

Patient Experience Annual Report
Queen Victoria Hospital NHS Foundation Trust

Report covering the period from
April 2019 to March 2020

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Executive sponsor: Jo Thomas, Director of Nursing and Quality

Authors: Nicolle Ferguson, Patient Experience Manager

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1. Executive Summary

We are proud to publish the combined patient experience, complaints and Patient Advice and Liaison Service (PALS) annual report for Queen Victoria Hospital NHS Foundation Trust during 2019/20.

We are committed to welcoming all forms of feedback, including complaints and using them to improve services, to address complaints in a person-centred way and to respect the rights of everyone involved. The last 12 months has seen Queen Victoria Hospital demonstrate an ongoing commitment to listening and learning from the experience of patients/carers and service users. We have continued to seek feedback using a range of methods.

During 2019/20, we received feedback from patients, from a wide range of sources including Friends and Family Test feedback, national and real-time 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. We want to be an organisation that truly listens, learns, changes and improves whilst being open and transparent, sharing the learning widely.

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

This 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.

The purpose of this report is to provide a review of the Patient Experience data collected through the Friends and Family Test (FFT), the real time survey system, national surveys as well as themes from PALS enquiries and formal complaints received within Queen Victoria Hospital NHS Foundation Trust during 2019/20.

Patient experience monthly reports are provided to operational teams and patient comments are automatically shared with our staff. Leaders of our clinical services use the feedback we receive from patients to shape quality improvement activities at ward level and see whether the improvements we are making improve patient experience over time.

The Trust Board has oversight of patient experience through bi-monthly reports at public Trust Board meetings. The Director of Nursing and Quality is the Executive Lead for patient

experience, who chairs the Patient Experience Group (PEG) within the Trust. Their role is to be assured that action on improving and responding to patient experience concerns are addressed. Membership of PEG includes representation from; Trust staff, Trust Governors, and Healthwatch. This group routinely reviews patient experience improvement programme actions and progress, to ensure areas of poor patient experience are addressed. We know from existing feedback there are many examples of excellent care and experience being delivered by our staff and the overwhelming majority of patient's comments are very positive. Staff are frequently described of as being kind not only towards patients but also towards each other and go beyond the expected level of care.

All feedback is shared with the relevant ward or department to enable teams to share 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)¹, 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) is a tool used for providing a simple, headline metric, which when combined with a follow-up question and triangulated with other forms of feedback, can be used across services to drive a culture of change and of recognising and sharing good practice. Each patient is surveyed at discharge or within 48 hours of discharge and the standardised question format must be as follows: 'How likely are you to recommend our ward (or department) to friends and family if they needed similar care or treatment?'

This is a national survey designed to give the public an easy way to express their feedback. Our trust utilises returned tests through a multitude of facets. Initially, FFT results help raise any issues patients may have with our service, often illuminating latent issues, which are not raised through the formal complaints process. Negative feedback is swiftly analysed and provides us with an initial step for improvement. Positive and neutral feedback provides a further prospect of quality improvement. Our software Envoy's thematic analysis tool provides a rich source of the most commonly raised themes brought up by patients. .

¹ NHS England & Social Care England. The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009)

