

Patient Experience Annual Report
Queen Victoria Hospital NHS Foundation Trust
1 April 2021 to 31 March 2022

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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. This report covers the period from 1 April 2021 to 31 March 2022.

With COVID-19 continuing to be prevalent part of the lives of our patients, Queen Victoria Hospital (QVH) continued to take on the special role of a surgical cancer centre. Providing appropriate and timely treatment for patients with high-risk cancers (breast, head and neck, and skin) throughout the period. Working with hospitals from across Sussex, Surrey and Kent, our staff have built on the regional and national expertise to agree the best approach for each patient and provide them with the timely treatment they needed.

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. During this period the Trust has continued to fully respond to complaints within prescribed timelines and did not impose any restrictions to the ongoing service

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 action 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 between 1 April 2021 and 31 March 2022.

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

Learning from complaints is another key strand to the Trust on where and how we need to improve our services. The themes and trends identified from complaints in this period 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. This should be taken in the context of our strive towards an ever improving service as we already recognise that as a high performing team we can always improve when we listen to our patients feedback.

A key objective of the Trust is to learn, change, improve and evolve in response to the feedback provided by our patients. 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 reoccurrence of the same concerns.

This assurance comes through robust investigation with meaningful actions put in place. Posters 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. There is also specific training provided to all staff at their induction with the Trust to ensure they can accurately and efficiently signpost patients what to do, or who to go to, if they want to complain.

We view all types of patient feedback as improvement opportunities and we are constantly looking at ways in which we encourage patients, carers and families to give their views. Throughout this period, 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 between 1 April 2021 and 31 March 2022.

At Board level, the Trust's Chief Nurse has responsibility for patient experience which includes:

- delivery of our 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 Chief Nurse 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 Healthwatch and patient representatives. 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 as being kind towards patients and towards each other, going 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' or 'you said we did' poster, which is updated regularly 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 relevant section of this report.

The Trust adheres to Regulation 18 of 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 through the Trust the opportunity to provide immediate feedback about their experience.

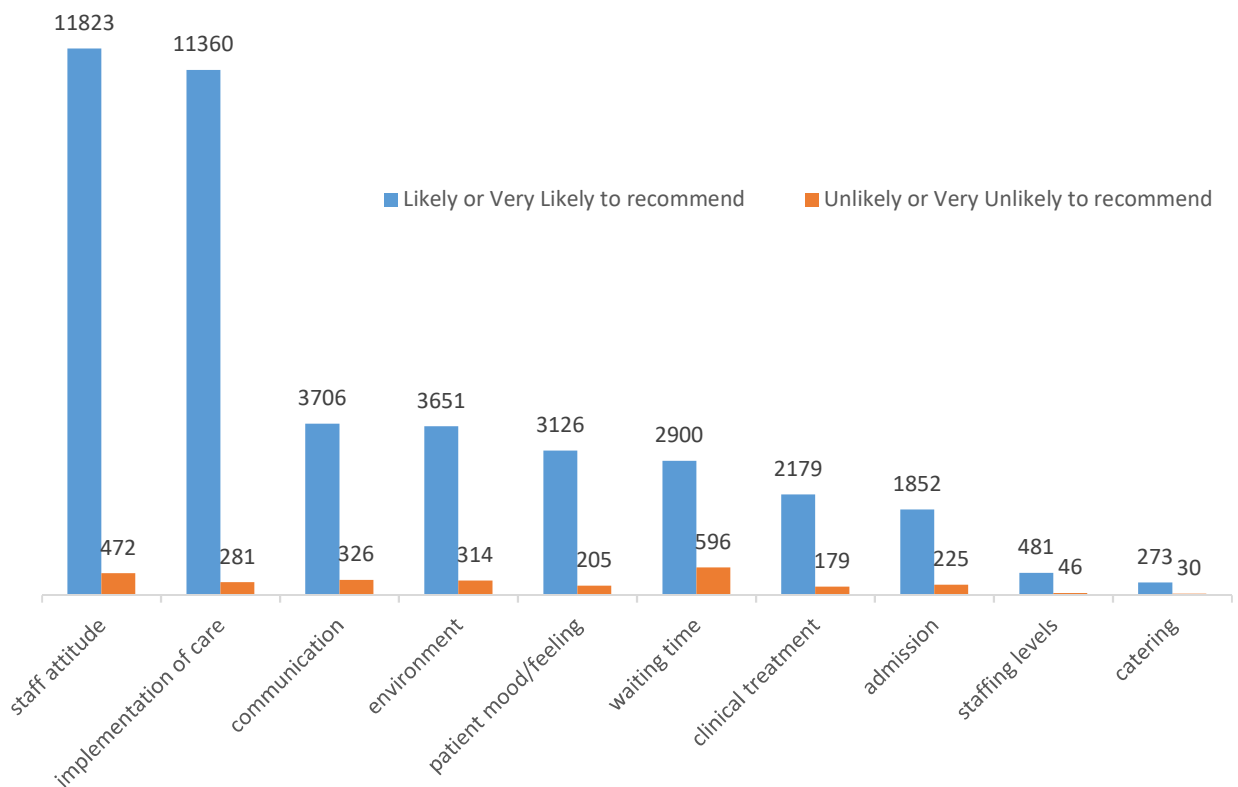
3.1 How likely are you to recommend our services to family and friends?

