

Patient Experience Report Quarter 4 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 iWCG 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.

From April 2024, the response rate will be calculated using the number of unique clients rather than the total number of contacts. Patients will continue to be offered the opportunity to give feedback at each appointment.

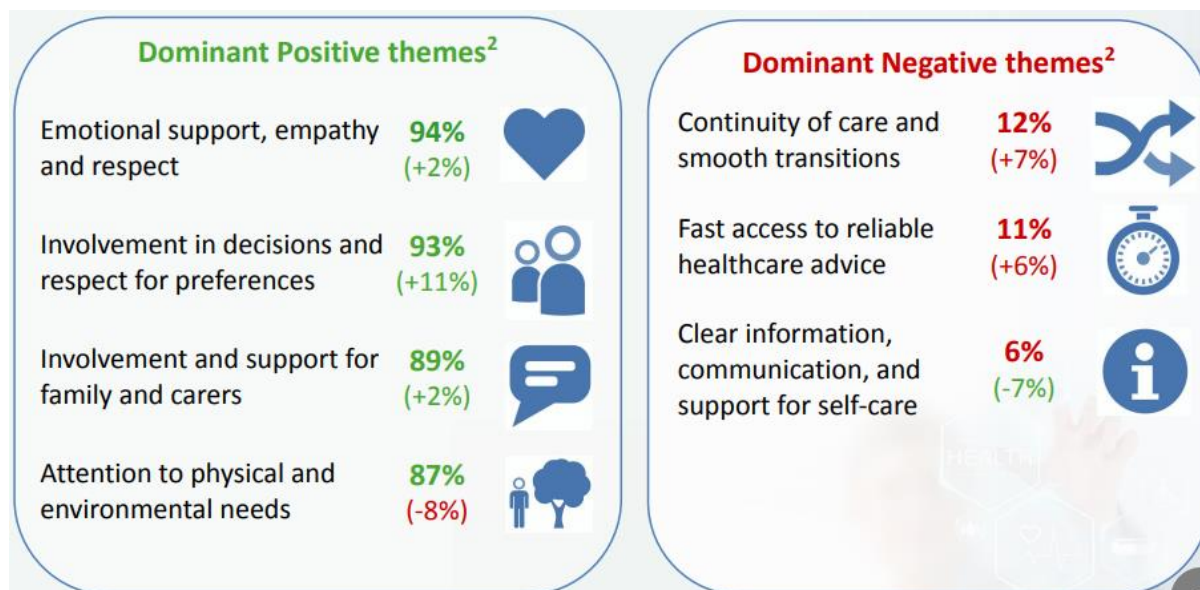
Table 1

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total patient contacts recorded (inc discharges from wards)	Number	216,579	219,999	233,201	244,601
Number of iWGC responses received	Number	6,450	7,156	7,286	8,337
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3%	3.3%	3.1%	3.4%
iWGC 5-star score	Number	4.71	4.79	4.77	4.79
iWGC Experience score – FFT	%	93.8%	94.5%	93.7%	94.8
Compliments received directly by services	Number	1091	1229	1408	1399
Formal Complaints Rec	Number	68	64	75	74
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	11	10	11	10
Formal Complaints Closed	Number	53	64	69	71
Formal complaints responded to within agreed timescale	%	100%	100%	100%	100%
Formal Complaints Upheld/Partially Upheld	%	62%	55%	52%	58%
Local resolution concerns/ informal complaints Rec	Number	36	50	30	33
MP Enquiries Rec	Number	24	11	19	19
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	3	3	5	9

There are no significant changes identified in analysis of data that differs from previous reports, the highest number of complaints continued to relate to specific care and treatment concerns. The number of MP enquiries received has remained consistent at 19.

There were 2 complaints about parking at West Berkshire Community Hospital, which do not directly relate to Berkshire Healthcare services.

Overall feedback remains overwhelmingly positive; the below show the most positive and negative themes based on free text responses within the iWGC experience tool that patients have documented to explain their experience.



The brackets () in the picture above shows the comparison to the report for quarter 3. (+) means that there has been an increase since the last report, (-) means a decrease since the last report.

There has been an 11% increase in patients feeling involved in decisions and respect for their preferences. This shows that the negative theme for continuity of care and smooth transition percentage has increased meaning that dissatisfaction has increased. Whilst clear information, communication and support for self-care remains a negative theme, this has improved significantly since the previous quarter.

