

## Patient Experience Report Quarter 1 2023/24

### 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.

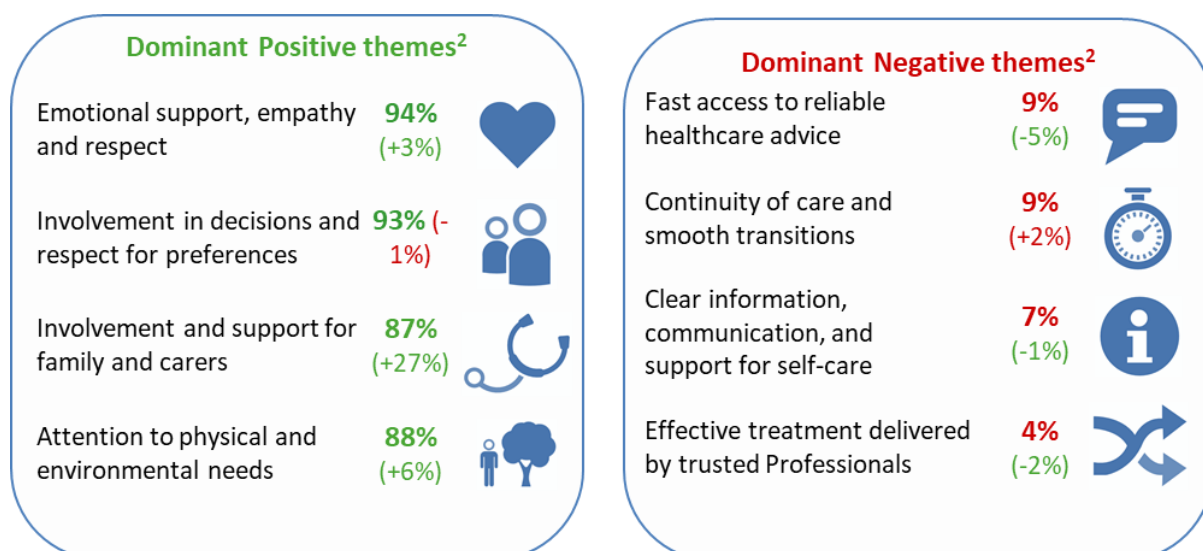
The iWGC tool is used as our primary patient survey programme and is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge via a variety of platforms. The tool uses a 5-star rating which is comparable across all services within the organisation and is based on questions in relation to experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to.

Table 1

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total patient contacts recorded (inc discharges from wards)		216,579			
Number of iWGC responses received	Number	6,450			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3%			
iWGC 5-star score	Number	4.71			
iWGC Experience score – FFT	%	93.8%			
Compliments received directly by services	Number	1091			
Formal Complaints Rec	Number	68			
Number of the total formal complaints above that were secondary ( not resolved with first response)		11			
Formal Complaints Closed	Number	53			
Formal complaints responded to within agreed timescale	%	100%			
Formal Complaints Upheld/Partially Upheld	%	62%			
Local resolution concerns/ informal complaints Rec	Number	36			
MP Enquiries Rec	Number	24			
Complaints open to PHSO	Number	3			

There are no significant changes identified in analysis of data that differs from previous reports, the highest number of complaints related to specific care and treatment concerns and the largest volume of MP enquires (15) relates to wait times within CAMHS services (Neurodiversity pathway) for which there is internal work to maximise efficiency and also external conversations in terms of resourcing.

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.



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

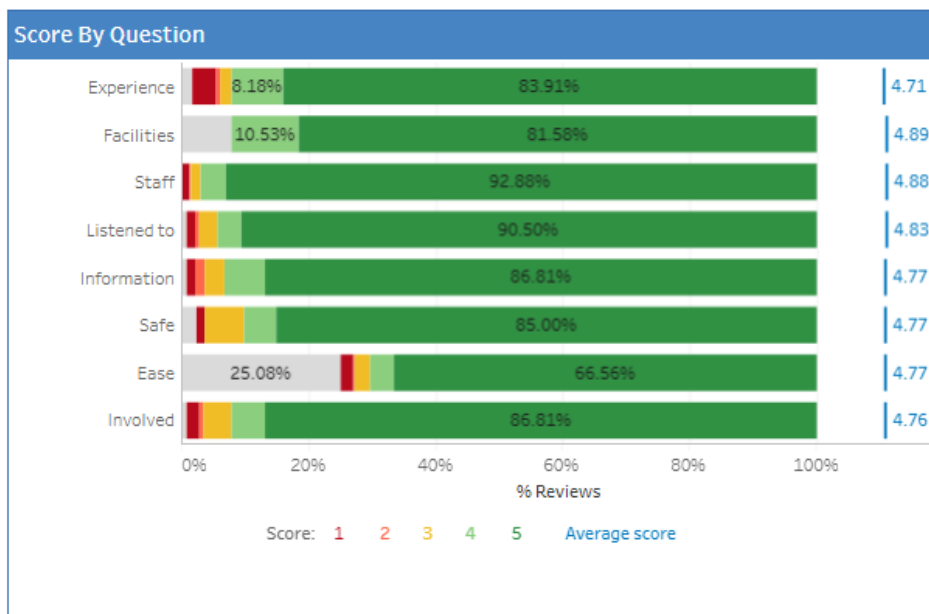
### What the data is telling us

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	556			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.1%			
iWGC 5-star score	Number	4.59			
iWGC Experience score – FFT	%	89.3%			
Compliments received directly by services	Number	72			
Formal Complaints Rec	Number	14			
Formal Complaints Closed	Number	14			
Formal Complaints Upheld/Partially Upheld	%	93%			
Local resolution concerns/ informal complaints Rec	Number	6			
MP Enquiries Rec	Number	15			



For children’s services the iWGC feedback has seen the responses double from last quarter, however, further work needs to continue, 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 578 responses, 518 responses related to the children’s services within the division; these received 90.7% positivity score, with positive comments about staff and services and a few suggestions for further improvement, this included 8 reviews for Phoenix House where comments about staff being caring and compassionate was very positive and there were some suggestions for further improvement regarding support being delayed and lack of communication. 47 of the responses related to learning disability services as detailed below and 11 to eating disorder services.

From the feedback that was received, ease and feeling safe were most frequent reasons for individual questions being scored below 4.