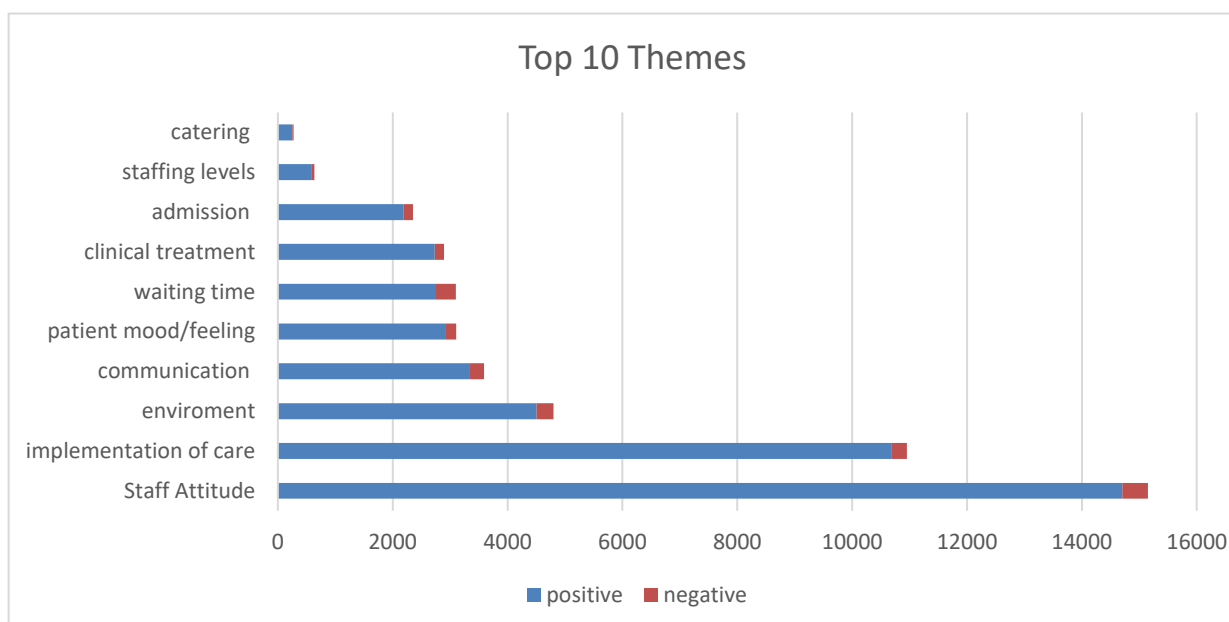
3.1 How likely are you to recommend our ward/department to family and friends?

Positive and neutral feedback provides a further prospect of quality improvement. Our software’s thematic analysis tool provides a rich source of the most commonly raised themes brought up by patients. The tables below separate the positive and negative themes for the year, allowing a clear analysis of areas to celebrate and those that require further exploration.

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 39% (the national response rate target to achieve is 40% for inpatient returns).

Between April 2019 and March 2020, we received 28,249 responses to the FFT, with over 23,158 comments given. The overall percentage of inpatients recommending (Extremely likely or likely) was 97%.

The table below separate the positive and negative themes for the year.



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 the, communication and the lack of information on display to indicate if a clinic is running late waiting time in clinic and difficulties in parking. .

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:

FRIENDS & FAMILY TEST DATA BREAKDOWN N 2019/20		Target												
			April	May	June	July	Aug	Sept	Oct	November	December	January	February	March
Inpatients	% patients who would recommend us	90 %	98.0 %	98 %	99 %	99 %	98 %	98 %	98 %	97 %	98 %	98.0 %	97.0 %	98.0 %
	% patients who would not recommend us	0%	0.0%	0%	0%	0%	0%	0%	0%	0%	0%	0.0%	0.0%	0.0%
	Response rate	40 %	41.0 %	35.0 %	37.0 %	43.0 %	31.0 %	32.5 %	44.0 %	40.5 %	40.0 %	47.0 %	38.0 %	41.0 %
	No. of responses	–	233	217	211	250	169	167	254	208	205	219	193	431
	No. of patients eligible	–	566	618	574	585	546	514	580	514	510	470	505	176

3.2 How do we report it?

Patient feedback, both from FFT and real time patient experience surveys are routinely provided directly to ward and department managers on a monthly basis which include individual comments. Key metrics are included in the Quality Scorecard provided to the Trust Board. Each ward displays the FFT score for that ward for patients and staff to see.

4. National Inpatient Survey 2019

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 76,915 people who received care at an NHS hospital in July 2019. 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 550: (England;76,915)

- Response rate: 45 per cent for QVH and 45 per cent for England
- Age range: 16 years and older
- Time period: patients discharged from hospital during July 2019
- 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:

- Having confidence and trust in the doctors and nurses treating them
- Being involved with the decisions being made about their care
- Staff working well as a team
- Having enough information about their treatment

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

- Length of time to wait for discharge
- Rating of hospital food / help from staff to eat food
- Enough notice about when you were being discharged

An action plan will be implemented and the Patient Experience Group will monitor this.

