

**Patient Experience Annual Report**  
**Queen Victoria Hospital NHS Foundation Trust**  
**1 April 2022 to 31 March 2023**

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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 2022 to 31 March 2023.

Although not prevalent in everyday life, COVID-19 has continued to be a part of the lives of our patients throughout the period. Measures have adjusted through the period with some, such as mask wearing, a constant feature and others phased out in line with national guidance.

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 has been on-site and continued to promote patient experience, and provide assistance and help to staff, 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 patient feedback is key to ensuring delivery against these aims and we offer a variety of approaches which allow people to choose a mechanism that best suits their needs. These include:

- by e-mail via our Information and PALS e-mail addresses
- in writing via letters, surveys, consultations and Friends and Family Test (FFT) feedback forms.
- 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 holistic view of patient experience and offers 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 2022 and 31 March 2023.

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 the information gathered from patients/relatives/carers to identify themes, patterns, trends and issues that require further investigation.

Learning from complaints is another key strand to the Trust which helps us recognise how we can improve our services. The themes identified from complaints in this period highlight the need to improve the treatment and communication provided to patients, carers and families. The subject of themes were surgery, waiting times and appointments respectively. 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 innovate in response to the feedback provided by our patients. The lessons learned and trends identified through analysing the data collected through complaints and other Patient Experience feedback plays a key role in improving the quality of care received by patients. Their experience 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, or have, 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.

Patient feedback provides 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 2022 and 31 March 2023.

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 shape the experience of care

Monthly or quarterly patient experience reports are provided to operational teams, as appropriate 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 service 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 strategic 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 (CQC). This feedback is valuable as it enables the Trust to compare performance with other Trusts throughout the country and indicate improvements or declines in service. 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)<sup>1</sup>, which came into effect in April 2009. The regulations require NHS bodies to provide an annual report on complaint handling and consideration, a copy of which must be available to the public.

<sup>1</sup> 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 FFT gives patients who have received care through the Trust the opportunity to provide immediate feedback about their experience.

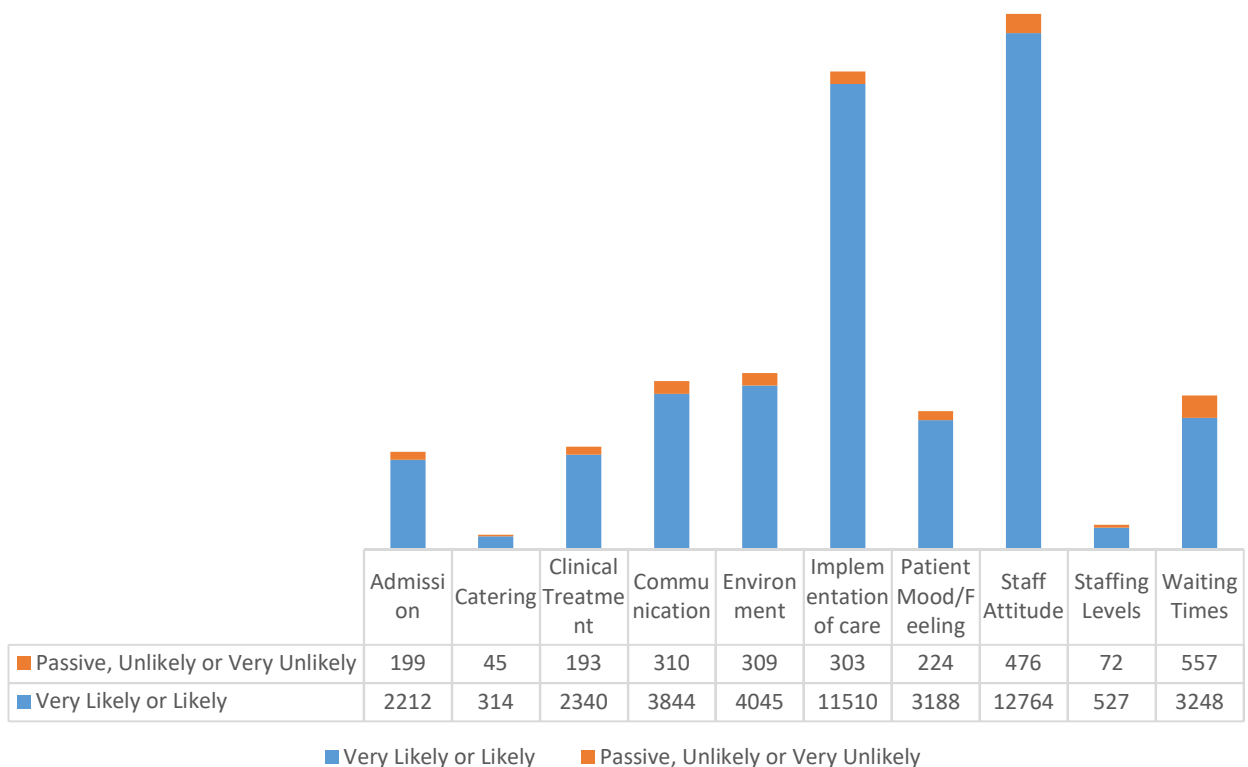
#### 3.1 How likely are you to recommend our services to family and friends?

