

**Patient Experience Annual Report**  
**Queen Victoria Hospital NHS Foundation Trust**  
Report covering the period from  
April 2018 to March 2019

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**1. Executive Summary**

As has been extensively reported in the media the NHS continues to experience significant demands of its services, both in primary and secondary care, and Queen Victoria Hospital NHS Foundation Trust is no exception to this. In these increasingly busy times, it is essential that we continue to listen to those we care for and their families, to help us understand what we do well and to learn lessons and make improvements in those areas where patients and families have found their care to be below the standard we aspire to deliver.

Our Trust is committed to listening and learning from our patients. During 2018/19 we received feedback from patients on their experience of being treated and cared for at the Trust, from a wide range of sources including Friends and Family Test<sup>1</sup> feedback, national and local patient surveys, Patient Advice Liaison Service (PALS) enquiries and complaints.

This feedback provides us with a rich picture of patient experience while also offering insight into what matters to patients. Importantly, it allows us to develop plans for patient and public engagement and quality improvements.

The Patient Experience Manager and the teams responsible for Risk and Patient Safety are committed to ensuring that all information the Trust received about its care and services is used in a coordinated way to safeguard the quality of care received by our patients and their families. The Trust cares for large numbers of patients locally, the South East Coast as well as nationally, the vast majority have a positive experience. We seek to improve how we listen to and encourage our patients to tell us how they felt about their experiences, so that we can continue to improve the quality of the care and services we provide.

**2. Introduction**

Queen Victoria Hospital NHS Foundation Trust has as its vision 'to be amongst the best performing NHS Trusts in the country', with high quality care and excellent patient experience at the heart of all we do. We aim to provide our patients and their carers' with the best possible experience whilst they are using our services. This combined patient experience, complaints and Patient Advice and Liaison Service (PALS) annual report demonstrates how the Trust measures progress towards the ambitions set out in the Trust Key Strategic Objectives (KSO), focusing on KSO1 Outstanding Patient Experience. The report includes a summary of patient and carer feedback and actions and initiatives to improve patient experience during 2019-20. The Trust's Patient Experience Group (PEG), a sub-group of the Quality and Governance Committee, provides the direction to deliver the strategy.

PEG is chaired by the Director of Nursing & Quality and includes representation from the and Deputy Director of Nursing, Patient Experience Manager, Facilities Manager, Healthwatch, Learning & Disabilities Lead, Dementia Lead, two hospital Governors and two patient representatives. The group meets on a quarterly basis and receives regular updates on the Trust's patient experience survey results and updates on patient experience action plans.

All feedback is shared with the relevant ward or department to enable teams to share

<sup>1</sup> Friends and Family Test is a national survey used to measure patient experience

positive feedback and consider suggestions for improvements made by patients and carers. Each ward/ department has a 'learning from your experience' poster which is updated monthly to share the actions that have been taken as a result of patient feedback. The Trust

Participates in the national mandatory patient experience surveys co-ordinated by the Care Quality Commission. This feedback is valuable as it enables the Trust to compare performance with other Trusts throughout the country. Last year the Trust received feedback from the national inpatient survey. A summary of results from this survey is included in the report

The Trust adheres to Regulation 18 of the The Local Authority Social Services and National Health Services Complaints (England) Regulations (2009)<sup>2</sup>, 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 the opportunity to provide feedback to the Trust by way of responding to one simple question, how likely are you on a scale ranging from extremely likely to extremely unlikely, they would recommend the service to their friends and family if they needed similar care or treatment. The information gathered, which when triangulated with other forms of feedback such as complaints, can be used across services to drive culture of change, learning and of recognising and sharing good practice. The results if the surveys are received on a monthly basis and are shared at directorate, divisional and Trust Board level in the form of divisional dashboards.

**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 41% (the national response rate target to achieve is 40% for inpatient returns).

Between April 2018 and March 2019, we received 34,148 responses to the FFT, with over 28,564 comments given. The overall percentage of inpatients recommending (Extremely likely or likely) was 99%

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.

