

Patient Experience Annual Report
Queen Victoria Hospital NHS Foundation Trust

Report covering the period from
April 2020 to March 2021

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1. Executive Summary

We are pleased to publish the combined patient experience complaints and Patient Advice and Liaison Service (PALS) annual report for Queen Victoria Hospital NHS Foundation Trust during 2020/21

With much of the NHS treating patients with COVID-19, Queen Victoria Hospital (QVH) was asked to take on a special role, becoming a surgical cancer centre, providing appropriate and timely treatment for patients with high-risk cancers (breast, head and neck, and skin). Working with hospitals from across Sussex, Surrey and Kent, our staff were able to build on our regionally and nationally recognised expertise, and agree the best approach for each patient to provide them with the timely treatment they needed.

Therefore due to the ongoing COVID-19 pandemic NHS England and NHS Improvement are supporting a system wide “pause” of the NHS complaints process which would allow all health care providers in all sectors to concentrate their efforts on the front-line duties and responsiveness to COVID-19 this means that:

- All providers should ensure that patients and the public are still able to raise concerns or make a complaint, but that the expectation of an investigation and response in the near future is managed.
- All providers would continue to acknowledge complaints, log them on their respective systems, triage them for any immediate issues of patient safety, practitioner performance or safeguarding and take immediate action where necessary. All complaints would then remain open until further notice, unless an informal resolution could be achieved, or the complainant chooses to withdraw their complaint.
- In secondary care where PALS offices still operate, they could still provide support by email and telephone and this should be encouraged for patients and the public to engage with the organisation.
- We would advise the system that consideration should be given to complainants who, at the time of the “pause”, have already waited excessively long for their response (specifically those who have waited six months or more) these should be reviewed to ascertain if and how these can be resolved to the complainant’s satisfaction.

The initial “pause” period was recommended to be for three months with immediate effect.

However the Trust was able to continue to respond to complaints and did not impose the pause as suggested at a national level. During the second wave there was no national pause on complaints. National guidance was issued advising that trusts could extend response times in negotiation with the complainants. However, the Trust did need to implement the extended period in the second. Our dedicated Patient Experience Manager who is a lone worker has been on-site and continued to promote patient experience and provide assistance and help to patients/carers and service users.

We are committed to delivering safe, effective and person centred care. The use of feedback is central to ensuring delivery of these aims and we offer a variety of approaches which allow people to choose a feedback mechanism that best suits their needs. These include:

- in writing via letters, surveys, consultations and Friends and Family Test feedback forms.
- by e-mail via our Information and PALS e-mail addresses
- by telephone direct to our Patient Experience Manager
- via the NHS website and Care Opinion which are sites where patients can share their experience of health or care services, and help make them better for everyone.
- on social media via posts, links and direct messages
- face to face and daily contact with the public

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.

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 2020-21.

The Trust's Patient Experience Group (PEG), a sub-group of the Quality and Governance Committee, provides the direction to deliver the strategy. PEG analysis and triangulates the intelligence gathered from patients/relatives/carers to identify themes, patterns, trends and issues in the data that may require further investigation.

Complaints received provide much learning for the Trust on where and how we need to improve. The themes and trends identified from complaints in 2020-21, and previously in 2019/20, highlight the need to improve communication and information provided to patients, carers and families, improve communication on clinical treatment, improving waiting times and improving the care provided.

A key objective of the Trust, and one we need to do better at, is to learn, change, improve and evolve in response to complaints. The lessons learned and trends identified through monitoring data collected through complaints plays a key role in improving the quality of care received by patients and their experience and is a priority for the Trust reaching its vision of outstanding care every time. The efficient and effective handling of complaints by the Trust matters to the people who have taken the time to raise their concerns with us. They deserve an appropriate apology for their experience alongside a recognition where substandard and inadequate care was provided and assurance that we will put actions in place to ensure other patients are not affected by a recurrence of the same concerns.

This assurance comes through robust investigation with meaningful actions put in place. Posters and leaflets are displayed around the Trust and there is information on the Trust website to ensure that patients are made more aware about their options and the process for raising a complaint.

We view all types of patient feedback as positive and we are constantly looking at ways in which we encourage patients, carers and families to give their views. Throughout 2020-21, the Trust continued to proactively manage complaints, improving the process and quality of the responses, and embedding the learning from complaints in to services and practice.

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 2020-21.