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 these opinions 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 2022 and March 2023, we received **29,442** responses to the FFT, with over **23,000** comments given. This represents an increase of **11%** in the responses we are being given and over 1000 more comments to consider. 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 Feedback Themes - 2022/23



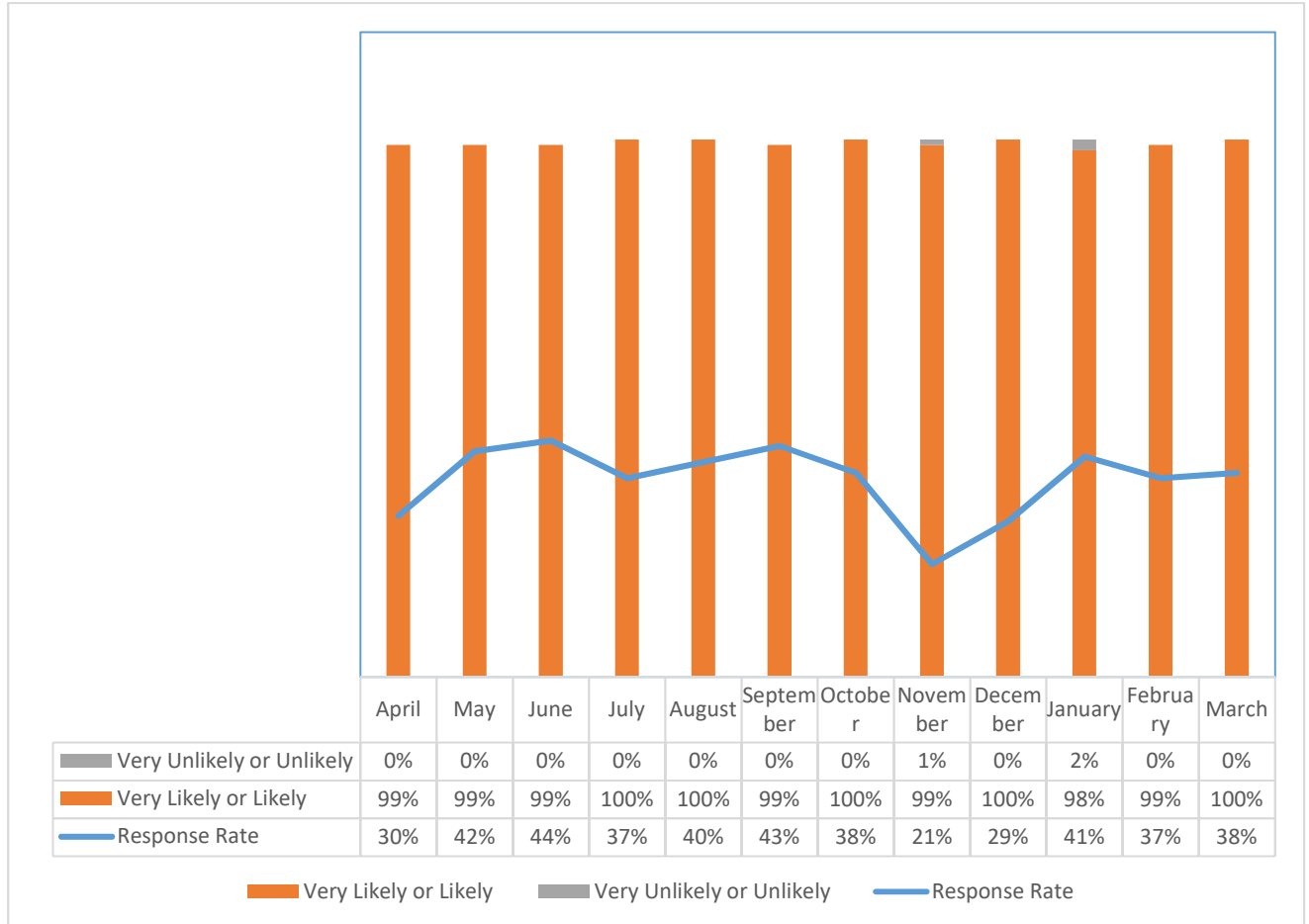
As with previous years, the vast majority of our patients are more than satisfied with the high standards of care they receive, citing the friendliness, helpfulness, excellence, clinical outcomes, professionalism and overall very positive patient experience.