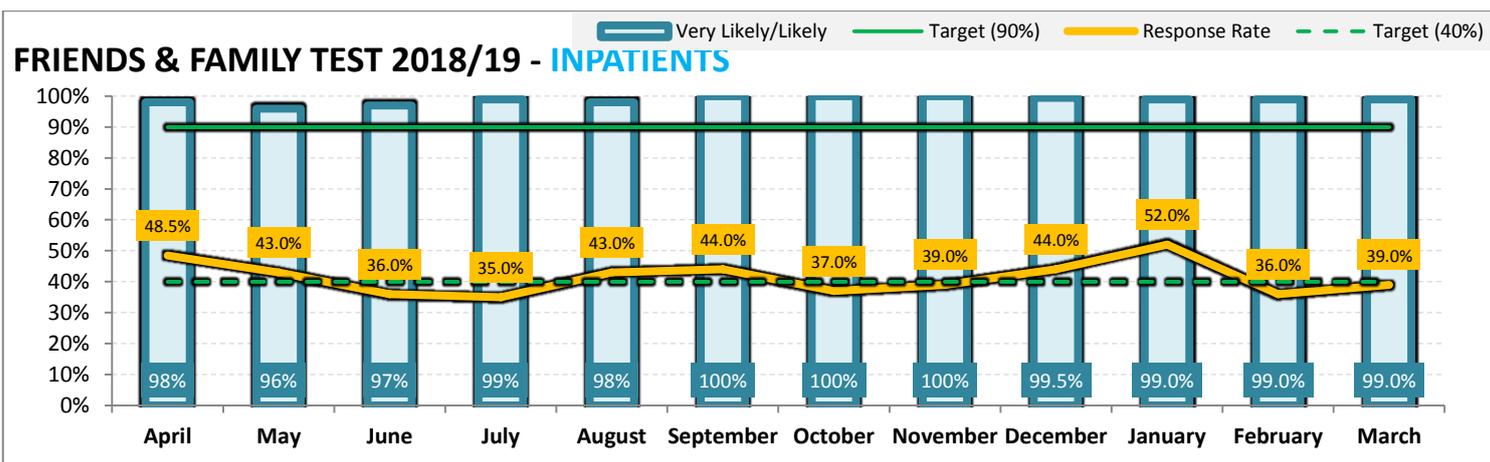
Other issues concerned parking, staff behaviour and appointments management. The Patient Experience Group will monitor improvements against the issues raised over the coming year.

<sup>2</sup> NHS England & Social Care England. The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009)

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

Inpatients	2018/19	National average 2017/18
QVH recommended rate	99%	96%
QVH response rate	41%	24%

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



#### 4. National Inpatient Survey 2018

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 76,668 people who received care at an NHS hospital in July 2018. 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 48 of the 62 questions asked. Areas where QVH scored particularly highly were:

Eligibility and participation:

- Number of QVH participants 556: (England;76,668)
- Response rate: 45 per cent for QVH and England
- Age range: 16 years and older
- Time period: patients discharged from hospital during July 2018
- Eligibility: patients aged 16 years or older, who had at least one overnight stay
- Exclusion: patients whose treatment related to maternity or, patients admitted for planned termination of pregnancy, day case patients, private patients (non-NHS)

Significant positive improvements for patients at QVH:

- Patients received answers that they could understand when they had an important question to ask the doctor
- Doctors didn't talk in front of patients as if they weren't there
- Patients received answers that they could understand when they had an important question to ask the nurse

- Patients felt they got enough emotional support from hospital staff during the admission
- After a procedure staff explained how the operation had gone in a way the patient could understand
- Doctors or nurses gave family friends or carers all the information they needed to help care for the patient (Johns Campaign is now fully embedded into everyday practice, with carers able to stay with patients on the ward for as long as they wish, which has clearly had an impact).

There were no significant areas of decline however areas in need of improvement in patient experience were:

- Length of time on waiting list, admission date changed by the hospital
- Rating of hospital food / help from staff to eat food
- Enough notice about when you were being discharged
- Staff taking family/home situation into account when planning the discharge
- Written advice about medications
- Being asked about the quality of the care.

