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Patient Experience Annual Report
Queen Victoria Hospital NHS Foundation Trust
Report covering the period from
April 2017 to March 2018

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1.	Executive Summary
<p>Patient Experience features as an the Trust's quality priorities for 2017/18, therefore placing it firmly at the heart of the Trust' continuous drive to improve the quality of the services we provide.</p> <p>At board level, the Trust's Director of Nursing and Qualtiy has responsibilty for patient experience which includes:</p> <ul style="list-style-type: none"> • Delivery of our patient experience stragety • Compliance with the national Friends and Family Test (FFT) • Reporting and demonstrating that we have used patient experience feedback to improve the experience of care and our services. <p>Patients provide their feedback in real-time thorough , socal media, NHS Choices, Care Opinion, focus groups, PALS/complaints and, of course, routinely throughout the Trust via FFT. In patient adults and children are also eligible to provide feedback via the annual CQC national inpatient survey.</p> <p>Patient stories are shared at the begining of the public board, which may be in person or an agreed written format, which highlights a complaint or plaudit and demonstrates the experience of the patient and family. Patient stories are obtained either through the complaints process, letters to the Chief Executive or from patients who have approached the Trust. The value of the patient being present to give a more detailed account, allows the Board to see and hear first-hand the impact of the Trust's work and the impact this has on patients.</p> <p>Trust wide Patient Experience Reports are routinely reviewed by the Clinical Governance Group (monthly) Quality and Governance Committee (bi-monthly) and the Board of Directors (bi-monthly) meetings.</p> <p>All complaints are shared with the team or individual where they originate and also with departmental or business unit manager and lead clinician to ensure awareness and learning is shared.</p> <p>The reports continue to bring together a range of patient experience information from across the Trust. This ensures that key patient experience monitoring information is routinely considered at the most senior level.</p>	

2.	Introduction
<p>One of the key trust values is driving continuous improvement in care for our patients. We do this in many ways; an example of this is collating and responding to all forms of patient feedback to embed a culture of active listening and action for patients, families and careres to improve patient experience.</p> <p>As a trust we welcome feedback from our patients, their families and carers, which includes formal complaints, concerns raised through our Patient Advice and Liaision Service (PALS), feedback on Patient Opinion, National Inpatient Surveys and Friends and Family Test. This feedback is shared with our departmental managers and clinical leads to identify ways in which we can improve the experience for people who use our services and their families.</p>	

We take very seriously all feedback received and we strive to share the learning from complaints investigations across the trust to minimise the risk of the same issues occurring in another area. The key themes and changes made in the last year focus on improving communication between our clinical staff and patients.

The trust adheres to Regulation 18 of the The Local Authority Social Services and National Health Services Complaints (England) Regulations 200, which came into effect in April 2009. The regulations require NHS bodies to provide an annual report on complaint handling and consideration, a copy of which must be available to the public.

3. Friends and Family Test

The Friends and Family Test (FFT) gives patients who have received care throughout the Trust the opportunity to provide immediate feedback about their experience via the question "How likely are you to recommend our ward/hospital/department/service to friends and family if they needed similar care and treatment?"

Patients are invited to respond to the question by choosing one of six options, 'extremely likely' 'likely' 'neither likely nor unlikely' 'unlikely' 'extremely unlikely' and 'don't know'.

To enable us to drive this agenda forward we outsourced this service to support the data collection and reporting elements. If a patient has been treated in our Minor Injury Unit, Outpatient Departments or Therapy Department they will be sent either a SMS text to their mobile phone or an Interactive voice message (IVM) to their landline phone within 48 hours of their appointment and asked to rate and comment on their experience. Patient's feedback is anonymous and is completely FREE of charge for patients to reply.

All wards and departments continue to display their monthly Friends and Family Test results on information boards that provide an opportunity for wards to demonstrate to patients and their carers, actions they are taking in response to feedback. The information shown gives the Matron and ward managers an opportunity to discuss this openly with staff, patients and their loved ones to identify improvements.

FFT results are routinely reported to the Trust Board. Patient experience data is shared and welcomed by clinical and operational teams. The Patient Experience Manager provides a report to the Business Units on a monthly basis.

3.1 How likely are you to recommend our ward/department to family and friends?

The response rate to the Friends and Family Test question for In-Patients who are 'extremely likely/likely' to recommend us to a friend or family during that period from Margaret Duncombe ward, Ross Tilley ward, Burns ward and Peanut ward is 44% (the national response rate target to achieve is 40% for inpatient returns).