### Children’s Physical Health Services

There were 4 formal complaints for children’s physical health services received this quarter. There were 2 formal complaints about the Speech and Language service. There was also a formal complaint about a young person being vaccinated against the parent’s wishes.

486 of the 518 patient survey responses were in relation to children’s physical health services. The 2 services with most responses were the Health visiting Bracknell and Immunisation team East; the Health Visiting Bracknell team received 129 of these responses which scored positively receiving a five-star rating of 4.65 and feedback included *We were greeted warmly and the whole experience made us feel comfortable and at ease.* “[name removed] helps with all our concern’s happy to have this opportunity to seek support and advice” and *“Really friendly, understanding of my concerns and gave really sound advice - thank you.”*

Children’s services have continued to undertake their feedback surveys this quarter for school nursing 50 young people completed the survey, responses included that they were helpful, felt listened to and understanding. 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 8 complaints received (these were in relation to care and treatment received, waiting times and medical records; themes around these included failure to medicate, inaccurate records and long wait for treatment). In addition to this, the service received 15 enquiries via MPs, and most of these again related to waiting times.

There have only been 23 responses for CAMHS services received through our patient survey for this quarter. Currently the survey is accessed through paper surveys, 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 *"This is mum, we were one of your crisis counselling families last year. I wanted to let you know how much D is thriving this year and that she is a completely different girl than she was a year ago. She's back to her old self, her energy and zest for life is back and she's really happy at school. She breezed through her exams with no stress or anxiety and is absolutely loving athletics which I think does wonders for her mental health, well-being and self-esteem. We valued the support from you last year and I just thought you'd like to hear a positive news story. I wanted to thank you for all you did for D and also for us as parents to help her navigate what was going on for her last year."*

### **Learning disability**

There was one complaint received this quarter for the Campion Ward regarding care and treatment on the ward.

Overall there were 47 responses for all Learning Disability services from the patient survey received, all responses were for the Community Teams for People with a Learning Disability. These received a 76.6% positive score, this was skewed by 4 responses not having a score; 2 people scored the services as a 1 however there are no comments to understand the reason for this; other feedback included that staff were nice, "Dr. [name removed] communicated on a human level, with humour, and explaining what he was doing.", "very professional service from all concerned, I manage a service for people with learning disabilities, the service received from the team is excellent, caring and communicative. the client has complex needs and the support managing this has been absolutely fantastic. I am completing this survey on behalf of the client." and "Good listening, good communication,

spending time to examine the client and fast response.”, there were comments for improvements including be polite, listen, explain clearly, waiting time and communication.

## Eating disorders

There were no complaints for eating disorders.

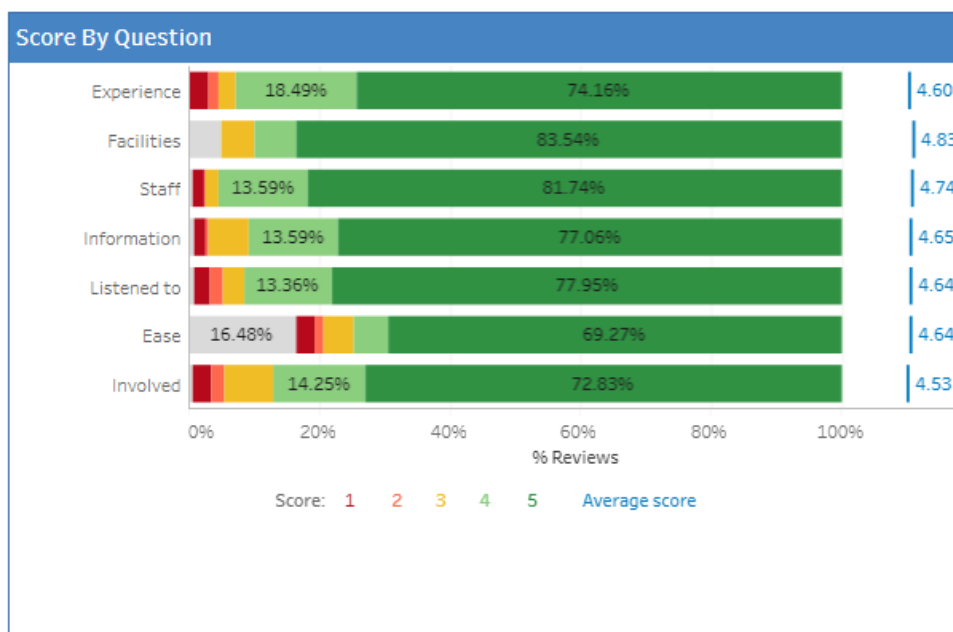
Of the 11 feedback responses received, 9 scored a 5 with comments such as “[name removed] has been absolutely amazing, kind, considerate but firm in order to support me to not only understand more about disordered eating but also how to get well. I will miss her being a part of my life and challenging me to get well. She is incredibly good at her job and I would like to thank her for supporting me to improve my life as significantly as she has. I feel like a different person and I am so so grateful. Thank you”, “[name removed] was AMAZING. Couldn't have been happier to be paired up with her. She went above and beyond to help in any way possible with my journey.”, “I attended the day programme and without their dedicated help and support. I would not be on my path to recovery. The staff always put us first.”.

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**

<b>Patient Experience - Division MHE</b>		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	<b>Number</b>	449			
Response rate (calculated on number contacts)	<b>%</b>	2.7%			
iWGC 5-star score	<b>Number</b>	4.64			
iWGC Experience score - FFT	<b>%</b>	92.7%			
Compliments received directly by services	<b>Number</b>	37			
Formal Complaints Rec	<b>Number</b>	16			
Formal Complaints Closed	<b>Number</b>	16			
Formal Complaints Upheld/Partially Upheld	<b>%</b>	37%			
Local resolution concerns/ informal complaints Rec	<b>Number</b>	4			
MP Enquiries Rec	<b>Number</b>	1			



16 formal complaints were received into the division during this quarter; in addition, there were 4 informal/ locally resolved complaints. 16 complaints were closed during the quarter. 6 of these were either fully or partially upheld and 10 were not upheld Most of the complaints related to communication or care and treatment. One was about discrimination when accessing services.

The services receiving the majority of iWGC responses were CRHTT East 186 responses, Psychological Medicine Service – East 66, CMHT Bracknell 42 responses and Memory Clinic Slough 20 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 4.38 with 91.2% positive feedback, an increase from last quarter. 186 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 supportive; *“Very attentive and unrushed. I felt listened to. Staff are very motivated and committed to patients care.”* 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 communication, medication given, early discharge, always a different person to speak to and lack of support.