Nine acute trusts were classed as 'much better than expected' in 2019 including QVH as shown below:

	Historic results		Overall results			Core service		Overall CQC rating
	2018	2019	Most Positive (%)	Middle (%) ^f	Most Negative (%)	Medical care	Surgical	
Liverpool Heart and Chest Hospital NHS Foundation Trust	MB	MB	66	18	16	MB	MB	O
Liverpool Women's NHS Foundation Trust	S	MB	77	12	12	MB	N/A	G
Queen Victoria Hospital NHS Foundation Trust	MB	MB	81	11	9	MB	MB	G
Royal Papworth Hospital NHS Foundation Trust	B	MB	78	12	9	MB	B	O
The Christie NHS Foundation Trust	MB	MB	76	13	10	MB	B	O
The Clatterbridge Cancer Centre NHS Foundation Trust	MB	MB	76	14	9	MB	N/A	G
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	MB	MB	82	10	8	S	MB	G
The Royal Marsden NHS Foundation Trust	MB	MB	78	14	8	MB	MB	O
The Royal Orthopaedic Hospital NHS Foundation Trust	MB	MB	76	15	10	N/A	B	G

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

^f 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, the 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.

6. Patient Story at Board

Queen Victoria Hospital continues to use the experience of our patients – both positive and negative, to support learning and improvement. These are presented at the Trust's bi-monthly public Board meetings.

An individual story is not in itself representative of all patient experiences; however, the story is individual to the patient and is representational of their personal experience at that time. Collectively, stories can help the Trust to build a picture of what it is like as a service user and how the Trust can improve the service it provides.

From April 2019 and March 2020, four stories were presented to the Board and led to service improvements in various service areas. They included:

- Learning from complaints relating to skin grafts. This led to improvement in the provision of the information both verbal and written that is given to patients prior to their surgery.
- Positive patient experience of the treatment that a patient received from our Minor Injuries Unit.
- Learning from complaints relating to the hand trauma pathway and communication. This has resulting in looking at ways that this pathway can be streamlined.
- Positive patient experience of the treatment that a patient received from the Burns unit.

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. They also undertook their own outpatient survey when they met and spoke with patients within outpatient and looked at ways that they could improve on the following:

- The punctuality with which clinics start
- Ensuring that it is communicated with patients from the outset when clinics are running late
- The comfort of outpatient waiting areas
- The system for the receptionist calling the next patient, so that mistakes or misunderstandings are less likely

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

This report provides a summary of formal complaints received in 2019-20 in accordance with the NHS Complaints Regulations (2009). The Trust is committed to improving the experience of our patients from their first contact with the Trust. Complaints and concerns provide valuable information to monitor the experience of patients, carers and relatives. Users of the service are encouraged to discuss their concerns with staff at the time the problem arises. However, it may be the case that patients feel unable to do this, or perhaps staff have tried to resolve the issue but have not achieved this. The Patient Advice and Liaison Service (PALS) provide 'on the spot advice and support' with the aim of timely resolution. In the event that this has not been achieved, PALS will give advice on the formal complaints process. The Trust recognises the value that learning from complaints and concerns brings. It is vital to make the process simple and easily accessible and leaflets and posters are displayed throughout the hospital to help facilitate feedback. The following pages provide an indication of the Trust's position for complaints and concerns.

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.

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).

8.1 Standards for Complaints management and escalation

The Chief Executive has corporate responsibility for the quality care and the management and monitoring of complaints but can delegate this responsibility if required.

The Trust's Patient Experience Manager is responsible for ensuring that:

- All complaints are fully investigated in a manner appropriate to the seriousness and complexity of the complaint.
- All formal complaints receive a comprehensive written response from the Chief Executive or nominated deputy.
- Complaints are resolved within the timescale agreed with each complainant at a local level whenever possible; the standard for complaint responses is 30 days, however in some circumstances i.e. complexity of the complaint, an extended time scale maybe negotiated with the complainant.
- Where a timescale cannot be met, an explanation and an extension agreed with the complainant.
- When a complainant requests a review by the PHSO, all enquiries received from the Ombudsman's office are responded to promptly.

8.2 Complaints received

Complaints handling and any trends or themes identified from them are shared and discussed regularly at a number of forums including the Clinical Governance Group which is chaired by the Medical Director and the Quality and Governance Group which is chaired by a Non Executive Director and attended by the Chief Executive and Director of Nursing as well as other members of the board, governors and staff.

All complaints are acknowledged within 3 working days. In this period 99% of complaints were acknowledged within 3 working days. The Trust endeavours 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.