As with previous years, the vast majority of our patients are more than satisfied with the high standards of care they receive, citing the friendliness, helpfulness, excellence, clinical outcomes, professionalism and overall very positive patient experience.

Where patients felt their visit could have been improved, cited communication and waiting times in clinic as their main concerns. Of the other suggested improvements, the majority concerned issues relating to their clinic experiences while waiting, such as the availability of

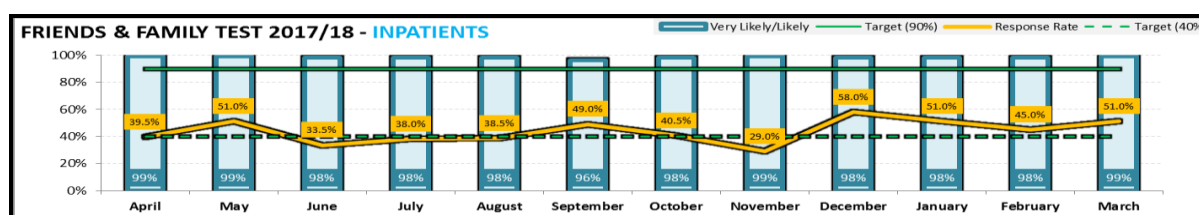
refreshments, communication about waiting times and processes.

Other issues concerned parking, staff behaviour and appointments management. The Patient Experience Group will monitor improvements against the issues raised over the coming year.

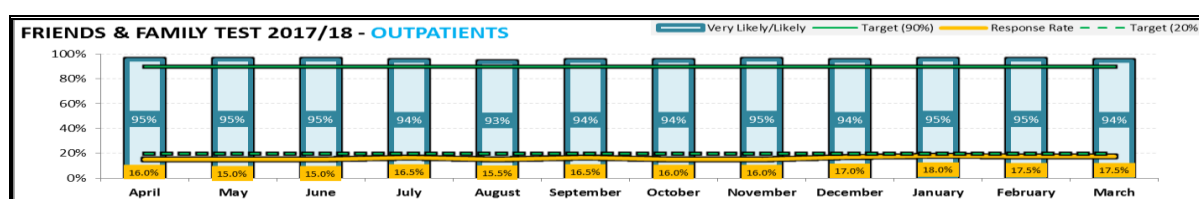
The following figures show the Friends and Family Test inpatient recommended rate:

Inpatients	2017/18	National average 2017/18
QVH recommended rate	98%	96%
QVH response rate	44%	26%

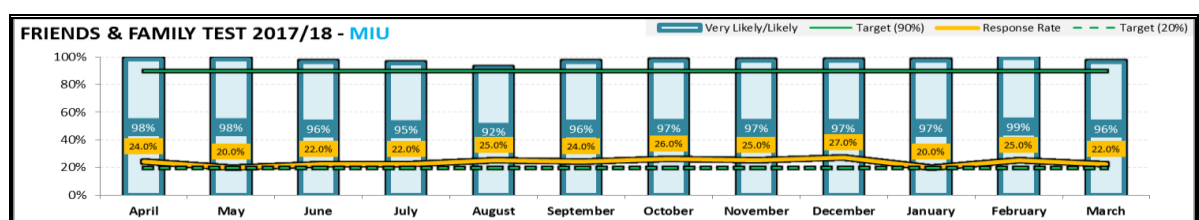
The following chart show the breakdown per month for patients admitted as inpatients:



The following chart shows the breakdown per month for patients that attend our outpatients:



The following chart shows the breakdown per month for patient that our minor injuries unit:



4. National Inpatient Survey 2017

The latest national NHS inpatient survey shows that QVH continued to achieve some of the best feedback from patients in the country. This year's survey carried out by the Care Quality Commission surveyed 77,850 people who received care at an NHS hospital in July 2016. The findings help the NHS to continually improve, enabling hospitals to see how they are doing year-on-year and how they compare with others.

Overall, QVH scored better than other trusts across all ten relevant sections of the survey – and we scored significantly better than other trusts for 49 of the 63 questions asked. Areas where QVH scored particularly highly were:

- Feeling safe during their hospital stay
- Privacy, respect and dignity
- Whether they felt they were well looked after by hospital staff
- Whether staff did all they could to control pain
- Staff providing a quiet environment at night
- Being involved in decisions around care and treatment, and having confidence about decisions made by staff
- Whether there was enough information given to family or friends about how to help care for them if needed
- Advice and information about what would happen after discharge including having medicines explained to them in a way they could understand (if applicable)
- Whether there were enough nurses on duty
- Opportunities to feed back.

