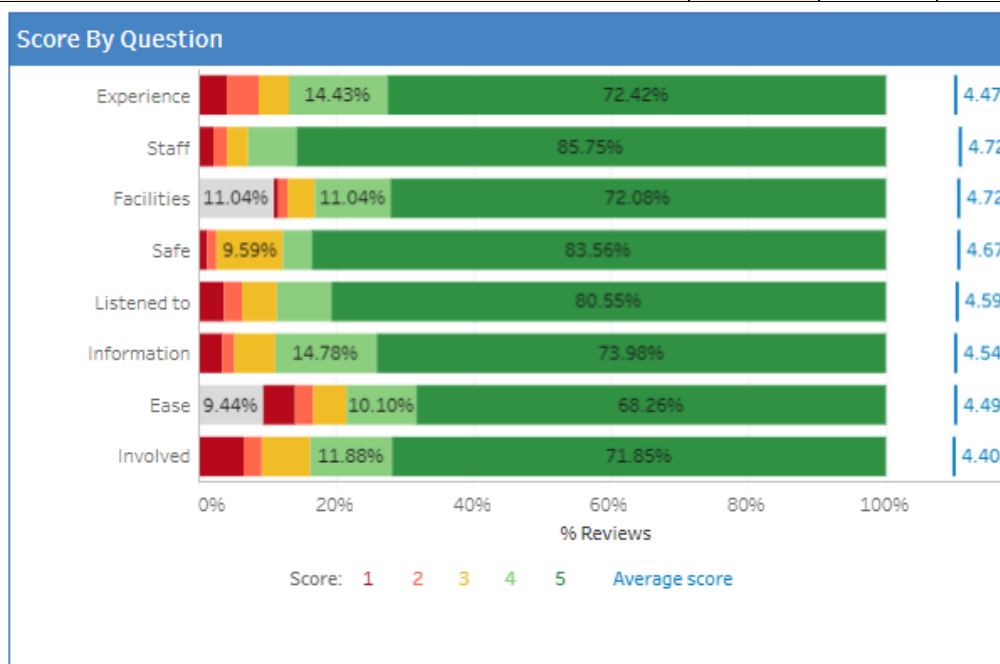
CMHT received 51 responses (Bracknell 26, WAM 17 and Slough 8) with 92.16% positive score and 4.49 star with 4 of the total responses scoring less than a rating of 4; comments included that *“Consultant was very kind and caring, and listened”, “Because it was totally professional cannot think of anything better” and “The whole CMHT have been fabulous. Caring and genuinely interested in my care. I feel supported and hopeful about the future.”* There were a number of positive comments about being listened to, staff being kind and helpful.

CMHT Bracknell received 22 feedback responses with a positivity score of 95.5% and 4.80-star rating. Comments included that “[Name removed] was lovely, she listened to me and didn't rush through appointment. Very professional and kind.3 examples of positive free text comments)”, “[Name removed] was very understanding and presented questions in a respectful way.” and “I was very impressed with the new hospital facilities. The staff have been very professional and courteous as usual.” There were a number of positive comments about Staff being kind, listening and understanding.

### 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	232	717	851	1095
Response rate (calculated on number contacts)	%	0.5%	1.6%	3%	2.4%
iWGC 5-star score	Number	4.53	4.61	4.46	4.53
iWGC Experience score - FFT	%	87%	90.4%	83.2%	86.9%
Compliments received directly by services	Number	434	589	680	320
Formal Complaints Rec	Number	14	10	20	10
Formal Complaints Closed	Number	11	13	13	17
Formal Complaints Upheld/Partially Upheld	%	55	85	54	41
Local resolution concerns/ informal complaints Rec	Number	2	4	5	3
MP Enquiries Rec	Number	2	3	6	5



The Mental Health West division has a wide variety of services reporting into it, including Talking Therapy services and Court Liaison as well as secondary mental health services. The division saw an increase in number of responses received this quarter, this was largely due to increase in responses from Talking Therapies. The 3 services with the most feedback through the patient survey were Talking therapies 603 responses, PMS West 73 responses and CRHTT West 58 responses.



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

This division received 10 formal complaints during the quarter with CMHT receiving 5. There were 17 complaints closed with 7 being found to be upheld or partially upheld and 10 not upheld.

CRHTT West received one complaint this quarter, relating to care and treatment following a suicide attempt. They also received one informal complaint relating to care and treatment and one MP enquiry. Two complaints were closed across CRHTT West and neither of these were upheld.

For CRHTT there were 58 feedback questionnaires completed with a 70.7% positivity score and 4.19-star rating; with lots of positive comments about staff being supportive and listening, *"Very friendly, I felt listened to and understood. Fantastic support at a very hard time"*; a number of the less positive reviews talked about staff needing more training and not listening.