Again it has been a challenge to respond to complaints within the the 30 working day response timeframe but it has increased slightly to 46% (previous year 45%). However, the complaints that were responded to outside of this timeframe was agreed with the complainant.

As a Trust, it is recognised that further improvements are required to achieve an improvement the number of complaints being responded to within the 30 day timeframe. In the coming year we continue to improve complaints handling with an aim of responding to 100% within the agreed time.

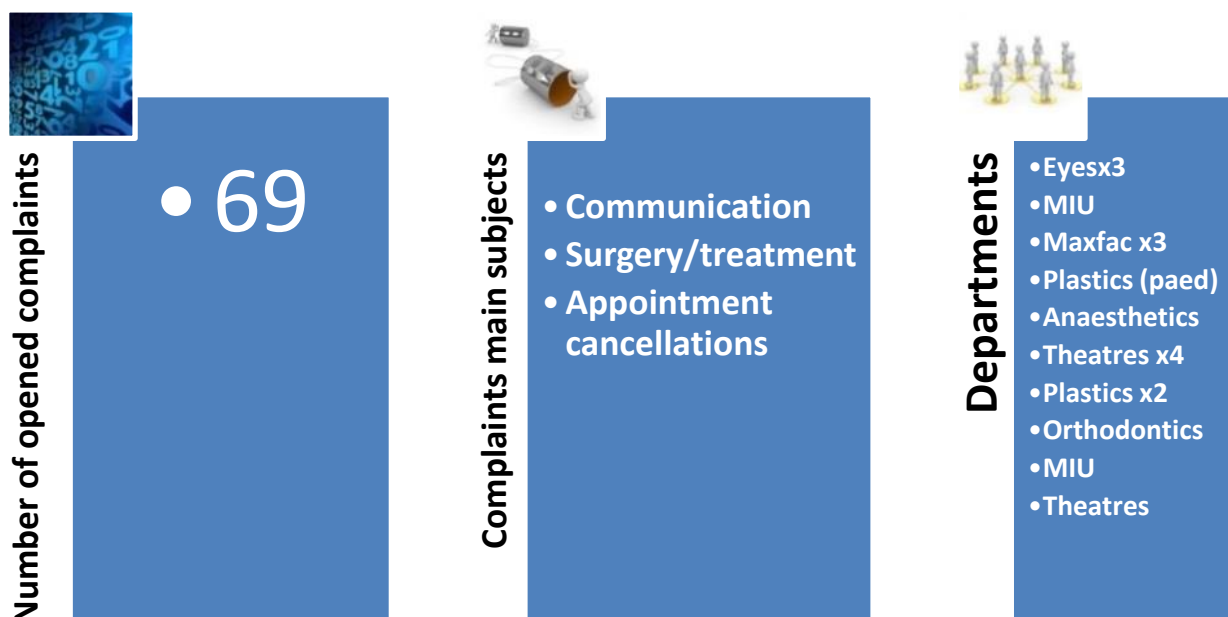
The Trust is committed to learning from any complaint received and considerable focus is placed on this aspect of the complaints process. We try to ensure that all complaints are robustly investigated and that, where action is needed to improve the care or service a patient receives, this is reflected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

The services have systems in place to ensure they learn from complaints and additionally they identify actions in a timely way to improve the experience of future patients. Every reasonable effort is made to resolve complaint at a local level; this involves prompt correspondence and meetings with complainants.

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 complaints (in an anonymised format) are used in training at all levels and for all staff.

Throughout 2019/20, the Patient Experience Manager have offered training sessions for staff on both handling complaints and concerns on the frontline. All new staff received a session about customer care and handling concerns on the frontline as part of the Corporate Trust induction. Additional bespoke training is also delivered to groups of staff and individuals where indicated and requested.