The FFT feedback allows us to hear from all of our patients, their carers and relatives to better understand their positive, neutral and negative experiences. In listening to this breath of opinion we can consider what we are doing well, and how we can extrapolate that information into other services, as well as hear direct suggestions for improvement.

Between April 2021 and March 2022, we received 26,510 responses to the FFT, with over 22,000 comments given. The overall percentage of inpatients recommending (very likely or likely) was 99% and all of our results bettered the national average for the period.

Through data analysis of the feedback we have a rich source of information provided to us directly by our patients. This presents the most commonly raised themes brought up by patients as improvement opportunities and areas of positivity. The table below provides these themes as a visual for the period.

FFT Themes (FY 2021/22)



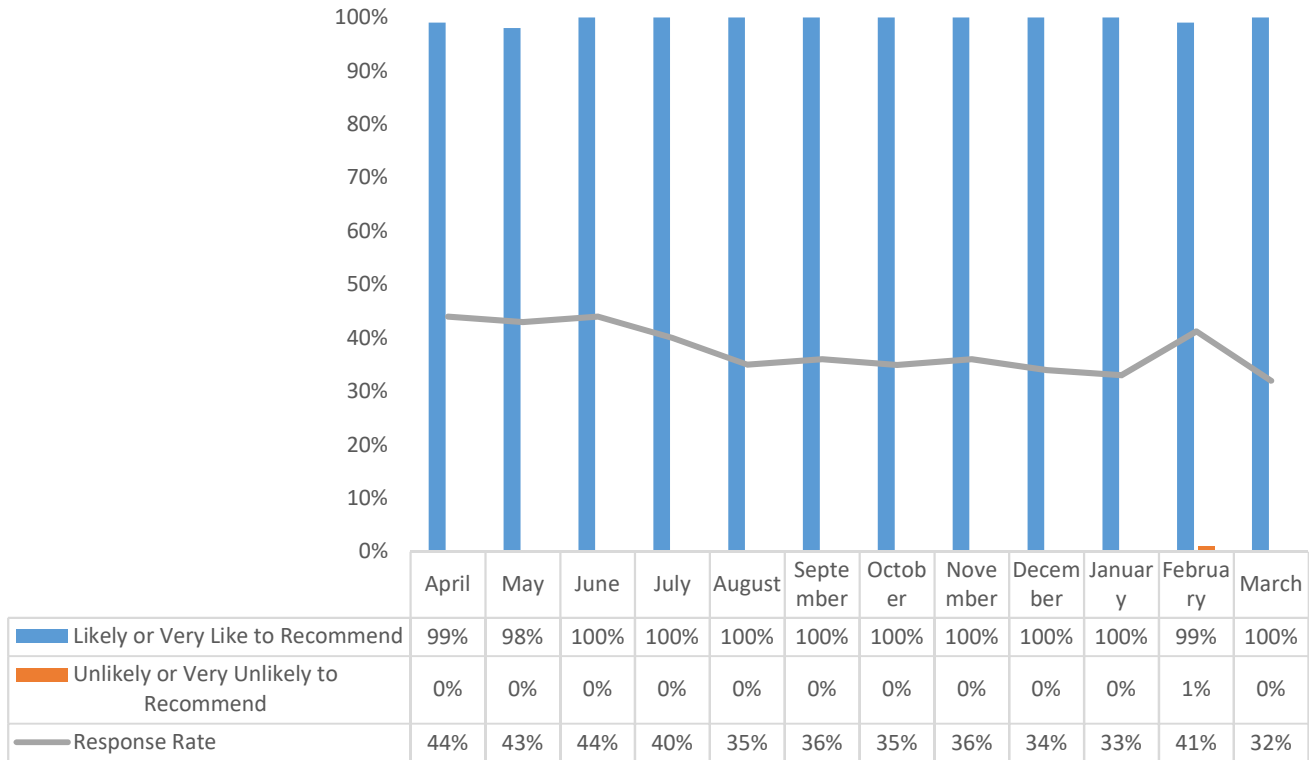
As with previous years, the vast majority of our patients are more than satisfied with the high standards of care they receive, citing the friendliness, helpfulness, excellence, clinical outcomes, professionalism and overall very positive patient experience.