All of the five complaints for West CMHT's during the quarter, related to care and treatment. There were 17 complaints closed, 10 being upheld, six partially upheld and one not upheld.

There were 64 responses received with 84.4% positivity score and 4.23-star rating, 54 of these were positive with comments received that staff were understanding and listened, there were 10 negative responses with reviews stating that patients felt like staff didn't listen, appointments and treatment weren't given. Older adult and memory clinic combined have received 107 patient survey responses during the quarter with a 100% positivity rating (4.87-star rating) some of the feedback included *"Both appointments went smoothly. Everyone was kind and helpful. Reception made us feel welcome and relaxed. The doctors who did the assessments were friendly, patient, and professional. One, a trainee under supervision, was just brilliant - so calm. The atmosphere in the clinic and the kindness of the staff made a somewhat daunting experience OK."*

The West Psychological medicine service received 72 responses with an 86.1% positive score and 4.58-star rating (10 responses scored less than 4) many of the comments were positive about staff being supportive, engaging and listening well although a few felt that this was not the case.

For Talking Therapies, their patient survey responses gave a positivity score of 83.6% (4.46-star rating), 98 of the reviews scored less than 4. The vast majority of comments were still very positive about the staff, including that they were understanding, kind and listened. A number of the comments/areas for improvement were requesting the support to be provided sooner and less questionnaires and more talking. Some other areas for improvement were that they were not given an appointment and never followed up with the patient. For example, *"The therapist never made an appointment with me. Never followed up for another appointment. I needed an evening appointment, and she wasn't willing to give me an appointment at that time"*.

Examples of positive feedback about Talking Therapies included, *'I self-referred to Silvercloud mainly as talking therapies with someone in person daunted me a lot. I have found it useful to do things in my own time and to sit on my own and reflect on my answers and what matters to me. I feel much better and in control of my emotions and what parts of my life I need working on', 'I feel that sometimes people refrain from asking for help related to mental health issues in person due to social stigma and shame, hence an online platform is a wonderful way to slowly ease into receiving help. It is less intimidating than talking to someone in person or over the phone (according to me personally)' and 'Really useful service and I really enjoyed it being online as it was easier than making face to face appointments but although it wasn't face to face, I still felt supported and listened to.'* Patients reported that they felt *'grateful to not feel abandoned,' 'enjoyed it greatly so far' and were 'very appreciative of the support while they are waiting.'*

The service identified that the referral numbers for ethnic groups was decreasing so they did some targeted work reaching out to a Community Wellbeing Hub. The service received the following feedback as a result of this engagement, 'I want to thank you for the mental health counselling that I received at ACRE (Alliance for Cohesion and Racial Equality), offered by XX (Talking Therapies CBT Therapist). I was at the cliff end, but after the first and other counselling sessions, I feel confident and sure of myself'.

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

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

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	755	1416	1427	1838
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3.4%	5.6%	9.3%	5%
iWGC 5-star score	Number	4.83	4.84	4.87	4.86
iWGC Experience score - FFT	%	96%	97.2%	96.7%	96.6%
Compliments received directly into the service	Number	174	201	298	247
Formal Complaints Rec	Number	5	1	3	4
Formal Complaints Closed	Number	2	4	2	5
Formal Complaints Upheld/Partially Upheld	%	100	50	50	60
Local resolution concerns/ informal complaints Rec	Number	6	2	2	1
MP Enquiries Rec	Number	0	0	0	0



Four complaints were received this quarter. Three for District Nursing, relating to care and treatment (two complaints about the service based in Windsor, and one for the Slough team), and one for Jubilee Ward, relating to discharge arrangements.

There were five complaints closed, one for Jubilee Ward, which was partially upheld, and four for District Nursing, which were equally split between partially upheld and not upheld.

Hearing and balance received 78 responses to the patient experience survey with a 97.4% positive score and 4.86-star rating.

East Community Nursing/Community Matrons received 175 patient survey responses during the quarter with a 98.3% positive scoring, many comments were about staff being kind and helpful, for example *“Excellent care and understanding by each and every one of the brilliant staff, can’t thank them enough for being so helpful and kind”, “Amazing service, not sure what we would do without them. I would like to thank each and every one of them for their kind, caring words,” “Lovely kind, caring people, truly thankful for the service and all they do for me. Look forward to the company” and “Great service. Staff are always friendly and very helpful.”* There were also some comments around timing of visits and *“Good service, though timed visits would be great as the DNs sometimes turn up when I am heading down for lunch and we end up missing each other.”*

The wards received 145 feedback responses (80 responses for Jubilee ward 93.8% positive score and 65 Henry Tudor ward 100% positive score). 1 of the responses giving a score of below 3 for Jubilee ward had positive comments so it appears there was confusion with the way the scoring worked, comments included *“Staff are good. Food not bad medium. Everything ok.”* Most of the comments for improvement were to prioritise better (take patients to toilet rather than make beds), more staff and more food choices.