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

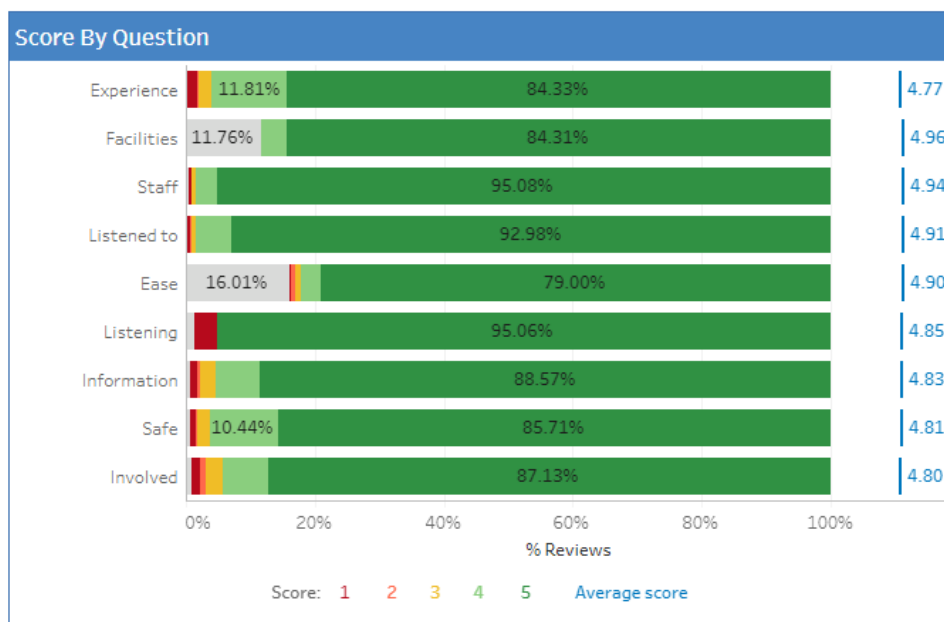
What the data is telling us

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	556	1169	930	1321
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.1%	3.4%	2.7%	3.4%
iWGC 5-star score	Number	4.59	4.7	4.87	4.85
iWGC Experience score – FFT	%	89.3%	96.6%	95.5%	96.1%
Compliments received directly by services	Number	72	55	81	64
Formal Complaints Rec	Number	14	15	9	16
Formal Complaints Closed	Number	14	14	5	17
Formal Complaints Upheld/Partially Upheld	%	93%	57%	80%	76%
Local resolution concerns/ informal complaints Rec	Number	6	14	8	5
MP Enquiries Rec	Number	15	7	4	8



For children’s services the iWGC feedback has seen an increase in the responses from last quarter, further work with the services continues to improve this, 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 1321 responses, 1239 responses related to the children's services within the division; these received 96.3% positivity score, with positive comments about staff being helpful and kind and a few suggestions for further improvement, this included 8 reviews for Phoenix House where comments about staff being supportive and helpful were very positive and there were some suggestions for further improvement regarding staff attitude and need to separate different patients. 39 of the responses related to learning disability services and 43 to eating disorder services.

From the feedback that was received, ease and information were most frequent reasons for individual questions being scored below 4. Appendix 5 contains an update from the Division on how they are increasing the iWGC response rate, and acting on the feedback that is received.

Children's Physical Health Services

There were 5 formal complaints for children's physical health services received this quarter. 3 for Health Visiting (across 3 different geographical localities), 1 for Children's Occupational Therapy and 1 for the Immunisation service.

1095 of the 1239 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation West Team and Health Visiting, Bracknell; the Immunisation West team received 335 of these responses which scored positively receiving a five-star rating of 4.80 and feedback included "They were really comforting and nice. And answered all my questions. The best vaccine people ever 10/10 deserve a pay rise." "I was very anxious as I have needle phobia, but they were incredible kind, really helped me and told me everything I wanted to know."

Child and Adolescent Mental Health Services (CAMHS)

For child and adolescent mental health services there were 10 complaints received (including one for the Key working team and Phoenix House), these were primarily in relation to care, and treatment received and waiting times. Themes around this included clinical care received and long wait for treatment. In addition to this, the service received 5 enquiries via MPs.

There have been 170 responses for CAMHS services received through our patient survey for this quarter. Currently the survey is accessed through paper surveys, one way SMS, online, QR codes or configured tablets in the departments.

In addition to the current feedback tools, 3 focus groups were held with service users from across the Child and adolescent ADHD pathway and Autism assessment team.

The School Nursing Team held 2 focus groups with service users this quarter.

Children's Community Nursing and Specialist School Nursing: 2 focus/participation group(s) were held with service users across Q3 and Q4. One was held in East Berkshire and one in West Berkshire. Having reviewed the focus group feedback themes included: greater visibility; changes around the NCMP, including links to parental support; introducing workshops for enuresis due to long waiting times. Actions have been taken around these areas.

The Adult Berkshire Eating Disorder Service (BEDs) and Children and Young People (CYP) Service invited service users to attend two focus groups (one for each service) during the quarter. Having reviewed the focus group feedback themes included: Improving the reception area; more support during the holiday period; additional support other than group therapy. This feedback is currently being considered.

Learning disability

There were no complaints received this quarter for Campion Ward or the Community Team for People with a Learning Disability.

Overall, there were 48 responses for all Learning Disability services from the patient survey received, responses were for the Community Teams for People with a Learning Disability. These received a 91.7% positive score, this was skewed by 1 response which had an overall experience score of 1 and no free text comments to explain the score; other feedback included that staff were helpful, “The team were very helpful and thorough.”, “I am happy because I had been treated kindly respectfully and you are helping and supported for my health needs.” and “Very interactive and educative. Was feel with information which will help me many forwards.”, there were comments for improvements including staff need to listen and patients want more information. 2 of the 4 responses that received with a score below 4 left no comments in the free text boxes, the remaining 2 had comments which included wanting more information, for staff to be polite, respectful, show kindness and treat people with dignity.

Eating disorders

There were no complaints received for either the adult or young people’s s Eating Disorder Services.