Where patients felt their visit could have been improved were staff behaviour,

communication and waiting times. Of the other suggested improvements, the majority concerned issues relating to the lack of communication and information on display, specifically regarding COVID-19 measures and difficulties in parking.

The Patient Experience Group will monitor improvements against the issues raised over the coming year.

The following chart shows the monthly inpatient Friends and Family Test results:



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. 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. The thematic and systemic analysis this allows, as well as the standard reports it generates, gives efficiency to the process of sharing FFT data with NHS England and learning within the Trust.

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 2021

This survey looked at the experiences of people who were discharged from an NHS acute hospital in November 2020. Between January 2021 and May 2021, a questionnaire was sent to 1250 inpatients at Queen Victoria Hospital NHS Foundation Trust who had attended in late 2020. Responses were received from 636 patients at this trust.

The findings of the survey have been published with the Queen Victoria Hospital being recognised as one of the top performing NHS Trusts within NHS England. Results were incredibly positive, recognising the hard work that each and every member of staff puts in to improving services and the key role our patients take in sharing how they want our services to be provided so that they are best for them. The headline results page is given below, and further information from the full report can be accessed via the recent survey results section of the QVH [website](#).



Summary of findings for your trust

Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

Results for the Adult Inpatient 2020 survey are not comparable with results from previous years. This is because of a change in survey methodology, extensive redevelopment of the questionnaire, and a different sampling month. More information on this is available in the [survey development report](#).

The Adult Inpatient 2021 benchmark reports will include an overview of the number of questions at which your trust's performance has significantly improved, significantly declined, or not significantly changed compared with your result from the previous year.

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 directly with the Board.

The Board are keen to hear the lived experience of those sharing their story and by listening to those in receipt of our services, or caring for a loved one in receipt of our services, they gain a real insight into the direct thoughts and feelings of our patients.

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 2021 and March 2022, we unfortunately had two patients who were scheduled to attend the Board but could not make it. We also had two stories presented to the Board by the patients themselves via MS Teams. These were:

- Improvement opportunity shared by the relative of a patient who attended surgery during the pandemic and was recognised to have additional support needs (September 2021).
- Positive and very personal experience of attending the corneo department during the pandemic (November 2021).

7. Patient Experience Group

The group meet on a quarterly basis, chaired by the Chief Nurse, 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.

Hotel Services are an active member of the group to highlight, reviewing service criteria in light of cleaning standards and any audits, which require action that impact upon the level of current service and to share best practice.