As with MSK physio in the West, there was a high number of responses to the patient survey and a high positivity score of 94.9% (4.82-stars), comments were very complimentary about staff being professional and helpful, *“Excellent care, friendly staff, clear explanation of my injury and physio exercises I need to do”*. There were no themes emerging from the improvement suggestions this quarter.

Outpatient services within the locality received a positivity score of 96.8% with 4.89 stars from the 1,693 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *“Great service. So quick and so helpful. I couldn’t have asked for more. Wonderful team. Brilliant staff.”*

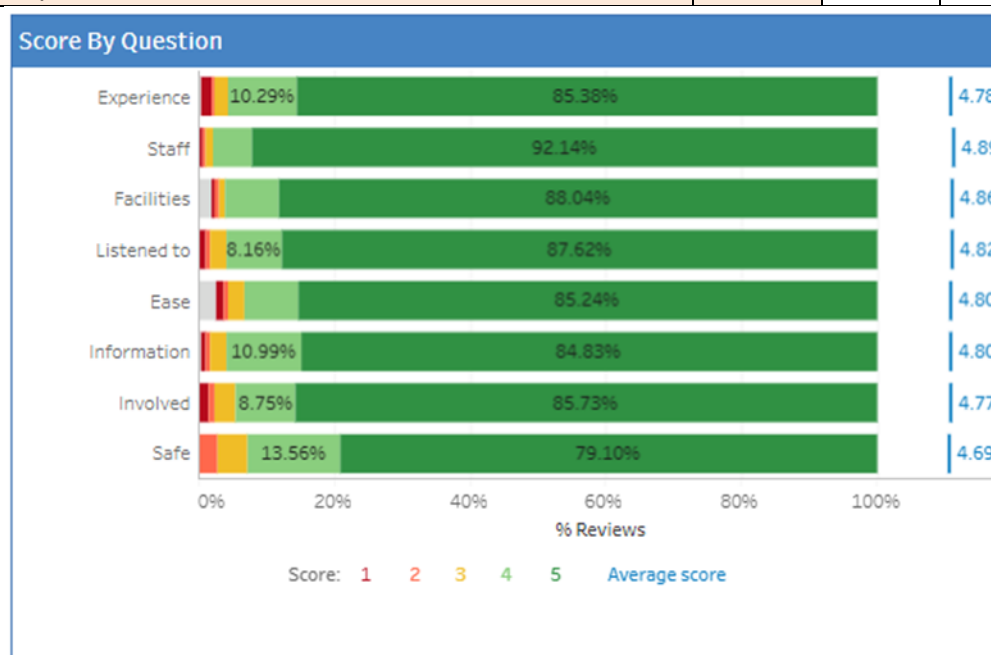
The diabetes service received 33 feedback responses with 97% positivity and some lovely comments including *“[name removed] was amazing! She listened to my concerns and the. Worked out an insulin medication plan with follow-ups to check how I am doing. Amazing! [name removed] had provided me with an amazing diabetic analysis on what I am using now and what medications will help me bring sugar levels under control.”* Alongside some helpful suggestions for the service to consider such as *“It would be helpful if one’s partner could also attend so they too could understand the situation and therefore be more supportive.”*

The Assessment and Rehabilitation Centre (ARC) also received positive feedback including *“I was so impressed with, literally, everything that I felt it important to communicate my thoughts to you. Even more excellent communication – Dr XX phoned me on XX to give me specific details and an opportunity to discuss the findings. Later that day... I found a letter waiting for me. The communication was from ARC and gave a detailed printout of all the procedures and outcomes. It was dated Sunday XX!”*

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

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

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	675	1459	1763	2011
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	0.9%	3.1%	3.3%	2.4%
iWGC 5-star score	Number	4.76	4.84	4.81	4.81
iWGC Experience score - FFT	%	95%	96.3%	95.6%	95.7%
Compliments (received directly into service)	Number	126	167	289	217
Formal Complaints Rec	Number	7	5	7	6
Formal Complaints Closed	Number	11	4	6	8
Formal Complaints Upheld/Partially Upheld	%	55	50	50	50
Local resolution concerns/ informal complaints Rec	Number	16	16	14	16
MP Enquiries Rec	Number	3	1	2	1



Community Health West saw a significant increase in responses this quarter. There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 95.7% positive satisfaction and 4.81-star rating and the question on staff receiving a 97.7% positive scoring from the 2011 responses received.