Improving discharge processes and patient's getting a choice of food continue to be priorities for the Trust. An action plan will be implemented and this will be monitored by the Patient Experience Group.

Eight acute trusts were classed as 'much better than expected' in 2018 including QVH as shown below:

#### Trusts achieving 'much better than expected' results

Eight acute trusts were classed as 'much better than expected' in 2018. Seven of these had the same banding in 2017 and six had the same banding in 2016, demonstrating consistently high levels of positive patient experience. All of these trusts are classed as specialist trusts.

	Historic results		Overall results			Core service		Overall CQC rating
	2017	2018	Most Negative (%)	Middle (%) <sup>c</sup>	Most Positive (%)	Medical care	Surgery	
<b>Trust average</b>			16	18	66			
The Christie NHS Foundation Trust	MB	MB	9	12	79	MB	MB	O
The Clatterbridge Cancer Centre NHS Foundation Trust	MB	MB	11	13	76	MB	N/A	G
Liverpool Heart and Chest Hospital NHS Foundation Trust	MB	MB	10	12	78	MB	MB	O
Queen Victoria Hospital NHS Foundation Trust	MB	MB	9	11	81	MB	MB	G
Royal Brompton & Harefield NHS Foundation Trust	B	MB	11	14	75	MB	B	G
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	MB	MB	8	11	81	MB	MB	G
The Royal Marsden NHS Foundation Trust	MB	MB	8	12	80	MB	MB	O
The Royal Orthopaedic Hospital NHS Foundation Trust	MB	MB	10	15	75	N/A	B	G

Key:

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

<sup>c</sup> 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?'

## 5. 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. To ensure that all patients/carers receive timely, clear and sufficient information that enables them to understand their condition and care, and make informed choices about proposed future treatment plans The Trust will continue to develop staff guidance on the importance of ‘customer care’ and excellent communication skills. A comprehensive cultural change programme is being developed and implemented to support our vision, values and behaviours. The principles of the programme will be integrated into existing programmes and incorporated into newly commissioned programmes.

### 5.1 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 information within patient information leaflets having had a skin graft and who felt that the information they had been given was inadequate. The patient asked to see a copy of the leaflet that we send to patients regarding skin graft and has suggested that we might consider doing a leaflet about MoHs/bcc/skin graft.

The skin team in our plastic surgery department care currently reviewing all leaflets and the patients’ suggestions and recommendations will be taken into consideration.

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 identified that there was no clear patient information boards on the wards. These are now in place on all wards, which detail our number of falls, infection control scores, FFT scores, ‘you said – we did’ etc.

**The waiting times in clinic:**

A full review of our outpatient services is currently being undertaken in an aim to achieve a streamlined process from point of receipt of referral through to admission for surgery.

### 6. Patient Story at Board

The Patient Story at Board has been part of Trust Board agenda since September 2016. The main benefit is that it helps to ground discussions in the reality of patient care.

Patients are truly put at the heart of discussions as stories are powerful reminders of the context within which Board members are making decisions. Board members are able to see

how their decisions impact on patients and carers, and help them to better understand the complexities of day to day life at an operational level.

The Patient Voice at Board is heard at the very start of most meetings before other items on the agenda. Board members have reflected that this is very valuable and reminds them of the core business of putting patients, their carers and families at the centre of delivering high quality care.

It helps to highlight what the elements are of a good patient experience, directly from the patient/carer, and how we can replicate this across the Trust, but equally to address areas where there have been poor experiences and how the Trust can support staff with delivering improvements.

Over the last year, we have heard from a variety of patients, carers. From May 2018 to March 2019 there were four patients who came to board to tell their story in person.

## **7. Patient Experience Group (PEG)**

The group meet on a quarterly basis, chaired by the Director of Nursing and Quality, are the key vehicle for patient representation / participation, and the group is a formal, business/assurance group comprised mainly of Trust staff, patient representatives, dementia and learning disabilities leads and Healthwatch representatives. PEG is a sub-Committee of the Board's Quality & Governance Committee.