Feedback from compliments for the service included, *‘I had a very good call with A and he explained everything clearly and listened to me and i really felt like i mattered. I had a bad experience with therapy before and was not looking forward to his call but I'm glad I took it. I feel hopeful. Thank you so much, thank A for me.*

The Psychological Medicine Service - East received 97% positive score (4.85-star rating) and received positive feedback about staff being helpful, listening, supportive and understanding. *“Very supportive staff. I was well listened and every staff member was so willing to help.”*

CMHT Bracknell received 97.6% positive feedback (4.88-star rating), many of the comments were positive about staff being helpful, listening and Friendly. *“[name removed] is always good at listening to my views and wants and she tries her best to do what she can.”* One patient gave a score of 1 and said *“Hoover carpet.”*

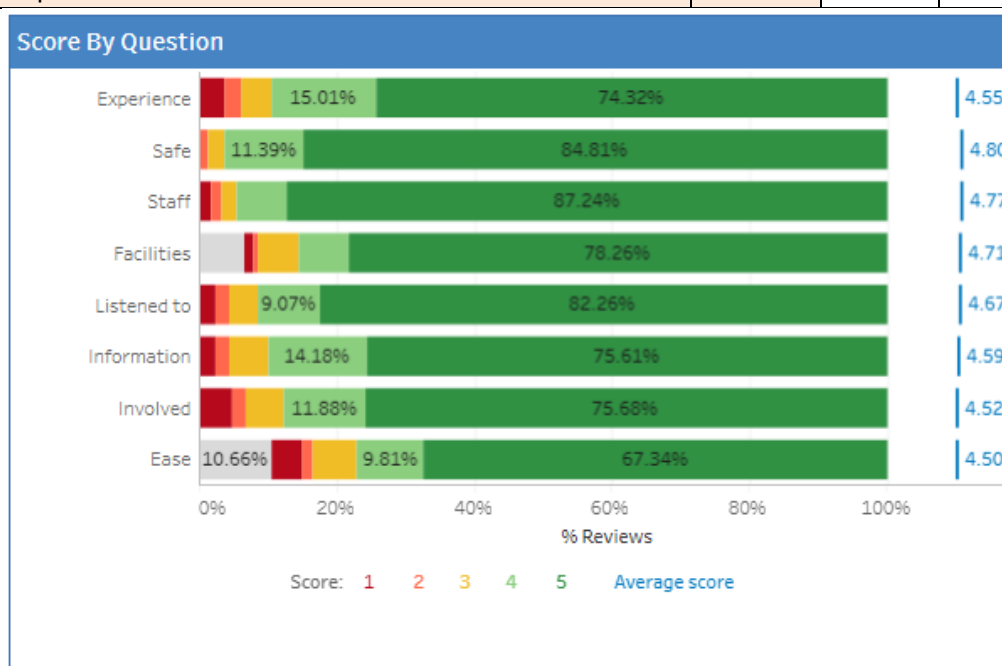
Other areas for being worked on for improvement include reviewing contact telephone numbers to make sure they up to date, provide context and training around the importance of tools to manage and regulate emotions and to have patients involved in more daily activities.

CMHT received 69 responses (Bracknell 42, WAM 15 and Slough 12) with 93.3% positive score and 4.473 star with of the total responses scoring less than a rating of 4; comments included “Please clean the toilet, looks like the sinks are never clean and it’s like that week after week”, “The Dr I spoke to did not want to listen to me” and “Listen!!! Someone would not call between outs of 1am and 6am if ur isn’t a crisis!!” There were a number of positive comments about being listened to, staff being professional, helpful and making them feel comfortable.

## 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	1246			
Response rate (calculated on number contacts)	%	2.5%			
iWGC 5-star score	Number	4.61			
iWGC Experience score - FFT	%	89.3%			
Compliments received directly by services	Number	557			
Formal Complaints Rec	Number	12			
Formal Complaints Closed	Number	7			
Formal Complaints Upheld/Partially Upheld	%	43%			
Local resolution concerns/ informal complaints Rec	Number	7			
MP Enquiries Rec	Number	4			



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 790 responses, PMS West 77 responses and Liaison and Diversion 64 responses.

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

This division received 12 formal complaints during the quarter with CMHT receiving 7. There were 7 formal complaints closed with 3 being found to be upheld or partially upheld and 4 not upheld.

West Psychological medicines service received two complaints regarding interaction of staff with the patient.

Mental Health West also received 7 informal complaint/locally resolved complaints and 4 MP enquiries.

For CRHTT there were 59 feedback questionnaires completed with a 83.1% positivity score and 4.27-star rating; with lots of positive comments about staff being helpful and listening, *"They were great, very understanding and always clear in what the plans were. They always asked if I'm comfortable and what I needed and planned around me. They always visited me at home as I wasn't comfortable to go into your office, it was never a problem for them."*; a number of the less positive reviews talked about lack of communication, staff not listening and wanting the staff members who they are being seen by to be consistent.

There were 61 responses received for West CMHT teams with 80.3% positivity score and 4.35-star rating, 49 of these were positive with comments received that staff were supportive and listened, there were 11 negative responses with reviews stating that patients felt like staff didn't listen, would like appointment times and dates and also would like face to face appointments.

Older adult and memory clinic combined have received 86 patient survey responses during the quarter with a 98.8% positivity rating (4.89-star rating) some of the feedback included *"Both members of the medical staff (on this and previous occasions) were welcoming, made me feel relaxed, gave me as much time as I needed, were quite open and honest in discussions about my condition and portrayed a totally positive perspective throughout."*

The West Psychological medicine service received 77 responses with an 92.2% positive score and 4.68-star rating (6 responses scored less than 4) many of the comments were positive about staff listening, helpful and being supportive.

For Talking Therapies, their patient survey responses gave a positivity score of 88.6% (4.60-star rating), 97 of the reviews scored less than 4. The vast majority of comments were still very positive about the staff, including that they listened, were understanding and helpful. A number of the comments/areas for improvement were requesting the support to be provided sooner and less questionnaires and wanting to be seen face to face. For example, *"I would prefer face to face support for therapy, I find it hard to connect with others online. Especially in relation to building trust"*.