There were 6 complaints received during the quarter, 2 of these related to District Nursing, 2 to WestCall, the Out of Hours GP service, one for phlebotomy and one for Podiatry.

There were 8 complaints closed for the division during the quarter with 2 being upheld, 3 not upheld, 2 partially upheld and one moved to a serious incident investigation. Three of the closed complaints related to waiting times with WestCall.

During this quarter the community hospital wards have received 139 responses through the patient survey receiving a 90.7% positive score and 4.47-star rating, (13 responses scored 3 and below) questions around feeling listened to and involved received the most results of 3 and below; comments include staff were friendly and helpful, "All staff were really nice.", "Everyone was really lovely and did their best to make me understand.", "Staff/doctors are very informative and provided great care and support." And "Outstanding loved my stay here that's because staff are so kind and caring," there were some individual comments where

patients were less satisfied, with comments including food was cold, need for more physiotherapy, more staff, and more equipment for staff.

WestCall received 15 responses through the iWGC questionnaire this quarter (93.3% positive score, 4.79-star rating, 1 score received below 4. Positive comments included (*"We saw [name removed] with our young daughter. I thought he was thorough, understanding, kind and very knowledgeable. I came away feeling we were listened to cared for.,"* *"Friendly and caring staff and doctor. The nurse [name removed] had such a pleasant smile even though she was working on New Year's Day. Thank you, NHS."* and *"All the staff here were very kind and caring. Thank you!."* WestCall received around 18545 contacts during the quarter.

Podiatry services received 150 patient survey responses. Most responses were very positive receiving 5 stars (overall 95.3% positivity 4.82-star rating) with examples including "Always considerate and first-class treatment given. Friendly & engaging staff. 2 examples of positive free text comments" and "Lovely clean place. The lady doing my feet was very friendly and waited till my wife came to explain how to file my nails. Very pleased with the result". There were three complaints for Community Nursing, two relating to care and treatment and one relating to attitude of staff. have received some of the highest numbers of feedback (554 across the 3 localities in the quarter, with a 98.4% overall satisfaction score and 4.90-star rating). To provide some context across our East and West District Nursing teams combined there are 35,100 contacts this quarter. Lots of comments included nurses were kind, helpful and knowledgeable, *"The triage nurse who called me back was so knowledgeable and explained everything clearly to me, I was really impressed"*, *"So helpful, gave me all the information I needed and supported us"* and *"All the nurses who come are lovely but [name removed] is particularly knowledgeable and never leaves without making my husband laugh first"*. There were several positive comments about nurses listening and there were very few suggestions for improvement, mainly around timing of visits and being given an allocated time for a visit.

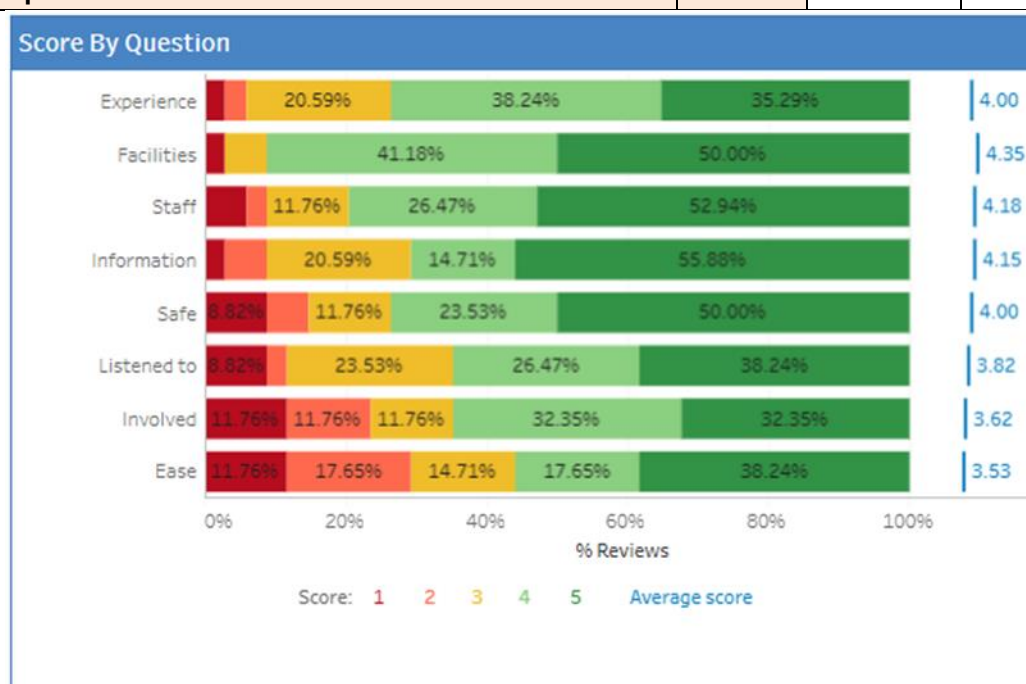
MSK Physio has received one complaint in the quarter relating to discharge arrangements. The service has received 23 compliments and 327 patient survey responses with a 96.9% positive score (4.87 star rating), very few areas for improvement were included in the feedback there were a few suggestions including that it would be helpful to have a video demonstration of exercises, waiting time for appointment and to be assessed before being discharged and the overall feedback was extremely positive with lots of comments about staff were friendly, professional, kind and understanding.