The role of PEG is to:

- Advise the Trust on issues of concern to patients
- Form patient/representative led working groups to help develop priorities for action and ensure regular feedback on outcomes of actions
  - Help develop Trust strategies, appraise information for the public developed by the Trust and help determine priorities for patient engagement
- Consider service changes and participate in a range of schemes to gather patient/ carer intelligence on Trust services including surveys, walkabouts and ward visits
- Monitor trends in complaints and feedback
- Ensure the effective implementation of action plans arising from individual local and national surveys
- Share and promote good practice in connection with patient experience

PEG has continued to receive and comment on reports including complaints, feedback, patient experience reports and national surveys. The committee has received updates on key projects which impact on patient experience, including the outpatient improvement programme.

The group has also worked on cleaning audits and helped with the PLACE (patient led assessment of the care environment) initiative.

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. Complaints

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) *Essential Standards of Quality and Safety*.

The Trust uses the following definitions:

- 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.

Complaints are considered at a senior level in the Trust in recognition of their importance. The Chief Executive is the 'Responsible Person' under the 2009 Regulations and is signatory to all written responses, delegation in his absence is a member of the Executive team.

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. This service is made up of one full time member of staff who manages the complaints, PALS and overall patient experience service. This member of staff also provides guidance, training and support to staff.

Being a single person service has some limitations on the service such as not always being able to meet the Trust standard of closing complaints in 30 working days or continuity of service during periods of leave( cover is provided by the director of Nursing's office during these times).

<b>8.1</b>	<b>Standards for Complaints management and escalation</b>
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The Trust has standards for responding to complaints which comply with the statutory requirements for complaints handling published in the National Health Service Complaints Regulations (2009)<sup>1</sup> and are based on the principles for good complaint handling as set out by the Parliamentary & Health Service Ombudsman (PHSO)<sup>3</sup> :

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeing continuous improvement

The Trust complaints response process builds from local acknowledgement, apology and resolution, through the Patient advice and liaison service (PALS) to the formal complaints process and response. The PAL Service aims to:

- Provide information and support to patients, their families and carers.
- Listen to concerns, queries, suggestions or views.
- Help to sort out problems on behalf of patients, their families and carers.
- Learn from experience about what the hospital gets right and where there is a need for improvement.

If resolution is not achieved by the service through the initial responses, or if the patient wishes to go straight to a formal complaint, the Patient Experience Manager will manage the complaint.

While the Trust aims to investigate and provide a response to any complaint within 30 working days, there are some complex complaints which can require much longer to provide a full response particularly if associated with a serious incident investigation or with multiple complex issues.

<b>8.2</b>	<b>Complaints received</b>
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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 again has been a challenge to achieve the 30 working day response timeframe particularly at times of increased clinical pressures and this has dropped slightly to 45% (previous year 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

<sup>3</sup> PHSO Principles of good complaints handling (2009)

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 the top priorities for 2019/20 and was also a recommendation in 2019 CQC Inspection. This has been set as an objective for the Patient Experience Manager but will also require the prioritisation from staff assisting or cited in complaints investigations.

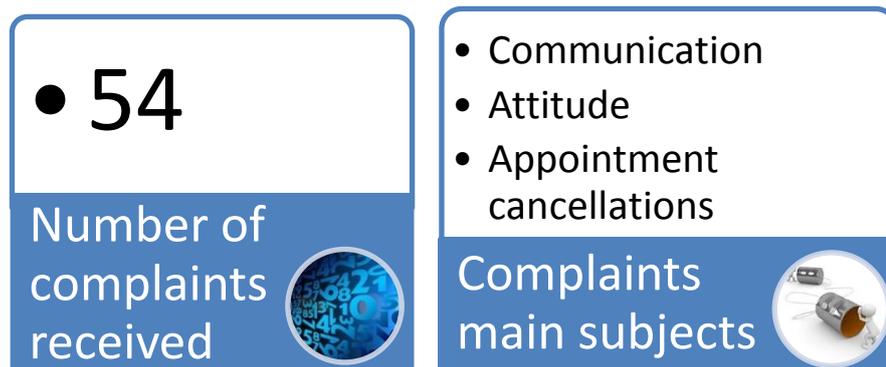
The Trust aims to remedy complaints locally through investigation and meetings if appropriate. However, if the complainant remains dissatisfied they have the right to refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO) as the final step of the complaints system.