The Trust will continue to seek and learn from patient experience feedback to improve our services.

Key facts about the inpatients who responded to the survey:

- 71% of patients were on a waiting list/planned in advance and 26% came as an emergency or urgent case.
- 73% had an operation or procedure during their stay
- 49% were male; 51% were female
- 14% were aged 16-39, 31% were aged 40-59; 25% were aged 60-69 and 31% were aged 70+.

Eight acute trusts were classed as 'much better than expected' in 2017 including QVH as shown below:

Trusts achieving 'much better than expected' results

Eight acute trusts were classed as 'much better than expected' in 2017. Six of these had the same banding in 2016, demonstrating consistently high levels of positive patient experience. Seven of these trusts are classed as specialist trusts.

	Historic results		Overall results			Core service		Overall CQC rating
	2016	2017	Most Negative (%)	Middle (%) ³	Most Positive (%)	Medical care	Surgery	
Trust average			13	18	69			
The Christie NHS Foundation Trust	MB	MB	9	14	78	MB	B	O
The Clatterbridge Cancer Centre NHS Foundation Trust	MB	MB	7	12	81	MB	N/A	O
Liverpool Heart and Chest Hospital NHS Foundation Trust	MB	MB	8	12	80	MB	B	O
Papworth Hospital NHS Foundation Trust	B	MB	8	12	79	MB	S	G
Queen Victoria Hospital NHS Foundation Trust	MB	MB	8	12	80	MB	MB	G
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	MB	MB	7	12	81	MB	MB	RI
The Royal Marsden NHS Foundation Trust	MB	MB	7	12	81	MB	MB	G
The Royal Orthopaedic Hospital NHS Foundation Trust	S	MB	8	14	80	N/A	B	RI

Key: Trust performance - About the same (S) Better (B) Much better (MB)
 CQC rating - Inadequate (I) Requires Improvement (RI) Good (G) Outstanding (O)

³ Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. For example, 'yes, sometimes' is the middle option (scored as 5/10) for the question 'When you had important questions to ask a doctor, did you get answers that you could understand?'

QVH is one of only five acute specialist trusts to have consistently maintained a 'much better than expected' rating over the last four years.

5. National Children and Young Persons Inpatient Day Case Survey

The latest national children and young people's hospital survey shows that we are the only acute trust in the country to achieve the highest rating from its patients in both age groups.

The Care Quality Commission's children and young people's inpatient and day case survey analysed feedback from 34,708 patients who received care in 132 NHS trusts. A total of 11,166 young patients aged 8-15 directly gave their experiences through questionnaires designed especially for them, and parents and carers for children aged 0-15 years also shared their experiences.

Two scores were given for each trust – one for the age category 15 days to 7 years old, and one for the group 8 to 15 years. QVH achieved the highest band in both categories – the only acute trust to come top for both older and younger children.

In 25 of the 63 questions asked, QVH was the highest scoring hospital nationally.

Trusts achieving 'much better than expected' results

One trust, Queen Victoria Hospital NHS Foundation Trust, was classed as 'much better than expected' for experiences of both 0-7 and 8-15 year-olds. A further five trusts were categorised in the highest band for one age group.

		Aged 0-7			Aged 8-15				Overall CQC rating	Core service rating Site 1	
		Band	Most Negative (0/10)	Middle	Most Positive (10/10)	Band	Most Negative (0/10)	Middle*			Most Positive (10/10)
Trust average			7	20	74		6	18	75		
Moorfields Eye Hospital NHS Foundation Trust		S	4	17	79	MB	3	9	88	G	G
Northern Devon Healthcare NHS Trust		MB	2	11	87	S	3	16	81	RI	G
Queen Victoria Hospital NHS Foundation Trust		MB	3	9	88	MB	2	11	87	G	G
Royal Brompton and Harefield NHS Foundation Trust		B	3	14	83	MB	4	12	85	RI	G
Salisbury NHS Foundation Trust		B	4	15	81	MB	3	13	84	RI	RI
St Helens and Knowsley Teaching Hospitals NHS Trust		S	6	19	75	MB	3	11	86	G	G
Key:	Trust performance	Much worse (MW)	Worse (W)		About the same (S)		Better (B)		Much better (MB)		
	CQC rating	Inadequate (I)	Requires improvement (RI)		Good (G)		Outstanding (O)		No rating (NR)		

*Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. For example 'Quite clean' and 'Not very clean' are the middle options (scored as 6.6/10 and 3.3/10) for the question 'How clean do you think the hospital room or ward was that your child was in?'