At Board level, the Trust's director of nursing has responsibility for patient experience which includes:

- delivery of or patient experience strategy
- compliance with the mandatory national FFT.
- reporting and demonstrating that we have used patient experience feedback to import the experience of care.

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 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.

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

3. Friends and Family Test - Capturing patient experience

The Friends and Family Test (FFT) gives patients who have received care throughout the Trust the opportunity to provide immediate feedback about their experience.

In September 2019, NHS England and NHS Improvement published revised Friends and Family Test (FFT) guidance for implementation with effect from 1 April 2020. Principal among the revisions was the changing of the FFT question from: 'How likely are you to recommend our ward / hospital / department / service to friends and family if they needed similar care or treatment?' (Response options: Extremely likely, Likely, Neither likely nor unlikely, Unlikely, Extremely unlikely, Don't know) to: 'Overall, how was your experience of our service?' (Response options: Very good, Good, Neither good nor poor, Poor, Very poor, Don't know)

During 2019, preparations were made to ensure a seamless transition to the new requirements and revised data collection materials were in place with all teams Trust-wide ready for the 1 April 2020 launch. In line with national guidance issued shortly before the launch, the FFT was paused due to the Covid-19 pandemic.

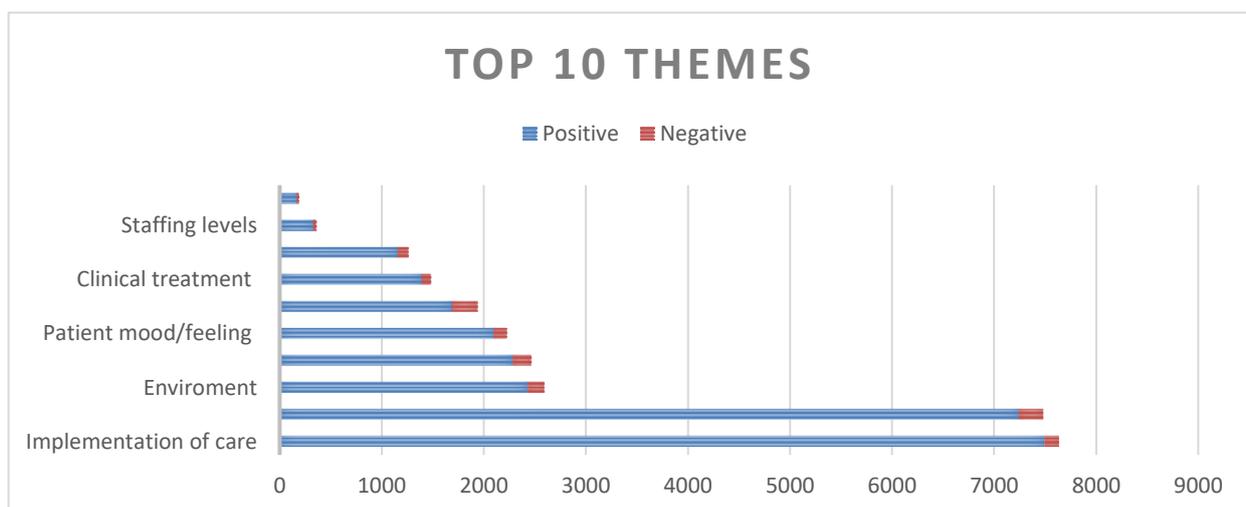
It was announced by NHS Improvement in August 2020 that all acute and community providers were to resume collecting and submitting monthly Friends and Family Test data from 1 December 2020. The first data to submit would be December's data, submitted in early January. The data will then be published in February 2021. However here at QVH we had already started collecting FFT from our patients in July 2020.

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 table below separate the positive and negative themes for the year, allowing a clear analysis of areas to celebrate and those that require further exploration.

Between April 2020 and March 2021, we received 16,852 responses to the FFT, with over 13,614 comments given. The overall percentage of inpatients recommending (Extremely likely or likely) was 99%.

The table below separate the positive and negative themes for the year. The figure denotes the amount of times that a particular theme was referred to by patients.



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, as with previous years they 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 2020/21		Target	April	May	June	July	Aug	Sept	Oct	November	December	January	February	March
Inpatients	% patients who would recommend us	90 %				98 %	97 %	100 %	99%	99%	100 %	100 %	100 %	99 %
	% patients who would not recommend us	0%				2%	2%	0%	0%	0%	0%	0%	0%	0%
	No. of responses	-				49	113	467	554	509	464	353	391	493
	No. of patients eligible	-				325	546	172	135	154	142	117	152	157

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.