Where patients felt their visit could have been improved were how staff behaved, and how they were communicated with and treated in the context of perceived delays and prolonged waits.

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. Depending on the sample size, some feedback is provided quarterly. 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 quarterly basis for discussion.

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 clarity to the process of sharing FFT data with NHS England and learning within the Trust.

### **5. National inpatient Survey 2022**

The survey is well underway and results awaited. They are not available at this time. The latest National Inpatient Survey results can be found on the QVH [website](#) and were shared in last years' annual report. This will be updated when new results are made available.

### **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. It is a way of ensuring that individual experiences are shared to highlight an area of improvement that will impact on patients.

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 2022 to March 2023, we had **5** patients attend the Board and present the following stories:

- Improvement opportunities in the skin, maxillofacial and MIU departments from patients, and their relatives, who attended surgery and recognised additional support that could be provided.
- Positive and very personal experiences of attending the skin and maxillofacial departments from patients and their relatives who wanted us to recognise what we had done well.

All Board meetings have had a patient attend to share a story except unfortunately where one patient was unable to join due to a technical error with the virtual meeting room. They attended the next Board meeting in person.

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

The group meet on a quarterly basis, chaired by the Chief Nurse, are the key forum for patient representation / participation. It is a formal 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 and Governance Committee. The group is a taskforce that collaboratively work together to deliver on key patient centred metrics based on the Trust Key Strategic Objectives (KSO), focusing on KSO1 Outstanding Patient Experience and Patient Led Assessment of the Care Environment (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 in the process of reviewing service criteria in light of cleaning standards and any audits. They highlight the required action impacting



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, audits and inspections.
- 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 2022 and 31 March 2023 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 led 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 Management 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 2022 to 31 March 2023 we received **62** formal complaints, which is an increase of 8 from the previous year (56 complaints) and aligns to local and national trends of increasing complaints being received.

Throughout this period the Trust was focused on picking up services to pre COVID-19 pandemic activity levels and managing backlogs. This activity has seen some services

receive a significant increase in their patient numbers and in turn that increase has undoubtedly led to further feedback, concerns and complaints being received.

The main themes of the complaints are related to perceived delays or prolonged waits for clinical treatment, appointments, surgery 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 or virtual face to face resolution meeting with relevant staff 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 posters are displayed throughout the hospital to help facilitate feedback. The Trust's website has also been expanded during this time to invite feedback more easily.

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 Committee. The Medical Director and a Non Executive Director chair these respectively, 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, 95% of complaints were acknowledged within 3 working days for the period and a significant improvement on last year. 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 89% of complaints within timescales (30 working days) which is a significant improvement on last year but 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. This is similar to findings of previous years and may have been affected by workloads and conflicting priorities. This is being 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.