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 for assurance 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 between 1 April 2021 and 31 March 2022 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. For further information please refer to our Complaints policy which gives more information on our approach to handling these cases.

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 2021 to 31 March 2022 we received 56 formal complaints, which is an increase of 9 from the previous year (47 complaints) and can possibly be attributed to a reduction in complaints last year due to COVID-19.

Throughout this period the Trust was focused on picking up services to pre COVID-19 pandemic activity levels. It is likely that this increase in activity led to more complaints being received during this time. It is also important to recognise the impact of the COVID-19 pandemic on patient backlogs and the impact of these additional numbers on the service provided.

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 much of the year face to face meetings were not being offered due to COVID-19), 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. These were restricted due to COVID-19 infection controls and the Trust's website has also been expanded during this time to invite 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 and the Quality and Governance Group. The Medical Director and a Non Executive Director chair these respectively and they are also attended by the Chief Executive, Chief Nurse and other members of the board, governors and staff.

All complaints should be acknowledged within 3 working days. In this period, 79% 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 this period the Trust managed 71% of complaints within timescales (30 working days) which is a very similar result to last year. However, the figure remains far below the target of 95% that the Trust strives to achieve.

The main reasons for a late response are specialty or clinical delays with the investigation, further details being requested following the review and third party involvement. This is similar to findings last year and may have been affected by the COVID-19 response. This 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.

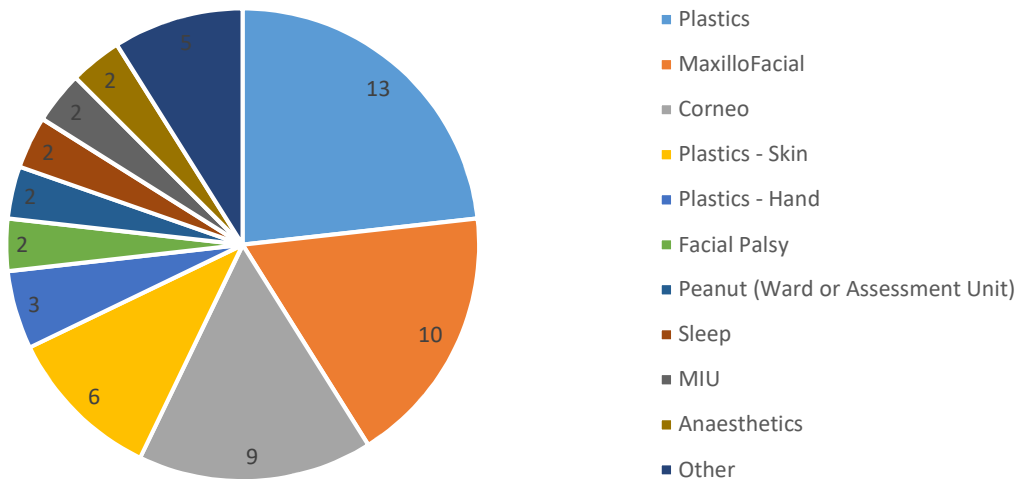
The services have systems in place to ensure they learn from complaints and additionally they identify actions in a timely way to improve the experience of future patients. Every reasonable effort is made to resolve complaint at a local level; this involves prompt correspondence and meetings with complainants.

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 this period, 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.