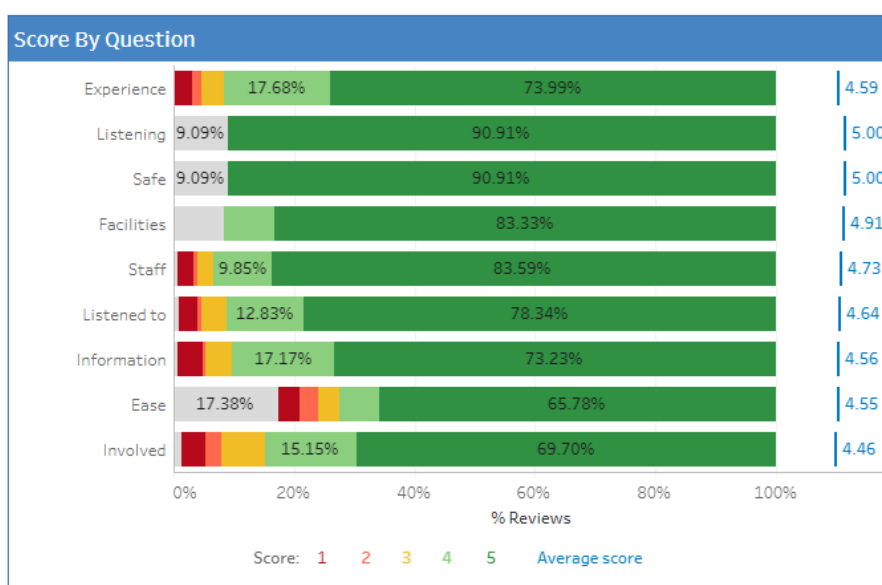
Of the 43 feedback responses received, 41 scored a 5 with comments such as “Great care, trusted and listened to. Amazing advice given. Really needed the extra 'push'. It really helped in recovery and to give focus. Going through a troubled time my therapist has helped me a lot!,” “[name removed] is a very inspirational, Sympathetic and caring mental health practitioner. Amazing advice given and listened well. I felt I was in a safe space to talk and speak freely.” “[name removed] has a very kind and understanding approach, letting me discuss things at my own pace, but prompting me professionally and empathetically to help me tell my story. She’s helping me through the process in a very supportive way.” Areas for improvement included better communication and that the waiting time was too long.

Mental Health Division

Mental Health East division (Slough, Windsor, Ascot & Maidenhead, Bracknell)

Table 3: Summary of patient experience data

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	449	448	492	396
Response rate (calculated on number contacts)	%	2.7%	2.2%	2.5%	1.9%
iWGC 5-star score	Number	4.64	4.58	4.49	4.60
iWGC Experience score – FFT	%	92.7%	89.1%	89.6%	91.7%
Compliments received directly by services	Number	37	26	20	21
Formal Complaints Rec	Number	16	12	14	12
Formal Complaints Closed	Number	16	13	15	12
Formal Complaints Upheld/Partially Upheld	%	37%	23%	33%	58%
Local resolution concerns/ informal complaints Rec	Number	4	2	2	3
MP Enquiries Rec	Number	1	2	0	0



There has been a reduction in the number of responses on the iWGC system this quarter, and a number of the services in the Division have been invited to attend the Rapid Improvement Event planned for May 2024, which will be an opportunity for further targeted support.

12 formal complaints were received into the division during this quarter; in addition, there were 3 informal/locally resolved complaints. 12 complaints were closed during the quarter.

7 of these were either fully or partially upheld and 5 were not upheld; 5 of these complaints related to communication or care and treatment, 1 was about access to services and a further 1 related to the attitude of staff.

The services receiving the majority of iWGC responses were CRHTT East 76 responses, Memory Clinic Bracknell 33 responses and OPMH WAM 21 responses.

Across the CRHTT East survey responses the average 5-star score was 4.19 with 85.7% positive feedback, a decrease in the 5-star score and an increase in the percentage positive feedback from last quarter. 66 of the (overall number of responses received) scored a 4 or 5-star rating with many comments about staff being kind, being helpful, listened, and supportive; "Very helpful at a difficult time. They dealt well with the problem." 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 feeling like the staff did not care, discharged without being seen and lack of communication.

The Memory Clinic Bracknell received 100% positive score (4.92-star rating) and received positive feedback about staff being kind, listened, caring and friendly. "It was comfortable. I felt listened to. They were happy to deviate when appropriate (discussing something slightly different if it cropped up). They were thorough but with empathy with what I said. I came away with a plan and some idea and I would be happy to go again. Not at all as expected - more personalised."

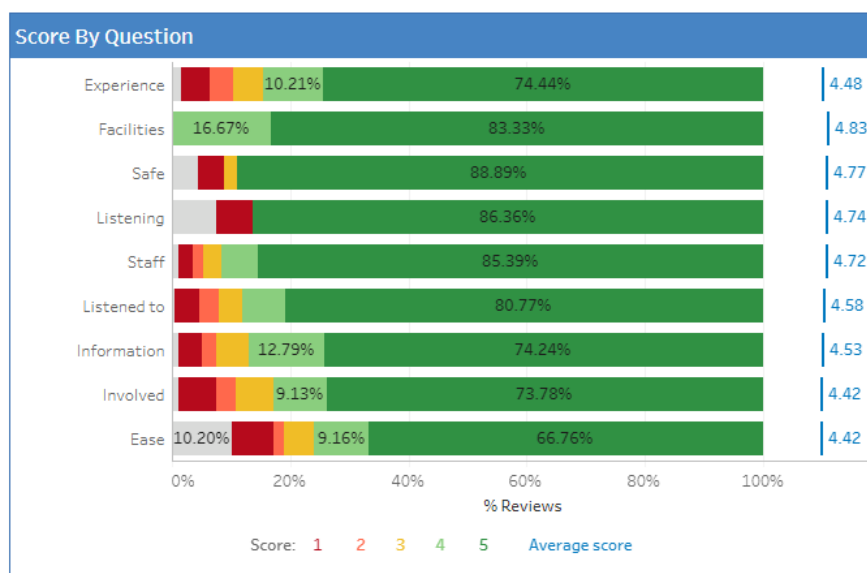
OPMH WAM received 95.2% positive feedback (4.90-star rating), many of the comments were positive about staff listened, were approachable and friendly "[name removed] [name removed] was very clear and happy to explain things more than once to my parents. She is also extremely approachable and friendly."