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 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.

Excellent liaison between the Patient Experience Manager with the Heads of Nursing and also maintains a close working relationship with consultants and matrons. This has enabled clinical staff to manage patient, family and carer concerns at an operational level and this is reflected in the reduction of informal concerns received. Concerns regarding communication have reduced and this is a reflection of work carried out by ward staff to include all required people in discussions regarding care and management plans.

During 2018/19 we received 54 formal complaints, which is 1 more than the previous year. To provide a context the 54 complaints represent 2.9 complaints per 1000 spells.



Under the NHS complaints regulations, the Trust is required to acknowledge receipt of complaints within 3 working days. Of the 54 complaints we investigated 50 complied with this requirement. The remaining 4 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.

### 8.3 Investigation outcomes

On completion of a complaint investigation we state 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 2018/19 included the following themes and whether the complaints was upheld, upheld in part or unsupported:

	Total number of complaints received	Complaints upheld	Complaints upheld in part	Complaints unsupported
Appointments/admission delay/cancellation	4	3	1	0
Access and waiting (waiting time in clinic/ward)	2	0	1	1
Admission/transfer/discharge arrangements	1	1	0	0
Attitude of staff	10	2	8	0
Communication/information to patients (written & oral)	6	3	3	0
Confidentiality	5	1	3	1
Consent to treatment	1	0	1	0
Discharge	1	1	0	0
Health records	1	1	0	0
Safe, High Quality Co-ordinated Care	1	0	1	0
Surgery treatment/procedure	9	1	4	4
Referral	1	1	0	0
Treatment (medical)	6	2	2	2
Treatment (nursing)	6	2	2	2
<b>Total</b>	<b>54</b>	<b>18</b>	<b>26</b>	<b>10</b>

- The eighteen complaints that were graded to be upheld included incidents relating to service failure. This is categorised for example as: appointment cancellations and communication.
- The twenty six 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 ten 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.

#### 8.4 Learning from complaints, concerns or feedback

In response to complaints raised, the Trust may take action to resolve the issue which may not result in improved systemic changes but would include, for example, the arrangement of a second opinion of a patient's diagnosis, a change of clinical team or consultant, issuing a formal apology if things have gone wrong or review of care plan and changes made where appropriate. The Patient Experience Manager raises individual learning points to staff directly or by attending and reporting to Clinical Governance Groups on a monthly basis.

Below are examples of actions and learning identified from complaints:

- Attitude of staff member; member of staff spoken to and communication skills training implemented
- Number of cancellations for clinic appointment; discussed with outpatient team importance of ensuring that cancellations discussed with consultant when patients appointments deferred as a consequence.
- Overall review and training in processing and monitoring urgent referrals
- Ensuring that a patients experience has been shared with a department
- Dementia awareness training attended by clinicians
- Staff reminded of guidance in relation to biopsy samples
- Process change in checking of x-rays in MIU

#### 8.5 Further analysis of formal complaints

- None of the 54 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 54 complaints, none of the complainants asked to meet with a senior member of staff on completion of the investigation.
- One external review of care was commissioned as part of the Trust investigation during 2018/2019.
- 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.