Total Number of Complaints Received

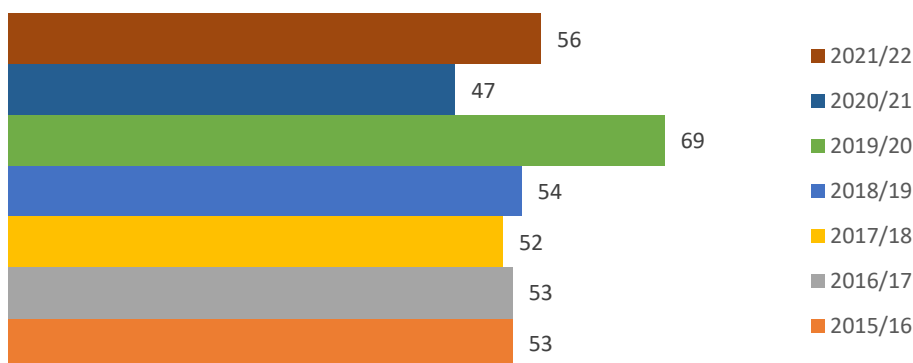


The chart above shows a breakdown of the complaints received this period by specialism. Only those areas where more than one complaint was received are noted. All other areas are captured in an other category. During the period reporting was improved and plastics was broken down further into subcategories. This has been captured within the chart.

We take all negative feedback very seriously and our Chief Executive reviews all complaint 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 comparison chart showing the number of complaints received since 1 April 2015 broken down into financial years.

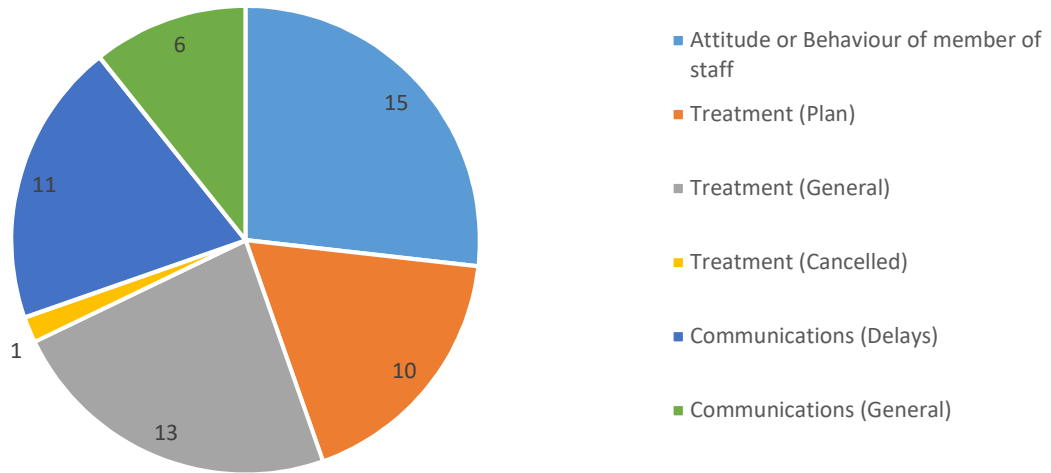
Total complaints received



8.3 Investigation outcomes

The following information is displayed without specialism or distinction between different teams such as nursing and medical. Additionally, treatment has been broken down into general, cancelled and plan (i.e. concern raised about the treatment plan offered/not offered and options considered) subcategories. These changes from previous reports are to make the information easier to understand at a glance and show commonality of themes that have been identified within investigations over this period.

Total number of complaints received



On completion of a complaint investigation, we state whether a complaint is upheld, upheld in part or not upheld within our reporting suite. 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. Identifying this information helps us to better understand any training needs and the demand for any changes identified throughout the complaint investigation.

Complaints received during this period included the following themes and whether the complaints was upheld, upheld in part or unsupported:

- The ten complaints that identified as upheld included concerns relating to service failure. This is categorised for example as appointment cancellations and communication.
- The twenty two complaints identified as 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 twenty four complaints that were identified as not upheld included concerns that were objective with examples like the offer, or not, of treatment. Incidental learnings were identified through the complaint investigation to improve services in conjunction with the feedback presented.

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 challenged by the Chief Executive and Head of Risk, Clinical Quality and Patient Safety. This includes recommendations for incident reporting or other independent clinical review where appropriate.

Because complaints reflect a personal experience, and the number received is relatively small, it is difficult to be precise about any common themes. 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 abrupt 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 fifteen 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 the 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:

- Those with additional support needs have been identified and a working group has been formed to consider this further. As a result of this group changes will be made to improve our service to help those with additional needs.
- Appointment letters have been improved to give greater clarity where clinics are what current covid measures are in place at the hospital.
- Additional support and guidance is available to members of staff. The pandemic has impacted us all differently and we recognise that supporting our staff to help them in their lives leads to them providing a better service to our patients.