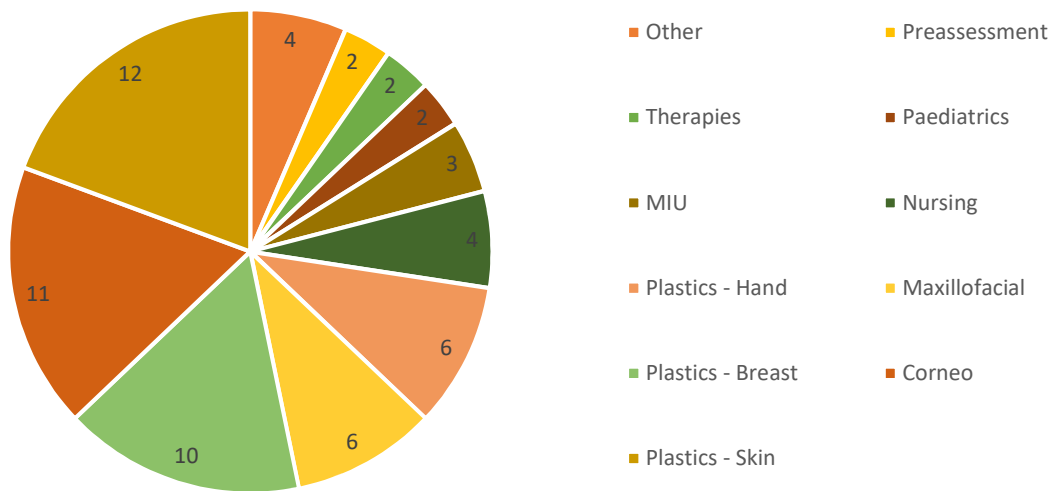
The services have systems in place to ensure they learn from complaints and additionally they identify actions in a timely way to improve the experience of future patients. Every

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.

All new staff have received a condensed session about customer care and handling concerns at the Trust induction programme and a training leaflet was enhanced to accompany this training.

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 another category.

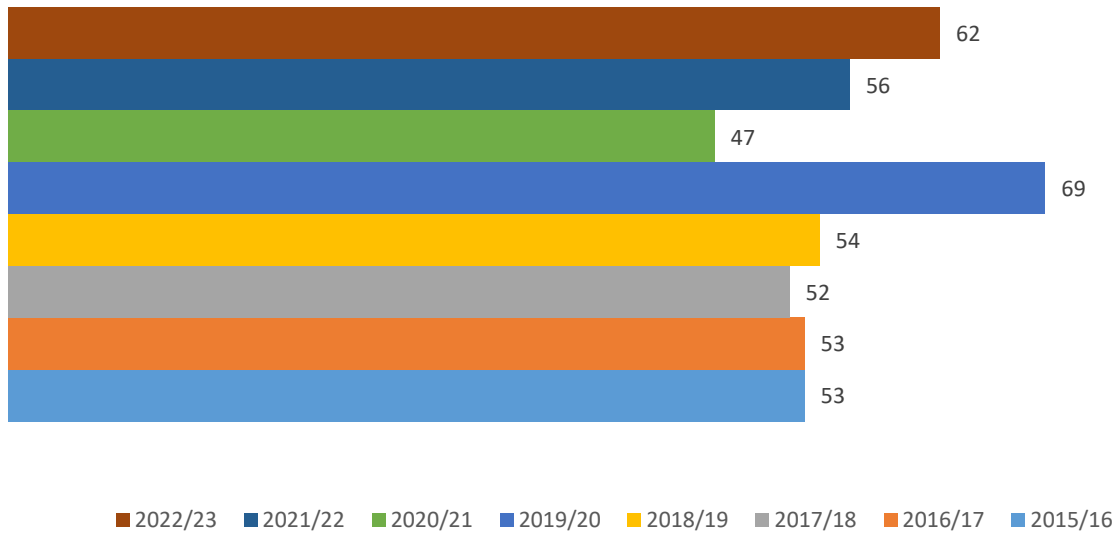
During this period our plastic surgery specialism has been broken down further into subcategories. This has been captured within the chart.