The services across the division received many compliments including *"..... Throughout the months I have known XX she has been a great friend, caring and considerate and very positive about my progress. Nothing has been too much for her. Equipment she has ordered in the morning has often arrived that same afternoon always in pristine condition. I can't speak too highly of her persuasive energetic approach to the work she does that has encouraged me especially on the bad days and her lighthearted sense of humour that emerges on the good days"*

## Mental Health Inpatient Division

Table 7: Summary of patient experience data

Patient Experience - Division MH Inpatients		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	21	33	21	34
Response rate	%	10.3%	16.5%	12.1%	27%
iWGC 5-star score	Number	3.92	3.77	3.44	3.96
iWGC Experience score - FFT	%	76%	75.8%	42.9%	73.5%
Compliments	Number	12	10	11	30
Formal Complaints Rec	Number	14	10	10	11
Formal Complaints Closed	Number	11	15	9	13
Formal Complaints Upheld/Partially upheld	%	45	67	55	46
Local resolution concerns/ informal complaints Rec	Number	2	1	1	1
MP Enquiries Rec	Number	0	0	0	0



There were 126 reported discharges from mental health inpatient wards (including Sorrel Ward). Only Bluebell, Daisy, Orchid, Snowdrop and Sorrel collected feedback from the patient experience tool this quarter, with no responses received from Oakwood, Rose, and Rowan. The satisfaction rate at 73.5% is skewed by 9 of the 25 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to ease receives the least positive scores with overall 5-star rating being 3.53; with 15 of the 34 giving a score of 3 or less to this question.

There were 11 formal complaints received for mental health inpatient wards during the quarter, with allegations / concerns around bullying/ harassment (physical and non- physical) being the main theme for 5 of the complaints. 4 of the total complaints received were about Sorrel Ward, and three of these related to care and treatment.

There were 13 complaints closed for this Division during the quarter and of these 5 were partially upheld and one was not upheld with the remaining 7 being upheld.

There were many positive comments received in the feedback including comments such as staff were helpful and caring, drug and alcohol misuse nurse was especially helpful. 7 of the 34 responses to the survey were from Sorrel Ward and of those 4 gave a positive score of 4 or 5. Most of the lower scores did not provide much additional feedback however there were

some comments about bathrooms and showers not locking properly, wanting to be more involved with their own care, feeling like care overall could be better and wanting to move on quicker. Examples of the feedback left are “*The drug and alcohol nurse were very friendly, approachable, consistent, and included me in the care plan and support in the community. Introduced me to a calendar to keep myself organised,*” “*The drug and alcohol nurse Very helpful and felt looked after and listened too,*” “*I was diagnosed with bipolar disorder at 18 years old. I have been through many psychiatric wards and rehabs over the years. Prospect Park is by far the most far advanced and ahead of their game in mental health care that I have had the pleasure of being a patient at. Everything works like clockwork and carers are helpful and the facilities are really great,*” “[*name removed*] ward Staff are lovely supportive and promote independent thinking and holistic wellbeing.” The 2 responses related to Place of Safety provided positive scores and comments.

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

**Table 8: Ethnicity**

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	8.62%	7.30%	9.67%
Black/Black British	5.17%	2.90%	2.67%
Mixed	3.45%	1.70%	3.49%
Not stated	10.34%	9.70%	15.89%
Other Ethnic Group	1.72%	6.50%	1.62%
White	70.17%	71.90%	66.66%

The above would indicate that potentially we have a higher number of complaints received compared to attendance percentage from those with Black/Black British heritage and that there is still more feedback being received from White British as a percentage of contacts than from others. It will be important to ensure as we continue to gain an increase in our patient survey responses that everyone is able to access and use the survey; the survey is provided in easy read and a number of differing languages, but it will be important to ensure that the prompts to complete this are not inhibiting feedback representative of the community and our patient attendance.

**Table 9: Gender**

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q4 attendance
Female	46.55%	46.90%	53%
Male	48.28%	33.10%	46.98%
Non-binary/ other	0.00%	1.40%	0%
Not stated	5.17%	18.50%	0.01%

This would indicate that whilst the breakdown by attendance is fairly equally split as are complaints it would appear that we are still more likely to hear the voice of the patient through the patient survey if they are female.