CMHT received 52 responses (Bracknell 17, WAM 16 and Slough 19) with 84.6% positive score and 4.50 star with 8 of the total responses scoring less than a rating of 4; comments included "I don't know why I have a review for 13th March as I was in A&E due to having an overdose. No one has contacted me from Crisis team or CMHT, CMHT now want to see me 8 days AFTER the event. This is not support."; "Dr [name removed] was amazing, I have been a patient for many years and she has always been kind, helpful and treated me with extreme professionalism, her care has been brilliant.", "Dr. [name removed] was very easy to understand while he was explaining the symptoms and the process of it" and "Dr [name removed] listened with great care and without judgement, has a great knowledge and understanding and we covered all of my concerns and medication was changed.". There were a number of positive comments about being listened to, staff were kind, respectful and helpful. Some of the suggestions for improvement included communication between staff members needs improving. Further work is being carried out with Mental Health services to improve uptake as part of the wider patient experience improvement plan.

Mental Health West Division (Reading, Wokingham, and West Berks)

Table 4: Summary of patient experience data

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	1246	1219	997	1205
Response rate (calculated on number contacts)	%	2.5%	2.3%	2.1%	2.2%
iWGC 5-star score	Number	4.61	4.58	4.56	4.53
iWGC Experience score – FFT	%	89.3%	88.4%	86.4%	84.7%
Compliments received directly by services	Number	557	403	312	537
Formal Complaints Rec	Number	12	15	12	17
Formal Complaints Closed	Number	7	13	15	15
Formal Complaints Upheld/Partially Upheld	%	43%	54%	53%	53%
Local resolution concerns/ informal complaints Rec	Number	7	5	5	4
MP Enquiries Rec	Number	4	0	4	9



There was a significant increase in survey responses in Quarter 4 against Quarter 3. 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 3 services with the most feedback through the patient survey were Talking Therapies 513 responses, PPH Therapies 68 responses and Memory Clinic Wokingham 59 responses.

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

This division received 17 formal complaints during the quarter with CMHT receiving 9 and CRHTT receiving 2. There were 15 formal complaints closed with 8 being found to be upheld or partially upheld and 7 not upheld.

Mental Health West also received 4 informal complaint/locally resolved complaints and 9 MP enquiries (3 of the 4 received for CMHT were about the Reading based service).

For PPH Therapies there were 68 feedback questionnaires completed with an 100% positivity score and 4.68-star rating; with lots of positive comments about enjoying the activities provided, a calming environment and staff were caring, *"It was an open space to relax and explore my creative mind. It gave me the opportunity to be off the ward and in a more calming environment. There was a lot of options to get started and overall was a great experience."* some of the areas for improvement included need for more supplies for activities, clear information to be provided about activities available and would like to have more sessions.

The Wokingham Memory Clinic received 59 responses with an 96.6% positive score and 4.87-star rating (2 responses scored less than 4) many of the comments were positive about staff being friendly, being kind and professional.

Older adult and memory clinic combined have received 123 patient survey responses during the quarter with a 92.7% positivity rating (4.76-star rating) some of the feedback included *"(Excellent!!) Patient and carers are treated as individuals, with care and respect. We feel we matter to you. The support, friendship, humour is second to none, as is all the care we receive. Thank you!! Keep on doing it."*

There were 60 responses received for West CMHT teams with 83.3% positivity score and 4.37-star rating, 50 of these were positive with comments received that staff were understanding and helpful, there were 6 negative responses with reviews stating that patients felt like staff didn't listen, the wait time to see a psychiatrist was too long and help was delayed or no help given.

Talking Therapies received 513 responses during the quarter, their patient survey responses gave a positivity score of 78.4% (4.42-star rating), 111 of the reviews scored less than 4.

The vast majority of comments were still very positive about the staff, including that they listened, were helpful and understanding. A number of the comments/areas for improvement were that the wait was too long, issues with Silver Cloud software and wanting more frequent appointments. For example, *"I wasn't really sure what to expect from Silver Cloud, but I found the experience completely detached and unhelpful. If I wanted a survey to fill in and generic information, I can just do a Google search for it. What I wanted was someone to talk to, that would empathise with me and offer me counsel."*

Examples of positive feedback about Talking Therapies included, *"Every session was well structured and talked through clearly and kindly. We worked through many techniques and was supported every session. I was made to feel welcomed and listened to every session and any change in times or dates were communicated as early and clearly as possible. I never felt judged and made excellent progress going through therapy. Overall super positive and happy with my experience."* *"I was assigned [name removed] and only have good things to say about her. She was extremely easy to talk to, very understanding and motivational in my progress. She really helped me understand what is going on in my body and way to help myself. I would like to come back to talking therapies to speak about another issue and would request her again."* and *"My Therapist ([name removed]) was very understanding and supportive, suggesting approaches that can help with my problems and ensuring I am aware that I can contact her for assistance and advice between our calls."*

Very reassuring and encouraging to know I have support if I am struggling.” Patients reported that they felt “My therapist [name removed] was amazing and so understanding. I felt listened to and supported throughout the seasons and great ideas given as to how to help myself. She was kind and I felt valued by her, and it felt like I wasn’t alone.” I was not sure what to expect but the counsellor put me at ease straight away. A lot of information on the first meeting, not sure how it will work out but I’m glad I have this opportunity. Friendly, professional, and informative.” and “I am really happy about the way I have been treated; I was treated with respect and kindness and dignity whereby I felt comfortable and confident in opening up more.”