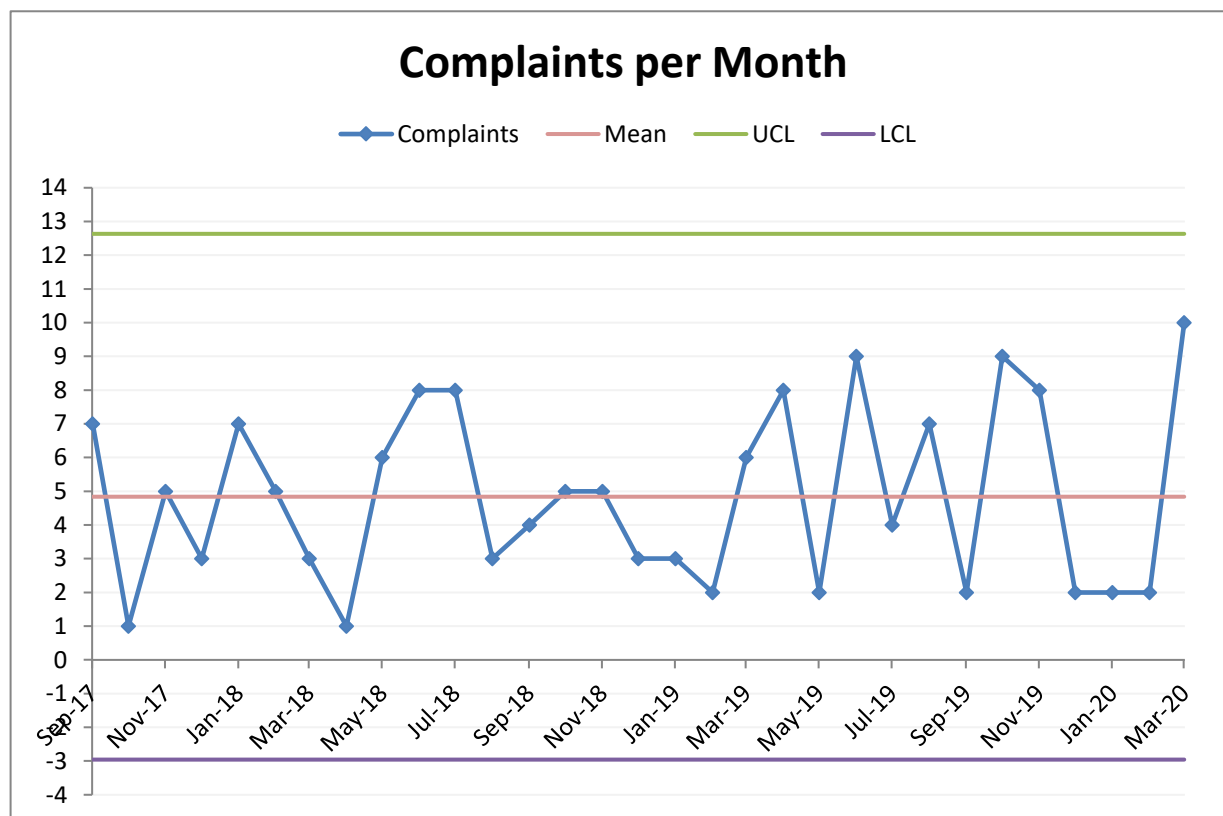
During 2019/20, we received 69 formal complaints, which is 15 more than the previous year. To provide a context the 69 complaints represent 3.5 complaints per 1000 spells.



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.

The chart below shows 30 points of data from Sept 2017 which reflects a process that is behaving normally and has no obvious indicators of Special Cause Variation.



8.3 Investigation outcomes

Complaints received by subject of complaint 2019/20	Total number of complaints received	Complaints upheld	Complaints upheld in part	Complaints unsupported
Appointments/admission delay/cancellation	13	7	5	1
Treatment (nursing)	5	2	2	1
Admission/transfer/discharge arrangements	1	1	0	0
Communication/information to patients (written & oral)	17	7	9	1
Treatment (medical)	5	1	2	2
Confidentiality	1	0	0	1
Surgery treatment/procedure	15	5	8	2
Attitude of staff	8	6	2	0
Treatment not commissioned by CCG	2	0	1	1
Health records	1	0	1	0
Consent to treatment	1	1	0	0
TOTAL	69	30	30	9

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 2019/20 included the following themes and whether the complaints was upheld, upheld in part or unsupported:

- The thirty complaints that were graded to be upheld included incidents relating to service failure. This is categorised for example as appointment cancellations and communication.
- The thirty complaints upheld in part 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 nine 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

There is an organisational emphasis on both quality and timeliness of complaint handling which is re-enforced by the Board.

All complaints, together with their respective responses, are quality/accuracy checked and challenge by the Chief Executive and Director of Nursing. This includes recommendations for incident reporting or other independent clinical review where appropriate.