<b>8.6</b>	<b>Parliamentary and Health Service Ombudsman (PHSO)</b>
<p>The Ombudsman is the point of recourse for a complainant if they are not happy with the outcome of a complaint response or the way a complaint has been handled. The Ombudsman reviews Trust complaint files where there has been a referral and may make recommendations about future handling or taking additional steps. All complaint responses letters clearly advise complainants of their right to refer their complaint to the Ombudsman and also provide the Ombudsman's contact details.</p> <p>There was one referral to the Ombudsman in 2018/19 and at the time of writing this report this case was still under review by them.</p>	

<b>9.</b>	<b>Patient Advice and Liaison Service (PALS)</b>
<p>PALS is part of our commitment to provide high standards of care, and to support patients, carers and the public, providing an informal way to resolve concerns of service users. The core functions of PALS are to manage concerns, comments and enquiries effectively, and to reduce the number of issues that may escalate to a complaint where appropriate, ensuring that lessons are learnt and that the patient's voice is at the heart of the service. There were a total of 80 enquiries received in PALS from April 18 to March 19. The majority of these enquiries were related to appointment cancellations and referrals, especially within the eye services. All of these enquiries were dealt with satisfactorily and no patients asked for their issues to be dealt with in accordance with the NHS complaints procedure.</p> <p>Due to medical staffing shortages within our eye services this has resulted in cancellation of appointments and we envisage that this will continue to be a challenge for the forthcoming months. However we have been running additional nurse led visual field clinics as and when the nursing staff are available to so. We do aim to prioritise those patients who have Glaucoma appointments coming up.</p> <p>All other concerns were either resolved with information/advice given or referred to a more appropriate department. Other enquiries received were appointment changes/cancellations, comments, guidance/information requests and non QVH related queries e.g. local GP's dental services.</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"> <li>• Care and treatment</li> <li>• Services which the trust provides</li> <li>• Signposting to other services</li> <li>• Outpatient clinic appointments (patients may occasionally ask PALS to attend with them)</li> <li>• 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</li> </ul> <p>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.</p>	

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

**10. 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 262 times on Facebook – an average of 22 posts a month. Each comment received on the QVH page is acknowledged (liked or responded to)
- Our Facebook followers increased from 1,315 in April 2018, to 1,769 by the end of March 2019
- During that time we received 42 reviews on Facebook.

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 1,758 times on Twitter.
- On Twitter we have increased the people who like our page from 2,922 in April 2018 to 3,411 in March 2019.
- In that period the amount of impressions our tweets had (times they appeared on people's timelines) was an incredible 1,333,600.

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

**11. 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;

- Friends and Family Test (FFT) - over 34,000 surveys were received by the Patient Experience Manager 2018-19, enabling our Trust to see top line patient feedback for divisions and wards
- Our Patient Experience Manager has developed the patient story tool within our Trust. Patient stories are heard at every bimonthly Trust Board meeting in order to drive home the power of patient experiences.
- A new children's play area has been created within our Outpatient area
- Patient Magnets - symbol magnets introduced to wards to enable easy identification of additional support needs for individual patients and maintain confidentiality
- New wayfinding and signage is now in place throughout the whole Trust

- We like to know what our patients and visitors think of their experience at QVH so we can continue improving in the future. We have placed 'You said we did' noticeboards in our wards with information about what patients have told us, and what we are doing as a result.

## 12. 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.

- To reduce the number of open complaints we have. A reduction in open formal complaints will mean that we are responding in a timelier manner to patients.
- Make the best use of technology in our data capture methods, whilst being mindful of the General Data Protection Regulation
- Focus on celebrating excellence, both internally and externally
- Ensure patient experience feedback is fully used as part of the Trust's wider improvement plan

When experiences do not achieve the required standards we will commit to listening and acting on concerns raised and aspire to resolve concerns and complaints within the timeframes.

We will do this by:

- Continuing to be open and transparent in complaint responses
- Develop ownership with managerial and clinical leads that lessons learned from complaints are embedded into service delivery
- Improve the monitoring of complaint action plans post-investigation
- Improve the response timescales by aiming for 30 working day turnaround
- Review PEG and grow the membership of the group to include more representation from patients and carers with greater focus on involvement, not just experience
- Involve patients and carers more in the design and delivery of our services
- Continue to provide Patient Stories at Trust Board
- Continue to advise and support staff with tools and techniques with which to capture feedback, involve patients and carers and act on what they learn

- Continue to refine the patient experience reporting
- Continue to explore and refine our approach to gathering data on themes