Examples of positive feedback about Talking Therapies included, *"I am listened to, my views considered, my experiences accepted and I'm not judged or made to feel strange, odd or broken. I am grateful for an honest chat even if I don't get to make much progress on the app. Thanks for the time."*, *"[name removed] was so kind & considerate in addition to providing constant reassurance throughout the call. I felt at ease during the call & felt I was not being judged"* .and *"Seen quickly for first appointment. Treated with patience, respect and care. Easy to talk to. Looking forward to next appointment"* Patients reported that they felt *"I felt listened too and the information given was very clear."*, *"I have felt listened to, and*



*understood. I haven't felt judged at all, so I see this as a safe place.” and were “Listened to, asked my opinion and involved me.”*

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’.*

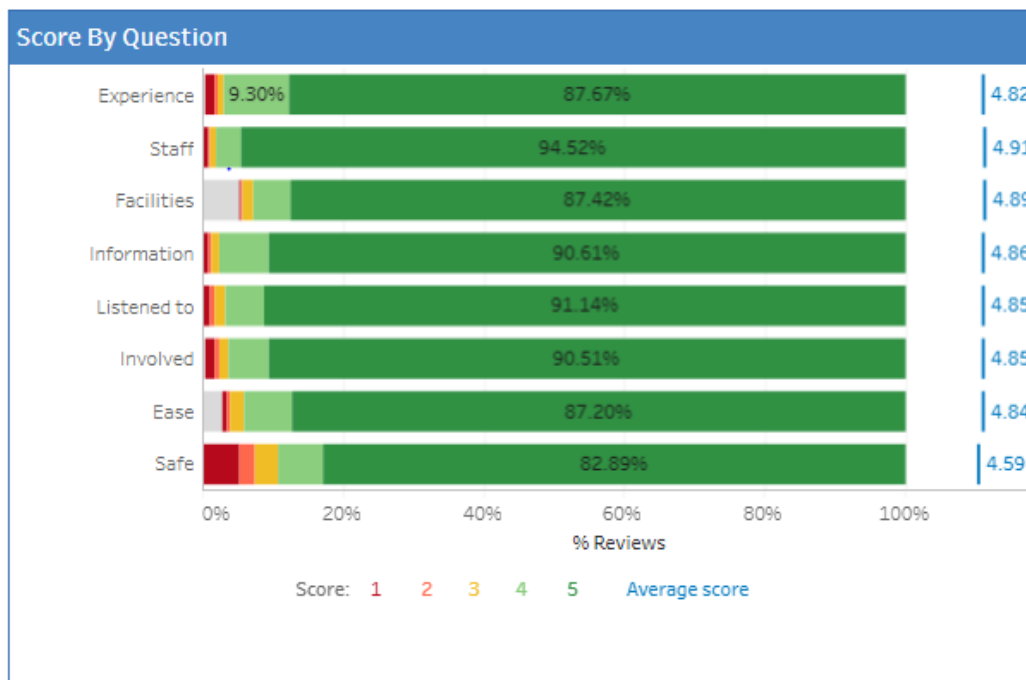
### **Op Courage**

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.

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

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

<b>Patient Experience - Division CHE</b>		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2044			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	5.5%			
iWGC 5-star score	Number	4.86			
iWGC Experience score - FFT	%	97%			
Compliments received directly into the service	Number	217			
Formal Complaints Rec	Number	2			
Formal Complaints Closed	Number	2			
Formal Complaints Upheld/Partially Upheld	%	50%			
Local resolution concerns/ informal complaints Rec	Number	1			
MP Enquiries Rec	Number	1			



Two complaints were received this quarter. One for IPASS and one for MSK Physio, both relating to communication.

There were two complaints closed, one for Podiatry, which was not upheld, and one for MSK Physio, which was upheld.

Hearing and balance received 145 responses to the patient experience survey with a 96.6% positive score and 4.84-star rating.

East Community Nursing/Community Matrons received 257 patient survey responses during the quarter with a 98.8% positive scoring, many comments were about staff being caring and kind, for example *“Although I haven’t been seen very much I can only say what an amazing service, I was very impressed with how caring and professional everyone was.”*, *“all the nurses are wonderful and kind they will always have a chat with me”*, *“Great nurses always kind and caring”* and *“Everyone is wonderful, always came promptly when needed and very caring.”* There were also some comments around not being notified of a scheduled visit for example *“Staff are kind and polite, bad experience with one staff who just turned up on the doorstep.”*

The wards received 157 feedback responses (91 responses for Jubilee ward 97.8% positive score and 66 Henry Tudor ward 92.4% positive score). Most of the comments for improvement were to have more physio, 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 97.7 % (4.82-stars), comments were very complimentary about staff being professional and friendly, *“I was extremely happy with the young lady that assessed me. She was friendly while remaining totally professional”*. The reoccurring improvement suggestion for this quarter was for a sooner appointment.

Outpatient services within the locality received a positivity score of 96.7% with 4.92 stars from the 650 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *“Very efficient and professional. Involved in wider issues that presented with carer team and tried to resolve the problem. I think the service is really valuable after hospital discharge and very reassuring for me. Excellent staff, knowledgeable and kind, and well organised. Thank you.”*

The diabetes service received 37 feedback responses with 97.3% positivity and some lovely comments including *“The lady that I spoke to was very kind and helpful. And explained*