QVH was categorised in the highest band as it was identified as 'much better than expected' for both age groups.

6. Analysing the patient experience feedback

Analysis and triangulation of all forms of patient experience feedback, including complaints, results in the production of monthly detailed patient experience reports. These reports are then discussed at clinical governance group and quality and governance committee prior to public board. Exceptions are reviewed and actions taken, an example of this was targeting wards with lower inpatient feedback- discharge nurse and patient experience manager encouraged patients to provide feedback (which can be anonymous or named) and this was successful in improving response rates.

Developing an understanding of the patient experience by identifying and gaining knowledge of what people feel is crucial to the process of enabling the Trust to improve the experience of patients in our care. As a result of analysis, improving communication was chosen as a patient experience initiative in 2018/19.

6.1 Using the patient experience feedback

Receiving, analysing and presenting feedback and then involving users and staff in developing the solution completes the 'you said – we did' cycle.

The following examples highlight how we have used this information to implement learning and improvement based on patient feedback:

Patient information: A patient told us that they needed more guidance on why nail varnish should be removed prior to any surgery. We are looking add to our literature patient information about why it is necessary to remove all cosmetics e.g. false eyelashes and nails prior to surgery.

We offer a wide range of information to patients, relevant to their condition or treatment along with information about the Trust. We seek to consistently meet the Assessable Information Standard introduced by the CQC. Meeting this standard will improve the access to our services, how people experience our services, and the outcome that patients receive.

Patient information:

It was also identified that not all patient information notice boards were consistent throughout the Trust. We have standardised the information displayed on public notice boards throughout departments in the Trust and will also be putting up new display boards within clinical areas.

Patient experience:

A patient told us of their experience with a delay in being discharged from the ward. We aim to discharge patients as promptly as possible however; we have delays from the doctors when writing up discharge forms and prescriptions. The ward Matron is working with the staff to encourage the doctors to work in a more proactive way.

The waiting times in clinic:

We are currently undertaken a review of the waiting times and the reasons for these. This part of the process involves ensuring that the feedback is heard and understood by the relevant clinical and managerial teams.

7. Patient Experience Group (PEG)

Every quarter the multi-disciplinary members of PEG meet to discuss and triangulate patient experience, quality, complaints and national surveys to identify themes and areas of concern. This meeting is chaired by the Director of Nursing.

PEG allows the data from all parties to be shared, producing a group discussion between members on what the data is telling us. The data sources and feedback are discussed and triangulated at the PEG meeting and actions assigned to leads to address concerns, understand more or resolve the problem causing the feedback.

Over the year 2017/18, PEG sought assurance that patient experience improvement projects and action plans were continuing and effective and project leads and action plan authors were invited to the PEG to discuss progress.

The current project that the group is involved with is in relation to the waiting times in clinics which have been identified as a key concern from our outpatients. We have put together a small working group to capture specific data on waiting times from patients. The work to achieve these objectives is in progress.

Due to increasing patient activity, there was increasingly negative feedback from patients, with many encountering long periods of waiting in the clinic when they came for appointments.

The aim of the project is to improve patient experience by identifying the problems and improve the waiting time, better patient engagement, improve communication and workflow between the various healthcare professionals, and improve the overall clinic experience for both patients and staff.

For the improvement of the patients experience, the group will review the clinic operations to identify causes (missing notes, missed diagnostics, DNAs) and the actual issue the patient identifies as sub-optimal experience (delayed clinics). Once this evidence has been gathered, analysis will be undertaken to show where quality improvement initiatives can be made to ensure we maximise the benefit to patient.

The outputs from PEG are discussed at the Quality and Governance Committee, a sub-committee of the Board. Also feeding the work of PEG are any care reviews or reports from Healthwatch West Sussex.

8. Learning Disability Peer Review

We conducted an external learning disability review in January 2017. This involved members of Sussex Community NHS Foundation Trust together with service users with learning disabilities visiting wards and departments across the Trust and reviewing our compliance against key standards.

The key areas for improvement were around easy read information, provision of an adult changing area and implementing learning disability awareness training. Over the next year, the Trust will work to ensure that improvements for these key issues are made.