Op Courage

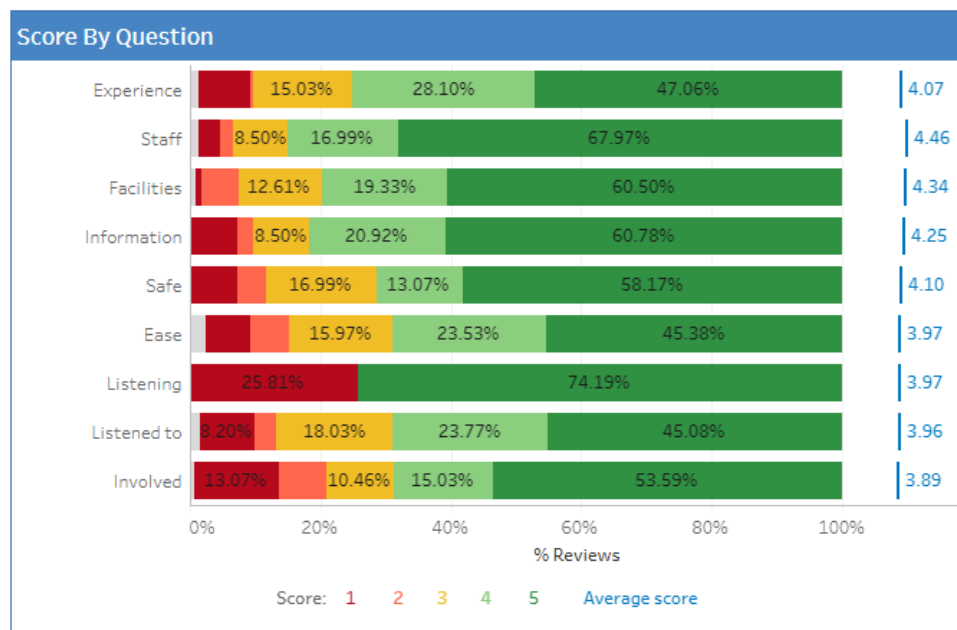
Op COURAGE is an NHS mental health specialist service designed to help serving personnel due to leave the military, reservists, armed forces veterans and their families. During this quarter, the Trust did not receive any complaints about this service.

Further work is being carried out with Mental Health West services to improve uptake as part of the wider patient experience improvement plan.

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	37	44	153
Response rate	%	28.3%	28.5%	23.5%	87.4%
iWGC 5-star score	Number	4.30	4.05	4.32	4.13
iWGC Experience score – FFT	%	88.4%	78.4%	93.2%	75.2%
Compliments	Number	12	11	13	11
Formal Complaints Rec	Number	10	4	8	9
Formal Complaints Closed	Number	5	5	7	5
Formal Complaints Upheld/Partially upheld	%	80%	60%	57%	40%
Local resolution concerns/ informal complaints Rec	Number	0	0	0	2
MP Enquiries Rec	Number	0	0	2	1



There has been a significant increase in the number of IWGC responses received. The Activity Co-ordinators and PALS Volunteer have been on the wards encouraging patients to share their feedback, which has had a positive impact in the response rate.

The satisfaction rate was 75.2% with 36 of the 153 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to feeling involved received the least positive scores with overall 5-star rating for this question being 3.89 and 47 of the 153 giving a score of 3 or less to this question. Work continues to take place on the wards to improve communication and the involvement of patients making decisions about their care, particularly around managing risk.

There were 9 formal complaints received for mental health inpatient wards during the quarter across Snowdrop, Daisy, Bluebell and Rose wards and the Mental Health Act; they were mainly regarding care and treatment.

There were 5 complaints closed for this division during the quarter and of these 2 were partially upheld and 2 found to be not upheld. One complaint was not pursued by the complainant.

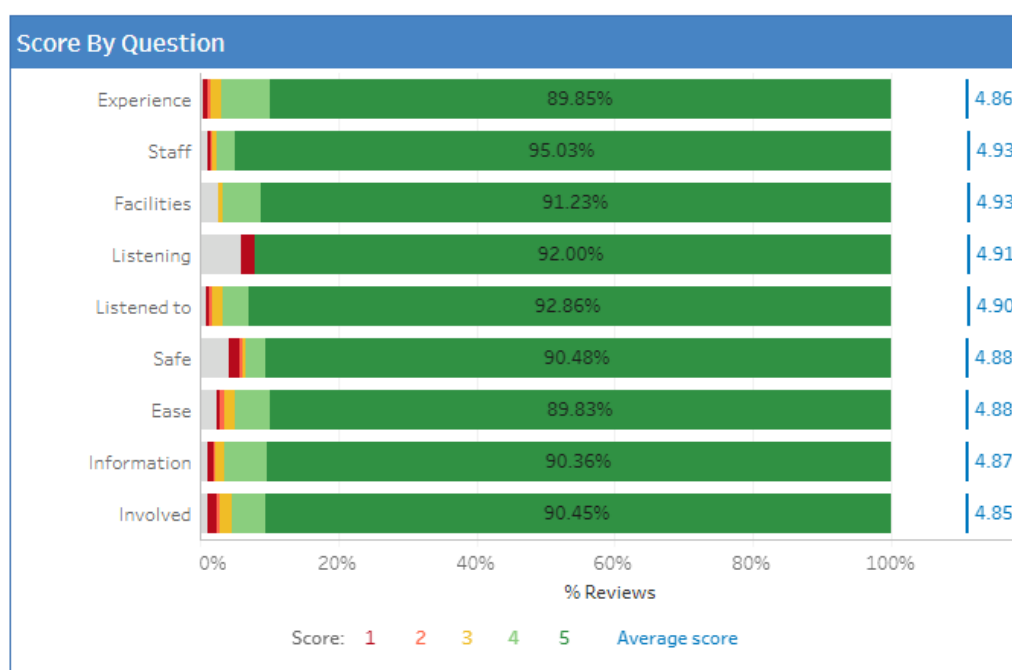
There were many positive comments received in the feedback including comments such as staff were supportive, kind, caring and helpful. There were some comments for improvement about more activities, better communication from staff to patients and better food. Examples of the feedback left are *“Because staff have time to make sure they answer my questions. Since admission I have continued to feel safe in the ward. When I needed the doctor, I was examined on time and my care was explained to me.”* *“The ward team on Rose Ward are fantastic and very sympathetic and professional plus being very caring. They are a credit to the NHS.”* *“Staff where lovely and where very happy to engage in conversation and wasn’t locked in a room”* There was 1 response for a Place of Safety which had an overall experience score of 5.