3.3 Specialist cancer surgical hub

Queen Victoria Hospital was designated cancer surgical hub as part of the Sussex response to Covid in April 2020. With regionally and nationally recognised expertise in treating patients with high-risk cancers (head and neck, skin and breast), it was chosen as a hub to receive referrals from hospitals across Kent, Surrey and Sussex.

The usual focus of breast surgery at QVH is post cancer reconstruction but surgeons have carried out over 400 breast oncology surgeries (excisions and mastectomies) for women referred from other Kent and Sussex trusts.

It was felt that as the patients attended had never been to our hospital, therefore it was felt that this would be a good opportunity to obtain feedback from this cohort of patient. We have sent out **313** questionnaires and received **143** replies, which is considered a very good response rate.

The patients who responded found their experience either very good or good. The only negative issues were the distance the patients had to travel and the lack of communication about the amount of time that they had to wait in theatres to have the surgery. These particular comments were immediately shared with theatre teams and actions put in place where letters were updated and the patients were assigned their own named nurse who would regularly check up on the patient and keep them fully informed during their stay with us.

4. Analysing the patient experience feedback

The systemic analysis and triangulation of all forms of patient experience feedback, including complaints, compliments, PALS, FFT and surveys, results in the production of detailed patient experience reports on a monthly basis.

Developing an understanding of the patient experience by identifying the touchpoints of a service and gaining knowledge of what people feel when experiencing the Trust's services and when they feel it is crucial to the process of enabling the Trust to improve the experience of patients in its care.

The effective analysis, accessibility and use of the large volume of data collected is facilitated by the use of our FFT database. This enables searching by keywords to analyse themes, collating data to generate comment reports for teams and the collating of the monthly FFT data for submission to NHS England, to be carried out more efficiently.

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.

5. National Inpatient Survey 2020

This survey is currently underway with initial results tables due with the Trust by June 2021 (at the time of writing the report these were embargoed). The results are not due to be published nationally until October/November 2021.

6. Patient Story at Board

Stories can help build a picture of what it is like to be in receipt of our services and how care can be improved or best practice shared. Every bi-monthly a patient, service user or carer attends a Trust Board supported by the Patient Experience Manager to share their story. By listening to lived experiences of those in receipt of our services or caring for a loved one in receipt of our services provides a valuable contribution to our Board meeting.

Patient stories are obtained either through the complaint process, letters to the chief executive, from patients who have approached the Trust, or from staff who feel that one of their patients has had an experience which we can learn from

From April 2020 and March 2021, three stories were presented to the Board by the patients themselves but rather than in person, these were presented via MS Teams or pre-recorded video. They included:

- Positive and very personal experience of attending during the pandemic for breast surgery (November 2020).
- Recording of an interview with a burns patient (January 2021)
- Positive patient experience of the treatment that a patient received from a patient who was one of the first patients an appointment via the video consultation and how the system could be improved (March 2021).

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 group is a taskforce that collaboratively work together to deliver on key patient centred based on the Trust Key Strategic Objectives (KSO), focusing on KSO1 Outstanding Patient Experience and Patient Environment and Action Team (PLACE) inspection. The group supports decision making and co-ordinates organisational change relating to patient experience and audit inspections results to support improving the delivery of patient centred care within an appropriate caring environment.

The group also work collaboratively with Hotel Services to review service criteria in light of latest cleaning standards and any audits, which require action that impact upon the level of current service and to escalate as appropriate and share best practice across the organisation.

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 affect patient experience, including the outpatient improvement programme.

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 section provides a summary of formal complaints received in 2020-21 in accordance with the NHS Complaints Regulations (2009).

This includes:

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

The Trust is committed to welcoming all forms of feedback, including complaint and using them to improve services. The Trust strives to provide the best care and service. However when we do not get this right, complaints from our patients, carers and relatives are a vital source of feedback and we use themes to establish learning and identify quality improvement opportunities.

The manner in which a NHS Trust investigates and learns from complaints is an important part of compassionate care. The Trust takes investigation, learning, timeliness and communication surrounding complaints very seriously.

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 Risk Managements team 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

From April 2020 and possibly as a result of the COVID 19 pandemic, the number of new complaints started to drop. In the financial year 2020-21 we received 47 formal complaints, which is a decrease of 22 from the previous year (69 complaints).