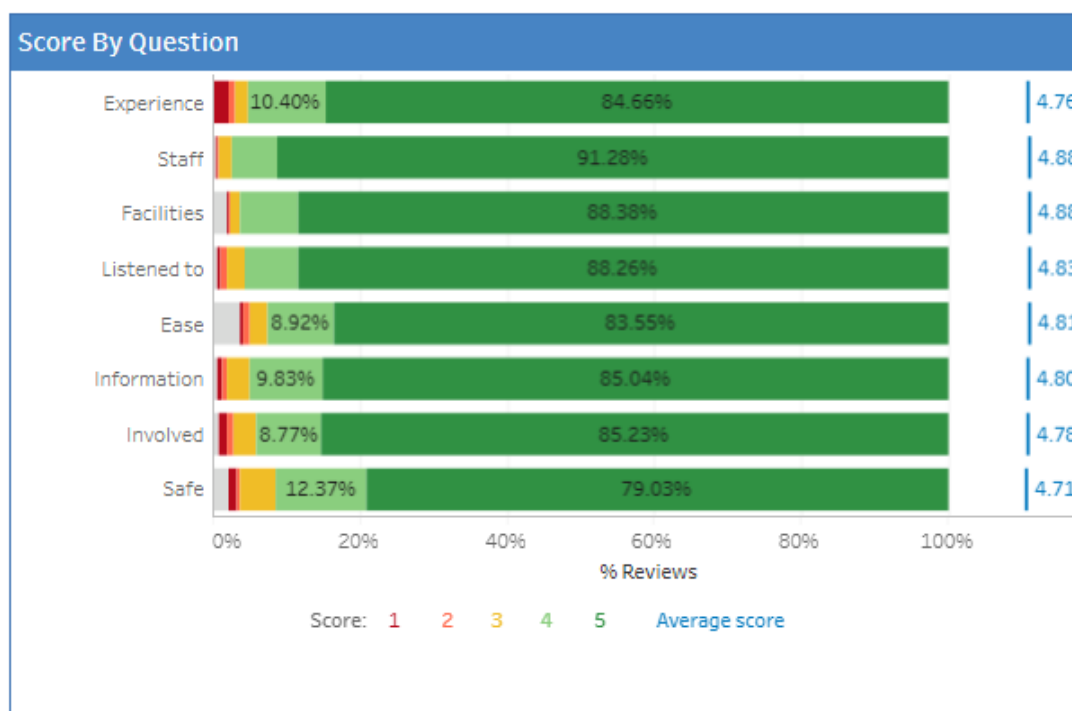
everything to me in a way that I could understand.” Alongside some helpful suggestions for the service to consider such as “Printed hardcopy of instructions and changes would be useful, as it’s easy to forget something if a lot of information is forthcoming.”

The Assessment and Rehabilitation Centre (ARC) also received positive feedback including “I was seen on time, The personnel at the ARC centre were polite helpful and friendly. I felt comfortable and well cared for throughout. Even when I was put through my paces and a rehearsal of the daily exercises it was pleasant and encouraging.”.

## 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	2056			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.5%			
iWGC 5-star score	Number	4.81			
iWGC Experience score - FFT	%	95.1%			
Compliments (received directly into service)	Number	196			
Formal Complaints Rec	Number	12			
Formal Complaints Closed	Number	7			
Formal Complaints Upheld/Partially Upheld	%	86%			
Local resolution concerns/ informal complaints Rec	Number	18			
MP Enquiries Rec	Number	3			



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 95.1% positive satisfaction and 4.81-

star rating and the question on staff receiving a 97.4% positive scoring from the 2056 responses received.

There were 12 formal complaints received during the quarter, these were split across several different services. Of these District Nursing received three complaints and Phlebotomy received 2

There were 7 complaints closed for the division during the quarter with 4 being upheld, 1 not upheld, 2 partially upheld.

During this quarter the community hospital wards have received 151 responses through the patient survey receiving a 88.74% positive score and 4.55-star rating, (17 responses scored 3 and below) questions around information and feeling involved received the most results of 3 and below; comments include staff were caring and kind, "Everyone was so considerate and caring and so helpful.", "I have had an exceptional experience delivered by wonderful staff.", "I couldn't have had better care and attention anywhere! Thank you to all staff for their kindness, patience and care! Top class!!" And "Absolutely brilliant. I can't knock this sort of place at all. Lovely staff, pleasant, you can have a good old laugh with the staff", there were some individual comments where patients were less satisfied, with comments including better communication, need for more physiotherapy, more staff and to answer the call bell quicker.

WestCall received 21 responses through the iWGC questionnaire this quarter (95.2% positive score, 4.78-star rating, 1 score received below 4. Positive comments included (*"The receptionist was friendly and apologised for the wait. The GP was exceptionally attentive and kind. She took the time for a thorough examination and listened to the concerns we had. The clinical sample, despite initially being negative, was sent to the lab, and I have now received a phone call informing me of the positive result and hence the correct medication was prescribed. I'm very grateful that we were not dismissed after the initially negative result."* *"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.."* WestCall received around 19906 contacts during the quarter.

Podiatry services received 189 patient survey responses. Most responses were very positive receiving 5 stars (overall 96.3% positivity 4.85-star rating) with examples including "Seen on time, and treated very well, professional and friendly, new appointments sorted straight away, really wonderful staff" and "I had the best experience, the lady treated me with the best service. She went above and beyond. She was very friendly and made me feel welcome. I would recommend her for this service".

There were three complaints for Community Nursing, all relating to care and treatment. They have received some of the highest numbers of feedback (515 across the 3 localities in the quarter, with a 99.4% overall satisfaction score and 4.92-star rating).

To provide some context across our East and West District Nursing teams combined there were 44,071 contacts this quarter. Lots of comments included nurses were kind, helpful and caring, "Nurses are always very pleasant helpful and professional. [name removed] did explain very well regarding the wound and did dress my mum's leg very well. she is very polite and professional during the visit.", "Fantastic quality of care given to me [name removed] was so gentle and had a calming nature to him absolutely brilliant I really appreciate him coming and I would like him to come again next time" and "Fantastic care given to me I really appreciate it [name removed] was a superstar with showing compassion towards me and made me feel not so vulnerable". There were several positive comments about nurses being professional and there were very few suggestions for improvement, mainly around visits being moved and occasionally lack of communication about visit being moved.

MSK Physio has received one complaint in the quarter relating to the clinical care the patient received. The service has received 416 patient survey responses with a 96.1% positive score (4.85 star rating), very few areas for improvement were included in the feedback there