Community Health Services Division

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	2044	2016	2136	2335
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	5.5%	7.1%	5.3%	4.8%
iWGC 5-star score	Number	4.86	4.88	4.85	4.88
iWGC Experience score – FFT	%	97%	96.7%	95.5%	96.9%
Compliments received directly into the service	Number	217	401	636	1068
Formal Complaints Rec	Number	2	6	10	7
Formal Complaints Closed	Number	2	5	8	6
Formal Complaints Upheld/Partially Upheld	%	50%	40%	62%	50%
Local resolution concerns/ informal complaints Rec	Number	1	8	1	4
MP Enquiries Rec	Number	1	1	0	0



Of the 7 complaints received this quarter, 1 was for Henry Tudor Ward and 2 were for Jubilee Ward (both of these involved aspects of discharge planning). There was 1 complaint about Community Nursing. There were 6 complaints closed, 3 partially upheld and 1 not upheld 1 not pursued by the complainant and 1 has been progressed as an incident review. Hearing and balance received 153 responses to the patient experience survey with a 93.5% positive score and 4.85-star rating.

East Community Nursing/Community Matrons received 482 patient survey responses during the quarter with a 99.2% positive scoring, many comments were about staff being caring and kind, for example *"I'm always anxious with catheter change but nurses are so compassionate and kind to me and they always reassure me that everything is going to be ok and if I'm in pain at any time she will stop and continue when I'm ok. Thank you so much."* *The nurse that came was very kind and chatty, after doing my wound care they thoroughly explained everything about having a Doppler and the outcome, to help me to improve my circulation and help heal my wounds."* *"My nurses who visit me for my drain are absolutely lovely. They are always so kind and they take the time to sit and listen to me at every visit."* There were also some comments around wanting reminders for visits for example *"If a text message reminder can be sent before the day of visit or on the day."*

The wards received 98 feedback responses (49 responses for Jubilee ward 98% positive score and 49 Henry Tudor ward 95.9% positive score). Most of the comments for improvement were related to staff attitude, staff needing more training and the patient experience of the food was very variable ranging from food needing to improve and limited choice to being impressed with the food. There were many comments about staff being kind, hardworking and helpful.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 95.3 % (4.87-stars), comments were very complimentary about staff being friendly and helpful, *"The therapist was very friendly, she did her job with professionalism, listen to our needs and get us all involved and she was very friendly and helpful and funny whilst maintaining professionalism."* The reoccurring improvement suggestion for this quarter was for a sooner appointment.

Outpatient services within the locality received a positivity score of 97.3% with 4.90 stars from the 582 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"Fantastic service! makes a change from begging the Drs to come but to no avail. Every nurse that visited was polite, very knowledgeable and so helpful in answering all our questions and concerns."*

The diabetes service received 57 feedback responses with 98.3% positivity and some lovely comments including *"I attended a Diabetic educational class for the very 1st time. I found the session very informative. I am definitely more aware of my condition and would like to take control of it by doing more exercise and right food choices."* Alongside some helpful suggestions for the service to consider around sessions timing such as *"Timing could have been better as the session overran."*

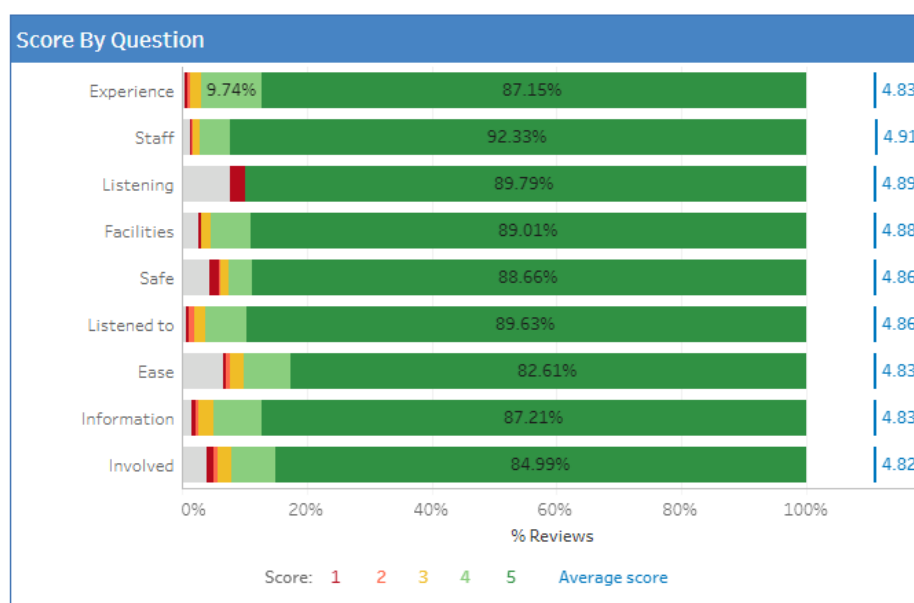
The Assessment and Rehabilitation Centre (ARC) also received positive feedback including *"{Name removed} was very kind and helpful. Lovely and cheerful, explaining what she was doing. Dr. [name removed] the same. Very patient with me. She explained everything and answered my questions. Made me feel involved. Their patience was very calming."*

Community Health services currently have a project group to improve feedback responses.