**Table 10: Age**

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendance
0 to 4	3.45%	5.70%	18.41
5 to 9	5.17%		4.14
10 to 14	8.62%		4.34
15 to 19	8.62%		4.52
20 to 24	5.17%	4.50%	2.87
25 to 29	10.34%		3.14
30 to 34	5.17%	6.90%	3.56
35 to 39	8.62%		
40 to 44	6.90%	9.30%	3.58
45 to 49	3.45%		3.52
50 to 54	8.62%	13%	3.73
55 to 59	5.17%		4.32
60 to 64	1.72%	15.30%	4.46
65 to 69	3.45%		4.63
70 to 74	1.72%	17.20%	4.53
75 to 79	0.00%		5.56
80 to 84	0.00%	18.90%	6.16
85 +	6.90%		6.55
Not known	6.90%	8.80%	11.98

## Ongoing improvement

Complaint Handling Training continues to be delivered by the Complaints Office to support ensuring robust investigation and response to any complaints (formal or informal) that are received.

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

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

Some examples of services changes and improvements are detailed below.

Service	You said	We did
Talking Therapies	It can feel daunting making contact with a service for the first time and some people would prefer not to speak to directly to a therapist initially and ease themselves into therapy	Developed a direct to digital pathway.  Direct to Digital launched in May 2022 and provides an innovative solution, allowing Talking Therapies clients immediate access to online support for depression and anxiety. Referral information is collected from patients electronically and they get quick and easy access to our SilverCloud programmes. A clinician then supports them



		through the programme. Over 1300 patients have accessed this service so far.
	The waiting times for Step 3 therapy was too long and patients can feel abandoned from assessment or when stepped up from step 2 treatment with no contact or support whilst waiting	Offered Silvercloud to patients on our waiting lists. Patients on the waitlist for Talking Therapies are offered access to online treatment using the Silvercloud programme under the guidance of a support worker. Early results show that this has resulted in mood improvement in a number of cases and feedback from staff and patients is very encouraging.
	Our referral numbers told us that our engagement with ethnic minority groups needed improving	Targeted outreach by offering therapy clinics at ACRE Community Wellbeing Hub, Reading. Talking Therapies has committed to addressing ethnic health inequalities with the establishment of permanent Cultural and Ethnic Diversity Lead roles. The leads have already made great strides towards building, developing, and maintaining relationships with local communities, grassroots organisations, faith leaders and faith-based organisations. The team have also conducted targeted outreach to specific community locations, such as the ACRE community wellbeing hub (CWH) in Reading, to break down cultural barriers to accessing mental health treatment for groups including asylum seekers and refugees.
Community Inpatient Wards in the East (Slough and Maidenhead)	There are some language barriers (patients who did not have English as a first language) are finding it difficult to communicate their needs with the staff in the wards.	The admin lead created some communication leaflets using the 4 most common languages in this area (Hindi, Punjabi, Urdu and Polish) utilising words and pictures.
	There is a lack of activities/therapy.	We have now employed an activities co-ordinator across the wards and the therapy team have created some innovative groups on Henry Tudor Ward; gardening therapy, boccia and other 1:1 activities including crafts, colouring and nail painting.
PMS, Reading	Complaints/feedback was received from our service users that the interview room where they had to wait in and be assessed, seemed more like a box, and not welcoming.	This feedback was shared with the ED colleagues, that room has now been converted and is well decorated, does not seem as unwelcoming as before. The current room that is being used for interviews, is not cramped with the heavy furniture as the other room was, patients

		have fed back that there is space and it is more welcoming.
Early Years Speech and Language Therapy	To access Early years surgeries on different days/times as well as be notified when a slot had become available at the last minute due to a cancellation. Support from the SLT team when they needed it, dependent on the needs of the child.	The Early Years team are looking into changing the schedule of the surgeries to allow for settings to access them at a different time and speaking to the local authority about notifying nurseries of last-minute slots that become available.  The Early Years SLT team has been working hard to ensure that settings and families can access the SLT team and improve the level of support that is given.
Feedback to CYPIT East team from Special voices parent group in Slough	parental involvement, the voice of the child, and a lack of knowledge/understanding about how the CYPIT team operates	Creating new targeted live online training packages to schools across East Berkshire. Updating our website Updating our report templates. Trialling new triage system for CYPIT SALT EY [Early years] to tackle waiting times. Creating new universal training packages for SLT to support parents whilst waiting support or before they need support in early years. Signposting families to GEMS Berkshire and Neurodiversity SHaRoN earlier in 0-5 years AAT pathway so families have access to support while they wait

## 15 Steps

Appendix 1 contains the 15 Steps visits that took place during Quarter 4, with the programme fully recommencing in April 2022.