9.	Accessible Information Standards
<p>The Accessible Information Standard (this is overseen by PEG) is an NHS England requirement that all organisations providing NHS or adult social care are required to implement. The standard requires a specific and consistent approach to identifying, recording, flagging, sharing and meeting the information and communication needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.</p> <p>It is designed to ensure that people who have a disability or sensory loss receive information they can access and understand, whether this be large print formats, braille, email, or with professional communication support should they need it, for example from a British Sign Language interpreter.</p> <p>We were not fully meeting the standards and there is an action plan in place to address these issues. Some of the changes that we have made have included:</p> <p>Action: Displaying posters and information in different formats encouraging patients and service users to inform the service if they have any information or communication needs</p> <p>Current status: The notice boards in all patient areas have been updated with corporate information (action complete).</p> <p>Action: Signage not clear and navigating around the hospital is a challenge.</p> <p>Current status: A Wayfinding Site Analysis and Audit has been undertaken and new signage is due to commence mid August 2018.</p> <p>In addition, whereas most of our patients communication needs can currently be met on an individual basis and upon request, the challenge for us is to identify their needs ahead of time. We need to establish processes where needs can be automatically met (e.g. the automatic emailing of letters from our Patient Administration System). In addition, we need to develop clear processes for staff should a patient require audio, braille, easy read letters or information and ensuring that seldom heard groups such as those with a learning disability or dementia are catered for.</p> <p>The role of PEG will be to ensure that this major piece of work is managed in to place, that momentum is maintained and that goals are achieved</p>	

10.	Complaints
<p>In accordance with NHS Complaints Regulations (2009), this Annual Report provides detailed information about the nature and number of complaints Queen Victoria Hospital NHS Foundation Trust received, as well as feedback and concerns via the Patient Advice and Liaison Service (PALS). The Trust deals with complaints and concerns from patients and users, their relatives/carers, in accordance with its Complaints Policies and Procedures and the Care Quality Commission's (CQC) <i>Essential Standards of Quality and Safety</i>.</p> <p>The Trust uses the following definitions:</p> <ul style="list-style-type: none"> complaints are expressions of displeasure or dissatisfaction where the complainant wishes a formal investigation to be undertaken; 	

- concerns are issues that are of interest or importance affecting the person raising them, including displeasure or dissatisfaction and where the complainant is content for the issue to be dealt with via the PALS route;
- feedback is information/suggestions about care or services that we provide, which may be complimentary or critical;
- Compliments are expressions of thanks and praise.

The distinction between a 'concern' and a 'complaint' is challenging. Both indicate a level of dissatisfaction and require a response. It is important that concerns and complaints are handled in accordance with the needs of the individual, and investigated with an appropriate level of scrutiny.

In order to ensure that complainants have access to appropriate support, as part of our complaints handling process, complainants are signposted to SEAP (Support Empower Advocate Promote) for help in making their complaint. All complainants are signposted to the Parliamentary and Health Service Ombudsman (PHSO) of the NHS complaints process in case they wish to take their complaint further.

The Trust has an integrated service – Complaints and PALS - to manage complaints, concerns and feedback in accordance with its Complaints Policy.

10.1 Complaints received

The time limit for making a complaint as laid down in the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 is currently 12 months after the date on which the subject of the complaint occurred or the date on which the matter came to the attention of the complainant.

All complaints are acknowledged within 3 working days. We aim to respond to all complaints within 30 working days in an honest, open and timely manner. If it is clear on receipt of the complaint or at any point during the investigation that the investigation cannot be completed on time, for example when a complaint is more complex or requires a joint response from services/organisations a new timeframe will be agreed with the complainant.

It has been a challenge to achieve the 30 working day response timeframe particularly at times of increased clinical pressures having only achieved 50%. Many of the complaints closed outside of the agreed timescales were either complex ones which involved more than one service area or organisation, or those which raised additional issues during the course of the investigation and complaint handling.

Improving the number of responses made within 30 working days will remain one of our aims for 2018/19 as a continued commitment and desire to improve the effectiveness and responsiveness of our complaints handling.

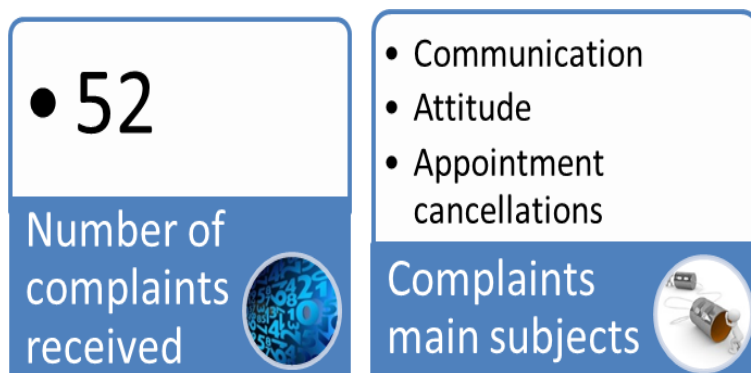
The Trust aims to remedy complaints locally through investigation and meetings if appropriate. However, if the complainant remains dissatisfied they have the right to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO) as the final step of the complaints system.