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 Management Team and the Board of Directors.

Specific business unit meetings have also been arranged this period on a quarterly basis with key service areas. This is to ensure that learning from complaints and other patient experience information is part of a continuous improvement approach to our services. Other service areas are met with on an ad hoc basis when the information generates discussion topics.

The following is a comparison chart showing the number of complaints received since 1 April 2015 broken down into financial years.

Total Complaints Received Comparison



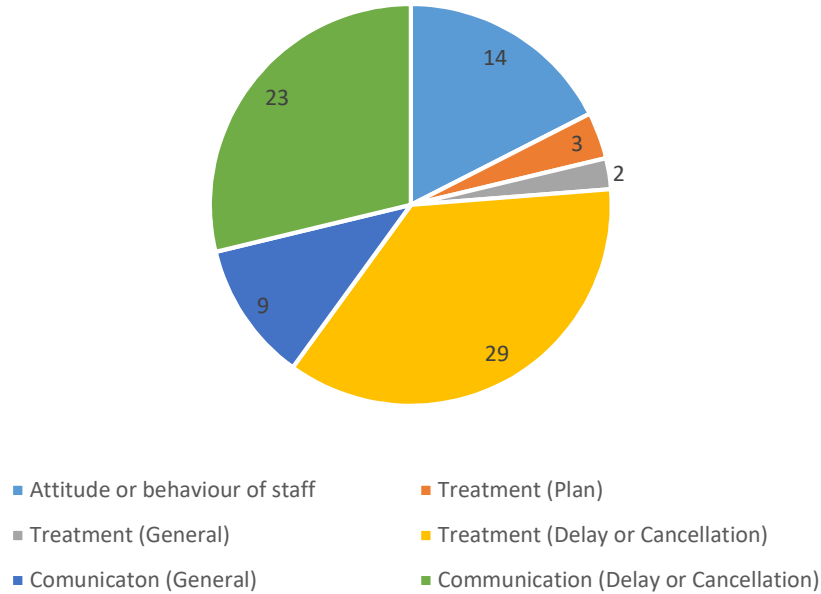
**8.3 Investigation outcomes**

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. For the purposes of the categorisation, surgery and appointments have been considered treatment.

Presentation of this information is to align to the changes made last year to make the information easier to understand at a glance and show commonality of themes that have been identified within investigations over this period.

Please note that one complaint can have multiple aspects to it (for example, a communication and treatment concern).

### Complaint Themes



On completion of a complaint investigation, we state whether a complaint has immediate actions, incidental learnings or both within our reporting suite. Establishing the lessons from a complaint removes the stigma sometimes associated with a complaint and focuses on the learning it provides. 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 provided an immediate action or incidental learning:

- The **sixteen** complaints that identified immediate actions included concerns relating to service failure. This is categorised for example as behaviour complaints that left patients unhappy.
- The **nine** complaints identified as some immediate actions and some incidental learnings were categorised as such due to clear concerns about a patient's experience being poor. This included poor communication, when aspects of the service were performed correctly and accurately but expectations not being met.
- The **twenty six** complaints that identified incidental learnings were 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.
- There were **three** complaints received that were withdrawn.

There were 54 complaints closed in this period.

#### 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.

As 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. This may be recognised as a communication point but sometimes this is fed back with regards to perception of treatment. 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 dates are not considered appropriate.

There were **fourteen** 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, as requested. 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 learning disabilities have been identified as a patient group we can assist further. A working group has been formed to consider this and improve our service offer.
- Appointment letters are being enhanced to provide greater access to all our patients and provide a standardised approach across the hospital.
- Additional support and guidance is available to members of staff. The pandemic and backlogs has increased demands on us 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 **62** 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 braille.
- 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 did not receive any 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:

- 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 were **three** cases referred to the PHSO in this period, **one** was found to be not upheld and **two** are ongoing.