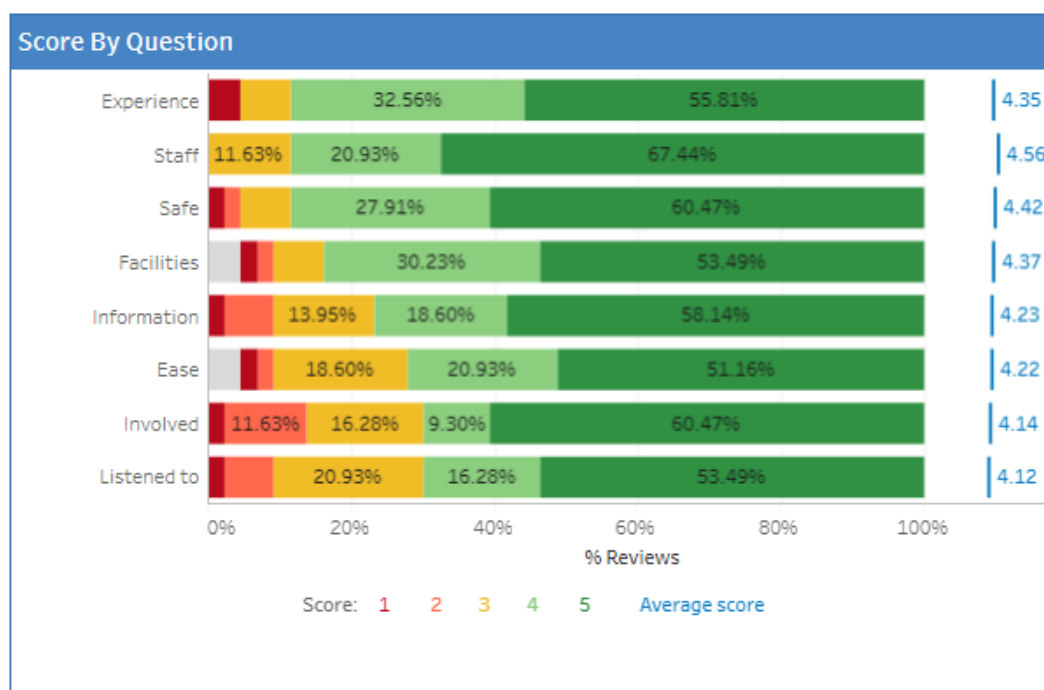
were a few suggestions including more seating in the waiting room, waiting time for appointment and for the phone to be answered when they call and the overall feedback was extremely positive with lots of comments about staff were friendly, professional, listened and helpful.

The services across the division received many compliments including ‘‘ Hello, I just wanted to say a big thank you to all your staff for looking after me on the evening of 3rd April 2023. Only a minor injury at football, dislocated and broken finger, but it was a wonderful opportunity to meet you all and be once again reminded what a wonderful bunch you all are. Angels all of you. Thank you so so much.

## 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	43			
Response rate	%	28.3%			
iWGC 5-star score	Number	4.30			
iWGC Experience score – FFT	%	88.4%			
Compliments	Number	12			
Formal Complaints Rec	Number	10			
Formal Complaints Closed	Number	5			
Formal Complaints Upheld/Partially upheld	%	80%			
Local resolution concerns/ informal complaints Rec	Number	0			
MP Enquiries Rec	Number	0			



The satisfaction rate at 88.4% is skewed by 5 of the 43 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to feeling listened to receives the least positive scores with overall 5-star rating being 4.12; with 13 of the 43 giving a score of 3 or less to this question.

There were 10 formal complaints received for mental health inpatient wards during the quarter, mainly regarding care and treatment. One complaint alleged bullying/harassment and two related to discharge planning. There were no complaints for Sorrel Ward this quarter. There were 5 complaints closed for this Division during the quarter and of these 4 were partially or fully upheld and one was not upheld.

There were many positive comments received in the feedback including comments such as staff were helpful, supportive, kind and caring. 5 of the 43 responses to the survey were from Sorrel Ward and all gave a positive score of 4 or 5. There were some comments for improvement about food needing improvement, one person felt there was bias and stereotyping, wanting hallway lights off at night, knocking and waiting for an answer before opening the door . Examples of the feedback left are *“I felt safe. Staff are lovely. The place was very clean. I was offered food and drink.”*, *“[name removed] provided great support and she was very kind. She presented all options available to help me with nicotine dependence. [name removed] does great job!”*, *“Very grateful to be here, am improving in my mental health”*, *“The drug and alcohol nurse [name removed] was mega fantastic and supportive . She was really helpful with what I need like sorting out my benefits / housing / by alcohol problems.”* The 12 responses related to Place of Safety provided positive scores and comments, only one scored below 4 and gave no reason for their answer.

**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	5.88	7.95	9.67%
Black/Black British	2.94	3.21	2.67%
Mixed	1.47	2.39	3.49%
Not stated	2.94	10.11	15.89%
Other Ethnic Group	2.94	7.21	1.62%
White	83.82	69.14	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	54.41	47.29	53%
Male	45.59	30.80	46.98%
Non-binary/ other	0.00	5.00	0%

Not stated	0.00	16.89	0%
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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	4.41%	7.03	18.41
5 to 9	4.41%		4.14
10 to 14	5.88%		4.34
15 to 19	4.41%		4.52
20 to 24	4.41%	5.13	2.87
25 to 29	10.29%		3.14
30 to 34	4.41%	7.70	3.56
35 to 39	11.76%		
40 to 44	10.29%		3.58
45 to 49	5.88%	9.29	3.52
50 to 54	5.88%		3.73
55 to 59	1.47%	13.18	4.32
60 to 64	5.88%		4.46
65 to 69	5.88%		4.63
70 to 74	1.47%	16.11	4.53
75 to 79	1.47%		5.56
80 to 84	2.94%	14.89	6.16
85 +	5.88%		6.55
Not known	2.94%	11.34	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

<b>Service</b>	<b>You said</b>	<b>We did</b>
Reading CAMHS	A young female patient came on their period whilst waiting for an appointment at Erleigh House and didn't have any sanitary supplies with her.	Fed back to clinician as she was saying that at school they have supplies in toilets, huddle ticket was raised about this and team have now implemented this.
Phoenix Unit	Request for music on at mealtimes and decoration for the therapy room	These have both been actioned.  In addition, a 'link clinician' has been implemented following feedback around improving communication between Phoenix staff and family members
CYP BEDS	Feedback through the participation group to have motivational quotes and recovery stories in the waiting area.	These have been put up in the waiting area.
Improving access to CAMHS Getting Help QI project:	Families and complaints received told us that the service is good that they received but the route to be referred to the team was lengthy.	A Countermeasure is currently being implemented to have CAMHS Getting Help Team clinicians triaging patients received to CPE and to move them to treatment list for their service (reducing time taken to be referred to the service).
Jubilee Ward	Recent IWGC feedback highlighted that some patients were having communication problems as English is not their first language.	The admin lead has had some information sheets designed in the four most spoken languages, Hindi, Urdu, Punjabi and Polish – the sheets answer some of the most asked questions around pain, comfort, thirst & hunger.
MSK Physio (West)	“It is possible at times to hear other patient's consultations behind curtains separating cubicles”.	We have identified a private room on each site for those patients who request it.
	“I would like there to be less repetition in assessments when referred via the Integrated Pain and Spinal Service (IPASS) or MSK Community Specialist Service (MSK CSS)”.	Collaborative working with IPASS and MSK CSS to set up new pathways to streamline your care and reduce repetition.
MSK Community Specialist Service	“I don't want to go to reading for an injection”.	The procurement of new estates space has given the opportunity to run injection clinics in Newbury – patients will now be able to access the right treatment closer to home.