The Trust has seen a reduction in the number of new formal complaints received since 2018/19. It should be noted that in quarters one and two of 2020/21, the Trust was focused on the response to the COVID Pandemic, and activity within the Trust was reduced. It is likely that this reduction in activity led to fewer complaints being received during these quarters.

The main themes of the complaints are related to clinical treatment, appointments, communications, and in relation to the Trust's values and behaviours amongst staff.

All complaints are managed individually with the complainant and in a manner best suited to resolve the particular concern raised. Methods of response can include a written response from the Chief Executive, a face to face resolution meeting with relevant staff (however during the

pandemic face to face meetings were not being offered), and later, potentially if unresolved, an independent review of the care provided.

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.

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, 97% 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.

During 2020/2021 the Trust managed 67% of complaints within timescales (30 working Days); an improvement on performance in 2019/2020 when only 46% of complaints were managed within timescale. However, the figure remains far below the target of 95% that the Trust strives to achieve.

The two main reasons for a late response are divisional delay with the investigation, further details being requested following review and third party involvement. This may have been affected by the COVID-19 response and will be monitored by the Patient Experience Manager.

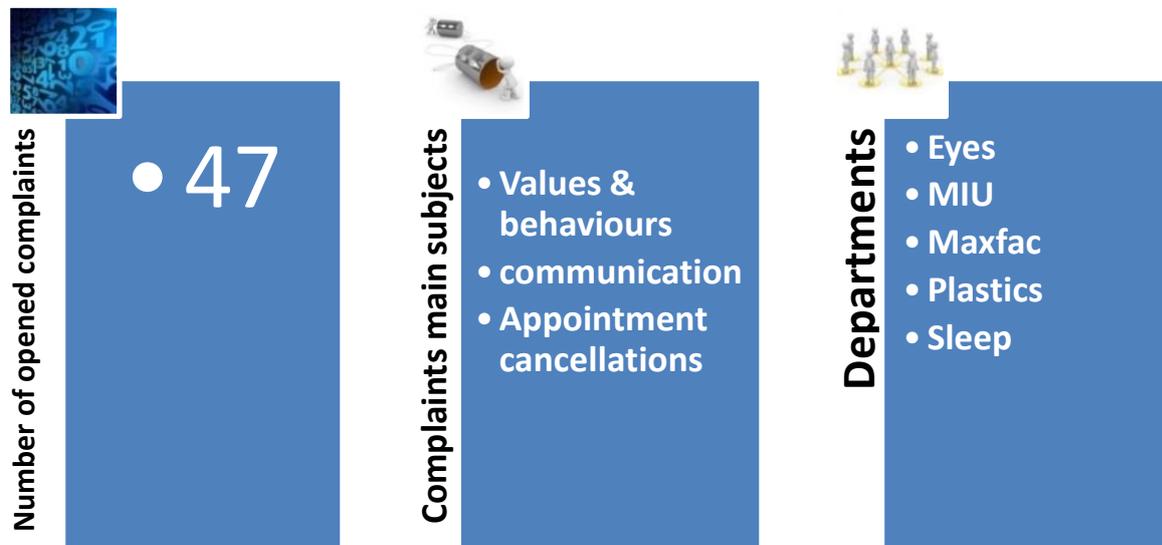
The Trust is committed to learning from any complaint received and considerable focus is placed on this aspect of the complaints process. We try to ensure that all complaints are robustly investigated and that, where action is needed to improve the care or service a patient receives, this is reflected 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 2020/21, face to face training sessions for staff on both handling complaints and concerns on the frontline was put on hold. All new staff have received a condensed session

about customer care and handling concerns at the Trust induction programme and a training leaflet was developed to accompany this training.



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 following is a cumulative chart showing the number of complaints received since 2015/16 to present.

QVH Patient Complaints	Apr	Ma y	Jun e	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Tot al
2015/16	4	5	2	7	1	3	4	5	8	6	3	5	53
2016/17	3	7	6	0	7	5	5	3	2	7	4	4	53
2017/18	3	4	4	7	3	7	1	5	3	7	5	3	52
2018/19	1	6	8	8	3	4	5	5	3	3	2	6	54
2019/20	8	2	9	4	7	2	9	8	6	2	2	10	69
2020/21	3	1	5	4	5	1	5	6	2	3	3	9	47

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	5	3	1	1
Treatment (nursing)	2	1	1	0

Communication/information to patients (written & oral)	7	4	3	0
Treatment (medical)	9	2	3	4
Confidentiality	1	0	1	0
Surgery treatment/procedure	5	3	1	1
Values & behaviour	16	2	8	6
Health records	2	0	1	1
TOTAL:	47	15	19	13

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 2020/21 included the following themes and whether the complaints was upheld, upheld in part or unsupported:

- The fifteen complaints that were graded to be upheld included concerns relating to service failure. This is categorised for example as appointment cancellations and communication.
- The nineteen complaints upheld in part were categorised as such due to 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 thirteen complaints that were unsupported, as the investigation concluded that the staffs values and behaviour were acceptable.