The NHS complaints procedure is the statutorily based mechanism for dealing with complaints about NHS care and treatment and all NHS organisations in England are required to operate the procedure.

At Queen Victoria Hospital we aim at all times to provide local resolution to complaints and take all complaints seriously. We listen carefully, we are open, honest and transparent in our responses and welcome the opportunity to do all we can to put things right. Our complaint system gives the opportunity for complainants to meet with managers/clinicians to discuss their concerns and we ensure that staff are made aware if concerns are raised about them and encourage them to look at ways they can change their practice or behaviours where appropriate.

Many complaints are resolved locally by front line staff that are empowered to resolve the client's concerns/issues to their satisfaction in a timely manner. The Trust actively encourages front line staff to deal with concerns as they arise so that they can be remedied promptly, taking into account the individual circumstances at the time. This timely intervention can prevent an escalation of the complaint.

During 2017/18 we received 52 formal complaints, which is one less than the previous year (2016/17 = 53).



Under the NHS complaints regulations, the Trust is required to acknowledge receipt of complaints within 3 working days. Of the 52 complaints we investigated 50 complied with this requirement. The remaining 2 complaints were acknowledged as soon as possible, however, due to other complexities such as clarifying the address or gaining the necessary patient consent.

We take all negative feedback very seriously and our Chief Executive sees all complaints when they arrive and reviews all responses personally before they are sent. Complaints handling and any trends or themes identified from them are shared and discussed regularly by the Executive Team and the Board of Directors.

10.2 Investigation outcomes

The complaints investigator is required to conclude, on completion of the investigation, whether a complaint is upheld, upheld in part or not upheld. Establishing if a complaint is upheld/not upheld can be complex, as often there are a number of concerns/allegations within an individual complaint, some of which may prove to be unfounded whilst other elements are.

Complaints received during 2017/18 included the following themes and whether the complaints was upheld, upheld in part or unsupported:

Complaints received by subject of complaint 2017/18	Total number of complaints received	Complaints upheld	Complaints upheld in part	Complaints unsupported
Access and waiting (waiting time in clinic)	0	0	0	0
Aids, appliances and equipment	1	0	1	0
Appointments/admission delay/cancellation	12	3	7	2
Attitude of staff	11	5	4	2
Communication/information to patients (written & oral)	3	2	1	0
Discharge	1	0	0	1
Equipment	0	0	0	0
Health records	2	1	1	0
Surgery treatment/procedure	11	3	4	4
Treatment (medical)	10	1	3	6
Treatment (nursing)	1	0	1	0
Total	52	15	22	15

The fifteen complaints that were graded to be upheld included incidents relating to service failure. This is categorised for example as: appointment cancellations and communications.

The twenty two upheld in part complaints were categorised as such because there were clear concerns about a patient's experience being poor. This included poor communication, certain aspects where care could be improved and expectations not being met.

The fifteen complaints that were unsupported, as the investigation concluded that care and treatment provided was timely and appropriate.

The assessment of the outcome of complaints as to status of upheld, not upheld or partially upheld continues to be developed.

There have been a number of complaints about **poor staff attitude**. These focused on what was perceived as unprofessional or insensitive behaviour by staff. Although instances of this are low, and regardless of whether the behaviour was intended, this is not what we expect from our staff and we need to learn from such examples to improve matters for other patients in future.

Another key theme for complaints **communication and information**; there continues to be a focus on effective communication skills at induction based on our customer care standards and as part of on-going staff training. Encouraging and enabling staff to avoid problems and concerns arising in the first place and to seek and welcome feedback so that any issues and concerns can be dealt with quickly and satisfactorily is a priority.

Patients, their relatives and carers have told us how important it is to them to need to be kept informed about their care and treatment and there are several developments to improve the handover of information between staff to improve the information provided about medicines and about discharge from hospital.

One of our quality account initiatives for 2018/19 is to improve communication and customer care expectations. This indicator was selected as although the Trust receives only a small number of complaints, a consistent theme has been around communication and customer care expectations. As part of our organisational development strategy we will develop a toolkit of resources to support and enable our workforce (clinical and non-clinical) to deliver the values and behaviours.

Appointments, delay/cancellation; are areas identified for improvement as part of the Trusts transformation programme. There are 2 key programmes of work. Working together to improve the experience of patient's having surgery and using our outpatient services by removing unnecessary delays, reducing waiting times and exploiting the use of technology for the benefit of patients and to improve efficiency and productivity.