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	2239	2659	3245
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.5%	2.8%	2.9%	3.2%
iWGC 5-star score	Number	4.81	4.82	4.81	4.85
iWGC Experience score - FFT	%	95.1%	96.3%	96.4%	96.9%
Compliments (received directly into service)	Number	196	298	345	323
Formal Complaints Rec	Number	12	10	16	11
Formal Complaints Closed	Number	7	14	14	14
Formal Complaints Upheld/Partially Upheld	%	86%	86%	57%	57%
Local resolution concerns/ informal complaints Rec	Number	18	25	14	15
MP Enquiries Rec	Number	3	2	4	1



Community Health West saw a significant increase in responses this quarter. Members of the Patient Experience Team have been supporting the Division at monthly drop-in sessions where services have been actively supported with any issues. There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 96.9% positive satisfaction and 4.85-star rating and the question on staff receiving a 98.1% positive scoring from the 3245 responses received.

There were 11 formal complaints received during the quarter (a reduction from 16 in Q3), these were split across several different services. Of these the Out of Hours GP service (WestCall) received 4.

There were 14 complaints closed for the division during the quarter with 2 being upheld, 6 partially upheld, 5 not upheld and 1 has been progressed as a serious incident investigation.

During this quarter, the community hospital wards have received 203 responses through the patient survey receiving an 93.6.% positive score and 4.66-star rating, (13 responses scored 3 and below) questions around information and feeling involved receive the most results of 3 and below; comments include staff were friendly and caring, *"I was treated with cheerful happy helpful people. A friendlier bunch of people I've yet to find. I wish to thank them all, and for their help and kindness. I'm glad to get home but would have been happy to stay longer because of the help and kindness of everyone. From the humble nurse to the highest consultant. All I can say is THANK YOU. [name removed], Staying at the Donnington Ward. It was Two week, but it was a nice experience. Again, Thank You.,"* *"From the moment I entered oak ward the atmosphere was calm welcoming, my introduction to each day was orderly for both the medial and social side. The meals were to time and of good choice the service friendly. All medical treatment has achieved its aim, and I am going home well and confident to cope?"* And *"The staff were superb and treated me with a great respect very impressed with all on time of my being here.,"* there were some individual comments where patients were less satisfied, with comments including need for improvement in food, long wait for the toilet, long waits for help and more physio.

Of the 4 complaints for the Out of Hours GP service, 3 related to care and treatment and 1 was about the attitude of staff.

WestCall received 36 responses through the iWGC questionnaire this quarter (91.7% positive score, 4.66-star rating, 3 scores received below 4. Positive comments included *"My visit to RBH Outpatients 1 today was excellent. A slight wait and then a very attentive male Doctor sorted my problem with efficiency, respect, knowledge and humour. I came out feeling so much better and looking forward to getting better soon. We arrived at the Department at 12.10 and were seen before 1.00pm. Thank you thank you for your services today very much appreciated. [name removed]."* *"There was fresh water when I needed it, and it was warm in the room. The doctor really spoke kindly and directly asking my experience and reassured with words I could understand. The doctor was making me very comfortable and gave me all the time I needed."* WestCall received 6711 contacts during the quarter.

Podiatry services received 222 patient survey responses. Most responses were very positive receiving 5 stars (overall 98.2% positivity 4.91-star rating) with examples including *"Everyone listened to me and gave opportunities for me to ask any questions, which I did, and they were answered carefully and respectfully."* and *"The podiatrist was very polite, helpful, professional and had good communication skills. The treatment was excellent. The podiatry area was organised and had good hygiene standards."*

There was 1 complaint for Community Nursing, and this is now being managed as part of the Patient Safety Incident Review Framework.

To provide some context across our East and West District Nursing teams combined there were 60,962 contacts this quarter. Lots of comments included nurses were professional, helpful, and friendly, “We are so lucky that you girls are here for us. I know I can call when I need you. They are so smart, and I know he is getting the best care.” “She wasn’t even home from hospital, and they already called to arrange a visit. Nurses were so helpful. We have been so well supported since she came home. So glad this service exists for people in this situation.” and “Both [name removed] and [name removed] have always been so helpful, sympathetic and understanding. They are so good at what they do.” There were several positive comments about nurses being caring and there were very few suggestions for improvement, would like to know when nurse is visiting and to let patient know if visit is cancelled.

MSK Physio has received no complaints in the quarter. The service has received 565 patient survey responses with a 98.2% positive score (4.91-star rating), very few areas for improvement were included in the feedback there were a few suggestions including parking, provide more sessions and have more privacy in the rooms and the overall feedback was extremely positive with lots of comments about staff were friendly, professional, kind and listened.

Community Health services currently have a project group to improve feedback responses.

Demographic profile of people providing feedback (Breakdown up to date as at the end of Quarter 4; from our Business Intelligence Team)

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	10.8	7.6	10.47%
Black/Black British	5.4	3.1	3.29%
Mixed	1.4	2.6	3.33%
Not stated	12.2	9.3	2.33%
Other Ethnic Group	1.4	4.2	2.44%
White	68.9	73.2	78.15%

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	50.0	41	55%
Male	50.0	32.1	45.33%
Non-binary/ other	0.0	2.6	0.02%
Not stated	0.0	24.2	0%

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	5.4	8.80%	7.25%
5 to 9	4.1		2.21%
10 to 14	5.4		3.51%
15 to 19	5.4		4.87%
20 to 24	9.5	4.20%	3.07%
25 to 29	5.4		3.08%
30 to 34	2.7	5.30%	3.09%
35 to 39	9.5		3.58%
40 to 44	6.8	7.20%	3.58%
45 to 49	5.4		3.43%
50 to 54	4.1	11.90%	3.99%
55 to 59	6.8		5.31%
60 to 64	6.8	14.30%	5.26%
65 to 69	1.4		4.88%
70 to 74	1.4	16.10%	6.03%
75 to 79	5.4		8.71%
80 to 84	5.4	15.50%	9.76%
85 +	5.4		18.40%
Not known	4.1	16.70%	0%

There continues to be a high number of patients who have not completed their age on the patient survey (this is not a mandatory field).