### 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 (Patient Experience Manager) 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, the concern is addressed through the complaints process. It is made clear that concerns received from, or on behalf of patients does not affect 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 2022 to 31 March 2023, there were **202** PALS enquiries which is an increase of **120%** from last year, and may be attributable, in part, to record keeping improvements made by the new Patient Experience Manager:

- **121** of these were dealt with as issues to be resolved (five of these were referred as a formal complaint or an accompanying concern to a formal complaint).
- **81** of these were for advice and information

The majority of these enquiries were related to appointments and operations being cancelled and rescheduled. Themes were mixed, like complaints themes, where patients recognised their issues as communication, treatment and behavioural concerns.

We continue to build relationships with external partners, other NHS Trusts and local Integrated Care Boards. PALS has also continued to ensure that learning is passed on to members of staff and general managers.

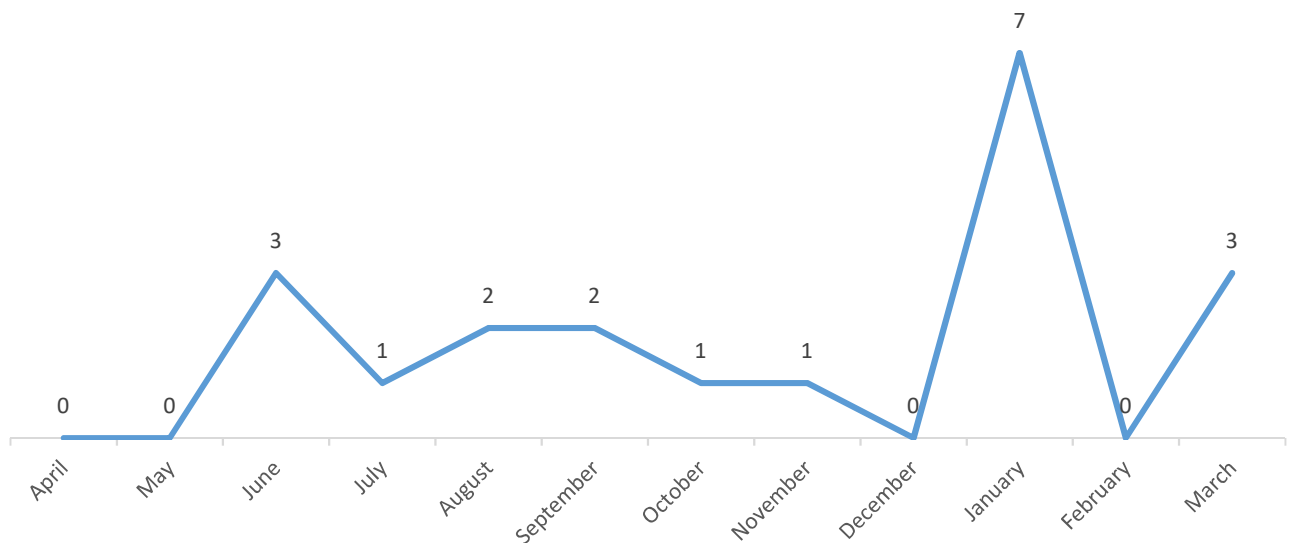
The PALS telephone contact line is operated during working hours Monday to Friday. A voice mail service is available during 'out of hours' and calls are returned as soon as possible. During out of hours the Site Practitioner is the contact for patients/relatives who have urgent issues that require action.

**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, 20 comments have been posted.

Website feedback



### **11. Future Development for the year ahead**

- Roll out and embed a patient engagement strategy and standardised patient co-design approach to help shape our services;
- Consistently achieve 90% of complaints managed within agreed timescales;
- Embed the new Patient Experience service changes that have been introduced in this period to enhance and develop the benefits it offers the trust.

We will achieve this as follows:

- Launch a patient engagement strategy
- Roll out the use of a patient centred quality improvement methodology for a consistent recognised approach across the Trust
- Improve the monitoring of complaint action plans post-investigation
- Improve the response timescales by adjusting timeframes to build contingency into 30 working day turnaround, including the necessary quality checks
- 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