10.3 Learning from complaints, concerns or feedback

The Trust seeks to make changes following incidents, complaints and concerns to improve the care and services received by patients, users and their representatives.

As soon as a complaint is received, it is the responsibility of the Patient Experience Manager to immediately consider whether the complaint should be escalated (for example to the Director of Nursing, Medical Director) to establish whether any immediate and/or remedial action(s) should be taken, prior to the investigation, in the interest of safeguarding safety, equality and quality. The Patient Experience Manager works closely with our Head of Risk and Patient Safety to ensure that there is collaborative approach to the analysis of incidents, complaints and claims, as well as any additional internal sources of information or Root Cause Analysis (RCA) reports, to ensure that wherever possible the organisation learns from events that occur.

Work continues to ensure that the Trust complies with equality and diversity principles. It is noticeable that the received complaints have not verged on an unfair/discriminatory act pertinent to these individual characteristics. Where the complaint warrants further investigation pertaining to an individual characteristic then this would be forwarded back to the Lead for Equality and Diversity for scrutiny and assessed for the nine individual protected characteristics.

Where nursing issues are raised within the complaint, a copy of the complaint is sent to the Heads of Nursing for learning and training purposes.

The Trust is committed to learning from any complaint received and considerable focus is placed on this aspect of the complaints process. We aim to ensure that all complaints are robustly investigated and that, where action is needed to improve the care or service a patient receives, this is reflected in the complaint response.

Complaints may highlight a need to change a practice or improve a service in an individual area. When identified, a change in practice will be implemented to avoid recurrence. Individual complaint (in an anonymised format) is used in training levels and for all staff.

We act on feedback to make improvements to our services wherever possible. In response to the complaints received this year we have taken the following actions:

- Noise at night monitored by ward sisters and spot checks carried out
- John's Campaign implemented which ensures that carers are updated and involved in decisions about care and discharge planning.
- Removal of nursing desks, replaced with small working areas in each bay to ensure nursing staff are more visible and available to patients being piloted across the Trust
- Lessons learned from complaints shared with teams for understanding and improvement
- Emphasis on junior doctor training to improve the writing of discharge summaries

10.4	Further analysis of formal complaints
<ul style="list-style-type: none"> • None of the fifty two patients who had raised a formal complaint, approached advocacy services to support them through the complaints process. • The Trust received no requests for a complaint response in large print or brail. • As in previous years, all formal complaints were received in the English language with no requests made by a complainant (or enquirer) for the assistance of the Trust's Interpreting Service. • The Trust received no formal complaints where people stated that they had a learning disability nor did this become evident during any of the investigations. • Of the 52 complaints, none of the complainants asked to meet with a senior member of staff on completion of the investigation. • No external reviews of care were commissioned as part of the Trust investigation during 2017/2018. • In line with the Duty of Candour (November 2014) the trust investigation responses have been scrutinised to ensure they are open and transparent. Where it has been established that errors occurred this was shared with the complainants and an apology given and lessons identified to enhance learning for the Trust. 	

10.5	Parliamentary and Health Service Ombudsman (PHSO)
<p>During 2017/18 two complainants were referred their complaint to the Ombudsman following the Trust's investigation, which is the same number as 2016/17 and 2015/16.</p> <p>The decisions made by the PHSO, for both cases, were that no further actions were required and no recommendations were made about these cases to the trust.</p>	

11.	Patient Advice and Liaison Service (PALS)
<p>This section of the annual report concentrates on the nature and number of PALS contacts and issues raised within those contacts during 2017/18. PALS remain an invaluable source of help/guidance to people using services and for the Trust to understand the experiences of our patients.</p> <p>During 2017/18 a total of 70 PALS enquiries were recorded. All of these enquires where dealt with satisfactorily and no patients asked for their issues to be dealt with in accordance with the NHS complaints procedure.</p> <p>In addition, we also deal with information, advice and support requests. Many service users will contact PALS for reasons other than complaints. This may be about:</p> <ul style="list-style-type: none"> • Care and treatment • Services which the trust provides • Signposting to other services • Outpatient clinic appointments (patients may occasionally ask PALS to attend with them) • Assisting families who arrive in East Grinstead with a patient but do not live locally and require local orientation and signposting, to further help about local finding somewhere to stay e.g. local hotels 	

Examples of typical enquiries about advice and information include:

- What is the waiting time for a procedure?
- How do I get a copy of my health records?
- Who can I contact to ask about what I need to bring with me into hospital?
- My transport has not arrived and I am going to miss my appointment. Who do I contact?
- I was an inpatient last week and lost my glasses. What do I need to do?