Because complaint reflect a personal experience, it is difficult to be precise about any common themes but most complaints are communication issues and the negative impact this has had. Poor attitude and behaviour is a trigger for a complaint when staff do not display empathy and compassion or are brusque and do not appear to be willing to give the patient the voice to speak. Complaints of this type are more apparent in the outpatient setting. Cancelled elective admissions and the rescheduling of outpatient appointments escalate to a formal complaint when patients cannot be given an early resolution or have had multiple poor experiences.

There were sixteen complaints received where attitude was recorded as the primary subject of concern. In relation to staff attitude, staff are encouraged to read the complaint letter and are supported by their line manager to reflect by providing a reflective statement on how they could have responded differently. The reflection is further reviewed with the staff member to ensure learning has taken place. Where indicated, training on values based leadership and effective people management is provided. Customer service training is also provided by Patient Experience Manager for staff teams. For medical staff, staff are required to discuss the complaint with their medical supervisor and agree a corresponding development plan.

Below are examples of actions and learning identified from complaints:

- New streamlined system put in place for the ordering of eye lenses.
- As a direct result of a complaint a clinician has now changed their practice and now mentions a rare complication in the consenting process. In addition we have reviewed and improving both our written information and consent forms to include this complication.
- A review of eye unit patient pathways being undertaken to improve the patient experience in this area.
- When a foreign object is not located during surgery, a patient must be reviewed the following week.
- Individual member of staff was updated on a specific aspect of the consent process.

8.5 Further analysis of formal complaints

- None of the 69 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 69 complaints, one of the complainants has asked to meet with a senior member of staff on completion of the investigation. At the time of writing, this report this meeting was yet to take place.
- No external review of care was commissioned as part of the Trust investigation during 2019/2020.
- 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.

8.6 Parliamentary and Health Service Ombudsman (PHSO)

A complainant may refer their complaint to the PHSO if they do not feel that the Trust has responded to all of their concerns or they are unhappy with the way in which we have dealt with their complaint. The PHSO gives the Trust the opportunity to ensure

that all local resolution has taken place to try and resolve the issues and will give an independent view on the complaint.

The outcome/final decision of a PHSO investigation can be to fully uphold, partly uphold or not uphold the complaint. If the complaint is fully upheld this could mean that they found that:

- the Trust made mistakes or provided a poor service that amounted to maladministration or service failure and
- this has had a negative impact on an individual which has not yet been put right.

They might partly uphold a complaint if:

- they found that the Trust got some things wrong, but not all the issues that were complained about or
- the mistakes made did not have a negative effect on anyone.

If not upheld this could mean that they found:

- the Trust acted correctly in the first place or
- the Trust made mistakes but we have already done what PHSO would expect to put things right for the person or people affected.

We are pleased to report that no cases were referred to the PHSO in 2019/2020 which is the same as the previous year.

9. Patient Advice and Liaison Service (PALS)

PALS provide advice, information and support to help resolve concerns that a service user or their family/carers may have as well as providing information on Trust services and signposting. The PALS lead works closely with the service leads to resolve problems and concerns quickly and effectively. If it becomes clear that the patient wishes to raise the issue as a complaint, we will ensure that the concern is addressed through the complaints process. It is made clear that concerns received from, or on behalf of patients in no way affects how they are treated, and are seen as valuable information to help improve services for all patients and carers.

PALS continues to work closely with neighbouring Trusts which allows for a seamless transition for the enquirer between Trusts along with regular contact with Advocacy services.

During the period of 1 April 2019 to 31 March 2020, there were 73 PALS enquiries:

- 52 of these were dealt with as concerns
- 21 of these were for advice and information

The following chart shows the main subjects

PALS by subject

	Number
Access to Queen Victoria services	5
Access to QVH information	4
Admission - delayed	3
Appointment - delayed	10
Attitude - non-clinical staff	1
Cancelled appointment	11
Cleanliness	1
Clinical care - medical	13
Communication with patient	10
Cancelled Operation	2
Health Records - access	6
Health Records - inaccurate	1
Communicating results	2
Transport	4
Totals:	73

The majority of these enquiries were related to appointment cancellations and referrals, especially within the eye services. The majority of these enquiries were dealt with satisfactorily, however 3 cases become formal complaints and were dealt with in accordance with the NHS complaints procedure. In addition, 2 cases were reported as a clinical incidents and formally investigated via that process by the Risk Management Team.