Ongoing improvement

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

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

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. We are holding a Rapid Improvement Event in May 2024 to support services further with any challenges they are having and making the best use of the iWGC patient feedback tool.

Some examples of services changes and improvements are detailed below.

Service	You spoke	We did
Community Paediatricians	Parents have shared that they found the process for how blood test results were fed back to be unclear	As a result, the service now has an action to ensure parents understand how results will be fed back when investigations are requested: This information will be included (and made clear) in the initial clinic letter to all families accessing the service.
Berkshire Eating Disorders (BEDS) Adult Service	It is so important for us to see 'Encouragement and promotion of diversity and inclusion to make the service a welcoming and safe space for all.'	A new BEDS diversity champion has been identified. A participation group was run to hear how about service users experience and their engagement with BEDS regarding diversity and inclusion. Staff participated in a CPD session on equality, diversity, and inclusion. An ongoing audit is being undertaken to look at the discrepancy between the population ethnic demographic of Berkshire versus the ethnic demographic of patients referred to BEDS.

Health Visiting	Access to breast feeding support.	New breast-feeding drop-ins have been set up.
Adult Autism and ADHD teams	The Autism team's post-diagnostic group ended too abruptly.	The programme for the group has been reviewed and one additional session, focused on 'What now?' has been added, and the schedule adapted to reflect this.
	After completing the ADHD group, some clients felt that there was some 'information overload' with too much information on the slides to keep up with.	Based on this feedback, the team reviewed the information and reduced the amount of extra information in the resources to make it more accessible and concise.
	This quarter the team has been working from a different site with unfamiliar rooms and there has been verbal feedback from clients relating to the temperature and comfort of clinic rooms.	The team had discussions with the estates team in order to make the rooms cooler and more comfortable.
OAPs (Out of Area Placement Service)	Placement Reviewing Team – Improved communication around annual reviews.	From direct patient/carer feedback- we are implementing better processes for communication prior to annual reviews are completed. Our new RiO form will enable this to happen.
Talking Therapies Service	"I would have preferred to have face to face meetings"	If a client requests face to face this will now be offered for the next available appt. regardless of locality to give client choice. We have updated our searches to make this easier for both admin and clinical teams to book and see face to face availability across localities.
	"Email address not accepted so no communication received".	Admin team has been reminded to double check email addresses and to tell clients to check their spam or junk folder. A prompt has also been added to the admin script.

	<p>“More frequent conversations.”</p>	<p>We are in the process of planning for Psychological Wellbeing Practitioners (PWP) to move from fortnightly sessions to weekly sessions. All trainee PWPs, once competent will offer weekly treatment sessions from the outset.</p>
	<p>“6-month waitlist”</p>	<p>We have merged waitlists for some treatment pathways and work across Berkshire instead of within individual localities. Clients will now be offered the next available treatment appointment regardless of location in Berkshire. This has reduced treatment wait times.</p>
<p>Barkham Day Hospital/Memory Clinic</p>	<p>There are signs on the hospital site that signpost to Barkham Day Hospital and signs for Memory Clinic which causes some confusion.</p>	<p>After consultation with the team and after discussion with our Carers group, we are changing the name to The Barkham Clinic.</p> <p>The name retains Barkham and provides confidentiality for the whole OPMH service as they are not just a Memory Clinic.</p> <p>This will also provide clarity and consistency in signage, and we will update all our letter headings to match.</p>
<p>CRHTT West</p>	<p>The service needed a space to complete physical observations with patients and rooms that were comfortable for face-to-face sessions.</p> <p>The main driver of this work was our Lived Experience Lead, so the redecoration was driven by patient feedback.</p>	<p>We now have a dedicated ‘clinic area’ we are in the process of purchasing the equipment and rooms have been decorated and furnished with more comfortable chairs etc.</p>
<p>Oakwood Ward</p>	<p>We received several complaints about the quality of the beef and difficulty chewing it.</p>	<p>This was escalated to our catering teams and has now been removed from the menu.</p>

Wokingham Community Hospital	Patients reported (in post fall debrief/interviews with patients) the reasons for falls in bathrooms due to foot pedal on normal waste bin.	These have been changed to open bin after liaising with our Infection Prevention and Control Team.
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15 Steps

There were no 15 step visits this quarter and the programme restarted in April 2024. The Head of Patient Experience is leading an end-to-end review of the 15 Steps programme, looking at how these are planned, reported, and how any improvements are implemented. Our review is providing information into to national NHSE review of the 15 Steps programme. Insight from our services, Governors and Non-Executive Directors is integral to this piece of work.

Annual CMHT Survey Results

The CQC published the benchmarking reports containing the results of the 2023 Community Mental Health Survey. This is attached as Appendix 4. The Mental Health Division will review and monitor actions through their Performance, Patient Safety and Quality meetings.

Summary

Whilst the majority of feedback about our staff and the experience of those using our services has remained very positive, we recognise that this is not the experience for everyone and value all feedback to help us understand peoples experience and make improvements where this is needed.

Continuing to increase feedback to enable services to understand the experience of those using their services and to use this for improvement remains a key strategic ambition for the Trust and, all of our divisions are reviewing how they ensure that patients understand the value that we place on receiving this feedback to further increase the amount of feedback received.