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 complaints 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:

- The learning disability training now includes a section on autism. This training will ensure staff receive learning disability and autism training, at the right level for their role. They will have a better understanding of people's needs, resulting in better services and improved health and wellbeing outcomes.
- The Sleep centre have implemented a consent form, which will be completed by a patient prior to a CPAP appointment being set up.
- Full review and changes made to pathway for immediate breast reconstruction patients. This will ensure that all tests and pre-assessment are undertaken on the same day as the consultation.

8.5 Further analysis of formal complaints

- None of the 47 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 two formal complaints where people stated that they had a learning disability.
- One external review of care was commissioned as part of the Trust investigation during 2020/2021.
- 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 Communicating the actions we have taken

When feedback results in an action being taken, it is vital that we communicate what we have done. Actions taken as a result of the patient experience feedback are communicated through various channels, as follows:

- Direct feedback to the patient e.g. via meetings, complain letters
- 'You said – we did' noticeboards at ward/department level
- Monthly integrate performance reports and the
- Trust annual report
- Quality Account
- Trust intranet

- NHS/Care Opinion

8.7 Parliamentary and Health Service Ombudsman (PHSO)

To help the NHS focus resource on tackling the coronavirus pandemic, the PHSO paused their work on existing NHS complaints and acceptance of new health complaints on 26 March 2020. After careful consideration, they decided to restart this work on 1 July 2020.

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.

There was one case referred to the PHSO in 2020/2021. At the time of writing this report the Trust were still awaiting the PHSO to advise on the outcome of the investigation.

9. Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service provides confidential advice and support, helping prior to sort out concerns they have about their care, and guiding them through the different services available from the NHS.

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.

During the period of 1 April 2020 to 31 March 2021, there were 51 PALS enquiries which is a decrease of 30% from 2019/2020:

- 34 of these were dealt with as initial complaints (none of these were referred as a formal complaint).
- 13 of these were for advice and information

The majority of these enquiries were related to appointment cancellations and operations being deferred to COVID-19. All of these enquiries were dealt with satisfactorily and none became formal complaints.

Although at the start of the pandemic there was full understanding of the change to our service however as time progressed patients understanding made enquiries as to when normal service would resume. Cancellation of appointments is the most common reason for seeking assistance from PALS in relation to the appointment process. With government changes being made on a daily basis patients were being advised that we are offering online or telephone outpatient consultations as an alternative to coming to our hospital in person.

We continue to build relationships with external partners and other NHS Trusts. PALS has also continued 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

As well as the formal feedback methods on offer, visitors to the Trust also comment about their experience using popular web and social media sites. Patient and carers can exercise the option of leaving details of their experiences / views about the providers of healthcare services they have recently used on websites such as Care Opinion.

The Patient Experience Manager responds to patients leaving feedback on online forums such as Care Opinion and the NHS website. Over the course of the financial year, 13 comments have been posted.



Total number of stories posted on Care Opinion and the NHS Website

• 13

11. Summary

2020/21 has been a very different year for the NHS due to the impact of COVID. The Trust has had to work flexibly to respond to the pandemic and this has affected both our clinical services and our corporate teams. As can be seen in this Annual Report, we have been able to provide an

on-site Patient Experience and PALS service, and this has enabled us to be very flexible to meet the needs of our patients and carers, whilst maintaining support to staff.

The Trust will continue to focus on further improving our complaint handling process and implementing new initiatives to ensure we are proactively listening and acting on feedback provided in a timely and high quality manner. Overall, the year has been a challenging one. However, the quality of the complaints response has been sustained and the very small number of 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.

12. Future developments 2020/21

- Continue to improve quality of final responses;
- Consistently achieve 75% of complaints managed within agreed timescales;

We will do this by:

- Continue to refine the patient experience reporting
- Improve the monitoring of complaint action plans post-investigation
- Improve the response timescales by aiming for 30 working day turnaround
- 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
- 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 explore and refine our approach to gathering data on themes