Appointments is the most common reason for patients and their families raising a concern or an informal enquiry with our PALS service. Cancellation of appointments is the most common reason for seeking assistance form PALS in relation to the appointment process whilst relation to re-booking of appointment is logged as the 2nd most common cause of dissatisfaction. The service which is linked most often to PALS concerns related to waiting for and cancellation of appointment is our Corneo Plastic Unit. This was identified as an issue last year. It is anticipated that this figure will reduce with capacity planning is ongoing for this area, as follow up appointments continue to be a challenge within this speciality.

We continue to build relationships with external partners and other NHS Trusts. PALS has also continues to ensure that learning is passed on to members of staff and general managers.

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.

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 36 comments regarding the Trust being posted over the past 12 months on the two main patient feedback websites, NHS Choices and Care Opinion.

We post news stories and information about the hospital on a regular basis via Facebook, Twitter, Instagram and YouTube.

Here are just some of the comments:

"Absolutely fantastic"

Within half an hour of the GP referring me online, the QVH had phoned and offered me an appointment for the following morning! I was seen within 10 minutes of the appointment time and everyone was lovely, friendly and helpful. Really great service.

"Great nurse in recovery team"

I cannot believe how wonderful the nurse was today 22/01/2020 during my 5 hour recovery

She acted with impeccable patience and diligence due to my breathing difficulties and eventually arranging admission into Ross Tilley - She even came to see me when her shift finished I can't praise her enough for her professionalism and care
Thank you .

"Fantastic care"

We have visited Queen Victoria on many occasions with sporting injuries - From the Walk in Centre to Peanut ward and Theatres we have been treated so well. We are very lucky to have this hospital by our door step

"Incredible care"

I was such a baby while I was there having never had to stay in hospital before and being quite a distance from home but the nurses and support staff were so lovely

and caring and despite having such long shifts nobody ever looks grumpy or tired and were always helpful and kind. Couldn't have asked for a better experience.

"Fantastic treatment"

My daughter had 2 years of orthodontic work and I am so impressed with the treatment. The staff we saw during the 2 years were all so professional and friendly. Fantastic service and so pleased with the end result of my daughter's teeth.

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

11. Patient Information Leaflets

The Trust's library of clinical patient information leaflets continues to grow, with a current collection of over 1,500 leaflets. These Trust-approved leaflets support our patients and their carers with well-written and clear information, helping to improve their overall hospital and care experience.

Our leaflets help patients and/or their carers to make choices about treatment, including information about safety, risks, benefits and alternatives.

A project was started in 2019 to improve and enhance the review and production process of patient information. Directorates and divisions are looking closely at their leaflets, to prioritise those that need review most promptly.

12. Summary

We have seen many improvements made to the processes within PALS and complaints, these include

We have continued to develop internal relationships across our service to ensure the best possible outcome for our complainants.

We have continued to triangulate data received via complaints, compliments, concerns, incidents, PALS and Friends and Family Test to continue to learn lessons, change practice and improve the experience for our patients.

13. Future developments 2020/21

Overall, the year has been a challenging one. There has been an increase in the number of formal complaints, and there has been a struggle to achieve the performance target. However, the quality of the complaints response has been sustained and the very small number of reopened complaints or complaints accepted for investigation by the Ombudsman evidences this.

Further work is required to ensure that the learning from complaints is effectively disseminated, shared, embedded into practice and the impact assessed, to offer the required assurance that improvement has been achieved because of complaints. This continues to pose the greatest present challenge to the Trust in terms of complaints management.

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

- Our first aim is to try to ensure that patients/carers concerns are dealt with in the moment, so that they can be resolved. However, if people have had a poor experience it is essential that they are supported to raise their concerns and that these are responded to in a timely manner. Currently this is not the case and we have undertaken a review of our complaints system and put in place processes to ensure smooth and efficient future systems.
- Improve communication so that all patients have access to the information they need. Communication is a key theme, generating significant number of concerns via PALS system and a prime contributing factor across a range of areas of poor experience. Our data also tells us that when we get this right this has a considerable positive impact on people's confidence and overall experience of care.

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 the use of action plans, monitor their quality and continue with the triangulation and sharing of action plans to ensure consistency and shared learning across 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