There were 2 visits this quarter, one to the Hearing and Balance Service and the other to the Diabetes Service; both services are based in King Edward VII Hospital.

## Summary

It is very positive to see further increased volumes of patient feedback through our patient survey month on month and all managers and divisional leaders have access to the live tableau dashboard to view this. It is also positive to see a number of services proactively using the feedback to make changes and displaying this for patients and their loved ones to see.

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

It has been noted that in some cases we continued to receive scores of 1 (the lowest rating) but with very positive comments alongside this rating which doesn't quite equate; this has been fed back to iWGC who have advised that this is a recognised issue with feedback across the Trusts that they work with and that as they consider this as a minimal impact, there are no plans to amend the supporting information that is given about the rating scale.

## **Appendix 1: 15 Steps Challenge**

### **Quarter 4 2022/23**

During quarter four, 2 visits were carried out.

#### **Hearing & Balance- King Edward VII Hospital**

Positives observed during the visit:

- Clinic felt calm and well organised.
- Toilets were clean.
- Team members picture were clearly displayed and up to date.
- Noticeboards were well maintained and not overloaded with information.
- All areas of the department were clean and tidy with no clutter.

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

- The QMIS Board was out of date- Manager reported that as they were working on reducing waiting times, huddles had not been taking place, this will be revisited by the team.
- Some of the décor was a bit tired and peeling off in the waiting area- Manager said the children's area was being redecorated in a few weeks.
- Waiting lists is still below target- This was work in progress and had improved recently due to recruiting new staff.

#### **Diabetes- King Edward VII Hospital**

Positives observed during the visit:

- Access for wheelchair users.
- Posters and information available in alternative languages.
- Staff were very approachable and accommodating.
- Clinic was well signposted.
- Toilet areas were clean.

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

- Photo board was not up to date and pictures were missing- This was in progress and there had been some changes to staff.

- No receptionist was available on the day of visit- Receptionist was off on day of visit but there is usually one present during clinic times.
- The feedback board was empty in the waiting area- Lead nurses highlighted that information would be helpful to demonstrate that feedback is acted on, this will be addressed.

**Linda Nelson & Pauline Engola**  
**Professional Development Nurses**  
**April 2023**

## Appendix 2: complaint, compliment and PALS activity

### All formal complaints received

Service	2021-22						2022-23						
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Q3	Higher or lower than previous quarter	Q4	Total for year	% of Total
CMHT/Care Pathways	5	8	10	9	32	13.85	11	10	18	↓	14	53	22.00%
CAMHS - Child and Adolescent Mental Health Services	5	10	6	10	31	13.42	4	6	13	↓	10	33	14.00%
Crisis Resolution & Home Treatment Team (CRHTT)	5	4	2	4	15	6.49	3	9	6	↓	4	22	9.00%
Acute Inpatient Admissions – Prospect Park Hospital	11	8	7	6	30	12.99	13	7	9	↓	6	35	15.00%
Community Nursing	4	5	2	1	12	5.19	3	0	4	↑	5	12	5.00%
Community Hospital Inpatient	6	8	6	5	25	10.82	4	3	2	↓	1	10	4.00%
Common Point of Entry	0	1	1	0	2	0.87	0	1	3	↓	1	5	2.00%
Out of Hours GP Services	1	1	5	2	9	3.9	1	0	1	↑	2	4	1.50%
PICU - Psychiatric Intensive Care Unit	3	1	2	1	7	3.03	1	2	0	↑	4	7	3.00%
Urgent Treatment Centre	1	1	0	0	2	0.87	1	0	0	-	0	1	0.50%
Older Adults Community Mental Health Team	0	0	0	2	2	0.87	1	1	0	-	0	2	1.00%
Other services during quarter	18	14	14	16	64	27.71	19	11	15	↓	11	56	23.00%
<b>Grand Total</b>	<b>59</b>	<b>61</b>	<b>55</b>	<b>56</b>	<b>231</b>	<b>100</b>	<b>61</b>	<b>50</b>	<b>71</b>		<b>58</b>	<b>240</b>	<b>100.00%</b>

## Locally resolved concerns received

Division	Jan	Feb	March	Qtr 4
CYPF	1	1		2
Community Mental Health East	1	1		2
Community Mental Health West		1		1
Community Physical Health East			1	1
Community Physical Health West	4	8	2	14
<b>Total</b>	<b>6</b>	<b>11</b>	<b>3</b>	<b>21</b>

## Informal Complaints received

Division	Jan	Feb	March	Qtr 4
CYPF	1	1	1	3
Community Mental Health West		1	1	2
Community Physical Health West		1	1	2
Corporate	1		1	2
Mental Health Inpatients			1	1
<b>Total</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>10</b>

## KO41a Return

We have been informed by NHS Digital that they are no longer collecting and publishing information for the KO41a return on a quarterly basis, but will now be doing so on a yearly basis. We will expect to be asked to submit our information in May 2023, so this will next be reported in the Q2 2023 report.