	<p>“There is a long wait for appointment in the Thatcham area”.</p>	<p>Due to lack of available estates in the Newbury area – we have invested in a new site (Adlam Villas) to provide clinics in the community close to where people live with greater availability and equitable waits.</p>
	<p>Give more information about opening times, making the welcome message more patient friendly on our phone line messages</p>	<p>we have changed the phone line message to include our opening times and added the email to greeting message. We have also updated the welcome message.</p>
IPASS	<p>“There is a long wait for appointment in the Thatcham area”.</p>	<p>We have now greatly expanded the number of clinics we hold in the Newbury area due to the opening of our new building at Adlam Villas. Patient feedback regarding the lack of choice in this area played a key role in being able to secure funding for this investment.</p>
	<p>“Chairs in the waiting area are too close together – like being in a cupboard”.</p>	<p>A number of comments were received in relation to the waiting area. Service managers visited the area to review this and chairs were moved to facilitate a more private and less enclosed waiting area alongside clearer signage with regards to where to check in and wait.</p>
	<p>“I didn’t know who I was seeing”.</p>	<p>We received a range of comments from patient’s explaining that they weren’t aware of who their assessing clinician was. We took the step of feeding this back to the team to ensure that on patient arrival they clearly introduced themselves with their name and role within IPASS. In addition, we reviewed our patient appointment confirmation letters to ensure that the assessing clinician was identified on this.</p>
Psychological Medicine Service	<p>The leaflets provided has information not relevant to patients.</p> <p>Patients need to speak to next of kin and involve them in the care plan.</p>	<p>Through QMIS we are working on changing the Safety Plan and PMS leaflet so that it is tailored to your needs</p> <p>Ensured that it is common practice for all clinicians to speak to and involve carers. We are working on gathering feedback from our carers which will be reported on from IWGC</p>
Eating Disorder Service	<p>Bring back carers support</p> <p>Update resources</p> <p>Expand access to treatment</p>	<p>Relaunched the carers support group</p> <p>Updated outpatient and day programme booklets</p> <p>Online treatment groups are now being delivered</p>
Crisis Resolution and Home Treatment Team (CRHTT)	<p>We used deadnames, incorrect pronouns and misgendered our transgender service users.</p>	<p>Reviewed this through QMIS and shared resources from the Pride Network with all staff. We continue to remind staff of the importance of getting these details correct. We encouraged staff to attend the “Belonging at Berkshire” learning event.</p>

## **15 Steps**

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

There were 4 visits this quarter; the Garden Clinic and Podiatry clinic at Upton Hospital in Slough and Ascot Ward and the Physiotherapy service at Wokingham Community 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; Quarter One 2023/24

During quarter one, there were four visits:

#### Ascot Ward – Wokingham Community Hospital

Positives observed during the visit:

- One staff member approached us and introduced herself took interest in the purpose and nature of our visit
- The ward smelt fresh, and it felt calm
- We spoke to two patients, and they felt the staff were welcoming and listened to their needs.
- There was contact information presented on the ward door
- There were hand sanitizer dispensers on entry to the ward and in the bays

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

- Visiting times was presented at the main door however there was a large notice board that had been placed in the view. The service lead said that she would make sure that the visiting times are more visible
- There was not a key to differentiate the different types of uniforms staff worn and what their jobs were. The service lead said they will look into putting the different uniforms on display

#### Physiotherapy – Wokingham Community Hospital

Positives observed during the visit:

- Feedback board from I want great care was on display
- Access to a room behind main reception for new appointments and regular patients are offered use of this room for privacy
- They have leaflets on display which are well organised
- Equipment was stored away

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

- The clinic doesn't have a visible mobile phone policy. This was discussed and the team lead indicated that, if the patient is in clinic and the phone is disturbing the session, patients will be asked to turn it off
- A lot of the patient information is only available in English. The Team Lead explained that they can be printed out or emailed in another language upon request. When language needs are identified on referral, these are met at the appointment

#### The Garden Clinic – Upton Community Hospital

Positives observed during the visit:

- Staff and the reception area were welcoming
-

- 
- They observed a doctor sanitizing the clinic room in between patients. In clinic rooms all equipment was stored away and no clutter was present

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

- Some of the data and information on show was out of date, this was removed and will be replaced with up to date information
- The clinic was hard to find after leaving main reception mainly due to confusing signage. The team lead indicated that patients had mentioned the same and the manager would be informed.

### **Podiatry – Upton Community Hospital**

Positives observed during the visit:

- Information was available on how to make a complaint and give feedback
- There was a display in the clinic about the different types of shoes Recommended for patients
- There was no photo board to identify staff and their names. However, there were labels on the door for the clinicians available on day of visit

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

- Some of the posters were repetitive. Old posters are being removed.
  - There wasn't a 'you said, we did' board. The lead said that they will be replacing the 'you said, we did' board which had previously been removed
-

## Appendix 2: complaint, compliment and PALS activity

### All formal complaints received

Service	2022-23							2023-24				
	Q1	Q2	Q3	Q4	Total for year	% of Total	Higher or lower than previous quarter	Q1	Q1 no. of contacts	% contacts Q1	Total for year	% of Total
CMHT/Care Pathways	11	10	18	14	53	22.00%	↑	16	8253	0.19	16	24.00%
CAMHS - Child and Adolescent Mental Health Services	4	6	13	10	33	14.00%	↓	8	2353	0.34	8	12.00%
Crisis Resolution & Home Treatment Team (CRHTT)	3	9	6	4	22	9.00%	↑	5	10016	0.05	5	7.00%
Acute Inpatient Admissions – Prospect Park Hospital	13	7	9	6	35	15.00%	↑	10	152	6.58	10	14.50%
Community Nursing	3	0	4	5	12	5.00%	↓	3	44071	0.01	3	4.00%
Community Hospital Inpatient	4	3	2	1	10	4.00%	-	1	367	0.27	1	1.50%
Common Point of Entry	0	1	3	1	5	2.00%	-	1	470	0.21	1	1.50%
Out of Hours GP Services	1	0	1	2	4	1.50%	↓	1	19906	0.01	1	1.50%
PICU - Psychiatric Intensive Care Unit	1	2	0	4	7	3.00%	↓	0	4	0.00	0	0.00%
Urgent Treatment Centre	1	0	0	0	1	0.50%	↑	1	4197	0.02	1	1.50%
Older Adults Community Mental Health Team	1	1	0	0	2	1.00%	↑	1	3498	0.03	1	1.50%