8.5 Further analysis of formal complaints

- None of the 56 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 the complainant

stated that they had further support needs.

- 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, telephone calls
- 'You said – we did' noticeboards at ward/department level
- Monthly or Bi-Monthly integrated performance reports
- Trust annual report
- Quality Account
- Trust intranet
- NHS/Care Opinion

8.7 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.

There was one case referred to the PHSO in this period and it was found to be not upheld.

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 2021 to 31 March 2022, there were 92 PALS enquiries which is an increase of 79% from last year, and may be attributable, in part, to record keeping improvements made by the new Patient Experience Manager:

- 58 of these were dealt with as initial complaints (one of these was referred as a formal complaint).
- 34 of these were for advice and information

The majority of these enquiries were related to appointment cancellations and operations being deferred directly or indirectly due to COVID-19. One of these enquiries was escalated and became a formal complaint.

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.

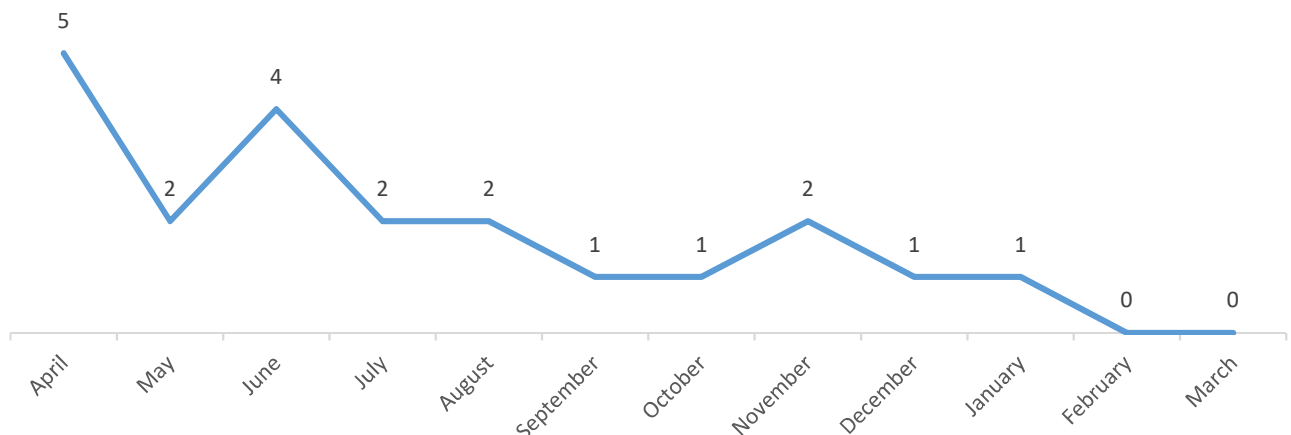
The PALS telephone contact line is operated during working hours Monday to Friday. A voice mail service is available during 'out of hours' and calls are returned within the next two working days. During out of hours the Site Practitioner is the contact for patients/relatives who have urgent issues that 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, 21 comments have been posted.

Website Feedback Shared



11. Future Development for the year ahead

- Roll out and embed high quality shared decision making (SDM) conversations between clinicians and patients;
- Consistently achieve 75% of complaints managed within agreed timescales;
- Implement the action plan resulting from the Internal Audit of the Patient Experience Service, due to be finalised in quarter one of the 2022/23 financial year.

We will do this by:

- Roll out the use of Patient First quality improvement methodology for a consistent recognised approach across the Trust
- Continue to refine the patient experience reporting
- Improve the monitoring of complaint action plans post-investigation
- Improve the response timescales by adjusting timeframes to build contingency into 30 working day turnaround
- Continuing to be open and transparent in complaint responses
- Develop ownership with operational and clinical leads that learns lessons from complaints to embed service improvement
- 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