## Formal complaints closed

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

## Outcome of formal complaints closed

Outcome	2021-2022				2022-2023							
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Higher or lower than previous quarter	Q4	Total for year	% of 22/23	
Not Upheld	27	36	34	21	23	22	23	↑	38	106	43.00%	
Partially Upheld	19	18	22	22	21	30	26	↓	25	102	41.00%	
Upheld	9	11	6	6	12	9	7	↓	8	36	15.00%	
SI	0	0	0	0	1	0	1	↑	1	3	1%	
<b>Grand Total</b>	<b>55</b>	<b>65</b>	<b>62</b>	<b>49</b>	<b>57</b>	<b>61</b>	<b>57</b>		<b>72</b>	<b>247</b>	<b>100.00%</b>	

46% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 58% quarter 3), these were spread across several differing services.

### Complaints upheld and partially upheld

Service	Main subject of complaint											
	Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangements	Financial Issues/Policy	Medical Records	Patients Property and Valuables	Waiting Times for Treatment	Grand Total
Adult Acute Admissions - Bluebell Ward	1											1
Adult Acute Admissions - Daisy Ward									1			1
Adult Acute Admissions - Rose Ward					1							1
Adult Acute Admissions - Snowdrop Ward				1								1
CAMHS - AAT						1						1
CAMHS - ADHD				1							1	2
CAMHS - Rapid Response			1	1								2
CAMHS - Specialist Community Teams				2					1			3
Children's Occupational Therapy - CYPIT					1							1
CMHT/Care Pathways				4	1			1				6
Community Hospital Inpatient Service - Jubilee Ward							1					1
Community Hospital Inpatient Service - Windsor Ward										1		1
Crisis Resolution and Home			1	1								2

Treatment Team (CRHTT)												
District Nursing				2								2
Out of Hours GP Services											2	2
Phlebotomy		1										1
PICU - Psychiatric Intensive Care - Sorrel Ward	2											2
Psychological Medicine Service				1								1
Talking Therapies - Admin/Ops Team				1								1
Talking Therapies - PWP Team				1								1
<b>Grand Total</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>15</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>33</b>

## PHSO

During Quarter 4, we had one new case referred to the Ombudsman, which relates to the Older Adults Mental Health Team in the west. This is being reviewed by the PHSO to see if an investigation is appropriate.

We received the outcome of a complaint that had been under investigation for a few years. The PHSO had partially upheld an element of the complaint against us, and we have complied with their recommendations.

## Compliments

The chart below shows number of compliments received into services, these are in addition to any compliments received through the iWGC tool.

	2021/22					2022/23				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total to date
					2021/22					2022/23
Compliments	1076	986	960	772	3794	1076	1119	1403	924	4522



## Top 10 services with the highest number of compliments

Service	Number of compliments
District Nursing	156
Diabetes	79
Intermediate Care	37
CMHTOA/COAMHS - Older Adults Community Mental Health Team	36
Community Respiratory Service	21
Children's Speech and Language Therapy - CYPIT	20
Cardiac Rehab	19
Community Hospital Inpatient Service - Oakwood Ward	19
Community Hospital Inpatient Service - Windsor Ward	19
Older Adults Inpatient Service - Orchid ward	16

## PALS activity

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

PALS has continued to facilitate the 'Message to a loved one' service, which involves collating messages for patients, which are then delivered on the ward. This is available across all inpatient areas. The PALS Manager continues in the role Armed Forces Service Network champion. PALS is also responsible for responding to postings on the NHS website which refer to Trust services.

There were 310 queries recorded during Quarter four. An increase of 47 since Quarter 3. 303 queries were acknowledged within the 5 working day target but the recording of queries has fallen behind due to the volume of queries coming into the service. PALS has engaged a volunteer on a part time basis, and this has improved direct access to the service. The volunteer is also recording queries which has improved the rate of data collection.

In addition, there were 189 non-BHFT queries recorded. Work is ongoing as part of the QMIS process to reduce this number. Another member of the Patient Experience Team is consistently helping with the recording process in order to improve the rate of data collection.

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

Service	Number of contacts.
CAMHS AAT	28
Phlebotomy	27
CAMHS ADHD	20
CMHT Care Pathways	20
CAMHS CPE	17
CRHTT	15
IPASS	11