Other services during quarter	19	11	15	11	56	23.00%	↓	21	123292	0.02	21	31.00%
<b>Grand Total</b>	61	50	71	58	240	100.00%		68	216579	0.03	68	100.00%

### Locally resolved concerns received

Division	April	May	June	Qtr 1
CYPF		2	2	4
Community Mental Health East	1			1
Physical Health	6	9	2	17
<b>Total</b>	<b>7</b>	<b>11</b>	<b>4</b>	<b>22</b>

### Informal Complaints received

Division	April	Ma y	Jun e	Qtr 1
CYPF		2		2
Community Mental Health East		1	1	2
Community Mental Health West	3	2	2	7
Corporate			1	1
Physical Health	1	1		2
<b>Total</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>14</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	2022/23				Higher or lower than previous quarter	2023/24		
	Q1	Q2	Q3	Q4		Q1	Total for year	% of 22/23
Not Upheld	23	22	23	38	↓	20	20	38.00%
Partially Upheld	21	30	26	25	↓	22	22	42.00%
Upheld	12	9	7	8	↑	11	11	20.00%
<b>Grand Total</b>	<b>57</b>	<b>61</b>	<b>57</b>	<b>72</b>		<b>53</b>	<b>53</b>	<b>100.00%</b>

42% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 46 in Quarter 4, 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	Discrimination, Cultural Issues	Medical Records	Medication	Waiting Times for Treatment	Grand Total
Adult Acute Admissions - Bluebell Ward	1		1								2
Adult Acute Admissions - Snowdrop Ward				1							1
CAMHS - ADHD				2				1		1	4
CAMHS - Anxiety and Depression Pathway										1	1
CAMHS - Common Point of Entry (Children)					1						1
CAMHS - Specialist Community Teams					1					1	2
Children's Speech and Language Therapy - CYPIT										1	1
CMHT/Care Pathways		1		2			1				4
Community Hospital						1					1

Inpatient Service - Windsor Ward											
Crisis Resolution and Home Treatment Team (CRHTT)			1				2	1			4
District Nursing				2							2
Immunisation									1		1
Learning Disability Service Inpatients - Campion Unit - Ward				3							3
Older Adults Inpatient Service - Rowan Ward	1										1
Out of Hours GP Services			1							1	2
Phlebotomy					1						1
Physiotherapy Musculoskeletal					1						1
Psychological Medicine Service				1							1
<b>Grand Total</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>11</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>33</b>

### Care and Treatment complaint outcomes

Care and Treatment complaint outcomes	Partially Upheld	Upheld	Grand Total
Adult Acute Admissions - Snowdrop Ward		1	1
CAMHS - ADHD	2		2
CMHT/Care Pathways	2		2
District Nursing	1	1	2
Learning Disability Service Inpatients - Campion Unit - Ward	3		3
Psychological Medicine Service		1	1
<b>Grand Total</b>	<b>8</b>	<b>3</b>	<b>11</b>

As part of the Trust strategy to continue to improve care, we aim to reduce the number of formal complaints about care and treatment which are found to be upheld or partially upheld. 11 complaints related to care and treatment; of these none 8 were partially upheld and 3 were fully upheld. This compares to 33% of all complaints closed that were either fully or partially upheld.



## PHSO

The table below shows the PHSO activity since April 2022:

Month opened	Service	Month closed	Current stage
May 2022	Crisis Resolution and Home Treatment Team (CRHTT)	Awaiting update	File sent to PHSO on 11 May 2022 to aid their decision on whether or not to investigate
June 2022	CMHT/Care Pathways	Awaiting update	File sent to PHSO on 14 June 2022 to aid their decision on whether or not to investigate
September 2022	CMHT/Care Pathways	September 2022	PHSO confirmed not investigating
September 2022	Community Hospital Inpatient Service - Donnington Ward	September 2022	PHSO confirmed not investigating
November 2022	Children's Occupational Therapy - CYPIT	November 2022	LGO confirmed not investigating
November 2022	CAMHS - AAT	March 2023	PHSO confirmed not investigating
January 2023	CMHTOA/COAMHS - Older Adults Community Mental Health Team	February 2023	PHSO confirmed not investigating
April 2023	CMHT/Care Pathways	Awaiting update	File sent to PHSO on 20 April 2023 to aid their decision on whether or not to investigate

## CQC

It has been announced that from July 2023, at the point of triage, the Mental Health Act (MHA) complaints team within the CQC will consider whether any of the concerns raised could be dealt with as an early resolution by Trusts.

The Early Resolution process is designed to provide people who are detained under the MHA with a swift, person-centred response to their complaints wherever possible. It is an additional step where they will ask Trusts to respond to them within 24 hours with either the resolution or a plan of when and how the issue is to be resolved. It does not replace the MHA complaints process, and instead offers an opportunity for Trusts to quickly address concerns that can have an immediate impact.

## PALS activity

PALS provides a signposting, information, and support service. 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 be escalated to a formal complaint.

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.

With the closure of the PALS office at Prospect Park Hospital, a programme of outreach will be developed, whereby the PALS manager will be visiting sites across Berkshire on a regular basis.

The service currently reports on a quarterly basis and provides a SITREP weekly, highlighting open queries and themes. PALS also reports to the Mortality Review Group on a monthly basis.

There were 383 queries recorded during Quarter one. An increase of 73 since Quarter 4. 354 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. The Patient Experience Team has undertaken work to standardize and streamline the PALS process, in order to make it more user friendly for the wider team and enable the service to be covered consistently during the absence of the PALS Manager.

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 150 non-BHFT queries recorded. 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:

<b>Service</b>	<b>Number of contacts</b>
CMHT/ Care Pathways.	36
CAMHS AAT	26
Other	22
Operational HR	16
Admin teams/ office-based staff	15
CAMHS ADHD	15
Phlebotomy	11