The common actions taken to resolve the concerns were:

- Staff would be asked to reflect on their attitudes and behaviours.
- A review of the new Trust signage following feedback from patients and relatives
- Work continues on more effective advertising and visibility of PALS within the hospital, promoting an open and engaging culture that may help in more timely and appropriate resolution of concerns and issues at the point at which they occur.

The PALS telephone contact line is operated during working hours Monday to Friday. A voice mail service is available during 'out of hours' and calls are returned on the next working day. During out of hours the Site Practitioner is the contact for patients/relatives who have urgent issues that require action.

PALS are an invaluable service for enabling patient involvement and engagement, providing a rich source of effective feedback about the patient experience.

12. Website feedback

During the year, the Trust has been responding to feedback posted onto social media websites. This is an important source of feedback for us with 49 comments regarding the Trust being posted over the past 12 months on the two main patient feedback websites, NHS Choices and Care Opinion.

- We posted 427 times on Facebook – an average of 35 posts a month. Each comment received on the QVH page is acknowledged (liked or responded to)
- Our Facebook followers increased from 795 at the start of April 2017, to 1,315 by the end of March 2018
- During that time we received 26 reviews on Facebook – 25 of which gave QVH a 5* rating.

We don't actively push the review aspect of our page so these are always left by patients who want to genuinely feedback on their experience of our hospital. We thank each person that leaves a review and ask if we can share the feedback with staff to help us to continually improve our services

- In the same period we posted 2,009 times on Twitter.
- On Twitter we have increased the people who like our page from 2441 in April 2017 to 2922 in March 2018.
- In that period the amount of impressions our tweets had (times they appeared on

peoples timelines) was an incredible 1,365,800.

All comments are viewed by all staff via the Trust's intranet website and passed to relevant staff across the Trust for action.

13. Key achievements

We understand that complaints are an important part of feedback and that they are a strong indicator of patient experience and have taken the following actions to support continued improvement;

- Provided 'investigation' training and 'human factors' training for staff that handle incidents and complaints to ensure that investigations are proportionate and fair.
- Used complaint case scenarios and learning from complaints within customer care and communication skills training.
- Provided complaints training for staff involved in handling and responding to concerns and complaints
- Developed an 'easy read' version of our complaints leaflet "Putting Things Right – When you tell us what's wrong"
- Established a data quality audit to monitor and review the standard of data collection in relation to complaints.
- Used other sources of data alongside complaints data to explore themes of patient experience including the friends and family test survey responses.
- We have developed ways of sharing the themes and learning from complaints at divisional and ward/departmental level. These have included sharing the monthly Patient Experience Report with these areas and attending departmental monthly meetings with staff to discuss key themes.
- Used the opportunity of patient satisfaction surveys and our programme of regular 'walk rounds' and our team of volunteers to increase the awareness of how to raise concerns and complaints for patients, their relatives and carers
- Introduced the 'Freedom to Speak Up' system to provide another way for staff to feel safe to raise any concern they have and feel confident that they will be listened to and some action taken. The system enables staff to raise things anonymously.
- We have used the themes from complaints, concerns, the Friend and Family Test feedback and patient surveys to inform service improvement activities at divisional, specialty and ward level. We used this variety of feedback in 2017/18 to inform our quality priorities for 2018/19.

14. Future developments 2018/19

The aim of the Trust and its Patient Experience Manager is to increase the confidence of our patients by having a flexible approach to resolving concerns. There is extensive work being undertaken with the staff on the wards and in departments to help prevent complaints by listening to and responding when things can be put right. When further support is needed, the Trust aims to ensure that the complaints process is signposted locally so that patients know how or where to complain.

Improving access to information for patients on a range of patient experience initiatives, including complaints is a key focus for the Trust. The predominant method for making a complaint remains letter or email but by signposting other options such as the Trust's website, social media and patient opinion websites we ensure patients are given a choice. Where contact is initially made in person or by telephone, staff supports the complainant in registering their concerns formally with the Trust.

In order to improve the services provided to patients further, additional developments will be implemented.

- We will continue to work alongside Trust teams to improve the patient and carers experience. As such we believe further developments during 2017/18 will promote this.
- Increase the percentage of people who receive a response within 30 working days and when this is not achieved ensuring that patients are informed.
- The Patient Experience Manager will continue to work with each of the directorates and teams to ensure a fully collaborative approach is provided regarding improving the patient and carers experience.